



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
 Thursday 21 March 2024 10am to 12.30pm
 Microsoft Teams

Unapproved

Board Meeting
 13.06.24
 Open Session
 Item 13.7.1

Present:

Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair) - Chaired
 Adeyinka Adewumi, Deputy Business Manager
 Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership
 June Brown, Executive Nurse Director (to 11.45)
 Ian Cowe, Acting Head of Health and Safety
 Gavin Doherty – HR manager for integration (deputy for Philip Shipman)
 Dianne Drysdale, Smarter Working Programme Manager
 Alison Evison, NHS Grampian Board Chairperson (to 10.45)
 Michael Forbes – (deputy for Alistair Grant, RCN)
 Stuart Humphreys, Director of Marketing and Corporate Communications
 Gerry Lawrie, Head of Workforce & Development (to 11.05)
 Deirdre McIntyre, RCOP
 Martin McKay, UNISON
 Cameron Matthew, Divisional General Manager, Acute
 Zoe Morrison, Lead Specialist (Culture and Experience) – (deputy for Jason)
 Tom Power, Director of People & Culture
 Ted Reid, Head of Logistics (deputy for Gavin Payne)
 Michael Ritchie, Unite the Union
 Helen Smith, Service Support Manager (deputy for Sandy Reid) (to 12noon)
 Alex Stephen, Director of Finance – for item 4c
 Kathleen Tan, CSP
 Katherine Targett, Consultant Occupational Physician, Occupational Health Services (10-11am)
 Alan Wilson, Director of Infrastructure and Sustainability
 Joan Anderson, Partnership Support Officer

In attendance:

Elizabeth Wilson, Health and Care Staffing Act (HCSA) Implementation Programme Manager – for item 4a
 Luan Grugeon, Strategic Development Manager – for item 4b
 Sarah Irvine, Senior Finance Manager – for item 4c
 Susan Harrold, Senior Planning Manager – for item 6a
 Keith Grant, UNISON – for item 6b

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting.</p> <p>Apologies were received from the following:</p>	

	<p>Diane Annand, Staff Governance Manager Mark Burrell, Area Clinical Forum Susan Carr, Director of Allied Health Professionals & Public Protection (and deputy Lynn Morrison, Allied Health Professions Lead, Aberdeen City) Janet Christie, BAOT Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee Alistair Grant, RCN (Michael Forbes deputised) Gemma Hood, SOR Natalie Jeffrey, Business Manager, Moray Jill Matthew, Head of Service, Occupational Health Service Jackie Mitchell, RCM (Regional Officer) Jason Nicol, Head of Wellbeing, Culture and Development (Zoe Morrison deputised) Gavin Payne, General Manager, Facilities and Estates (Ted Reid deputised) Sandy Reid, Lead - People & Organisation, Aberdeen City Health and Social Care Partnership (Helen Smith deputised) Philip Shipman, Acting Head of People and Change (Gavin Doherty deputised)</p>	
2	<p>Minutes for Approval</p> <p>Minute of the Previous Meeting held on 15 February 2024 was approved.</p>	
3	<p>Matters Arising - none</p>	
4	<p>Well Informed</p> <p>a. Update on Health and Care Staffing Act Enactment</p> <p>Elizabeth Wilson and Gerry Lawrie attended to engage with GAPF colleagues on the Health and Care Staffing Act (HCSA), which commences on 1 April 2024 (attached).</p> <p>They described the intent of the Act to enable safe, high quality care and improved outcomes for people and support health, wellbeing of patients and wellbeing of staff. The Project Team has broad representation for services and professions. Partnership Reps Jamie Donaldson and Janine Langler were part of the group.</p> <p>They described the governance of the programme through the Sustainable Workforce Oversight Group and onto the Staff Governance Committee and its link into the Clinical Professional Directors Forum.</p>	

