



Approved

NHS GRAMPIAN Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 21st November 10.00 am to 12.30 pm
Microsoft Teams

Board Meeting
06.02.25
Open Session
Item 11.5.1

Present:

Steven Lindsay, Elected Staff Side - Chaired
Adam Coldwells, Interim Chief Executive (Co-Chair)
Adeyinka Adewumi, Deputy Business Manager
Diane Annand, Staff Governance Manager
Lynn Boyd, Service & Development Manager, Aberdeenshire Health and Social Care Partnership
Ian Cowe, Head of Health and Safety
Jamie Donaldson, Elected Chair of H&S Reps (part)
Dianne Drysdale, Smarter Working Programme Manager
Mike Forbes, RCN
Natalie Jeffery, Business Manager Moray CHP
Martin McKay, UNISON
Deirdre McIntyre, RCOP
Cameron Matthew, Divisional General Manager Surgical Services
Zoe Morrison, Lead Specialist Culture and Experience
Jason Nicol, Head of Wellbeing, Culture and Development
Gavin Payne, General Manager, Facilities and Estates
Tom Power, Director of People and Culture
Michael Ritchie, Unite the Union
Alan Sharp, Deputy Director of Finance (part)
Philip Shipman, Head of People and Change
Helen Smith, Service Support Manager
Audrey Gordon, Partnership Support Officer

In attendance:

June Barnard, Nurse Director, Secondary and Tertiary Care
Jane Ewen on behalf of June Brown, Nurse Director, Excellence and Innovation
Geraldine Fraser, Integrated Families Portfolio Executive Lead
Keith Grant (UNISON) (part)
Alison Macaulay, Occupational Therapy Professional Lead for Acute

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting. Apologies were received from the following:</p> <p>June Brown, Executive Nurse Director Jane Gibson, RCN Kathleen Tan, CSP Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee Lynn Morrison, Director of Allied Health Professions</p>	

2	<p>Minute for Approval</p> <p>Minute of the Previous Meeting held on 17th October 2024 was approved.</p>	
3	<p>Matters Arising</p> <p>Steven Lindsay advised that the letter from Maree Todd had been received following the meeting held on 21st October which was attached in the Teams channel.</p>	
4	<p>Well Informed</p> <p>a. Portfolio Review</p> <p>Tom Power updated the group on the PowerPoint slides that were shared at the last meeting. A copy of the full portfolio review report had been accepted by the Chief Executive team and was included in the meeting papers for today. Main points:</p> <ul style="list-style-type: none"> • Portfolios were introduced in 2021 with agreement from Local Authority partners to strengthen the integration and collaborative working across and between different departments, organisations and sectors. • Adam Coldwells had commissioned a review on the reasons why there was a sense that Portfolios were not working. • An initial survey was shared with the wider SLT and was presented at GAPF and Area Clinical Forums (ACF) in June. Input was given by colleagues from data in the survey. Calum Leask and Zoe Morrison had helped with the report and recommendations were presented in late September/early October to the Chief Executive team. • McKinsey 7s framework was used to describe the kind of change required for organisational effectiveness and leadership levers of cross system working. • Key findings were a mixed economy of Portfolios introduced in a way experienced as being at odds with the ethos distributed system leadership at a time of sustained pressure and increasingly limited resources. This had led to confusion and as a result the term Portfolio had attracted some negativity. • There were 20 recommended actions with the priority being: <ul style="list-style-type: none"> ○ Organisational construct clarity around identity and how these were grouped. ○ How people behave with one another around expectation of cross working and collaboration as there were gaps. 	

- Making changes to leadership arrangements particularly in the Acute Sector with 2 non-clinical roles to work alongside executive level Medical, Nursing and AHP clinical leaders including Dr Grays and review of management structures across relevant groupings.

This presentation will be published along with the report. The priority actions from the list of 20 had been shared with the Chief Executive Team. Removing the name “Portfolio” was one of these and Tom was keen to get views of the group and the ACFs. There was a risk of change fatigue and what should happen next rather than using organisational change instead to look at ways of working and the management structure. There was a need to ensure there was a focus on consistency and variation was agreed if warranted. Tom opened up to the group to get their views on the report, recommendation actions and whether the name “Portfolio” should be removed from any or all areas and if it should, what was the best way of describing service grouping in our system?

