



NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
 Thursday 18 April 2024 10am to 12.30pm
 Microsoft Teams

Approved

Board Meeting
 13.06.24
 Open Session
 Item 13.7.2

Present:

- Adam Coldwells, Interim Chief Executive (Co-Chair) - Chaired
- Steven Lindsay, Elected Staff Side Chair/Employee Director (Co-Chair)
- Adeyinka Adewumi, Deputy Business Manager
- Diane Annand, Staff Governance Manager
- Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership
- June Brown, Executive Nurse Director (to 11.45)
- Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group
- Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
- Alistair Grant, RCN
- Gemma Hood, SOR
- Stuart Humphreys, Director of Marketing and Corporate Communications
- Deirdre McIntyre, RCOP
- Martin McKay, UNISON
- Cameron Matthew, Divisional General Manager, Acute – from 11.30am
- Lynn Morrison, Allied Health Professions Lead, Aberdeen City (10am to 10.30 and from 11.30am)
- Gavin Payne, General Manager, Facilities and Estates (10am to 11.30am)
- 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
- Philip Shipman, Acting Head of People and Change
- Alan Sharp - Deputy Director of Finance
- Kathleen Tan, CSP
- Alan Wilson, Director of Infrastructure and Sustainability
- Joan Anderson, Partnership Support Officer

In attendance:

- Mark Burrell, Area Clinical Forum Chair – item 4a
- Susan Webb, Director of Public Health - item 4a
- Jane Gibson, Staff Side Co-Chair of Aberdeen City Partnership Forum – item 5b
- Wendy Walker, Organisational Development Facilitator – for item 5f

| | Subject | Action |
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| 1 | <p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>Janet Christie, BAOT Ian Cowe, Head of Health and Safety Dianne Drysdale, Smarter Working Programme Manager</p> | |

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| | <p>Alison Evison, NHS Grampian Board Chairperson Natalie Jeffrey, Business Manager, Moray Gerry Lawrie, Head of Workforce & Development Jill Matthew, Head of Service, Occupational Health Service Jackie Mitchell, RCM (Regional Officer) Zoe Morrison, Lead Specialist (Culture and Experience) Tom Power, Director of People & Culture Katherine Targett, Consultant Occupational Physician, Occupational Health Services</p> | |
| 2 | <p>Minutes for Approval</p> <p>Minute of the Previous Meeting held on 21 March 2024 was approved.</p> | |
| 3 | <p>Matters Arising - none</p> | |
| 4 | <p>Involved in Decisions</p> <p>a. Balanced Governance - a Framework for Transformation</p> <p>Steven Lindsay explained he, Susan Webb and Mark Burrell had been asked to lead the work required to develop a Frame work for Transformation. The paper should reflect and retain the pillars of governance, highlighted the importance of the prevention agenda and encourage colleagues to have conversations around stewardship. Feedback was welcomed.</p> <p>Susan Webb, co-author of the paper, explained the paper set out the case for change within NHS Grampian and factors under way already. The work was a medium to long term process as it was believed a cultural change was required.</p> <p>The paper was a work in progress and had been discussed by the Chief Executives Team and would also go to the Area Clinical Forum (ACF) on 1 May 2024 to gather feedback.</p> <p>The group discussed the paper and made the following comments:</p> <ul style="list-style-type: none"> • The paper was a good description of the direction of travel • The three Health and Social Care Partnerships (HSCP) to be asked for feedback • Challenge between maintaining governance processes and changing – volunteers may work against maintaining governance processes and the document may need to address that • Paper useful and clear but too aspirational. Will not be able to do everything for everybody with the money and time available • Need to sort medium and long term targets suggested and feedback to people so they could see that things were | |

changing as if they didn't see change they may not keep going

- Cross sector working with multi-disciplinary NHS Grampian and council teams – need to be able to have the autonomy to do things differently
- Need to find a way to try out things without danger to staff or patients
- Concerns of working with third sector as they were under even more pressure than NHS Grampian and more funding would be withdrawn from them in future. If they were asked to do things for NHS Grampian they would need to be paid.
- Necessity to keep trade union involvement to ensure that this and conditions were not undermined or completely diverted around
- Ensure that the same mistakes made around test of change when people felt they could do as they wished and not involve trade unions
- A longer term process to help move towards a proper sustainable system.