	<p>The HCSA related to all clinical staff and some other groups of staff - around 12000 staff.</p> <p>The Act has a number of duties and requirements and requires Clinical Executive Leaders to report to Board their views on progress on a quarterly basis. An overall Board submitted report was expected to be submitted to Scottish Government and published by 30 April 2025.</p> <p>Although the Act was new there are already processes and systems in place that meet the duties, however, this is not for all aspects or across all roles in scope.</p> <p>Comments/questions from the group as follows:</p> <ul style="list-style-type: none"> • Where would the responsibility lie for letting staff know whether the legislation was relevant to them or not? <ul style="list-style-type: none"> ○ Answer: multiple communication processes. Regular updated in Daily Brief on resources and webinars. Everyone on the implementation team responsible for sharing information across the areas they represented. Gerry Lawrie and Elizabeth Wilson had been engaging with HSCP and portfolios leadership teams and other Advisory Committees. It was a journey to compliance. ○ A link would be provided in the paperwork to be shared with the minute. • Had there been discussion on the changes to workforce tools required due to the reduced working week? <ul style="list-style-type: none"> ○ Answer: this had been raised at an engagement event with the Scottish Government in December 2023. Specific guidance was awaited nationally. Lorraine Hunter, Head of HR Service Centre, was part of the national HSCA Group and she had discussed this with Elizabeth Wilson. • Use the wider Sector and local Partnership Group networks to share the information on HCSA as another route of communication and to gather ideas and suggestions Action Sector Partnership Co-chairs and Sector H&S Committee Co-Chairs <p>Feedback and questions welcomed. These to be sent to gram.hcsa@nhs.scot</p> <p>Gerry and Elizabeth were thanked for their presentation and would be invited back to a future meeting to update on progress.”</p>	<p>Sector Co- Chairs</p>
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b. People First - Update on NHS Grampians new approach to how we listen to and involve people

Luan Grugeon explained that work had begun October 2023 working with the public and staff in NHS Grampian on an approach to rebalance the system to have a different relationship with the public.

Following the previous discussion at GAPF, Steven Lindsay had joined the group to ensure there was a link to staff.

Luan Grugeon asked for views on the title for the project as there was a working title but it required amending.

* Luan gave a presentation to update the group on progress to date (attached). Luan asked GAPF for views and how this could be developed into something useful for teams rather than remain strategic approach.

Comments from the group included:

- Direction of travel welcomed
- Pulling together guiding principles to engage with staff and citizens to make this routine was good
- Exploration on how to make this aim accessible, easily understood by colleagues everywhere in the organisation
- Delivery of the aim would be one of the key enablers for delivering the Plan for the Future
- How do we ensure colleagues understand the aim and feel confident interacting with people on a day to day basis and contribute to this aim was a key focus for progressing the ambition
- How many people were conscious of how they interact with others on this basis?
- Suggestion to run a competition for the title which would also serve to reach out to people and engage with them
- How well are Plan for the Future and other strategies and values of NHS Grampian eg caring listening improving, wellbeing support and We Care known by staff and the intent was to make this new approach real for people and not be an abstract strategy

Luan Grugeon explained it was about making the work real and if different types of conversations could be started with patients/public, this could help people's day to day such as for example, reducing complaints.

Luan suggested she may request a small group to discuss this further to see how this could translate into potential positives for people.

Thanks was given to Luan for updating GAPF and looked forward to further updates.

c. Finance Update including Drop in Sessions Update

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Sarah Irvine outlined the 2023/24 financial situation (presentation slide attached)

The operational overspend in February was £7.5 million with nurse staffing costs particularly high for the month driven by large increases in bank costs alongside the expected cost of public holiday payments. Spend on medical supplies and hospital drugs continued at high levels. Year to date overspend to £37.3 million. A number of non-recurring accounting adjustments to be actioned in March 2024 to improve the financial position.

Two main risks existed, these were Integrated Joint Board (IJB) overspend and continued service pressure resulting in additional spend

Alex Stephen reported that a lot of consultation and discussion had taken place in relation to the 2024/25 financial position.

A number of stages had been identified:

Stage 1a – savings - a first draft submission identified areas to look at eg supplementation staffing, junior doctors, locum spend and this found a saving of 3% savings.

Stage 1b – discussion on value and sustainability, prescribing etc, at Dr Gray’s Hospital. Stage 1b had been categorised and commissions agreed by the Chief Executive Team (CET) and Executive Leads and a group would be formed to take this forward.

Stage 1c – Operational Framework – to assist to gain balance. Susan Webb, Mark Burrell and Steven Lindsay were the leads for this work.

All of the above stages would not be enough to reach the expected Scottish Government targets.

Stage 2 – suggestions for savings which would have an impact on system and performance. Discussions would have to take place with the Scottish Government to establish what the view was on pursuing further as there would be an impact on services. A timeline to support the discussion was being planned.