Jamie Donaldson suggested that “Service Pathways” was more appropriate than “Portfolios”. Clear communication would be required to staff on what it would mean to them and the general public as this was important.

Martin McKay queried the risk change fatigue as he had never heard about any other service redesign where this was raised. It was an issue but initial comments, views and concerns that brought about this process, make it unreasonable not to take this forward to mitigate these risks and move away from current structure.

Cameron Matthew agreed that the word “Portfolio” should be dropped but there will be those that will criticise whatever we choose. “Care groups” was a good option but some areas were clinical or primary care. “Clinical Care groups” would be a natural move. Colleagues elsewhere use this term. A return to “Divisions” as previously could be quite divisive. This would require job title changes if this happened which would require a process. Using the specific area as prefix to “Care Groups” would be worth considering.

Steven recalled in 2021 when “Portfolios” was proposed and introduced. Views expressed at the time related to the old Acute Sector and clinical services but not the rest of the system. How would Facilities and Estates and other corporate functions describe themselves? Regardless of the term agreed there would be some who end up in a silo within an organisation this size. The label would not universally apply or suit every part of the system. Tom advised that Corporate Services were not involved in the process but

terminology to relate to those different areas would not be a problem as long as this was made clear and consistent.

Jason Nicol advised that care grouping and directorates was a well used terminology breakdown of functional units which he thought was a reasonable way forward. Jane Ewan added that similar terminology work that happens beneath the communication and engagement was critical. The document outlined this well and just needed to follow through. Jane congratulated Tom and others on this huge piece of work.

Steven asked colleagues to discuss with others and reflect on the summary of work from last month. Tom stated that the identity would be identified in the new year and overview of the system explained or narrative on our understanding with a summary following on from Jamie's point. ACF was taking place early in December and Tom hoped this would be agreed before Christmas. If anyone has any further thoughts, they should get in touch. Care grouping was a good option from his point of view. Collaborative was too loose a term as language was really important around this and what it means for others.

Jason was keen to highlight that behaviours and approaches were key from a Wellbeing, Culture and Development point of view as this will have an impact on approaches planned which was a key area to focus on going forward. Tom agreed that this was a fair point and observation but identity could get in the way of the work Jason was alluding to within the team. There was an opportunity to reinforce the second recommendation of ways of working and systems thinking to build narrative around this.

b. Soft Launch of Phase 2.2 of Once for Scotland Workforce Policies

Diane Annand updated the group and asked everyone to look at the letter with the number of policies and 4 guides for Phase 2.2 Once for Scotland which was in the meeting papers. There were 8 policies:

- Equality, Diversity and Inclusion
- Gender-Based Violence
- Facilities Arrangements for Trade Unions and Professional Organisations
- Personal Development Planning and Performance Review (PDPPR)
- Employment Checks
- Fixed Term Contracts
- Secondment
- Redeployment

And 4 guides:

- Racism
- Reasonable adjustments
- Sexual harassment
- Transitioning

These were to replace current NHSG policies. The soft launch phase will run until 15th January for HR and Staff Side to complete preparation work for the launch early February next year. There had been discussion at the Policies Sub Group and HRM huddle about how these policies and guides would be launched in NHSG. There was recognition that policies were not usually read until required. This was the third tranche of Policies. The summary of preparation work included identifying the differences between current and new policies. There was a national presentation with blank slides which will be populated with the differences between current and new policies and added to the intranet. The national presentation would then be shortened and more concentrated on the new policies. This shorter presentation would be delivered to the wider SLT Meeting and at least one other event on Teams would be arranged which would be open to anyone who wanted to attend. This may utilise the Year of the Manager forum. This approach was to strike a balance between the roadshows carried out previously in February 2020 but still provide a face-to-face session for discussion. More work was required to consider if there will be a voice over on the shorter presentation to be looked at. Generic communication would be through the Daily Brief and Ask Adam session to bring attention to this. There would be further consideration on the practical how to approach on the Fixed Term Policy to start with, as there were key responsibilities for managers and consequences around this if not followed. This required to be worked out on how to do and resource around this. Keith added that it was really important to push these policies and presentations with signposting on where to find these.

