



NHS GRAMPIAN
Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 16 June 2022 - 10am to 12noon
Microsoft Teams

Board Meeting 04.8.22 Open Session Item 12.6

Present:

Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair) – Chaired the first part of the meeting
 Rachael Little, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired the second part of the meeting
 Mike Adams, UCATT
 June Brown, Executive Nurse Director
 Catriona Cameron, AHP Lead, Aberdeenshire (deputy for Alex Pirrie)
 Susan Carr, Director of Allied Health Professionals & Public Protection
 Rachel Donald, Deputy Services Manager, Aberdeen City (deputy for Sandy Reid)
 Dianne Drysdale, Smarter Working Programme Manager (for item 7a only)
 Kimberley Falconer, SOR (deputy for Gemma Hood)
 Alistair Grant, RCN
 Sarah Irvine, Senior Finance Manager (deputy for Alan Sharp)
 Gerry Lawrie, Head of Workforce & Development
 Steven Lindsay, Unite
 Deirdre McIntyre, RCOP
 Martin McKay, UNISON
 Cameron Matthew, Divisional General Manager, Acute
 Patricia Morgan, Service Manager, Health and Social Care Moray
 Gavin Payne, General Manager of Facilities and Estates
 Cheryl Rodriguez, Head of Occupational Health and Safety
 Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities
 Philip Shipman, Acting Head of People and Change
 Kathleen Tan, CSP
 Joan Anderson, Partnership Support Officer

In Attendance:

Susan Harrold, Senior Planning Manager – for item 7b
 Elinor McCann, Catering Manager – for item 7c
 Chantal Wood, Deputy General Manager, Facilities – for item 7c

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Everyone was welcomed to the meeting and apologies were received from the following:</p> <p>Paul Allen, Director of Facilities, Estates & eHealth Janet Christie, BAOT Ian Cowe, Health and Safety Manager Diane Annand, Staff Governance Manager Albert Donald, Non-Executive Director/Whistleblowing Champion Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee</p>	

	<p>Caroline Hiscox, Chief Executive Gemma Hood, SOR (deputy Kimberley Falconer) Stuart Humphreys, Director of Marketing and Corporate Communications Alex Pirrie, Strategy and Transformation Manager, Aberdeenshire HSCP (deputy Catriona Cameron) Tom Power, Director of People & Culture Sandy Reid, Lead – People & Organisation, Aberdeen City Health and Social Care Partnership (deputy Rachel Donald) Alan Sharp, Assistant Director of Finance (deputy Sarah Irvine)</p>	
2	<p>Minutes for Approval</p> <p>Minute of the Previous Meeting held on 21 April 2022 was approved.</p>	
3	<p>Matters Arising</p> <p>a. GAPF National Care Service and Strategy Engagement/ Consultation Workshop – 29 June 2022 from 9am to 11am</p> <p>Adam Coldwell explained that this workshop would be the first to begin raising awareness. The National Care Service may be the biggest change most staff will experience. Everyone was encouraged to attend.</p>	
4	<p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</p> <p>a. DL (2022)7 - De-escalation of COVID-19 infection prevention and control (IPC) measures in Health and Social Care settings to alleviate system pressures revision to the guidance</p> <p>June Brown explained that the information on the paper which had been circulated included the guidance at that time. A short life working group had been set up to take forward the changes and a number of these were complete.</p> <p>Three outstanding areas to be covered. These were:</p> <ul style="list-style-type: none"> • staff access to patient records – health intelligence working on this • Minimum bed spacing – all NHS Grampian areas to be included in the process to highlight any risks and ensure appropriate controls in place • Physical distancing signage – it was proving difficult to remove some signage and therefore taking time and causing some damage. Facilities and Estates Directorate taking this forward <p>Kerry Ross noted that the work on vaccination status was almost complete and would be included in Boxi reports.</p> <p>Weekly updates were being given to NHS Grampian for assurance.</p>	

b. Health and Safety Executive (HSE) Visit Update

Cheryl Rodriguez updated the group on the HSE visit and the outcome.

