



NHS GRAMPIAN  
Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 17 September 2020  
11.30am to 1pm  
Microsoft Teams

Board Meeting  
3 12 20  
Open Session  
Item 12.6

**Present:**

Adam Coldwells, Interim 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  
Paul Allen, Director of Facilities and eHealth  
Diane Annand, Interim HR Manager Staff Governance  
Rhona Atkinson, Non-Executive Director/ Deputy Board Chairperson  
June Brown, Associate Director of Nursing – Modernisation (deputy for Caroline Hiscox)  
Susan Carr, Director of Allied Health Professionals & Public Protection  
Ian Cowe, Health & Safety Manager  
Amanda Croft, Chief Executive  
Kim Cruttenden, Non-Executive Director  
Albert Donald, Non-Executive Director/ Whistleblowing Champion,  
Dianne Drysdale, Executive Business Manager, Executive Business Unit  
Amanda Farquharson, Support Manager Child and Family Mental Health Services (deputy for Kerry Ross)  
Alistair Grant, RCN  
Alan Gray, Director of Finance  
Gerry Lawrie, Head of Workforce & Development  
Steven Lindsay, Unite  
Lynda Lynch, Board Chairperson  
Deirdre McIntyre, COP  
Martin McKay, UNISON  
Mike Ogg, Partnership Manager, Aberdeenshire  
Tom Power, Director of People & Culture  
Cheryl Rodriguez, Head of Occupational Health and Safety  
Carolyn Venters, Staff Side Health and Safety Chair  
Joan Anderson, Partnership Support Officer - Minutes

**In Attendance:**

Gary Mortimer, Director of Operational Delivery - Administration for item 4b  
Lorraine Scott, Deputy Director for Modernisation Planning – for item 6c  
Gareth Evans, Property Transactions Manager – for item 5d  
Anne Inglis, Head of Organisational Development – for item 6b  
Colin Christie, Learning & Development / Staff Experience Manager / iMatter Op Lead – for item 4d

	Subject	Action
1	<b>Welcome and Apologies</b>  Adam Coldwells welcomed all to the meeting. He thanked Amanda Croft and Mike Ogg for all their commitment to GAPF and Partnership over many years and wished them well in their retirement.	

	<p>Amanda Croft thanked GAPF for all their work and to Rachael Little and all the Partnership Reps for their support and felt that Partnership in NHS Grampian was exemplar in Scotland.</p> <p>Mike Ogg said he had enjoyed the opportunity of working with Partnership Representatives and felt there was a healthy and good relationship in Partnership both locally and at GAPF.</p> <p>Apologies:</p> <p>Caroline Hiscox, Executive Nurse Director (June Brown deputy), David Graham, GHP, Stuart Humphreys, Director of Marketing and Corporate Communications, Susan Coull, Head of HR, Sandy Reid, Senior Service Manager, Aberdeen City Health and Social Care Partnership, Gavin Payne, General Manager of Facilities and Estates, Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities (Amanda Farquharson deputy), Cameron Matthew, Divisional General Manager, Acute, Rob Fairfull, GMB, Jonathan Passmore, Non-Executive Director/Chair Staff Governance Committee, Tracy Miller, RCM</p>	
2	<p><b>Minutes for Approval</b></p> <p>a. Minute of Last Meeting held on 16 July 2020</p> <p>b. Minute of Last Meeting held on 20 August 2020</p> <p>As the meeting was inquorate the minutes could not be approved. There were no amendments proposed by the group.</p>	
3	<p><b>Matters Arising - none</b></p>	
4	<p><b>Well informed</b></p> <p>a. System Transformation</p> <p>a. System Transformation</p> <p>Adam Coldwells noted that proper arrangements needed to be in place to move people to different parts of the organisation which included the use of the Organisational Change Policy. These discussions had begun in the Recovery Cell and the Resetting and Rebuilding Group. We have established a NHSG-wide group to oversee this work and it is called the System Transformation Overview Group which had undertaken work what the medium term achievements would be</p> <p>Amanda Croft informed the group that the System Transformation Overview Group was meeting that afternoon for the first time. This group would oversee the work on moving to whole system pathways of care to ensure it was fair, standards were being met and areas were big enough for redesign for medium to long term.</p>	

