



NHS GRAMPIAN
Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 15 October 2020
11am to 1pm
Microsoft Teams

Board Meeting
3 12 20
Open Session
Item 12.6

Present:

Rachael Little, Staff Side Chair/Employee Director (Co-Chair) – Chaired the meeting
Adam Coldwells, Interim Director of Strategy and Transformation and Deputy Chief Executive (Co-Chair)
Mike Adams, UCATT
Rhona Atkinson, Non-Executive Director/ Deputy Board Chairperson
June Brown, Associate Director of Nursing – Modernisation (deputy for Caroline Hiscox)
Susan Coull, Head of HR
Ian Cowe, Health & Safety Manager
Dianne Drysdale, Executive Business Manager, Executive Business Unit
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
Jane Fletcher, Head of Hosted MH&LD Services, Adult Mental Health (deputy for Kerry Ross)
Alistair Grant, RCN
Keith Grant, UNISON (deputy for Martin McKay)
Alan Gray, Director of Finance
Gerry Lawrie, Head of Workforce & Development
Tracy Miller, RCM
Tom Power, Director of People & Culture
Cheryl Rodriguez, Head of Occupational Health and Safety
Lindsay Smith, SOR
Carolyn Venters, Staff Side Health and Safety Chair
Karen Watson, Unite (deputy for Steven Lindsay)
Joan Anderson, Partnership Support Officer - Minutes

In Attendance:

Stuart Falconer, RCN (Observer)
Lorraine Scott, Deputy Director for Modernisation Planning – for item 5a
Steven Glass, Head of Procurement - for item 5e
Gareth Evans, Property Transactions Manager – for item 5f
Grace Ball, Unit Operational Manager - Radiology – for item 5h

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Apologies:</p> <p>Caroline Hiscox, Executive Nurse Director (June Brown deputy), Stuart Humphreys, Director of Marketing and Corporate Communications, 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 (Jane Fletcher deputy), Cameron Matthew, Divisional General Manager, Acute (and deputy Claire Nicholl), Rob Fairfull, GMB,</p>	

	<p>Amanda Croft, Chief Executive, Albert Donald, Non-Executive Director/ Whistleblowing Champion, Deirdre McIntyre, COP, Martin McKay, UNISON (Keith Grant deputy), Steven Lindsay, Unite (Karen Watson deputy), Lynda Lynch, Board Chairperson, Paul Allen, Director of Facilities and eHealth (Steven Glass deputy), Diane Annand, Interim HR Manager Staff Governance, Susan Carr, Director of Allied Health Professionals & Public Protection</p> <p>Rachael Little conveyed a huge thank you to Tracy Miller for her involvement in GAPF, Staff Side and Partnership over many years. Tracy was retiring at the end of October and GAPF wished her well.</p> <p>Rachael Little welcomed Joyce Duncan as a new member of GAPF. Joyce was the new chair of the Staff Governance Committee.</p> <p>Rachael Little welcomed Stuart Falconer, RCN, as an observer for the meeting. She asked Stuart to feedback any comments from the meeting to Alistair Grant, Carolyn Venters or Rachael Little.</p>	
2	<p>Minutes for Approval</p> <p>a. Minute of Last Meeting held on 16 July 2020</p> <p>Approved.</p> <p>b. Minute of Last Meeting held on 20 August 2020</p> <p>Approved.</p> <p>c. 17 September 2020</p> <p>The minute of meeting approved with one amendment as follows:</p> <p>Item 5e - delete the following sentence: "On 21 September there would be tracking of all staff involved to ensure all were up to date with testing."</p>	
3	<p>Matters Arising – none</p>	
4	<p>Well informed</p> <p>a. System Transformation</p> <p>Adam Coldwells thanked all those who were able to attend the additional GAPF meeting held on 13 October 2020. The feedback gathered regarding the presentation will now go to the System Transformation Oversight Group for agreement.</p> <p>Adam confirmed that feedback on any concerns or comments regarding fairness for staff should be addressed at the lowest possible level and if not resolved should ultimately go to him as chair of the System Transformation Oversight Group.</p>	

