



Approved

Board Meeting  
04.02.21  
Open Session  
Item 11.7

NHS GRAMPIAN  
Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 19 November 2020 - 10am to 12noon  
Microsoft Teams

**Present:**

Adam Coldwells, Director of Strategy and Transformation and Deputy Chief Executive (Co-Chair) – Chaired the meeting  
Rachael Little, Staff Side Chair/Employee Director (Co-Chair)  
Mike Adams, UCATT  
Diane Annand, Interim HR Manager Staff Governance  
Rhona Atkinson, Non-Executive Director/ Deputy Board Chairperson  
Ian Cowe, Health & Safety Manager  
Albert Donald, Non-Executive Director/ Whistleblowing Champion  
Dianne Drysdale, Executive Business Manager, Executive Business Unit  
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee  
Rob Fairfull, GMB,  
Alistair Grant, RCN  
Alan Gray, Director of Finance  
Gerry Lawrie, Head of Workforce & Development  
Steven Lindsay, Unite  
Martin McKay, UNISON  
Deirdre McIntyre, COP,  
Jenny McNicol, Acute Director Nursing and Midwifery, Nursing  
Claire Nicholl, Interim Divisional General Manager, Acute  
Gavin Payne, General Manager of Facilities and Estates  
Tom Power, Director of People & Culture  
Cheryl Rodriguez, Head of Occupational Health and Safety  
Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities  
Carolyn Venters, Staff Side Health and Safety Chair  
Joan Anderson, Partnership Support Officer - Minutes

In Attendance:

Kylie McDonnell, RCN (Observer)  
Ashley Catto, HR Manager – for item 5c  
Karen Watson – Job Evaluation Partnership Rep (Unite) for item 5c and Staff Governance Committee - Workshop  
Mohamed Abdel-Fattah, Staff Governance Committee - Workshop  
Anne Inglis, Staff Governance Committee - Workshop

	Subject	Action
1	<p><b>Welcome and Apologies</b></p> <p>Apologies:</p> <p>Caroline Hiscox, Chief Executive, Stuart Humphreys, Director of Marketing and Corporate Communications, Sandy Reid, Senior Service Manager, Aberdeen City Health and Social Care Partnership, Lynda Lynch, Board Chairperson, Paul Allen, Director of Facilities and eHealth (Gavin Payne deputy), Susan Carr, Director of Allied Health Professionals &amp; Public Protection, Susan Coull, Head of HR, Janet Christie, BAOT</p>	

2	<p><b>Minutes for Approval</b></p> <p>a. Minute of Last Meeting held on 15 October 2020</p> <p>The minute of the last meeting was approved subject to the following comments:</p> <p>Item 4a. System Transformation - amend “untimely” to “ultimately”</p> <p>Item 5h. Dr Gray’s Hospital Imaging Transformation Group – amend “work to rule” to “work to contract”</p> <p>Item 7a. RRP for Estates Staff – amend the first sentence to read:</p> <p>“Michael Adams reported that confirmation had been given to an extension of RRP for Estates staff from 31 March 2020 for six months.”</p>	
3	<p><b>Matters Arising</b></p> <p>a. Dates for Meetings 2021</p> <p>Dates for 2021 were agreed as the third Thursday of each month from 10am to 12noon via Microsoft Teams. No meeting to take place in January 2021.</p>	
4	<p><b>Workshop - Staff Governance Committee</b></p> <p>* Tom Power presented the workshop on the Staff Governance Committee and GAPF (attached).</p> <p>The first set of questions were posed to the group as a whole:</p> <ul style="list-style-type: none"> <li>• What should a Sector present to the Staff Governance Committee as evidence of attainment and maintenance of the Standard?</li> <li>• Should there be a fixed template to complete?</li> <li>• What role does the Sector Partnership Forum have in managing the provision of the evidence for a Sector?</li> </ul> <p>Feedback received included the following:</p> <ul style="list-style-type: none"> <li>• Ensure there is a level of education on the Staff Governance Standard to ensure that the foundations are in place first and all to be clear on what they are.</li> <li>• Staff Governance Committee should be exploring how policies and processes are being applied to ensure NHS Grampian is an exemplar employer.</li> <li>• Facilities Sector Partnership Forum had attended a Staff Governance Committee reporting that it was a good experience. A level of assurance should be taken from the joint presentation, from both management and Staff Side. The Staff Governance Standard was followed at the Partnership Forum. Qualitative information key rather than excess of data.</li> </ul>	

