



APPROVED

NHS GRAMPIAN

Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 16 December 2021 - 10am to 12noon
Microsoft Teams

Board Meeting
03.02.22
Open Session
Item 12.5.2

Present:

Rachael Little, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired the meeting
Mike Adams, UCATT
Paul Allen, Director of Facilities, Estates & eHealth
Diane Annand, Staff Governance Manager
Lynn Boyd, Service & Development Manager, Aberdeenshire H&SCP
Susan Carr, Director of Allied Health Professionals & Public Protection
Ian Cowe, Health and Safety Manager
Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group
Dianne Drysdale, Executive Business Manager
Alistair Grant, RCN
Stuart Humphreys, Director of Marketing and Corporate Communications
Gerry Lawrie, Head of Workforce & Development
Steven Lindsay, Unite
Deirdre McIntyre, RCOP
Martin McKay, UNISON
Cameron Matthew, Divisional General Manager, Acute
Jeanette Netherwood, Corporate Manager - Moray (deputy for Patricia Morgan)
Gavin Payne, General Manager of Facilities and Estates
Tom Power, Director of People & Culture
Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities
Alan Sharp, Assistant Director of Finance (deputy for Alan Gray)
Philip Shipman, Acting Head of People and Change
Kathleen Tan, CSP
Joan Anderson, Partnership Support Officer

In Attendance:

Chloe Emslie, Graduate Apprentice - observer for whole meeting
Ashley Catto, HR Manager
Jenna Young, Planning Manager
Linda McKerron, Service Manager – Learning and Development

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Apologies were received from:</p> <p>June Brown, Executive Nurse Director Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair) Janet Christie, BAOT Albert Donald, Non-Executive Director/Whistleblowing Champion Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee</p>	

	<p>Alan Gray, Director of Finance (deputy Alan Sharp) Caroline Hiscox, Chief Executive Gemma Hood, SOR Lynda Lynch, Board Chairperson Patricia Morgan, Health and Social Care Moray (deputy Jeanette Netherwood) Sandy Reid, Lead – People & Organisation, Aberdeen City Health and Social Care Partnership (and deputy Helen Smith) Cheryl Rodriguez, Head of Occupational Health and Safety</p>	
2	<p>Minute of meeting held on 18 November 2021</p> <p>The minute of the last meeting was approved with the following amendments:</p> <p>Item 5 - Involved in Decision Making</p> <p>a. GAPF Learning from Partnership through the Pandemic:</p> <p>i. GAPF Meeting/Agenda/Sector Reports</p> <p>Sector Reports:</p> <p>Fifth paragraph – amend “Reps” to “Groups”</p> <p>Sixth paragraph – amend “standards” to “Staff Governance Standard”</p> <p>Item 6 - 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 (2021) 35 – Annual Leave Buyback and Carry Over 2021-22</p> <p>Eighth paragraph, first sentence - amended to read:</p> <p>“Tom Power said discussions had taken place previously in the BMA Local Negotiating Committee (LNC) service pressures and when carry over leave was due to genuine service pressures or expected service pressures and a guide had been written.”</p>	
3	<p>Matters Arising</p> <p>Item 5ai - GAPF Meeting/Agenda/Sector Reports and Escalation</p> <p>Rachael Little reported that an update on the template would be provided once drafted.</p> <p>GAPF agreed to continue with two-hour meetings and monitor and review this in the future.</p>	