Steven commented that there was experience from the last 2 phases with roadshows in 2020. Facilities Arrangements for Trade Unions and Professional Organisations Policy currently will be superseded by the new policy in early February. The current policy includes a number of appendices that were not part of the supporting document suite. The first Appendix recognised all Trade Union and Professional Organisations. Appendix 2 was relevant to GAPF as the Formal Employee Relations Protocol included Terms of Reference. Appendices would need to be housed on the Policy site and Terms of Reference for GAPF. As Employee Director and Elected Chair of Staff Side, Steven had been approached as to whether the Area Partnership Forum (APF) was open to attendance at GAPF of full-time officials as this takes place in other boards.

Philip Shipman agreed that managers and staff need access irregularly to policies but this was important to them. There had been nearly 1,000 hits on the youtube presentation done on the 2nd tranche of policies which was a benefit to reinforce information to managers and staff. Any ideas on how to promote this would be greatly received.

Adam thanked Diane and Keith and thought the way to raise awareness was the right balance but queried how these vary from what we have at the moment, especially the Facilities Policy and others with regards to secondments. Diane replied that we would need to know the differences between our current policies and the new policies but using secondment as an example, current secondments would not be unpicked but use the new policies from February. Steven added that the new Facilities Policy gave no direction on the membership of the APF, this had just been raised at the same time but there had been a conversation around this previously to extend the invite to other professional organisations and complexity of APF terms of reference hadn't changed much but was reviewed early 2021 around governance process. It seemed the right time to look at this. Keith explained that the NHS Scotland Workforce policies were based on PIN (Partnership Information Network) policies not rewritten but due diligence had been carried out with tweaking rather than drastic changes.

c. Finance Update

Alan Sharp provided an update and shared the Finance Performance document from the period ending October. Main points:

- There had been a slow improvement in the financial position from the early months of 2024. This had continued in October (month 7). Recorded overspend for the month was just under £5m – there was normally a peak in expenditure in October due to medical supplies but the total overspend level was a bit lower than expected.
- Updated detailed forecast for the year showed a projected overspend reduced from £74.5m down to just over £73m. £59m overspend on NHSG non delegated service main portfolios plus £14.5m overspend attributed to contribution to overspends on two IJB budgets in Aberdeenshire and Moray.
- Forecast overspend was showing slow signs of improvement due to decisions made around vacancy control, overtime and stopping planned commitments. The Board financial position was still fragile.
- Major overspends on medical staffing and locum expenditure was the highest in Scotland. There was a nursing reduction in agency staff but bank costs were high. New graduate nurses joining from RGU impacted on the financial position.

	<ul style="list-style-type: none"> • Risks around the IJB position may worsen. Operational spend to remain at £5m. • Cost of AfC pay reforms were not known around Band 5/6 regrading. • Savings achieved of £24m against target of £19.8m. • AfC 24/25 pay award processed in October increased budgets to reflect this which was fully funded by the Scottish Government. • Next year's Scottish Government budget was due on 4th December. Recent UK Government Budget had advised there would be more money for the Scottish Government than originally planned but most of the money already committed on pay awards so there was not much spare. Full briefing note to come out after 4th December. <p>Steven commented that overall this was good news and the group had spent an amount of time discussing finance in general and various elements around this at the last meeting.</p> <p>Jason thought it would be worth undertaking a sense of how the service change templates with areas on reducing costs was going as areas were working hard on this. Alan updated that if anyone had participated in the “Ask Alex” sessions, with the final one this afternoon, there was a 3 strand approach to manage this financial approach for 2025/26 by continuing the Value and Sustainability Programme work around efficiency and current services. The second was around service change and all areas were to submit proposals to reduce their budget by 10% next year. 90 proposals had been received and consolidated onto a list. All areas had now put in proposals and this detail will go to the Chief Executive team next week to agree next steps. The third strand was longer term system transformation which Alan Cooper was working on.</p> <p>Steven thanked Alan and wished him well for his deserved retirement and for all his work and contributions to the group. Alan thanked GAPF and the good support he has had from them.</p>	
5	<p>Involved in Decisions</p> <p>a. Test of Change AMIA</p> <p>Geraldine Fraser updated the group. Main points:</p> <ul style="list-style-type: none"> • This started on 29th October and was operational Monday to Friday with a model using up to 8 beds in the Cardiac Day Surgery Ward running to 2025 with the Scottish Ambulance Service (SAS). • The design of the model with ambulances queuing outside of AMIA means that patients who have been assessed and admitted to a receiving ward and a bed was not ready, they were moved from AMIA to a holding area in 401 overnight and then moved to the receiving ward. 	