In relation to value and sustainability, a “Stop list” had been suggested. There needed to be different approaches to take forward discussions in Partnership.

A “Stop list” had been generated from ideas from finance workshops during February 2024 and Every Penny Counts ideas and suggestions. There was cross over between the lists showing some

consences of some things which could be stopped, or scaled back. Some ideas would be capacity releasing rather than saving money within 2024/25.

It was noted that things which were reflected in local or national policies or agreements could not be changed and each item would be checked against this.

A Wider System Leadership Team (SLT) discussion took place on 18 March 2024 and a single list was being developed to ensure no duplication and to provide a visible way to respond to colleagues who made suggestions. It was important that colleagues received feedback on whether their idea would be progressed or not, and if not, why not.

Once the single list was ready, Partnership groups would be required to identify the suggestions which could be pursued. It was suggested that the GAPF Sub-Groups be used for this.

Steven Lindsay thanked Sarah Irvine and Alex Stephen for their presentations and noted that the current year was challenging and the next year would be even more challenging.

d. GAPF Development Event 19 September 2024

Steven Lindsay explained to the group that the event would be held in person at Curl Aberdeen and everyone was invited to attend. The GAPF Action Planning Group had been busy planning and an external and very enthusiastic speaker Dr Tharaka Gunarathne (Dr T) had been invited to present a workshop.

e. Specialist Mental Health & Learning Disability Services (Hosted by Aberdeen City Health & Social Care Partnership) – Staff Governance Report

Martin McKay and Adey Adewumi had been invited along to present the report from Specialist Mental Health and Learning Disability Service (MHL) and highlight some key areas.

Thanks was given to Diane Annand for her assistance to complete the updated report.

MHL) had been under pressure for some time and good feedback had been received from the Staff Governance Committee on how engagement was carried out with staff locally and nationally. MHL) continually strived to have a safe environment.

MHLD had been under pressure from the Scottish Government level to deliver a significant number of new projects and standards of care. There had been close to 12 separate strands coming from Scottish Government level that services had been expected to work towards and match. This created a lot of work especially when the service was under continuous clinical pressure.

MHLD used SWAY to share the brief with staff which allows numbers to be gathered on staff engagement. This allowed gaps in communication to be identified and improved.

A Staff Support Hub had been provided to give staff a space and the opportunity for reflection and quiet post incident. The Royal Cornhill Hospital Wellbeing Group had taken forward the re-opening of the staff gym, which over 70 members of staff had signed up to use.

The current financial pressure had added to the existing pressure and led to difficulties ordering routine items for staff eg chairs for staff to use had to go through a lot of scrutiny.

Tom Power signposted a listening project which as part of the Nursing and Midwifery Taskforce and encouraged MHLD nursing staff to participate to ensure their voices were heard.

Steven Lindsay Thanked Martin and Adey and noted the report was very useful as was the new format.

f. Non-Pay Elements of Agenda for Change (AfC) Pay Award –

The paper, previously circulated, outlined agreement nationally of the non-pay elements of the 2023 AfC pay deal which comprised:

- A reduction in the working week to 37 hours (from 37.5 hours)
- A consistent approach to protected learning time
- A defined process for the review of Band 5 nursing posts

These changes were to take effect from 1 April 2024 with a significant amount of work required to update systems and implement the changes across all AfC staff.

It was anticipated that further guidance would be issued on or before 1 April 2024 and in the meantime arrangements were being put into place to act upon the guidance once received. A Pay Award Steering group, co-chaired by Philip and Steven Lindsay had been set up including representation from services and was to meet fortnightly. The steering group would set up 2 working groups – Systems Working Group, Chaired by Lorraine Hunter, Head of HR