Susan Webb responded to the comments as follows:

- Reassurance a human learning system approach would be used
- This was about systems which got in the way of change
- Not an easy process and would challenge everyone
- To be carried out in an open and transparent way
- Governance processes would get in the way of change and would need to be discussed
- Important to get the commission right so taking forward together
- May be some processes which could not be changed due to other unseen risks

Mark Burrell added that he expected similar comments to be received from ACF. He noted the challenge of having the time to do the transformation when trying to do all the other roles people had. It was hoped services would not feel this was driven from the top down and they were given time to have a real reflective process to look at what they do.

Susan Webb would update the paper following the meeting and share with GAPF and other groups virtually for final sign off. Further feedback was welcomed at any stage.

b. Non-Pay Elements of Agenda for Change Pay Award:

i. Agenda for Change Pay Reform Group

Philip Shipman presented an updated using slides (attached).

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| <p>The overall governance was in place for the 2023 Pay Reform Programme.</p> <p>Tom Power and Steven Lindsay were leads for the overarching group with four sub-groups set up below this.</p> <p>NHS Grampian was working in Partnership with trade union and professional organisation colleagues and being as considerate as possible for the staff affected. No member of staff would be financially disadvantaged. Formal and informal discussions would continue.</p> <p>Adam Coldwells reported that the Scottish Government had stated they would cover the costs of the non pay elements of agenda for change staff. The Scottish Government had stated that if the costs were more than what they expected, this would have to be looked at further.</p> <p>Alan Sharp explained that the guidance from the Scottish Government stated that Boards should not accrue any financial detriment for the whole process and £200m had been released for territorial boards. NHS Grampian share of this would be £20m. It was expected that NHS Grampian costs would be more than other boards so more discussion would be required. The 2023-24 accounts noted a contingent liability and more information would be known for the next year.</p> <p>Philip Shipman would share the presentation and the guidance with the group but asked that the guidance was not shared with others as it was a work in progress and not a final document.</p> <p style="padding-left: 40px;">ii. Reduced Working Week (RWW) Group</p> <p>Philip Shipman detailed the work of the RWW Group to date as noted on the attached slides. Karen Watson was the Partnership Rep on the group.</p> <p>Reduced working week would affect approximately 4500 members of staff.</p> <p>Options from the RWW Group would be discussed by the GAPF Terms and Conditions Sub-Group.</p> <p>The process was being designed to be as admin light as possible, but at some point services would be contacted for engagement.</p> <p>Philip Shipman explained not all services may choose to implement the same arrangement across all staff and they would be asked to self-identify staffing groups and how each would implement the reduced working week. This information would be captured on a spreadsheet. This allowed monitoring of the areas which had</p> | <p>PS</p> |
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| | <p>actively considered the reduced working week and which had yet to do so.</p> <p>Timescales had not been agreed as work to ensure governance in place was being done first.</p> <p>Staff had wondered what the payment would look like on payslips and question 18 in the DL stated it would not appear on the payslip as a separate payment. Philip Shipman agreed to clarify this with Lorraine Hunter.</p> <p>iii. Protected Learning – Jason Nicol</p> <p>Jason Nicol was leading on this group and he had a number of volunteers to join the group. Admin support was also available. A Teams channel had been set up and the model of the overarching group would be followed. Joan Anderson asked to request a Partnership Rep for the group.</p> <p>iv. Agenda for Change Band 5/6 Nursing Review</p> <p>June Barnard and Jenny Gibb had been appointed leads for the group. Jane Gibson and Karen Watson were Partnership Reps on the group.</p> <p>The Scottish Government Directors Letter (DL) was awaited. 2613 nursing staff were on band 5 on a substantive basis. It was not yet clear if the process would include bank staff. If so, there would be 1500 bank staff to add to the numbers involved.</p> <p>The plan was to have a single website for all band 5 nurses to make a submission. The target date was 1 May 2024 for more information from the Scottish Government.</p> <p>NHS Grampian may be in a better position than other boards due to work done over the last few years. It would still be a lot of work and the process would be made as easy as possible for everyone. There was a need to understand the emotions of staff going through this process, especially of those who do not achieve band 6.</p> <p>v. Business Systems Group – no update received.</p> <p>Steven Lindsay thanked Philip Shipman and others for their work on this. It was agreed to keep the item on the agenda for future meetings.</p> <p>c. Finance Update</p> <p>Alan Sharp explained that NHS Grampian expected to meet the overall target set by the Scottish Government of a £25m overspend. The current position was an overspend of just over</p> | <p>PS</p> <p>JA</p> |
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| | <p>£24m. There were three outstanding elements in finalising the position.</p> <p>Firstly the financial situation of the Integrated Joint Boards (IJBs) would be known on 19 April and NHS Grampian would have to contribute to any overspends which were expected in Aberdeenshire and Moray.</p> <p>Secondly at the end of the financial year a big exercise with all Boards takes place to agree balances and this was ongoing.</p> <p>Thirdly the final funding letter from Scottish Government had yet to be received.</p> <p>Once the final financial position was known, a full report would be prepared and shared.</p> <p>This would be the first time NHS Grampian had not balanced the budget and a lot of non-recurring funding and savings had been used to reach the target given. This could not be repeated for the next financial year.</p> <p>Alan Sharp explained that the process now required a letter to the Scottish Government to ask for the overspend to be covered and the Scottish Government agreeing to give this money but stating it had to be paid back once the Board returned to a position of financial balance at a point in the future when the funding was available. This did not have to be paid back the following financial year. Other Boards were in a similar positions.</p> <p>Thanks was given to all the team for all the work that had gone into finalising the financial position.</p> <p>Adam Coldwells explained that the savings of 3% for the new financial year had to be worked on but attempts would be made to minimise any impact on service provision. A lot of discussion on the impacts taking place with the Scottish Government. National discussion on why some Boards had their Finance Plans signed off and others hadn't. Further information would be shared when available.</p> | |
| 5 | <p>Well Informed</p> <p>a. GAPF Terms and Conditions Sub-Group Annual Report</p> <p>Diane Annand and Gemma Hood presented the GAPF Terms and Conditions Sub-Group annual report which had been previously circulated.</p> <p>The items highlighted included the following:</p> | |