	<p>Four personas would be developed of four different types of staff to show examples of what this would mean for them.</p> <p>b. Annual Review</p> <p>Rachael Little had circulated the report she had submitted for the Annual Review. The report covered 2019/20 which was pre-covid and reflective of GAPF activity. The report had been submitted but if anyone had comments they could be added to next year's submission.</p> <p>c. Sector Reports</p> <p>Rachael Little explained that it was proposed to reinstate Sector Reports but framing the information in the reports differently and ask Sectors to provide information on specific areas. She suggested that the reports could include remobilisation and system transformation updates.</p> <p>Rachael Little agreed to contact Sector Co-Chairs with an amended template for reporting.</p> <p>Rachael Little and Diane Annand had visited Sector Partnership Forums regarding the Staff Governance Standards submission and they were keen to continue to offer support.</p> <p>Susan Coull noted that it was really important for staff to raise issues with the manager leading change.</p>	<p>RL</p>
<p>5</p>	<p>a. Remobilisation Plan - Engagement & Communication</p> <p>Alan Gray advised that an assurance framework for the Remobilisation Plan has been proposed. This would include a monthly standard report regarding general progress against the milestones to the System Leadership Team (SLT), GAPF, Area Clinical Forum (ACF) and other key groups as appropriate. The assurance framework also incorporates a five week rolling programme as part of SLT focussing on the nine tactical objectives set out within the Plan.</p> <p>* Lorraine Scott took the group through a presentation (slides attached) on the assurance framework for the Remobilisation Plan. Key points were:</p> <ul style="list-style-type: none"> • There are three components to the assurance framework - SLT weekly remobilisation situation report, monthly report against the milestones and SLT five week rolling programme covering the nine tactical objectives. • The weekly remobilisation situation report provides an interactive dashboard which illustrates progress against a number of remobilisation metrics. The dashboard shows progress, along with comparison against previous trend data. It also allows comparison with other Boards in Scotland. Each component can be drilled down to hospital/service levels. The dashboard has been developed by Elaine Thomson in the Health Intelligence Team and will continue to evolve. 	

- A monthly report on the progress against the milestones will be produced. This will be presented simply using a high level chart and a two page outline of progress. An example of these were presented for those milestones due at the objectives end October 2020. Underpinning the summary report is a milestone tracker which will be updated at the end of each month and includes status and brief narrative.

Lorraine Scott asked GAPF how they felt this information could be used to keep staff updated.

Gerry Lawrie reported that Workforce had been involved in completing a template and she asked for more information on the level of detail required to ensure consistency in level of information and confirmation of status of these.

It was felt that what was proposed was helpful and it was reiterated that keeping information easily understandable in a simple and concise format would be essential when communicating widely to staff.

b. Finance Report

Alan Gray updated the group on the financial position. The six month report had been circulated to the group.

Alan thanked everyone for their efforts to address the pre-Covid issues including reducing expenditure on agency staff and medical locums. Significant progress had been made to reduce dependency on both. This had put NHS Grampian in a stronger position to respond to post-COVID opportunities.

Spend on secondary care drugs had decreased during Covid reflecting the reduction in clinical activity during the early months of the year.

During Covid, funding had been made available to support the response and new business activities eg PPE and contact tracing. Alan Gray welcomed any realistic plans relating to the national priorities which could be implemented this financial year and that work was being undertaken with members of the SLT to take this forward. As reflected in prior discussions with GAPF the importance of the staff being involved in decisions affecting them and their service areas would be a key part of the planning for the short and medium term.

Winter and living with Covid will challenge the resilience of our health and social care system and a great deal of thought is being given to planning for the next few months and securing additional capacity and recruitment where this will be required.

Baird and Anchor Hospital Business Plans had finally been approved by NHS Grampian Board and the Scottish Government and it was hoped the contract would be signed soon.

Thanks was given to the resilience of staff who had dealt with and overcome every barrier which came their way and got to this stage. Thanks also to Staff Side colleagues for working together under difficult circumstances."

c. Culture Survey Update

Tom Power explained that a short presentation had been given at the September GAPF which had been followed up with a dedicated session for GAPF and Area Clinical Forum on the components of the survey.

June Brown reported that there was lots of discussion at the dedicated session and the points made were taken on board. Feedback had been received from the Area Clinical Forum and the survey was being updated.

Tom Power explained that the implementation group had recommended a pause for the survey to give time for staff in the organisation to be ready to receive and complete the survey. Caroline Hiscox and Tom Power have taken this recommendation to the Chief Executive Team and await feedback. In the meantime, the survey would be prepared to be ready for circulation and the marketing and communications will be agreed.