- The design of the model had a wide stakeholder group and Staff Side input as there were original concerns around this and was redesigned for patients already assessed.
- This was monitored through the same stakeholder group fortnightly and information showed one of the risks would impact on the Cardiac Day Surgery but this has not happened with all patients moved out during the night.
- If there were any failed handovers with no space to accommodate, patients were to be taken back to the ambulance. There had been 3 datixed but with no harm to patients over the past few weeks.
- There was a daily huddle to look at staffing levels, stacking of ambulances and decision taken whether to open beds.
- 5.00 pm was a busy time in the department as this was meal times and a change of shift at 7 which was being looked at.

Jamie added that he sits on this group as the Partnership Rep and there had been an instance when the ambulance crew had brought a frail and elderly patient to the front door and no bed was available. This was recorded on Datix around the SAS/AMIA procedure.

Adam advised that he had been asked on numerous occasions by the Scottish Government to develop a plan for removal of ambulance stacking which everyone had been involved in. There were issues with little or no resource. The Scottish Government had asked again a week or so ago for another plan which Geraldine was working on with additional capacity and changes. This was set over 3 phases with immediate action and ends with the delivery of bed base review. There was a cost against this and Adam has a meeting with the Government tomorrow for feedback around this and would keep everyone updated. There was an efficiency and productivity gains analysis from bed base review capacity issue to address in the current plan. Steven asked if there was a Partnership representative around this. Geraldine replied that this was at a high level and was currently pulling together. Feedback was required from the Government on how to implement and would seek input from Partnership after this. Work had been completed through the Unscheduled Care Programme Board. Engagement had been good around this on what we could deliver now and what the limitations were. Geraldine added that Jamie's support had been invaluable in this group.

Jason asked what the experience was so far with this and if there was any sense of clearing capacity for the ward to return to normal function on the next day. Geraldine advised that this was an important factor and all were clear on conditions that there must be line of sight of a bed which was part of the criteria as a suitability assessment.

Cameron Matthew commented that he had operationally now been on call 4 times since the opening and this was generally cleared at the latest by 3.30 am and did not go up to 8 in his experience. This