At the meeting with the Staff Governance Committee there had been a concentration on the employer responsibilities under the Standard and no evaluation of the staff responsibilities. Face to face gave the ability for questions could be asked. The experience was better than a paper exercise. The Partnership Forum could ask the Sector to assess how well things were working and how do we know that it is working, feeding outcomes to the Staff Governance Committee.

- Mental Health Sector Partnership Forum aligned the agenda with the Staff Governance Standard and the GAPF Agenda to be able to monitor progress and gather information for reporting.
- The idea of a template agenda for partnership forums to use rather than a template to complete prior to attending the Staff Governance Committee.
- Verbal presentation was preferred rather than completing a large amount of paperwork.
- Joint working is where assurance lies as it is about having the right culture. People working together – getting this right makes it easier to complete templates.
- Sectors do discuss where improvements can be made at sector partnership forum level although it was preferable to fix things before that stage. Managers will approach partnership reps in a sector to resolve issues and vice versa but this was possibly not documented as well as it should be. There is work undertaken between formal meetings by the joint chairs. This could be firmed up and reported back through the formal structures.
- Where a sector had a large range of issues it was challenging to write the GAPF report in a positive way and to solve everything but there was learning from issues. It was difficult to identify priorities to create action plans.

Key points for consideration were reflected back to participants as:

- Enabling links between GAPF and SGC
- Important to be clear on what the focus is
- Ensure the foundations are in place
- Assurance provided by co-chairs of Sector Partnership Forums presenting jointly
- Qualitative examples to give richness and learning
- Development work within Sector Partnership Forums on the agenda structure to mitigate the need for a large exercise to collect data
- A focus on the discussion rather than completing boxes
- Focus on understanding the rights and responsibilities of those involved
- Sector Partnership Forums working with the Committee to inform on priorities to deal with things which need more attention

The second part of the workshop divided into breakout groups to discuss the same question of:

How do you feel GAPF could provide support to (i) Staff Governance Committee and (ii) Sector Partnership Forums in regards to:

Group 1 – Development an enabling culture

Group 2 – Maximising the gains from digital opportunities

Group 3 – Developing people powered health and care

Group 4 – Strengthening connections with the IJBs/HSCPs

The feedback received was:

**Group 1 - Developing and enabling culture – feedback:**

(i) Staff Governance Committee

- Maintaining the connection between both groups and having the Chair from the Staff Governance Committee attend GAPF.
- It was felt that there is a lot of information within the System which defines Culture.
- Enabling culture was viewed as a slightly different twist with the potential to disable the System.
- The hierarchical system was highlighted as an issue. Staff feel disabled to work within role without having to seek permission. Management structures do not lend themselves to supporting staff.
- Lack of capacity to complete stuff. Feeling of 'dismantled' team.
- Dedicated time required to promote culture.
- Priority on strategy rather than operational day to day. GAPF can highlight day to day practicalities.
- Define what is not acceptable in behaviours- not just in rhetoric.

(ii) The Sector Partnership Forums:

- Requirement to clarify the role and purpose of the Sector Partnership Forum.
- Reports from sector partnership fora – might be too business orientated and not people focussed. Need to look at contentious issues where GAPF can support staff to take forward problems.
- Practical support could be provided to Sector Partnership Forum's through the reporting template and issues identified.
- There may be a need to increase confidence to bring forward issues to GAPF for support, not all about good news stories. Majority of content at GAPF should be contentious.
- Importance needs to be placed on Staff Governance Standard and this should be reflected through associated meetings, with priority given to those meetings.
- It was also identified that the Sector Partnership Forum's may lack staff representatives.