The pause will give time for cognisance to be taken of the outcome of the pulse survey which closed at the end of October 2020.

Alistair Grant welcomed the pause for the Culture Survey as he felt people's resilience was stretched and people were tired. In the meantime there was a need to focus on and be aware of people being stretched and weary and deal with the challenges staff had meantime.

Tom Power agreed that there was a need to support the wellbeing and resilience of staff especially with winter coming.

d. Strategic direction for health and well-being

* Tom Power gave the group a presentation which had also be given to SLT (presentation slides attached).

The first commitment in the remobilisation plan was to support staff. This was about health, safety and wellbeing of staff. This would be taken forward by the Health, Safety and Wellbeing Expert Group and oversight in Partnership by the Health, Safety and Wellbeing Committee, and assurance would be via the People and Culture (PAIR) and SLT. Performance, Assurance, Improvement & Risk.

Mike Adams highlighted that budgeting for wellbeing was a real challenge given the financial situations sectors have had and will have for the foreseeable future.

Keith Grant highlighted that technology and home working was causing issues where staff were still waiting for equipment and there was no consistency in home working. Rachael Little reported that a communication was still awaited from national Staff Side on a working at home addendum. She would share this information as soon as it was received.

Alistair Grant highlighted an increase in staff reporting to him that they are emotional and stressed, he asked how the organisation could improve people management and leadership to reassure staff that they are being listened to and supported through tough times. It was noted that some managers had displayed strong person centred approaches.

Carolyn Venters highlighted that managers were looking for ways to support all levels of staff.

Joyce Duncan highlighted that promoting culture and good behaviour did not need to be financially costly. Showing empathy, understanding and listening should be how all staff should act. She confirmed she was happy to support this via in the Staff Governance Committee.

Cheryl Rodriguez reminded the group that the Occupational Health Service Counselling and Wellbeing Hub information was available on the intranet. There were no waiting times. Those contacting the services would get to speak to a person within 5 days of initial contact. If the issue was related to Covid, they would be referred to the Psycho Social Hub and if it was anything else they would receive support from the Occupational Health and Wellbeing Hub. Link below:

<http://nhgintranet.grampian.scot.nhs.uk/depts/Occupational%20Health%20Service/Pages/Counselling.aspx>

e. Staff Uniform – National shortage

Steven Glass explained that the national contract for uniforms was held by Dimensions in partnership with a supported business. It had been a Scottish Government decision to move the contract from uniforms being entirely made in the far east.

Prior to Covid, the arrangement was working reasonably well. The material for the uniforms was manufactured in the far east and finished in Scotland. When Covid hit the supply of material was difficult. This led to a two month delay for the materials to be shipped from the far east. There was also a substantial increase in demand for uniforms during Covid and as the company in Scotland was a supported business they had more vulnerable employees shielding.

A number of tunics and uniforms were available for domestic and nursing staff. The situation had improved but was not resolved. As winter was coming there was a need to resolve quickly. Prioritisation was being given to graduate students and it was hoped that they would all have received uniforms.

Rachael Little thanked Steven and it was agreed to close this agenda item and asked that if there was a need for a further update in future Steven Glass could come back to the group.

f. Safer Workplaces

Gareth Evans explained that the role of the group was expanding with new requirements. The group were reviewing the documents already circulated in light of comments and other updates required. A main part of the review was nosocomial assurance – self assessments, action plan and matrices. Multi occupation buildings were to undertake self-assessment and develop action plans.

The return rate for self-assessments were 63% which was good but more were required from Acute Sector, primary care and health and social care partnerships.

The two main aspects for the group were to increase self-assessment returns and find out where the issues were and assist where they could. The group offered support to managers to complete the self-assessment paperwork.

Mike Adams reported that action plans were slow in being submitted and there were gaps in the system. The work of the group had expanded to meet the needs of the organisation. One main aspect was regarding criteria for working at home and questions on supply and priority of equipment for a person's home. The advice remained that if someone could work at home they were to work at home.

All areas should have identified a workplace champion to support staff and the group offered support whenever requested.

Rachael Little asked the group to feedback any questions or comments to herself and she would pass on to the group.

g. Waste Audits

Neil Duncan, Waste Manager, had been unable to attend the meeting, but a paper outlining the situation had been circulated with the agenda.