<p>was fairly well organised and patients were identified and moved early for contingency of ambulances stacking and coming in. This was well managed and had been accepted and taken forward. Conversations with SAS colleagues had been more challenging and communication had been less than supportive. Steven had shared concerns around the letter from the Chief Executive at SAS as the communication was not acceptable.</p> <p>Jamie highlighted that the SOP had worked really well around ambulances stacking at AMIA. June raised the responsiveness of staff across MUSC and collaborative working across portfolios to ensure safe staffing, to be recognised.</p> <p>Jason commented on the communication from SAS and queried what ways were used to sensitively reflect back to colleagues on commitments and values to sense check an acceptable standard. Steven added that offers of support continued to be there to provide agreeable challenges. Cameron advised that the response had been to call out any issues at meetings and describe the truth to maintain relationship with SAS colleagues. Information was collated and then discussed with them on how this made people feel. All were aware of the pressure SAS colleagues were under but there was a need to have discussions around this as this was not acceptable. Geraldine commented that there were challenges at times. The introduction of the Test of Change and getting agreement around this at a senior executive level in areas, with no consensus in some, was challenging. The 24/7 issue had caused teething issues at the start. SAS crews who have brought in patients have been very polite and have understood the situation. A tactical group meets every 2 weeks to discuss the gone wells and not gone wells. Executive meetings take place with a need to encourage governance standards. Teams need to be made aware what we can do and be realistic with support. Martin stated that he could understand the SAS colleagues behaviour that they were deflecting the pressure from Scottish Government on us relating to expectations of zero ambulances waiting. There was a problem of culture and an impact to deliver services. Tom commented that this was an interesting example of different cultures and ways of doing things in a pressured situation. Tom was happy to have a conversation with colleague in SAS around any concerns.</p> <p>b. Winter Plan 2024/25</p> <p>Steven updated that at the October meeting a paper was required for 12.12 Board meeting with input from this group. This would be shared by Geraldine Fraser and all to feed into this within the next week or two with any comments/contributions. This was to ensure that checklists were all completed and submitted to the Government. The national plan had been published around aligning priorities over winter and communications around this.</p> <p>c. Concerns about Staff Experience</p>	<p>All</p>
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	<p>Steven updated the group following the August GAPF where this had been raised. A Staff Side meeting had taken place in October to discuss this as there were members contacting reps locally on a variety of issues. It was thought that organisational communication and Daily Briefs were saying the right things but the experience for staff was different. Reps had been collating and pulling together concerns on this. It was summed up that we need to get the basics right e.g. the review of changing room and locker provision across sites especially the Foresterhill site, caused particular angst, concern and irritation from colleagues having to change in public toilets. There were continued financial challenges and the feeling in wards and departments was a fairly bleak picture. Staff Side colleagues had advised that at the GAPF meeting on 25th August 2011, a memorandum of understanding had been put together. A copy of this was available on the Teams files tab and there was a request from Staff Side to modernise and update this. All continue to work in partnership with other groups and disagree agreeably when required. Steven requested if this could be looked at and signed off in early 2025. The previous review was carried out by 2 colleagues who led this from Staff Side, Alistair Grant and Keith Grant. Not a lot had changed from this. The group to provide any comments/feedback on this. Tom responded that back in 2021, concerns were identified around responsiveness to signals. These were discussed and it was identified what managerially needed to happen. It was good to understand what were other area's common themes and if there were any suggestions or thoughts to progress this. There was a benefit from the Memo of Understanding being revised on how to ensure clarity on issues and to hear suggestions and ideas to move things on and respond where money was tight. Steven added that there continues to be deep concern around non-standard bed space which was touched on at these meetings and this would be good to explore through other Governance routes.</p> <p>Adam highlighted that everyone was worried about the same things around resource and relationship with the Government where weekly conversations were taking place. It would be helpful to think about what we talk about and what was in our control but we were unable to get rid of non-standard bed spaces, for example. Adam thought it would be useful to get together to see what we were trying to achieve. Steven, Adam, Tom and perhaps another colleague to look at. Written agreements were not entirely helpful but to agree what we were doing might be. It would make sense for a small group to discuss and come back to GAPF next month around the thinking and in general would be helpful to recognise concerns and what we can do. Martin added that the core of what was received from members and staff on the floor was that they don't recognise their working reality with the organisational level messaging coming out and does not always match up to day-to-day reality. Pressures were discussed at these meetings but the messaging doesn't match. More realistic and honest communication was required, where we were in terms of finances and to manage and influence what we</p>	<p style="text-align: center;">All</p> <p style="text-align: center;">SL/AC/ TP</p>
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	<p>can. Martin understood the relationship with the Government and what we can and can't say was taken onboard. This was done outwith on behalf of the organisation with other groups as Martin could say things that the organisation couldn't but the reality for staff was not reflected. Tom acknowledged the ability was a different organisation tactical approach and how we can work together to influence in wider system was working really well over things we do have control but there was a need to be thoughtful on a collective approach. Steven will bring back views to the next meeting.</p>	<p>SL</p>
<p>6</p>	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>a. Non-Pay Elements of Agenda for Change Pay Award</p> <p>i. Overall Group - Tom updated from a financial point of view. Costs of transition arrangements for RWW and backfill support were at a spend of £6.5 m this year but with 1500 nurses being upgraded, an estimate from Band 5 to 6 would add another £11/12m. Pay lift was to be updated from 2023/24 which exceeded £19.6 m before moving to the 36 hours reduction. Tom thanked all for support on this and the good momentum.</p> <p>ii. Systems Group Update – no update</p> <p>iii. Reduced working week (RWW) – Philip Shipman advised that there had been 681 proposals across the system on plans for RWW. 112 backfill funding requests had been received and arrangements were being looked at for nursing and midwifery colleagues mainly for 24 hour, 7 days a week services. Philip thanked everyone for the quality of these and being received on time. A backfill funding panel were looking at the submissions. 17 needed some extra information and requests had gone out for a meeting next Thursday to hopefully conclude. Philip had attended a Senior Nursing meeting to seek support and guidance from these colleagues to have a plan to supportively communicate outcomes. System awareness outcomes will be coming out on Monday 2nd December to all services around submissions. Tom explained that it was worth noting that the expectation was that we would have all services on RWW by the end of November however the view of the Programme Board demonstrated that a robust process in making change was more important rather than setting a deadline to meet this. Tom hoped that GAPF was supportive of this. Mike Forbes added that feedback from some RCN part time staff were being asked to sign a Flexible Working Agreement as opposed to taking time back and wanted to clarify the process around this. Philip replied that this was only guidance for the Flexible Working Agreement for staff seeking to retain previous hours for part time members of staff. Mike advised</p>	