- Lifestyle Savings Portal – since the report had been written, the number of staff who signed up had increased to approximately 1200. Regular updates received from the company
- Green Car – Lorraine Hunter and Diane Annand had met with a potential provider as they did not wish to overestimate the possible savings. Work was ongoing
- Value and Sustainability Group – this was a new piece of work for the sub-group. They had already worked on: not carrying forward annual leave; Travel Efficiency Protocol; roll out of additional hours; roll out of ePayslips
- End of Covid Leave had marked the end of all the special terms and conditions in place during and after the pandemic. HR Service Centre staff would monitor SSTS to ensure no more Covid Leave was being recorded. They would discuss with any department who continued to use the code

The GAPF Terms and Conditions Sub-Group meets monthly, however there was a of work taken forward by short life working groups. Thanks was given to all those on these group as it was recognised that a lot of work was involved.

Adam Coldwells thanked all those involved in the GAPF Terms and Conditions Sub-Group on behalf of GAPF.

Steven Lindsay also thanked the sub-group and made special mention of the work the group was involved in around the reduced working week.

b. Aberdeen City Health and Social Care Partnership Staff Governance Report

Sandy Reid and Jane Gibson, co-chairs of the Aberdeen City Health and Social Care Partnership Committee, gave an update on the report they had also submitted to the Staff Governance Committee. They highlighted the following items:

- When staff moved from TECA to John Lewis vaccination centres, organisational change had not been applied and therefore was detrimental to staff as they were not involved. The learning outcome from this was when the vaccination centre moved from John Lewis to the Bon Accord Centre, the Staff Governance Standard and Organisational Change Policy were applied and staff were involved. This showed a huge difference to how staff took ownership of the change and improved wellbeing for staff
- Training – the value of encouraging staff to identify learning needs in personal development plans and progress. There had been a failure to harness the value of learning. This was

discussed at the senior leadership team meetings and the information was being cascaded.

- Jane Gibson was undertaking walkrounds to speak to staff to ensure they knew who she was and what her Partnership role was.
- Discussions had taken place with managers and staff on the importance of mandatory training compliance at the same time as being mindful of the pressures on the system
- Communication with staff was being improved
- Involving staff to understand the importance of waste segregation regarding environment and costs to the organisation. Time was required for staff to undertake the waste modules on Turas

Adam Coldwells noted that the report showed that things were going well but there was still issues to take forward.

c. Staff Governance Committee Report

Joyce Duncan reported that the Staff Governance Committee had been assured by the Aberdeen City Partnership Forum and the Portfolio Staff Governance reports. Also the Delivery Plan had given assurance to the committee.