4	<p>Well Informed</p> <p>a. Operation Iris Update/Board Papers</p> <p>Rachael Little reported that the papers circulated at the last meeting had been presented to the Board in December 2021.</p> <p>Tom Power presented slides provided by Nick Fluck, Medical Director, for the Clinical Board and Clinical Leads (attached).</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • Nick Fluck would be looking into an audio presentation to go along with the slides • Too many graphs for communicating with the whole of the organisation • As working on assumptions, some of which have been wrong in the past, lot harder to gain buy in from staff • Unrealistic push for vaccinations had come from the Scottish Government not locally • No agreement had been reached with Staff Side to a derogation of staffing as being a registrant was about patient safety • A derogation of clinical care included increasing beds and if not enough staff, how would another 100 beds be managed. • Need a system in place to discuss temporary deployment rather than redeployment with any issues raised by Occupational Health Service (OHS) or a member of staffs own medical staff being considered <p>Alistair Grant, Martin McKay and Steven Lindsay also added the following:</p> <ul style="list-style-type: none"> • Derogation of care impacted on staff and patient care. The more pressure staff were put under the less able to manage their stress and the pressure they were under. Understand the challenges but very concerned • Raised concerns about staff to patient ratio decreasing and would continue to do this • It had been previously recorded that Staff Side had consistently raised concerns about derogation • Concern about not moving to the highest contingency level was raised at the last GAPF meeting and the request was made again with a request to stop business as usual to cope with the situation • Every safety aspect was applicable possibly more so than ever <p>Tom Power noted that he appreciated the feedback and recognised the concerns from colleagues. He responded to the points as follows:</p> <ul style="list-style-type: none"> • An audio soundtrack was to be prepared to go along with the charts and graphs which hopefully would make them more understandable as he felt it was important to share all the information gathered 	
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- assumptions sometimes didn't transpire in practice and there was a risk of losing credibility. The Omicron variant cases would rise and this would be monitored to see how this translated into hospital cases. Local modelling capacity was well developed to consider future situations and plan for a worst case scenario. Communications would need to be managed carefully
- derogation on staffing ratios: The Chief Nursing Officer (CNO) had provided staffing ratios and levels to work through that were in place and would be mindful of the need to revisit these. He noted the concern and would relay this back to senior colleagues. He also noted that NHS Grampian was in a difficult situation with staffing unless we're able to recruit to fill our vacancies
- No clinician expected to be facing what they were facing and what needed to be paused or scaled back and the moral injury this may be causing. He welcomed thoughts on what could be paused or scaled back. It was hoped that with effective system working a full top down command and control approach would be avoided but if necessary this would be considered
- A recent PricewaterhouseCoopers (PWC) survey highlighted a lot of good practice but also gathered a lot of information on moral injury. Work would be done on supporting staff throughout 2022
- Work was ongoing with colleagues looking at processes around deployment. Some good and not so good things agreed during Operation Snowdrop. The capacity of staff and the ask of staff both to be looked at in parallel. Keen for Staff Side to be engaged and Tom would contact Rachael Little that week to discuss

It was agreed to keep this item on the agenda for future meetings.

b. NHS Grampian Plan for the Future

* Jenna Young came along to give an update presentation on NHS Grampian Plan for the Future (attached).

The Board had granted a two-month extension in December 2021 and the final plan was to be submitted to the Board in April 2022 for approval. A Board seminar in January 2022 would be dedicated to discussing the feedback received and ambitions around the strategy.

More engagement would take place with groups and focus groups, before approval in April.

A lot of focus groups had taken place some with staff and some open for the public.

	<p>Work was ongoing with workforce colleagues and We Care Team to ensure everyone was aware of the feedback received.</p> <p>Positive stories and examples from staff had been shared in the staff brief.</p> <p>The format and language for the plan was being considered so that staff would recognise their own role in the overall strategy of the organisation. The wish was to have mechanisms to communicate the plan to everyone.</p> <p>It was agreed to add this item to the agenda for February GAPF meeting.</p> <p>c. Briefing on the draft Scottish Government Budget</p> <p>Alan Sharp reported that the November Finance Report would be circulated soon. Alan went over some headlines from the latest Scottish Government Budget as a presentation (attached).</p> <p>Mike Adams noted it was good to have a clear explanation of the budget situation. It was disappointing that the National Resource Allocation Committee (NRAC) had not been backdated in earlier years as if it had been it would have helped with the funding situation. He also noted that some of the Facilities Sector increases in costs were outwith the sectors control eg increase of costs of building materials.</p> <p>Alan Sharp explained there were positives from the Scottish Budget Announcement in new money for Government priorities, but the negative was no additional funding for the existing pressures around core services.</p>	
5	<p>Appropriately Trained and Developed</p> <p>a. GAPF Development Sub-Group Annual Review</p> <p>Rachael Little had circulated the annual report from the group which included the highlights from the last year's activity from members of the group.</p> <p>The group met bi-monthly, and this would continue during 2022.</p> <p>The group would be refreshing the terms of reference during 2022.</p> <p>GAPF were asked if there were any pieces of work they would like the sub-group to focus on during the next year. Anyone with suggestions to contact Rachael Little as co-chair of the sub-group.</p> <p>Gerry Lawrie, co-chair of sub-group, explained that the group had changed its name to GAPF Development Sub-Group due to the diverse work of the group.</p>	