that some were being asked to sign as opposed to taking the hours but queried if they had the choice. Philip clarified that if the person wanted to retain hours then this was the agreement in flexible working and how to fund. A manager can request but the individual would make the formal Flexible Working Request. Philip was happy to discuss offline.

iv. Protected Learning – Jason Nicol updated that there had been an organisation survey undertaken with 300 responses from this. Analysis would be shared at AfC Programme Board on the current statutory/mandatory activity. There were national groups across Scotland looking at this. Engagement with the PLT subgroup had been good and colleagues had come forward from Nurseries.

v. Agenda for Change Band 5/6 Nursing Review – June Barnard updated that she was concerned staff would not be applying as they were unaware that issues had been resolved due to the hard work of the sub group. Partnership colleagues on the sub group had concerns around the length of process to complete the 75 questions and supporting evidence was an issue which was not resolved. There had been an increase in submissions and as at 14th November there had been 315 portal hits and 26 submissions had raised to 29. NHGS was the 4th highest board nationally. There were portal glitches and questionnaire glitches which were fed back to the national team and further information was awaited on those. Regular communications through staff briefs were taking place. The first panel had sat yesterday and this outcome would be shared. NHSG individuals had been given protected time to complete, agreed with line managers who will monitor this. There was an increase for job evaluation capacity and training was due to take place in February/March. 10 people were taking this training up to support the panels. There was an emerging risk, potentially to Job Descriptions being used, as over the years there had been contextual changes and this was highlighted as an issue. Philip added that this was an onerous task with this questionnaire and an incredibly administrative process. 4 or 5 submissions had been considered yesterday with the need to collate 25 separate documents to be considered by the panel was excessive. The end to end process was also burdensome. Tom wondered if the use of Artificial Intelligence (AI) doing some of work to interpret data and making decisions had been explored with technology solutions but not to remove the human element all together. Natwest Bank had been using AI to handle disciplinary requests for 3 years now as well as the human involvement. At a national level, this was something for Staff Side colleagues to explore rather than more people's time being used. Tom thought this could be discussed with a view that this was acceptable at the next meeting as we were already straining for resource agreement.

7	Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community	
8	Appropriately Trained and Developed	
9	Any Other Competent Business <ul style="list-style-type: none"> • Steven will feed in communications from this meeting to the open Board Meeting on 12th December • It was agreed that the next meeting was to be held in Summerfield House and set up in a hybrid way for those to access. Audrey was on leave and Catriona Downie would be attending to Minute the meeting. 	
10	Communications messages to the Organisation	
11	Date of next meeting The next meeting of the group will be held at 10.00 am to 12.30 pm on Thursday 19 th December 2024 and will be held face to face in the Conference Room at Summerfield House . Agenda items to be sent to: gram.partnership@nhs.scot by 9 th December 2024	

Audrey Gordon - gram.partnership@nhs.scot