The Staff Governance Committee was concerned about the Whistleblowing Report and had requested a review take place and be updated at the next meeting. If the committee continued not to be assured, they would report this to NHS Grampian Board.

Adam Coldwell reported that national work was ongoing with whistleblowing and the Independent National Whistleblowing Officer (INWO). Louise Ballantyne, Head of Engagement, Corporate Communications, and Diane Annand were part of this national work. A series of workshops had been planned to pause, reflect and then look at what was going well and what the concerns were from the Staff Governance Committee. The group would then develop an action plan with timescales. Invites for the workshops would be sent soon and Partnership/Trade Union/Professional Organisation Reps would be involved.

Diane Annand noted that one aspect for the review was the use of the word “complex” and why some reports take a long time to complete.

d. Update on Fatigue Funding

Originally £10k funding was to come from Scottish Government We Care funding, however, this could not be carried over to September 2023 for the GAPF Development Event and therefore Tom Power and Steven Lindsay had managed to identify non-recurring funding.

Criteria and application form had been circulated for teams to apply for items related to fatigue of staff.

Almost 90 applications had been received. Of the 90 applications, 8 were approved and of these 5 were successfully completed before the end of the financial year. Those applicants who did not complete in time were redirected to NHS Grampian Charities funding (formerly known as Endowments).

Funding had been approved for items of comfortable furniture. Very few of the applications did not fit the criteria. The rest were redirected to local or NHS Grampian charities funding processes

Steven highlighted that the idea of one off funding was well intended but the work involved to fairly allocate and process the funding was considerable. Thanks was given to the GAPF Charities Fund Group who had been given the task of considering the applications.

The process raised awareness of the NHS Grampian Charities Funding and the GAPF Charities Fund as all the items applied for could also be considered for these two funds.

e. Staff Breaks, Rest and Recovery Joint Working Group with Area Clinical Forum (ACF) and Grampian Area Partnership Forum (GAPF)

Steven Lindsay and Mark Burrell were the co-chairs of the Staff Breaks, Rest and Recovery Group and gave an update on the groups work to date as follows:

- Good progress on cultural changes
- Ideas of how to incorporate breaks into meetings and examples of these beginning to be shared
- Discussions on back to back meetings with no break in between – one suggestion was to have 50 minute meetings to allow a break before the next meeting started
- Posters being developed for use on electronic displays, funding being discussed for paper posters. Posters to highlight the importance of breaks on the wellbeing of the member of staff, their team and also to the outcome for patients
- Work ongoing around Dentists in Training which would be discussed at the ACF
- Mark Burrell was being given the opportunity to speak to the medical leadership team on the culture of breaks and why it was important to take breaks for own wellbeing and performance. This information should then be cascaded to teams and people would be asked to lead by example
- The group was also discussing adding a question to Datix

Questions and comments from the forum as follows:

- Were the group discussing workload where someone has 8 hours available but the work actually takes 8.5 hours
- Breaks need to go hand in hand with workload to be able to achieve them
- Anecdotally one big busy medical practice had no patient appointments and did not answer the phone between 12.30pm 1.30pm to allow all the staff to have a break. It appeared more people wanted to work in that medical practice than there were jobs for. If there was a fixed break time, people would be more inclined to take a break.
- Often staff will undertake something else in the break between teams meetings rather than having a break
- Need to give people authority to take a break which would also allow them to perform better
- Really important to have a consistent message cascading down from senior management
- Definition of breaks important. Some people had been told they could have their unpaid break but no courtesy paid breaks
- Suggestion for a new section on the bulletin for “Terminology Tuesday” or similar as not everyone understood things they read in the same way (Stuart Humphreys agreed to take this forward)
- Should there be more easy read guides and key messages to make it easier for colleagues and managers who were juggling demands to understand policies, documents, etc
- Link taking breaks to safety, performance and patient safety. Making clear taking a break was part of the work
- Rules could be interpreted differently for different people which needed to be monitored
- Communication not just the role of the Communication Team but every manager. Ask people to consider what they say, use less words and simpler words
- Balance the message on posters to ensure staff don't feel guilty about not taking breaks

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Mark Burrell responded that breaks should be factored into jobs and it could be that people feel they couldn't take breaks but mechanisms should be in place to allow this to happen. One example given that when in surgery, if the surgeon doesn't take a break, they become more tired. If the surgeon takes a break during a long surgery, the operation would speed up and the outcome could be better. Other staff may find that due to lack of breaks the day would be longer due to fatigue.