	<p>Service Centre, and Reduction in the Working week Group, Chaired by Jason Nicol, Head of Wellbeing, Culture and Development</p> <p>Formal Governance of the steering group would be via the Culture and Staff Experience Oversight Group to the Staff Governance Committee and then to the Board. Updates regarding the changes had been communicated via the Daily Brief with the key message being not to change rotas/working patterns until guidance was received.</p> <p>Tom Power thought guidance would be received shortly. It was most important to look at digital systems to ensure they were amended from 1 April 2024 to ensure no one was disadvantaged, while other worked was taken forward.</p> <p>Protected learning time would be important for GAPF to be involved in and to gain qualitative lived experience.</p> <p>The review of band 5 nursing posts would be a substantial piece of work and the evaluation process was already available.</p> <p>Martin Mckay noted that the reduction in the working week was qualitative to improve the lives of everyone and to that effect rota changes should not be what was easiest but what would be beneficial to staff. The working week had been raised previously proving these changes could be made.</p> <p>GAPF would be kept up to date on progress at each meeting.</p> <p>g. Staff Breaks, Rest and Recovery Short Life Working Group</p> <p>Steven Lindsay explained that the GAPF and Area Clinical Forum Joint Working Group had been working on two main strands. The first was the communications plan along with graphics promoting the importance of taking breaks for all staff in all areas and levels of the organisation. The other one was to pilot a change to Datix to introduce staff wellbeing factors in the Datix. Questions on staff breaks when logging an incident may be added to Datix. This would enable better understanding of a situation and would also fill a gap highlighted at GAPF Development Event in September 2023 on Fatigue.</p> <p>Tom Power reported that the Scottish Ambulance Service had done some work to resolve local issues around breaks for ambulance crews. He would connect the person involved in this to the joint working group as the information could be helpful for other staff.</p> <p>A further update would be received at the next GAPF meeting.</p>	<p>TP</p>
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Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

a. Health and Safety Report

Ian Cowe highlighted a number of items from the report which had been shared with the group. These included:

- Review underway of the TORs for health and safety governance meetings
- Currently exploring greater reporting on health and safety key performance indicators (KPI) at these meetings
- Await development of the additional functionality of Turas Learn by NHS Education Scotland (NES) to be able to run specialised reports on face-to-face health and safety training.
- Each of the Portfolios which replaced the Acute Sector now have their own Health and Safety Committees. These are reporting to the Expert Group and Occupational Health, Safety and Wellbeing Committee.
- Pilot of health and safety monitoring programme was carried out in 11 areas by the three health and safety monitors based in the Corporate H&S Team. Good feedback and results used to inform monitoring programme for next 12 months. The list of areas to be visited is under discussion at the H&S Expert Group.
- Face fit testing – staff who are required to wear an FFP3 mask are being re-tested every 4 years. However, it is proving difficult to get staff to return for this in many cases. It is hoped enhanced reporting will help improve this.
- The Prevention and Management of Violence and Aggression (PMVA) Team have been very busy with training and supporting areas following incidents.
- Compliance with the mandatory PMVA eLearning module has increased
- Tally system for recording verbal abuse incidents needs to be used by staff more. Did not wish to normalise verbal abuse and concerns that verbal abuse could lead to physical abuse
- More central nurse bank employees needed to receive the correct level of violence and aggression training.

Steven Lindsay noted that it had been difficult to elect a Partnership co-chair for all three of the new Portfolio Health and Safety Committees based on Foresterhill site. This was to be discussed further.

Steven thanked Ian for the presentation which showed how much work was ongoing by the Health and Safety Team. Thanks was given to the Health and Safety Team and all those supporting the work. Tom Power noted that more people needed to be involved in the health and safety structures rather than less.

	<p>Tom Power reported on a yellow and red card system which had been introduced in some NHS England Trusts for violence and aggression incidents. More information on this may be useful.</p> <p>b. Woodhill House Update</p> <p>Dianne Drysdale updated the group on behalf of the Woodhill House Project Board.</p> <p>The appointment of the project team was being finalised and communications would be shared soon. Then meetings would be set up with teams involved in the move.</p> <p>Dianne thanked colleagues in Information Governance and eHealth who assisted with Data Protection Impact Assessment.</p> <p>Westholme and Summerfield House would be in the first phase of the move. The other teams involved in the move had been advised.</p> <p>Asset Management Group continue to be updated monthly.</p>	
6	<p>Involved in Decisions</p> <p>a. Delivery Plan update</p> <p>* Susan Harrold explained the background to the Delivery Plan and presented some slides (attached).</p> <p>The draft plan had been submitted to the Scottish Government and formal feedback was anticipated week commencing 25 March 2024. Once the Scottish Government had signed off the plan, it would go to the NHS Grampian Board for formal endorsement.</p> <p>Engagement had been ongoing throughout January and February 2024 and the draft Delivery Plan will be shared with public engagement networks.</p> <p>NHS Grampian's Plan for the Future Website: www.nhsgrampian.org/planforthefuture Visit the NHSG Intranet to access the Plan for the Future Toolkit [NHSG staff only]: http://nhsgintranet.grampian.scot.nhs.uk/portal/PlanForTheFuture/Pages/Toolkit.aspx Contact us at gram.planforthefuture@nhs.scot</p> <p>Stuart Humphreys noted the need for authors to be realistic around the RAG assessment and resource. There was a lot of amber which indicated areas not fully resourced to deliver. A Prioritisation Group had been established to consider how to take this forward eg when one workstream impacted on another service.</p>	