Violence and aggression accounts for the highest number of adverse events affecting staff and the HSE currently have a national campaign to look at this issue. Staff Health, Safety and Wellbeing is also a strategic objective for NHS Grampian.

NHS Grampian had provided the HSE with a lot of information prior to the visit and as a consequence they did not visit Royal Cornhill Hospital as planned as they felt the management of violence and aggression was being taken forward well there.

The HSE visited a few areas in ARI. Enforcement and improvement notices had been given with six months to respond to the gaps highlighted with regular updates on progress.

The HSE noted that NHS Grampian was working well with Health and Safety Representatives and that a lot of work had gone into improving the management of the gaps highlighted. NHS Grampian were aware of the issues prior to the HSE visit and the improvement notices were issued in a supportive manner.

HSE noted the over reliance on the Security Team and work had begun with this team to look at alternative strategies. Suggestions included low level restraint training for nursing staff and how to use and maintain personal alarms as some simple solutions to the management and prevention of violence and aggression (PMVA). NHS Grampian was aware of the long term cumulative affect acts of violence and aggression had on staff.

HSE also requested that Key Performance Indicators (KPI) were developed for measuring performance and showing improvements. A group had been set up and chaired by Cheryl Rodriguez to gather all the information related to the improvement notices for HSE. Three sub-groups were working through the detailed actions, a Corporate H&S Group to look at policies and protocols for training and personal alarms – chaired by Ian Cowe, Facilities risk assessments and training needs – chaired by Chantal Wood, and a third group to look at the actions for the Acute Sector.

HSE were happy with progress to date but highlighted some stakeholder input was required in the Acute Sector. This had been escalated appropriately in the organisation and Sue Swift, Divisional General Manager and chair of the Acute Sector Health and Safety Committee was working with colleagues to set up a group to take this forward. An action plan had been written for Acute with detail to allow this sector to close the gaps.

	<p>Funding had been requested prior to the HSE visit and had been received for the PMVA training team. Work ongoing with the Learning and Development Team and Payroll regarding KPIs. SSTS codes would need to be changed nationally to capture more information about sickness absences due to violence and aggression (V&A).</p> <p>Martin McKay reported discussions in more isolated units regarding difficulties of release time for training due to absences and asked that these areas be prioritized for training. Cheryl Rodrigues confirmed that high risk areas would be prioritised and she would discuss further with Martin McKay after the meeting.</p> <p>Cheryl Rodriguez, Ian Cowe and their team were commended for the immense amount of work they had done. It was highlighted that this was an organisational responsibility and could not be left to the Health and Safety Team to resolve.</p> <p>Alistair Grant reported that RCN had seen an increase in contact with Acute Sector members asking for support due to not receiving organisational support when incidents happened. This had an impact on members and the organisation and he noted Acute Sector needed to take responsibility.</p>	
5	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</p> <p>a. Organisational Change Policy</p> <p>Philip Shipman presented a reviewed Organisational Change Policy for approval.</p> <p>A question was asked regarding excess mileage payments due to organisational change. It was agreed that if this section had been included in the previous version of the policy and had been deleted by accident it would be reinstated.</p> <p>Philip Shipman confirmed that the excess mileage for four years due to organisational change was still in place and would discuss further outside the meeting. If the information was available in another policy this would be highlighted to the group.</p> <p>GAPF approved the policy if there was no requirement for an amendment to be made.</p> <p>b. Change Management Oversight Group</p> <p>* Philip Shipman read out the terms of reference for the group (attached). Adam Coldwells was the chair of the group.</p> <p>The group had reviewed the Organisational Change Policy which had been presented for approval.</p>	

The focus of the group had moved on to ensuring they understood and supported all organisational change processes ongoing across the organisation. This included what the proposed change was, where it was and what stage the process had reached to ensure each was implemented timeously. The group would also look at overlaps of proposed changes and ensure these were taken in to account during all stages of change and that all stakeholders were involved including Partnership, HR, managers and staff.

There should be no organisational change process taking place that the group was not aware of.