	<p>A one off meeting would be arranged for GAPF to discuss System Transformation and a standard information pack for use by managers, Partnership Representatives, etc, and to ensure everyone is on the same level of understanding on what the organisation was trying to achieve. The work was enormous and ambitious and would be started with the premise of being fair and consistent for the individual and the system. Joan Anderson had agreed to arrange a date for this meeting. <b>Action JA</b></p> <p>Martin McKay reported that UNISON had received a letter issued by the Scottish Terms and Conditions Committee which stated “The purpose of this letter is to confirm that the present policy for Organisational Change remains as is, and Boards should adhere to this if they are taking forward any significant change within their organisation.”</p> <p>Adam Coldwells noted that communications to staff on organisational change would be positive to highlight fairness of process.</p> <p>Alistair Grant stated that there was work to be done around the interpretation, understanding and application of the Organisational Change Policy.</p> <p>It was agreed to keep this as a standing item on the agenda.</p> <p>b. Nosocomial Short Life Working Group (SLWG) Update</p> <p>Gary Mortimer shared presentation slides with the group (attached). Gary explained that the group started in July 2020 and was about self-assessment assurance and how to build assurance into ongoing business. Mike Adams was the Partnership Representative involved.</p> <p>To ensure assurance for staff there may need to be investment in technology or other purchases to be able to complete Workplace Risk Assessment in the Your Safer Workplaces Toolkit and to keep people safe. Mechanisms for assurance would be different for clinical, non-clinical and community settings.</p> <p>A follow-up Nosocomial OBJ1 Assurance SLWG had been set up which Mike Adams was also the Partnership Representative for.</p> <p>The group was using the level of nosocomial infection as a measure. It was thought it would be all nosocomial infection but that had not been agreed at that time. The group was also proposing to use clinical assurance audits as a mechanism to gain assurance. The work was in progress and a report would be submitted to Caroline Hiscox in the next two weeks to request agreement on the way forward.</p>	<p style="text-align: center;"><b>JA</b></p>
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Amanda Croft reported that following the Chief Executives Team meeting, it was agreed at the Systems Leadership Team (SLT) to monitor all objectives and assurance for the wider system.

Carolyn Venters had noted that there were actions in Acute Sector following the work of the Nosocomial Group but that there were still issues eg the staggered lunch breaks meant there was not a full complement of staff at work; space was at a premium; breaks would not be able to be taken outside when the weather deteriorated and there was not a lot of scope within buildings to fix this.

Gary Mortimer agreed that the presentation slide was showing a positive level of green. This to be verified using the proposed assurance process.

Tom Power said that this work was a real opportunity and catalyst around safe working environments for broader health and safety not just Covid. He hoped this work would give a baseline and objectively identify and prioritise with all teams to move forward accordingly.

Adam Coldwells explained that the workplace champion role was a key one and management, Staff Side and Partnership to encourage people to take up these roles.

Mike Adams noted that the assurances sought for the organisation would also be sought for staff, ie that everything had been done to make workplaces as safe as possible. The challenges included prioritisation, finance, flexibility and speed and also clinical/non-clinical. To keep non-clinical out of the workplace took significant investment.

The Safer Workplaces Group had made good progress.

Adam Coldwells thanked Gary Mortimer for his update and that he would be invited back to a future meeting for a further update.

c. Microsoft Office 365 Update

Paul Allen reported that 21000 email accounts had migrated over the last few weeks to Microsoft Office 365. The mop up will commence 21<sup>st</sup> September for the accounts not migrated. There were about 800 people who were on long term sick, maternity leave, new starts, etc, who were not part of the initial migration. Contractors would be the next to be migrated which was over 1000 accounts.

Out of 2200+ accounts, just under 1% (approximately 200) users were experiencing problems. Most of these were easily fixed but there was one issue to which there was no easy resolution. Some Outlook 2013 users experienced problems with migration. It was planned to move these users to Outlook 2016 which would give a definite fix.

Paul Allen explained there were three types of licences and the allocation of these licenses are as follows which may change over the coming year as our usage understanding evolves:

1. Computer use - the majority of users – 50%
2. Significant Use – 30%
3. Users of mobile/laptop equipment (Remote and Mobile Working) - 20%

Help was available for staff and the best route was to use the email address. [nhs.office365@nhs.net](mailto:nhs.office365@nhs.net). There was lots of information on the intranet for staff and links in the daily briefs with videos, presentation slides and signposting plus information on digital champions.