	<p>The group had taken on a role around statutory and mandatory training for Turas Learn. A report on this would be submitted to the System Leadership Team (SLT).</p> <p>The group wished to recruit new members from different areas.</p> <p>Linda McKerron gave a presentation on an App called “SWAY”. It allowed presentations etc to be easily made more appealing. There were a number of templates to choose from and allowed pictures, images and video links to be added easily.</p> <p>There was a governance policy on the use of sway. Anyone wishing to share something from SWAY with others were to discuss this with Corporate Communications in the first instance.</p> <p>Microsoft hub with all instructions on how to build something in link below: https://rise.articulate.com/share/7xBSVqU5AkdvWKrlGFrcuSi_wA60ko5s</p>	
6	<p>Involved in Decision Making</p> <p>a. Payment As It At Work (PAIAW)for Fixed Roster Area (ITU)</p> <p>Diane Annand and Gemma Hood were co-chairs of Terms and Conditions Sub-Group which had agreed the paper, previously circulated, for GAPF to note the developments with PAIAW for staff on Agenda for Change (AfC) Terms and Conditions.</p> <p>Diane Annand presented the paper. As of January 2018, all staff were paid as if at work as per AfC terms and conditions, using an average reference period to calculate PAIAW. However, concerns were raised by the Intensive Therapy Unit (ITU) that staff were receiving detriment in pay terms as a direct result of the move to using an average reference period when their pattern of work was a fixed roster. Following an extensive comparison exercise and the sub-group instigating a discussion with Scottish Terms and Conditions Committee (STAC) representatives, a resolution was received in June 2021. This ensured compliance with the spirit of PAIAW i.e. that an employee should not be paid less/disadvantaged when taking annual leave in comparison to working.</p> <p>GAPF was asked to note:</p> <ul style="list-style-type: none"> • Definition of fixed roster • The process • Timescales i.e. moving as of 1 December 2021 to pay the actual shift they would have worked had they not been on annual leave • Principles of arrears in place • Intention to identify a process to identify other fixed rosters to apply PAIAW in the same manner as ITU 	