Work was ongoing to look at a framework for organisational change to ensure each process is consistent and work ongoing around softer skills for managers on how to nurture the workforce and manage change. The hope was to make the organisational change process as good as it could be for all those involved.

c. Deactivating the Management of the Workforce during and after Major Incidents including Pandemic Policy working group

Philip Shipman explained there were 27 provisions within this policy and the group was looking at how to deactivate each of these. Diane Annand was leading this work and recommendations would be developed by the group.

Directives from Scottish Government were received during the pandemic and the group had to await further guidance on deactivating these from the Scottish Government.

The priorities identified included staff temporarily deployed, additional hours worked by staff and the use of special leave (albeit recognising this was a Scottish Government provision).

The next task was to collate the information and understand the scale of work to take forward. The Scottish Government were due to release a circular regarding the transition out of the pandemic on 1 July 2022.

It was recognized that the work of the group would use a lot of capacity from managers, Partnership Reps and HR staff to be able to do this properly and recognition of the need for this resource was asked to be acknowledged.

Further comments made included:

- Additional overtime information was covered in the Finance Report in item 6a
- Ensure a proper process in place to return to previous style of working and everyone was involved appropriately
- A lot of learning should come out of this process especially around how things were done rather than what was done

	<ul style="list-style-type: none"> • Changes to Government decisions added complications that Boards then had to take forward • Funding not available for education • Some roles which had begun during pandemic may stop and other departments may not be aware of this. Some things may have to be extended eg surface cleaning for infection prevention and control but there may be no funding available for this • Covid funding was £24.5m less for the year so cannot continue to fund everything in place • Pre-existing risks between capacity and demand on services and the risks needed to be clear when transitioning out of the pandemic and decisions were being made • Recognise that one service may not be able to pick up from another service without the financial and workforce resource required • Releasing staff for training was a pressure on a limited budget and prioritisation would be required to take this forward 	
6	<p>Well Informed</p> <p>a. Finance Update</p> <p>* Sarah Irvine gave a presentation on the financial situation (attached) and reported that for the financial year 2021/2022 NHS Grampian met all the financial targets.</p> <p>Financial year 2022/2023 had a gap in funding requirement of £24m, The pay settlement for staff had yet to be agreed. The uplift from the Scottish Government for any pay uplift was 2% from base so any higher agreement plus on costs would become a cost pressure for the Board.</p> <p>The Scottish Government to confirm 2023/2024 long term funding.</p> <p>Comments received included:</p> <ul style="list-style-type: none"> • Need to understand what would have to stop due to the funding gap • Government and public expectations an issue • It was hoped that the Scottish Government would assist as some decisions were imposed and some Covid activities still required • Need to work as a whole system involving everyone in discussions on the impact on each service • Facilities Sector had been affected financially by each change across the organisation • Workforce planning process important • Need for a cross system saving group to ensure everyone understood the knock on effects of any proposed change • Ensure decisions were taken as close to the ground floor as possible and then linked with an organisation wide group 	

	<p>Adam Coldwells agreed to discuss a process around change and financial impact with Alan Sharp.</p> <p>b. Reporting Template for GAPF</p> <p>Rachael Little reported that she and Diane Annand had been tasked to refresh the reporting template for sectors to report to GAPF. It was hoped the template would help sectors complete their Staff Governance monitoring reports.</p> <p>The report would include information from sectors on anything to highlight for action, information to share and staff health and wellbeing initiatives.</p> <p>A draft template would be shared with GAPF for comments and then a discussion to take place on when the reporting should begin again.</p> <p>It was agreed that reports would be shared in advance of meetings for people to read and only any new items, anything which required specific discussion or any questions to be raised at a meeting.</p>	AC
7.	<p>Involved in Decisions</p> <p>a. Smarter Workplaces</p> <p>Dianne Drysdale updated the group on Smarter Workplaces programme.</p> <p>The Managers toolkit drafted and being trialled by Early Adopters.</p> <p>Desk booking system purchased.</p> <ul style="list-style-type: none"> • Once installed would be trialled by Early Adopters; funding would help inform whether we use system going forward (currently in use in NHS Highland) • photos taken in Summerfield House on 13 June and photos were scheduled for Westholme on 24 June <p>Some teams in Early Adopters were having challenges around capacity. Support was being given and the pilot was moving forward.</p> <p>Delivery Report would include options. Hybrid working was part of smarter working, but also included estate rationalisation. The use of Woodhill House had not been ruled out and would be included in the options for moving forward.</p> <p>Mike Adams and Gemma Hood were the Partnership Reps involved in the Early Adopters Pilot.</p>	

Early adopters' pilot had been scheduled to finish by 30 June, however due to delays in procuring the desk booking system the pilot would be later to complete.