The plan was to complete the roll out of Microsoft Office 365 by the end of October. The Steering Group leading this work was meeting that afternoon and Rachael Little was the Partnership Representative on this group.

There are 600 plus digital Champions who shared information with users. Aberdeen City and Aberdeenshire Local Authorities had a lot of emphasis on digital champions and Paul Allen planned to meet with Aberdeen City Council to discuss their experience with moving to Microsoft Office 365.

Nationally the feedback was that NHS Grampian had migrated better compared to other Boards. This was due to many months of planning.

Rachael Little and others expressed their support to the team who were working extremely hard and done a fantastic job with migration.

Rachael Little reported that there had been discussions about the potential need for protected time for staff to learn the new system and she was keen for GAPF to agree to refer this to the GAPF Development Sub-Group (formerly the GAPF Learning and Development, Workforce, Organisational Development Sub-Group) to take forward. This was agreed.

d. Pulse Survey

	<p>Gerry Lawrie explained that this was a national survey which had been sent to all Boards. It was similar to the previous Dignity at Work survey and would draw from peoples experience over the last six months. The questions were from the Office for National Statistics. All Boards had challenges as some of the workforce information from the iMatter hierarchy was out of date and managers only had eight days to sort this out. The survey gives a learning opportunity in advance of the iMatter survey in 2021 and time to update workforce hierarchies.</p> <p>Colin Christie reported that the Pulse Survey was going relatively positively. The return to date was 34% with the Scottish average being 33%. NHS Grampian had more paper responders than any other Board and the final number was not yet known. The full results of the Pulse Survey would be known at the end of November.</p> <p>He reported that they had not yet started on follow up planning. Better quality control management of system and housekeeping were required.</p> <p>Colin asked everyone to forward success stories from their Teams to him.</p> <p>It was agreed to invite Colin Christie to the December 2020 or January 2021 GAPF meeting to update on results of the Pulse Survey.</p>	
5	<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. Home working policy addendum</p> <p>Steven Lindsay explained that GAPF had agreed to the Safer Workplaces Group undertaking work to localise a Home Working Addendum from NHS Education Scotland (NES) which had been developed in May 2020 specifically to cover Covid related issues for staff eg the requirement by the Employer to have staff based at home during the pandemic.</p> <p>The Safer Workplaces Group had almost completed this work and it had been hoped to bring a final draft to GAPF for approval. However, since the agreement by GAPF in July, other Boards had been having similar discussions and these discussions had been escalated to the Scottish Partnership Forum (SPF) and Scottish Terms and Conditions Committee (STAC), which were both national Partnership committees where employers, national staff side and Scottish Government were all represented.</p>	

The response from STAC the week before was that no further development on any policy covered by a PIN Policy or by Once for Scotland Project to be undertaken and the national bodies had issued an instruction on this.

The Scottish Workforce and Governance Group (SWAG), STAC and SPF would be looking at a Home Working Policy as it was recognised that a policy was required.

Diane Annand noted that there were concerns around the timeline for the national work. The national secretariat would be setting up a group or make a decision to issue principles.

Adam Coldwells asked if there was anything that could be done locally as an interim agreement until the national situation was known.

Steven Lindsay explained that the Safer Workplaces Group guidance for staff was available and information on who should bear costs was in the Frequently Asked Questions on the intranet.

As the paper on home working had been almost completed by the Safer Workplaces Group it was available to be amended by any national agreement and have a paper ready quickly.

b. Staff Uniform – National shortage

Alistair Grant explained that the national shortage of uniforms was creating staff concerns around their ability to work, as if there were no access to uniforms, staff could not work. This had been highlighted at Organisational Response Team (ORT) and Paul Allen and June Brown were both involved. Alistair highlighted concerns with winter coming and asked what could be done.

Paul Allen reported that since this had been escalated and discussed at ORT it had been discussed at the weekly Personal Protective Equipment (PPE) Cell meeting. The situation was not good. Uniforms were coming from abroad and as this was taking time there was a need to look at other options so contacts were being made locally with other suppliers to discuss uniform needs.

June Brown explained she had suggested that students keep their own uniforms when started in a substantive post.