	<p>The Terms and Conditions Sub-Group were commended for their resilience in resolving this issue which had been challenging and ongoing for a protracted period. Mrs Annand concluded by saying it was important for GAPF to be aware that NHS Grampian now had two methods of paying PAIAW for AfC staff.</p> <p>b. GAPF Learning from Partnership through the Pandemic:</p> <p>i. GAPF Development Day – themes/timing/venue</p> <p>Rachael Little asked for views on themes for the Development Day to be held in May 2022. She suggested that if it were a virtual event there could be a morning and afternoon session split with a lunch break. An email would be circulated asking for feedback before the next GAPF meeting in January 2022.</p> <p>c. Policy for the Recording of Business Meetings or Hearings within Formal Policies</p> <p>Gavin Doherty, Lead of the Policy Review Group was unable to attend GAPF therefore Steven Lindsay and Martin McKay presented the policy for approval on his behalf.</p> <p>The policy had been reviewed by a policy review group and circulated for 6 weeks consultation.</p> <p>Policy was written to reflect that recording would be undertaken as a back up to assist minute/note taking due the organisation having less people with the skill set to take minutes/notes at meetings. It also covered the event of having no one available to take notes. It had not been the intention to record meetings as the norm.</p> <p>GAPF discussed the policy and made the following comments:</p> <ul style="list-style-type: none"> • Did the policy relate to business meetings as well as employee relations meetings? The policy related to all meetings. • The policy was developed before Microsoft Teams and the Policy Review Group had reflected this change into the draft policy • Query as to recording only being for exceptional circumstances. View that recording was becoming normal and the policy should be amended to reflect this • Guidance was useful when having to record a meeting • Exceptional – distinction between time efficient to record and no other alternative • Suggestion to add “explicit” before consent to ensure that the chair asks at the meeting for consent prior to recording. The chair to also ensure it was clear that the recording would be deleted afterwards. • The policy would be in place after the pandemic was over, therefore it had to be written in such a way as to cover the next 5 years before review • Title of policy may need to be clearer to show difference between meetings for formal policies and business meetings 	<p>RL</p>
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	<ul style="list-style-type: none"> • Some meetings were recorded to allow people to listen to them if they were unable to attend • The policy would be expected to be used in Health and Social Care Partnerships when NHS Grampian policies were being used. Business meetings may be more flexible. • Definition of a business meeting required <p>It was agreed that GAPF could not approve the policy and further discussion would be required. Gerry Lawrie offered to meet with the policy review group to discuss amendments. The policy would be submitted to a future GAPF meeting for approval.</p> <p>d. Organisational Change Oversight Group</p> <p>Tom Power explained the meeting continued to meet and was working well in Partnership. The group had reviewed the Organisational Change Policy which had been circulated for consultation. An addition to the policy was a definition of “test of change”. Everyone was encouraged to submit comments as part of the consultation process.</p>	SL
7	<p>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued – no items</p> <p>a. Job Evaluation Annual Report Ashley checking</p> <p>Ashley Catto explained that Karen Watson was on leave so was not able to join the meeting, otherwise the presentation would have been joint as Karen Watson had been involved in the drafting and submission of the report from a Partnership perspective.</p> <p>Ashley explained that the annual report would normally have been slightly different to the one circulated. The reason was a delay due to the pandemic and then a different template had been provided to reflect different pressures in NHS Scotland. There had been a wish from STAC Job Evaluation Group to determine a work plan for 2022. Linked to this a Turas evaluation system had been developed to enable additional information to be gathered and to allow reporting next year to be more detailed.</p> <p>Ashley highlighted some key issues:</p> <p>There were a number of people trained in job matching, however not all those trained participate. This created difficulties with job evaluation panels occasionally.</p> <p>The number of training opportunities for job matching and consistency checking had increased.</p> <p>There was a urgent need to train job matchers to provide a greater capacity for job matching, consistency panels and working with managers on job analysis of job descriptions.</p>	

	<p>NHS Grampian HR and Partnership Reps met every two months and were making steady progress with a job evaluation work plan.</p> <p>As part of the job evaluation work plan, work had begun around generic job descriptions. Two pilot areas were portering and domestics. Although the commitment to engage was there, the pilots had been slow to start due to service capacity.</p> <p>Work was to be taken forward to promote the understanding of job evaluation and the excellent work that colleagues did around this and to ensure release of management and Partnership colleagues to participate in the process.</p> <p>Advanced stage from input form DA KW and AC the review process – sorry Ashley, not sure what this meant.</p> <p>Communication on consistency checking was a significant piece of work to be taken forward. Since August 2021 job matching panels had been held one week and consistency checking panels the next week. Consistency panels gave an independent view of job matching by checking all posts.</p> <p>Local evaluation – there had not been a requirement for local JAQ (Job Analysis Questionnaire) since the implementation phase of the job evaluation scheme as the panels had always been able to match to national job profiles.</p> <p>GAPF thanked Ashley Catto and Karen Watson for all their work on job evaluation and the report. If another update was required before the next annual report, this could be included in a future agenda.</p>	
8	Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community – no items	
9	Any Other Competent Business – none	
10	Communications messages to the Organisation Board paper shared.	
11	Date of next meeting The next meeting of the group to be held at 10am to 12noon on Thursday 20 January 2021 via Microsoft Teams. Agenda items to be sent to gram.partnership@nhs.scot by 12 January 2021	

Joan Anderson - gram.partnership@nhs.scot