## **Group 2 – Maximising the gains for digital opportunities**

- Covid-19 was a catalyst to implement digital solutions i.e. working from home and patient consultations
- Crucial for individuals to be involved in design and implementation of digital solution to ensure that it is appropriate e.g. equipment with the correct functionality.
- Learning and development – two aspects – ensure staff trained on packages such as Near Me, to ensure maximum benefit of use for the member of staff and patient. Also converting traditional face to face training to online training.
- A digital solution such as Microsoft Teams gives the opportunity for greater participation at GAPF due to the removal of constraints such as size of a room, travel time and reduced time away from the workplace.
- Observers and greater participation – could realise benefits at Sector Partnership Forums also.
- Not able to answer how GAPF supports Sector Partnership Forums with regard to digital opportunities as financial resource required.

## **Group 3 – Developing people powered health and care**

- In relation to language and how it lacks straightforwardness. Feedback from a new GAPF member was that we use a lot of non-accessible language therefore how we communicate and engage needs to be straight forward and meaningful.
- If people powered health and care was in place, staff as would not need partnership support to get their views into organisation, if working at an effective level of engagement and empowerment of staff.
- Be clear on what are we trying to achieve. If an employer of choice we would have an employer with all the governance available and all Partnership reps, HR and managers involved. Ownership and empowerment would make work less for HR and Partnership reps.

## **Group 4 - Connection between the SGC and Integrated Joint Boards**

- Wider than this as many agencies involved in the north east.
- Reduce duplication regarding values and cultures.
- Need organisational discussion regarding policies and procedures, need to think about things differently.
- Bigger organisations like the NHS can learn from small organisations. Challenge ourselves to think differently.
- Retrenching by Third Sector in the pandemic as the command and control NHS structure excluded the Third Sector. It excluded dialogue with all agencies.
- Cross organisation discussion re shared governance.
- Be more inclusive. Start the discussion and see where it gets us.

Joyce Duncan reflected on the discussion, stating there were a lot of great ideas to think about. It was agreed to write up the discussion from the meeting for the 11 December 2020 Staff Governance Committee and thereafter the February 2021 GAPF meeting.