Steven Lindsay thanked Susan for the significant piece of work that had been undertaken.

b. Car Parking

Ted Reid and Keith Grant updated GAPF on car parking and related discussions.

The application for a permanent change of use for the Lady Helen Multi-Story Car Park had been submitted. The current arrangements for Patients and visitors to use up to level 6 would remain and the rest was for the facilities to be shared with patients, visitors and staff. As part of the application an updated Active Travel Plan and a Car Parking Management Plan also had to be submitted. An outcome was expected around June 2024 and no changes would take place to parking arrangements until that time.

Work was ongoing with IT colleagues to introduce a vehicle registration scheme following an option appraisal.

The Car Parking Short Life Working Group membership had been extended to include representatives from BMA, junior doctors and nursing and the group will be looking at a number of issues in the coming weeks..

Thanks was given to Corporate Communications for their assistance and for future communications.

Work was beginning on how to manage car parking. Emphasis would be on communication and engagement before any action would be taken on any breaches.

The group agreed to consider the needs of staff on call who required to go on and off site during the day.

Contractors taking up excess parking spaces; members of the public parking on site and then taking the bus into town; staff on call requiring to be on and off site during the day and who were classed as staff were all issues to be considered by the group.

Everything taken forward by the group would be fair and consistent to everyone and was all based on receiving approval for the change of use application from Aberdeen City Council. A lot of work still had to be undertaken.

Keith Grant asked GAPF to understand that the car parking restrictions had been lifted to enable staff to temporarily park in the multi-story car park and by lifting the restrictions this had led to other issues meaning anyone could park on site. The Transport Overview Group (TOG) had discussed the need for a longer term solution.

	<p>Potential funding may be available to be applied for to install shower facilities for people walking, cycling, running etc to work. This would be taken forward in conjunction with Planning and Estates departments to ensure showers were installed in appropriate places and future maintenance agreed.</p> <p>Keith Grant highlighted that if all buildings are put on one site, this would always cause problems with parking. There was not a good enough public transport system to resolve the issues.</p> <p>Steven Lindsay thanked Ted and Keith for all the work done.</p> <p>c. Balanced Governance - a Framework for Transformation</p> <p>Steven Lindsay explained that he had hoped to share a paper with GAPF prior to the meeting but this had not been possible.</p> <p>Adam Coldwells had requested a group to be set up, co-led by Susan Webb, Director of Public Health and Mark Burrell, Chair of the Area Clinical Forum. A non-executive member of the Board and Steven Lindsay would also be on the group. This was mentioned by Alex Stephen in phase 1c of the financial recovery plan. The group had been asked to develop a process of service planning which allowed and encouraged particular clinical and frontline services to transform in a way so not to cost more money but potentially less money. CET would ultimately approve this commissioned document and GAPF and ACF would be key stakeholders to comment on the paper.</p> <p>The draft paper would be circulated to GAPF and ACF for comments. It was agreed to add this as a formal agenda item for April 2024 GAPF meeting.</p>	SL/MB
7	Appropriately Trained and Developed – no items	
8	<p>Communications messages to the Organisation</p> <p>Steven Lindsay would prepare a report from the meeting for the NHS Grampian Board.</p>	SL
9	<p>Any Other Competent Business</p> <p>Joan Anderson Retiral</p> <p>Joan Anderson planned to retire at the end of May 2024 and all were invited to the Retirement Tea on Tuesday 28 May 2024 at 2pm in Summerfield House Canteen.</p>	
10	Date of next meeting	

	<p>The next meeting of the group to be held at 10am to 12.30pm on Thursday 18 April 2024 via Microsoft Teams.</p> <p>Agenda items to be sent to: gram.partnership@nhs.scot by 27 March 2024</p>	
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Joan Anderson - gram.partnership@nhs.scot