This item would be kept on the agenda as a standing item for Paul Allen and Alistair Grant to give updates.

c. Psychological Hub

Alistair Grant reported that accredited representatives had received a presentation about psychological support and the Psychological Resilience Hub from Dr Lynne Taylor. He asked for reassurance that the support to staff and funding for this would be ongoing.

Tom Power noted that through the remobilisation plan the Psychological Hub was funded to the end of the financial year and there was support to continue into the next financial year. The third tranche of Covid funding would be available to Boards in October 2020 and consideration was being given to put forward a bid for this to support staff resilience. The Chief Executive Team strategic direction was Health, Safety and Wellbeing and were discussing how to take advantage of different funding streams to invest in staff long term. Tom Power gave his assurance that this was at the top of his agenda and he was working with the chief executive, Senior Leadership Team and Occupational Health and Safety Committee (OH&S) to progress this.

Martin McKay reported that he was part of a national group and had been given assurances at this group that staff health and wellbeing was a priority for the Minister for Mental Health. This was being kept as a live item on the national group's agenda.

Tom Power stated that Dr Lynne Taylor was linked to the national group and hopefully she would be part of the NHS Grampian Wellbeing Group which would feed into the OH&S Committee.

National support was being offered from NES and this would be investigated further regarding offering support to staff.

There was a need to monitor and measure the approach long term. Dr Lynne Taylor had reported that hidden mental health issues were likely to emerge over time.

Martin McKay noted that the trade unions would be involved and it was hoped that there would be data by the end of the year as it was a constant cycle of peaks and troughs and a different approach would probably be required to previous traumas.

Tom Power shared a document on the screen during the meeting from the Health and Wellbeing Expert Group and Health and Safety Expert Group. Tom agreed to attend next GAPF meeting to take forward recommendations.



	<p>d. Safer Workplaces</p> <p>Tom Power explained that the Remobilisation Plan priority was for staff health and wellbeing to be equal to patients and public. The Health, Safety and Wellbeing Hub to move the balance to focus on Health and Wellbeing and Safer Workplaces. Tom Power would be discussing this with Gareth Evans.</p> <p>Gareth Evans reported that there was work coming forward from the Safer Workplaces Group to help teams with team and building matrices and action plans for tranches 1, 2 and 3.</p> <p>e. Staff Testing</p> <p>June Brown reported that the move from paper based testing for asymptomatic staff to electronic testing had been done successfully for Aberdeen City. She gave thanks to Cheryl Rodriguez, Occupational Health Service and eHealth for the enormous amount of work undertaken to move forward this very tricky and complex project.</p> <p>Cheryl Rodriguez stated she was very pleased to have this new system launched the week before. Work had begun on consent forms and labels had been sent to staff in Aberdeen City. Aberdeenshire and Moray were moving forward on this and links were being made with transport services. Trakcare was being used to track the system.</p> <p>Adam Coldwells gave thanks to all involved and noted that with an ever changing environment this would need to be monitored.</p>	
6	<p><b>Involved in decisions</b></p> <p>a. NHS Grampian Pay Day</p> <p>Rachael Little explained that as the meeting was not quorate the paper presented to the previous meeting could not be approved. To support the Payroll Team, it was agreed that Rachael Little would email the group and ask for virtual agreement and a deadline for responses to be given. If no response received, it would be assumed this meant acceptance of the recommendation. Virtual agreement would allow the paper to be in place for October pay day.</p> <p>b. Culture Survey</p>	