5	<p><b>Well informed</b></p> <p>a. Operation Snowdrop</p> <p>Adam Coldwells explained that Operation Snowdrop was to have an overview of everything which happened in NHS Grampian until March 2021.</p> <p>The System Leadership Team (SLT) was looking at tiers of escalation and support jointly – this was from the Civil Contingencies documentation. Low level of civil contingencies was tier 2 and tier 4 was full command and control with a middle level of tier 3.</p> <p>Four programmes were in place:</p> <ul style="list-style-type: none"> <li>i. Test and Protect</li> <li>ii. Vaccinations</li> <li>iii. Surge and flow of winter planning</li> <li>iv. Staff Health and Wellbeing.</li> </ul> <p>Work would be done as task and finish groups giving support to people around what was most important.</p> <p>More information to come from Operation Snowdrop at future meetings. Everyone was encouraged to watch the videos by Caroline Hiscox, Chief Executive, on Operation Snowdrop.</p> <p>b. Sector Reports</p> <p>Rachael Little asked sectors to feedback on the draft template as she wished it to be clear and easy to complete.</p> <p>Joyce Duncan noted the number of mentions of staff fragility and resilience within the reports and that this message was not being heard at Board level. NHS Grampian Board would wish to hear where there are problems. If staff were to leave, retire or go off ill, the organisation could not continue to go forward and it was important to know how to resolve this.</p> <p>Tom Power reported that Health and Wellbeing of staff was part of Operation Snowdrop and was a keenness to hear ideas and suggestions on how to support staff. Ideas to be submitted for the Health and Wellbeing Group led by Tom Power.</p> <p>Mike Adams noted the low response rate to the pulse survey and asked that this was taken on board and that the Staff Governance Committee and GAPF work together to improve the numbers of staff responding to surveys.</p> <p>Alistair Grant stressed that practical applications to support staff were required, as there had been conversations for some time. Staff were tired and stretched and it was hoped that the Health and Wellbeing Group would ensure action was taken.</p>	
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	<p>Adam Coldwells agreed to feedback all the comments to NHS Grampian Board.</p> <p>c. Job Evaluation Annual Performance Report</p> <p>Ashley Catto and Karen Watson were the joint leads for Job Evaluation in NHS Grampian.</p> <p>A national template had been completed and circulated to the group. A circular had been received in 2019 requesting the national template to be completed for the first time in autumn 2020.</p> <p>It was noted that as a result of all the good work on job evaluation by Partnership Representatives and Management colleagues, the organisation was able to analyse posts and be members of job evaluation panels. Processes were in place but it was a constant challenge regarding having enough Staff Side Representatives for panels to take place.</p> <p>The Once for Scotland policy on Job Evaluation was anticipated in 2021.</p> <p>Tom Power asked about how many people equated to the number of new posts recorded within the template report querying if these were actually new posts or whether an alternative way could be devised. Karen Watson and Ashley Catto responded that they were doing further work on this as it was noted that some job descriptions may only need small amendments and already evaluated job descriptions could be used instead. The Matchers meetings had been and would continue to be discussing this.</p> <p>Joyce Duncan noted that some small organisations only had values as the job description and the operational part would be within the job role. She noted it could take a long time for a large organisation to get to this point. Diane Annand noted that the Agenda for Change Job Evaluation Scheme was UK wide, remaining a four country agreement which impacted on making changes.</p> <p>Adam Coldwells thanked Ashley Catto, Karen Watson and all those in panels for the work they did.</p>	
6	<p><b>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.</b></p> <p>a. Remobilisation Plan - Engagement &amp; Communication</p> <p>Alan Gray explained that the one page document which had been circulated was being used for updating GAPF as well as other groups. He noted that 160 actions had already been significantly progressed and another 134 actions were scheduled in the original plan to be completed by the end of March 2021. These remaining actions would be reviewed given the changing position regarding the local and national COVID response.</p>	

Rachael Little noted that the one page update was very helpful and easy to read. She also noted that staff were looking for a balance of remobilisation and Covid at the same time and there was a need to get the right balance between these two.

Finance Report - Alan Gray gave a short update as follows:

It was expected that NHS Grampian would achieve its financial targets this year.

Money was being spent differently due to areas like medicines and surgical list activity being reduced and therefore costs being lower.

There had been a peak in additional staff during the spring and summer which had reduced and was expected to increase again in response to winter response and planning for a potential vaccination programme.

Core workforce numbers were stable but the number of temporary staff was significant at certain points during the initial COVID response.

Trying to understand the revised cost base was a focus for the finance team as was planning for 2021/22 where many of the aspects of the current COVID response may require to continue beyond 31 March 2021.

Further information would be submitted to the next meeting regarding 2021/2022 arrangements. Budget setting guidance will be given to staff in the next few weeks.

Weekly meetings were taking place nationally with Finance colleagues and the Scottish Government to try and understand the new patterns of spending and inform planning for next year.

Adam Coldwells asked all in attendance to assist with simple format feedback to support this process.

b. Asymptomatic Staff Testing Programme Update

Cheryl Rodriguez reported that NHS Grampian was having some issues with the programme that they were carefully identifying and correcting. Main issue is that the bagged samples coming from wards were not clearly labelled for the Central Independent Team. This meant that samples may inadvertently be sent to Labs for processing without being clicked collected on Trak Care resulting in a non-compliant sample. The Central Independent Team were also receiving patient samples mixed in inappropriately. There were meetings that afternoon and the next day to discuss and make improvements.

The one issue that needed to be raised and discussed at the meeting with full partnership awareness was regarding the secondary system of using paper chits. Unfortunately, paper chits had been identified as having three key issues:



1. They aren't dropping down into BOXI reporting for Occupational Health Service (OHS) follow-up and only going to CMS which enacts test and protect but the contact tracers would be unaware that the positive result is for a health care worker (HCW). If test and protect are unable to contact the positive case after 3 days, the file is closed. This leaves a risk that the symptomatic staff member could continue to work until they developed symptoms.
2. Paper chits do not ensure that the mobile number will be uploaded into Trak Care. This means that staff using paper chits may not receive SMS texts which help close the loop on the testing process.
3. Backend data flow issues for labs – more work in an already pressured system.