Carolyn Venters explained that the Health and Safety Reps Group had invited Neil Duncan to their meeting to discuss waste and the waste audits required for NHS Grampian. Following this meeting the Health and Safety Reps asked for this item to be added to the agenda to escalate their concerns.

There had been a significant change of practice on how to dispose of medicines and cytotoxic and cytostatic waste plus different bins had been introduced.

Neil Duncan had developed a toolbox talk and this had been cascading well.

<p>All NHS Boards in Scotland had to undertake waste audits. Four high risk areas were to be audited by end October 2020 and the rest within the year. There were about 300 sites to be audited and 9 people had volunteered to be trained. Four of those trained were Health and Safety Reps who also had other roles in the organisation.</p> <p>Carolyn asked to escalate the concerns of the Health and Safety Reps regarding the huge amount of work to be done and having so few people trained to carry out the audits. The risk for the organisation could be great.</p> <p>Rachael Little stated that this issue would be raised at the Occupational Health, Safety and Wellbeing Committee at their meeting in November and look for any support required across the system.</p> <p>Steven Glass reported that Tradbe were the new contractor in Scotland. The work was substantial around clinical waste. The new facility in Scotland and those in England were having issues around capacity. National Procurement were working with Tradbe on a solution. There may be a need for a contingency plan as a temporary measure.</p> <p>Alistair Grant noted the importance of clinical staff having the correct information for medicine disposal.</p> <p>Cheryl Rodriguez informed the group that the Health and Safety Expert Group was working closely with Neil Duncan to close the gaps and there was a need for sectors to ensure this information was going to all Occupational Health and Safety Committees to ensure all staff know the information.</p> <p>Rachael Little thanked Carolyn Venters for bringing this to the attention of GAPF and stated that GAPF and Occupational Health, Safety and Wellbeing Committee would provide any support required.</p> <p>h. Dr Gray's Hospital Imaging Transformation Group</p> <p>Lindsay Smith explained there were workforce issues within Radiography in Dr Gray's Hospital which had been ongoing since 2018 which SOR had requested be raised at GAPF.</p> <p>Grace Ball explained that GAPF had been alerted to the issue in 2018 and at that time this had also been raised with unit and operational managers. There was a recognised pressure on services regarding compliance of out of hours working. Actions had been taken and work on these went on during 2018 assisted by the workforce team to look at data.</p> <p>In 2018 the funding landscape changed and there was less opportunity to attract funding moving into 2019 also. Possible funding was identified from waiting time initiatives funding but this had been delayed by the Scottish Government initially to 2020 and then the Covid situation arrived and they were told none of the applications would be going forward.</p>	<p>CR/ TP/ RL</p>
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	<p>During 2019 staff had agreed to work to contract and therefore did not pick up any additional shifts as the amount of work was impacting on staff health and wellbeing. This led to an increase in locum use while work was ongoing to look for funding streams.</p> <p>Work was ongoing on a business case to ensure shifts were compliant. Once this was complete it would be submitted for funding. Work would continue to support staff health and wellbeing.</p> <p>Lindsay Smith had been working in Partnership with senior management to produce workforce plans and the business case. Unprecedented sickness levels were attributed to oncall plus long term sickness. Remobilisation of the services was struggling. There was not enough staff to look at day to day activity as well as out of hours activity. Lindsay had taken this issue to GAPF to ask for support to resolve the ongoing situation.</p> <p>Alistair Grant noted the duty of care to staff by the organisation. He asked what duties were being stopped if there were at least four staff vacancies.</p> <p>Lindsay Smith noted that four new members of staff would only maintain an on call system which they wish to move away from as activity had trebled over the last 5 years. Prior to Covid there had been seven locums working in the department but due to a review of supplementary staffing this had been reduced to three locums. She stated that this was not enough to cope with the amount of work and asking for four members of staff was a short term measure and may not be enough. They were hoping to implement a full shift system.</p> <p>Lindsay Smith noted that recruitment had not been an issue previously but there were hundreds of vacancies across Scotland at that point. It was hoped to receive funding in time to advertise when the new graduates were applying for posts.</p> <p>Rachael asked Lindsay and Grace to let GAPF know what else they could do to support this situation going forward and if there was a need to discuss again it would be put back on the agenda for a future meeting.</p>	
6	<p>Involved in decisions</p> <p>b. NHS Grampian Pay Day</p> <p>Rachael Little reported that she had emailed all GAPF members to ask if they approved the paper presented to the August 2020 GAPF on NHS Grampian Pay Day.</p> <p>Rachael received 16 responses, 10 from management and six from Staff Side. The outcome was that GAPF approved the paper. Rachael had informed Lorraine Hunter, author of the paper, and a communication would be sent to staff. This item was now complete.</p> <p>Rachael Little made a plea to GAPF Staff Side Reps to be more involved in GAPF.</p>	