	<p>Tom Power explained that processes were in place to send out a Culture Survey to all staff by the end of November 2020.</p> <p>Tom had circulated presentation slides and quickly took the group through them.</p> <p>Anne Inglis and June Brown were both involved in taking forward the survey.</p> <p>Culture in the organisation was both an outcome and an influence therefore it was complex issue. Most commonly it was about the way things were done eg values, behaviours, rituals, legends, etc, the way people worked eg work styles and approaches.</p> <p>The approach in the survey was not to overlap questions with other surveys ie Everyone Matters and iMatter and to have the survey within a reasonable length for staff to complete.</p> <p>Anne Inglis explained that occupational violence questions had not been included in the survey due to the view that the language did not feel right for the culture and different language from other partners.</p> <p>It was agreed to set up a separate meeting for Anne Inglis, Tom Power and June Brown to explain and discuss the survey further with anyone who wished to attend. It was agreed that Tom Power would set up a one hour session. It was hoped to have this the following week to ensure timescales were met for any amendments to the survey. <b>Action TP</b></p> <p>The input from GAPF requested from the presentation slides was as follows:</p> <ul style="list-style-type: none"> <li>• “Note the coverage of the Everyone Matters and iMatter frameworks and the parameters for developing our Culture Survey using the Best Practice Australia (BPA) question sets.</li> <li>• Endorse the principle of avoiding duplication between the Culture Survey and the national surveys, and the sense of repetition this could generate for staff.</li> <li>• Consider the modules selected by the Culture Survey Implementation Group <ul style="list-style-type: none"> <li>• What are the important issues to understand about our culture that the national surveys, and the BPA questions don’t reflect?</li> <li>• To what extent do the priority selections reflect these?</li> <li>• What, if anything, is missing?”</li> </ul> </li> </ul> <p>c. Remobilisation Plan - Engagement &amp; Communication</p>	<p><b>TP</b></p>
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	<p>Alan Gray explained that the three most important issues from the Scottish Government to Boards were:</p> <ol style="list-style-type: none"> <li>1. Test and Protect</li> <li>2. Planning for Winter. What was require for clinical and non-clinical to work through winter beyond usual winter factors</li> <li>3. Staff wellbeing.</li> </ol> <p>Alan Gray proposed a regular written update to GAPF around these three themes. It was agreed to keep this item on the agenda.</p> <p>Annual Review - Rachael Little proposed to pull together key points from GAPF agenda and develop a two page summary to submit to the Scottish Government for the Annual Review. GAPF would not be part of the annual review. <b>Action RL</b></p>	<p><b>RL</b></p>
<p>7</p>	<p><b>Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued</b></p> <p>a. Recruitment and Retention Premia (RRP) for Estates Staff</p> <p>Diane Annand explained that no letter had been received from the Scottish Government to extend RRP. Diane contacted the Scottish Government and Colin Cowie responded as follow:</p> <p>We had a STAC Secretariat meeting yesterday during which what to do about the RRP Group and what to do about the RRPs which are due to run out next March was discussed. The decision was to try and convene an on-line meeting of the RRP group as quickly as possible which will be tasked with deciding a way forward. There are proposals on the table about reforming the guidance and approach of the application and renewal process for RRPs and discussions around that can be restarted. With regard to existing RRPs, they will all probably be given another automatic short term extension. There was concern that COVID would temporarily distort the labour market for a period of time so, in making applications, Boards may not be able to gather evidence which will reflect the longer term situation. The group will need to consider that issue and they may well still want to speak to Grampian directly. In practical terms then, expect a letter relatively soon from STAC extending your Estates RRP for a further 6 months. “</p> <p>An extension of RRP would take the agreement to 30 September 2021. Diane Annand would contact Colin Cowie for a copy of the letter if it did not arrive soon. She noted that NHS Grampian needed to be prepared.</p>	

	<p>Mike Adams reported that for the section of Estates staff who received RRP (as not all Estates staff received RRP, this temporary position was beginning to get unsettling and as the RRP was for retention there was a need to resolve quickly.</p> <p>Paul Allen believed that Covid did change the recruitment situation and if the private sector picked up again NHS Grampian would have difficulties again. It was agreed to keep on the agenda and outside the meeting consideration would be given to escalation and information feedback to GAPF.</p>	
8	<b>Appropriately trained and developed</b> – no items	
9	<b>Any Other Competent Business</b> - none	
10	<p><b>Communications messages to the organisations</b></p> <p>Rachael Little explained that pre-Covid an Up Front article had been published after each meeting. This was not an option meantime and the Communications Cell would be asked to include communications from GAPF in the Daily Brief. <b>Action RL</b></p> <p>Rachael Little also explained that each Board Advisory Committee would be asked to submit a Board Report. Rachael Little would summarise the activity of GAPF during Covid for submission to the next Board meeting. <b>Action RL</b></p> <ul style="list-style-type: none"> <li>• System Transformation – additional GAPF session</li> <li>• Psychological Hub</li> <li>• Culture Survey</li> </ul>	<p><b>RL</b></p> <p><b>RL</b></p>
11	<p><b>Date of Next Meeting</b></p> <p>The next meeting of the group to be held at 11.00am to 12.30pm on 15 October 2020 via Microsoft Teams</p>	

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