NHS Grampian was going to relook at current processes in place, including use of paper chits. All solutions were being investigated but one solution was in cases where a staff member can't use a label provided by the consent process (students short time on the ward, labels left at home, staff member providing cover for a short period, new staff who haven't received their labels) would be to have their sample ordered and collected at the ward level. This meant that a limited number of staff on each ward would need to undertake this task with controls in place to decrease the risk (sign consent form, clear boundaries of what should be accessed within Trak Care, and only done when labels cannot be used).

Cheryl Rodriguez noted that she respected all of the concerns with staff accessing Trak Care, but the risks associated with results not being notified were too high. The risk of nosocomial infection and spread within our services was real and the organisation must do all that it can to protect staff and patients. She also pointed out that other boards were running the asymptomatic staff testing programme using this methodology.

Steven Lindsay noted the balance of risk trying to identify all those with Covid against the need to ensure all governance issues were covered. Staff Side Group had discussed how seriously NHS Grampian took breaches of information governance such as Fair Warning. Steven noted the anxiety around the proposal made and hoped that a process could be found that would give assurance to all the required governance.

Cheryl Rodriguez stated that there absolutely had to be governance around this and have a confidentiality/consent process.

Adam Coldwells asked for the group which was taking this forward to come up with a form of words to share with GAPF.

**“Form of Words for GAPF:**

Following IMTs over the course of the past few weeks it has come to light that use of paper chits creates several issues both for results notification to OHS/Test & Protect, SMS notifications (when live), and lab processing. Key stakeholders met on 19 & 20th November 2020 to discuss and identify the best solution which is outlined below:

**All staff eligible for asymptomatic staff testing must complete the consent processes to receive their lab labels by 30th November.**

	<p><b>Effective the 7th of December <u>No Label will mean No Test</u> as labs will no longer accept asymptomatic staff testing samples with paper chits.</b></p> <p>All refreshed documents including the FAQ and consent form can be found here:</p> <p><b><u><a href="http://nhsgintranet.grampian.scot.nhs.uk/depts/Occupational%20Health%20Service/Pages/COVID-19-AsymptomaticStaffTesting.aspx">http://nhsgintranet.grampian.scot.nhs.uk/depts/Occupational%20Health%20Service/Pages/COVID-19-AsymptomaticStaffTesting.aspx</a></u></b></p> <p>This update has been communicated clearly to all managers and DGMs in the testing areas for cascading to staff. This revision ensures that no staff are required to access Trak Care as part of the asymptomatic staff testing programme.”</p>	
7	<b>Involved in decisions</b> – no items	
8	<b>Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued</b> – no items	
9	<b>Appropriately trained and developed</b> – no items	
10	<p><b>Any Other Competent Business</b></p> <p>Adam Coldwells noted that the workshop had gone well and that future workshops could be held to address specific topics.</p>	
11	<p><b>Communications messages to the organisations</b></p> <ul style="list-style-type: none"> <li>• SGC/GAPF Workshop – a brief summary</li> <li>• Operation Snowdrop</li> <li>• Sector Reports – staff fragility and resilience</li> <li>• Job Evaluation Annual Performance Report</li> <li>• Remobilisation</li> <li>• Finance and budgets</li> <li>• Asymptomatic Staff Testing Programme – identification of issues, steps to resolve and assurances provided</li> </ul>	
12	<p><b>Date of Next Meeting</b></p> <p>The next meeting of the group to be held at 10am to 12noon on 17 December 2020 via Microsoft Teams</p> <p>Agenda items to be submitted to Joan Anderson or Rachael Little before 3 December 2020</p>	

Joan Anderson - [gram.partnership@nhs.scot](mailto:gram.partnership@nhs.scot)