7	<p>Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued</p> <p>a. RRP for Estates Staff</p> <p>Michael Adams reported that confirmation had been given to an extension of RRP for Estates staff from March 2020 for six months. This had been communicated to Diane Annand and a letter was awaited. It had also been communicated that the RRP Group wished to add more things to the RRP process and this information was also awaited.</p> <p>b. STAC Organisational Change Communication</p> <p>Rachael Little explained that following a national communication stating that when change was being implemented, the organisational change process was to be used, Staff Side raised a significant number of concerns. Therefore, a communication had been developed and circulated to GAPF. This item would become a standing item on GAPF Agenda and it was requested to communicate the paper to the Organisational Reporting Team (ORT) and SLT.</p> <p>Alistair Grant requested a decision from the organisation to call the process “organisational change” and not “following principles of organisational change”. This was leading to confusing language and there was clear evidence that organisational change was going on without the use of the Organisational Change Policy.</p> <p>Rachael Little proposed that organisational change could be part of the amended Sector Reports to GAPF.</p>	
8	Appropriately trained and developed – no items	
9	<p>Dates of Meetings 2021</p> <p>A proposal for GAPF meetings to be held on the third Thursday of every month from 10am to 12noon was made. This would be communicated to members of the GAPF and if no issues were raised by the next meeting this would be approved.</p>	JA
10	<p>Any Other Competent Business</p> <p>Rewards and Recognition Awards:</p> <p>Mike Adams reported that the first Rewards and Recognition Awards ceremony had taken place. Amanda Croft had attended the virtual ceremony. Thanks was given to all those who worked behind the scenes to make it work and the feedback had been excellent.</p>	

	<p>Children's Hospital TV Series:</p> <p>Mike Adams reported that the excellent Children's Hospital TV series had featured two of the painters from the Facilities and Estates Directorate in the last episode.</p> <p>COVID-19 Occupational Risk Assessment Guidance:</p> <p>Keith Grant stated that the Scottish Government had published a new version of the COVID-19 Occupational Risk Assessment Guidance on the 4th September 2020. Keith noted that up until a few days ago NHS Grampian were still using the old 27th July 2020 version.</p> <p>Keith also noted that the new version gave significantly higher scores for younger age groups, and he wished to raise it at GAPF to seek urgent guidance from NHS Grampian to run this tool again with the key staff members who were scored before, as they may be at significant risk. This would include staff who are now back to work having previously been shielding</p> <p>Cheryl Rodriguez explained that the guidance had been recently updated on the intranet and the tool was being used for high risk staff. All high risk staff had received assessment and review.</p> <p>Temporary Deployment of Administrative Staff:</p> <p>Keith Grant asked why administration staff in Dr Gray's Hospital were being volunteered to work at entry points to Dr Gray's Hospital - checking in visitors. Keith said he understood the need, but the staff also had their own jobs to do. He also asked what the contingency plans were for Dr Gray's Hospital moving forward if there is another COVID lockdown?</p> <p>Keith Grant agreed to send the question to Rachael Little and she would seek an answer for update at next GAPF meeting.</p>	<p>KG/RL</p>
<p>11</p>	<p>Communications messages to the organisations</p> <p>a. GAPF Board Report</p> <p>Rachael Little reported that NHS Grampian Board members appreciated the update reports from GAPF and she would re-start these reports.</p>	
<p>11</p>	<p>Date of Next Meeting</p> <p>The next meeting of the group to be held at 10am to 12noon on 19 November 2020 via Microsoft Teams. Joan Anderson would update the Teams invitations to new time of 10am to 12noon.</p> <p>Agenda items to be submitted to Joan Anderson or Rachael Little before 11 November 2020.</p>	<p>JA</p>