Mark went on to talk about communications and the impact of emails on staff when they were not at work or on holiday. The group had discussed the anxiety of knowing emails were building and that emails could be sent on delay to allow people to switch off and have a break away from work.

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| | <p>Adam Coldwells stated it should be clear that staff should take courtesy paid breaks and was shocked that people were not being allowed to take these breaks. Adam stated he was publicly in support of the work of the group to ensure all staff received the consistent message round breaks.</p> <p>Diane Annand stated that the legislation only covered unpaid breaks but gave principles and examples. NHS Grampian guidance was clear on paid breaks.</p> <p>Jason Nicol offered to connect Zoe Morrison or Gael Simpson from his team to work with Stuart Humphreys.</p> <p>The group would take forward an action to ensure everyone was aware of the guidance on paid breaks and that the message was consistent.</p> <p>f. Commitment to Culture</p> <p>Wendy Walker went over the pack which had been previously shared with the group. Wendy had attended GAPF in August 2023 just prior to beginning consultation on the Commitment to Culture Pack.</p> <p>Wendy and colleagues had engaged with a large number of staff and received feedback which had informed updates to the pack and now had a suite of team based resources available. As part of the consultation, roadshows were held and videos developed. The Commitment to Culture pack would continue to be updated and Wendy would ensure information on breaks was added following the discussion earlier in the meeting.</p> <p>The group discussed the pack and made the following comments:</p> <ul style="list-style-type: none"> • How would the practical application of the pack be measured and evaluated? • If focus is on person centeredness and how staff were being treated and considering others whilst taking account of the pressures staff were under this would help to prevent getting into bullying situations • Culture the most important thing in the organisation, nothing else worked without the right culture. Culture should be about behaviour and attitudes and what people are aspiring to and what was expected • Focus on the facts and remind staff they deliver high quality service to all patients. Don't get bogged down in the negative • Thank people for their input, recognise why people don't always want to come to work and try and change this so that everyone wants to come to work | <p>Staff Breaks Group</p> |
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| | <ul style="list-style-type: none"> • People often just want basic common decency and to be treated by others as they would treat themselves. Thanking people would go a long way to this • People want equity and fairness of work areas and treatment • Little things made big differences • Kindness matters sessions – can be powerful for teams • Create space and time for people • Caring listening improving – what does this mean in practice – how can people ensure they are practicing this with others • “Conversation for Kindness” monthly global Teams meeting by a paediatrician in London. Jason Nicol could provide the link to anyone interested in attending or watching the recorded meetings • A moment of unkindness had an impact on staff • Civility saves lives – statistics showed that mistakes increased at work when people didn’t speak in a civil way <p>Jason Nicol shared one slide regarding connecting our values and behaviours with the meeting.</p> <p>Jason Nicol thanked Wendy Walker and Agnieszka Stephen for all their work.</p> <p>Jason Nicol noted the Culture Matters Programme Board, which oversees the work on culture, and was always happy for people to join to influence and shape thinking.</p> <p>GAPF were happy to approve the Commitment to Culture Pack.</p> <p>It was agreed to keep this item on the agenda at regular intervals for updates.</p> <p>g. National Profiles for Nursing and Midwifery Health Care Support Workers - Bank Workers – no update received</p> | |
| 6 | <p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community – no items</p> | |
| 7 | <p>Appropriately Trained and Developed – no items</p> | |
| 8 | <p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued – no items</p> | |
| 9 | <p>Any Other Competent Business</p> <p>Congratulations was given to Gemma Hood on her impending maternity leave. Gemma was thanked for all her input to GAPF and work in Partnership and the group looked forward to welcoming her back on her return.</p> | |

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| 10 | <p>Communications messages to the Organisation</p> <p>Steven Lindsay to prepare a report from the meeting for the NHS Grampian Board.</p> | SL |
| 11 | <p>Date of next meeting</p> <p>The next meeting of the group to be held at 10am to 12.30pm on Thursday 16 May 2024 via Microsoft Teams.</p> <p>Agenda items to be sent to: gram.partnership@nhs.scot by 29 April 2024</p> | |

Joan Anderson - gram.partnership@nhs.scot