Mike Adams commended Dianne Drysdale and the teams for the work with the significant challenges involved. He stated that timelines were not as important as getting the early adopters pilot correct to allow the organisation to move forward.

Cheryl Rodriguez explained that Occupational Health Service was one of the early adopters and that the pilot was extremely complex and time consuming. There was a lot of anxiety among staff so it was important to get it right. Investment was required to allow people to work through this in a valued manner and to have funding for the right kit so that it was not only those who could afford their own kit or have a spare room to work at home.

Adam Coldwells said he was aware of the challenges involved in the early adopters' pilot.

Dianne Drysdale confirmed there was no separate funding for the Smarter Working Programme. There was software available to allow staff to answer phones from their computer but there was no funding available for this. Rationalisation of estate may release funds but this may be taken up with other priorities as discussed earlier in the meeting. The group would discuss options around IT equipment at their next meeting on 24 June 2022.

Mike Adams noted there was not good communication, from the organisation, with people who had ordered IT equipment to let them know if or when this would arrive. Funding was required to ensure staff had the appropriate equipment and that people should not be working on a laptop all day. Funding for replacement equipment was also required. To have the ability to work at home had an impact on those who work in a workplace and affects the need for estate.

Philip Shipman noted that HR was also involved in the early adopters' pilot. Early adopters have drafted guidance for the organisation which would include criteria of what needed to be in place for smarter working to be introduced across the organisation. Discussion to take place off line with Partnership Reps. He recognized the additional pressure it would add to Partnership colleagues to be involved in checking the draft guidance.

	<p>b. Plan for the Future</p> <p>* Susan Harrold, presented an update on the plan for the future (attached).</p> <p>Susan was thanked for the amount of work undertaken and for engaging with GAPF to enable members of the group to be part of the plan and part of the delivery plans going forward.</p> <p>One challenge highlighted was public expectation of NHS Grampian being able to deliver the proposals in the plan within a short timescale as it would take time. Communication to the public would be honest and explain the difficult decisions to be made. The strategic intent was to be realistic about what was achievable and ensure involvement and engagement with staff and the public.</p> <p>Other challenges included the need for investment in technology to take forward plans for staff to work differently, other financial challenges, workforce issues and backlogs in the system</p> <p>c. Facilities Catering Services</p> <p>Elinor McCann/Chantal Wood had attended to present a paper on the future of catering services. As time ran out for a full discussion it was agreed to ensure this item was high on the agenda for the next meeting.</p>	
8	<p>Appropriately Trained and Developed</p> <p>a. GAPF Development Day – Forward to the Future Feedback</p> <p>Gerry Lawrie reported that approximately 96 people had attended the event on 19 May 2022. The presentation slides had been shared on the Partnership intranet page following the event. Feedback from the workshops was being gathered and actions would be taken forward by the GAPF Action Planning Group.</p> <p>Anyone wishing to be involved with the GAPF Action Planning Group were asked to email gram.partnership@nhs.scot.</p> <p>Thanks was given to all those involved in organising and attending the event. Further update to be received at a future meeting.</p>	
9	<p>Any Other Competent Business - none</p>	
10	<p>Communications messages to the Organisation</p> <p>Rachael Little would provide a summary of the agenda items to the NHS Grampian Board in her Board Report.</p>	

11	Date of next meeting The next meeting of the group to be held at 10am to 12noon on Thursday 21 July 2022 via Microsoft Teams. Agenda items to be sent to gram.partnership@nhs.scot by 5 July 2022	
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Joan Anderson - gram.partnership@nhs.scot