



NHS GRAMPIAN
Meeting of the Grampian Area Partnership Forum (GAPF)
Thursday 18 February 2021 - 10am to 12noon
Microsoft Teams

Approved

Board Meeting
01.04.21
Open Session
Item 10.6.2

Present:

Adam Coldwells, Director of Strategy and Transformation and Deputy Chief Executive (Co-Chair) – Chaired the meeting (deputy for Caroline Hiscox)
Rachael Little, Staff Side Chair/Employee Director (Co-Chair)
Mike Adams, UCATT
Diane Annand, Interim HR Manager Staff Governance
Lynn Boyd, Service & Development Manager, Aberdeenshire (deputy for Janine Howie)
Jane Ewen, Nurse Director – Excellence and Innovation (deputy for June Brown)
Susan Carr, Director of AHPs & Public Protection, AHP Services
Janet Christie, BAOT
Susan Coull, Head of HR
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
Alistair Grant, RCN
Stuart Humphreys, Director of Marketing and Corporate Communications
Martin McKay, UNISON
Linda McKerron, Service Manager - Learning and Development (deputy for Gerry Lawrie)
Deirdre McIntyre, COP
Patricia Morgan, Service Manager
Jeannette Netherwood, Corporate Manager, Moray Health and Care Partnership
Gavin Payne, General Manager of Facilities and Estates (deputy for Paul Allen)
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)
Sue Swift, Divisional General Manager – Acute (deputy for Claire Nicholl)
Carolyn Venters, Staff Side Health and Safety Chair
Karen Watson, Unite (deputy for Steven Lindsay)
Joan Anderson, Partnership Support Officer - Minutes

In Attendance:

Alan Bell, Head of Information Governance - for item 4b
Linda Lever, Quality Improvement & Assurance Team - Team Leader Adverse Events & Feedback - for item 4c
Lorraine Hunter, Head of HR Service Centre for item 4d
Gary Mortimer, Director of Operational Delivery – for item 5aii
Iain Ramsay, Partnership Manager (South) Aberdeenshire – for item 5aiii
Philip Shipman, HR Manager – for items 5v and 6
Colin Christie, Learning & Development / Staff Experience Manager – for item 8
Louise Ballantyne, Patient Services Manager, Corporate Communications - for item 10

Observer:

Jamie Donaldson, Staff Side Health and Safety Chairperson elect (successor to Carolyn Venters)

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Apologies received from:</p> <p>Janine Howie, Location Manager, Aberdeenshire (deputy Lynn Boyd), June Brown (Jane Ewen deputy), Gerry Lawrie, Head of Workforce & Development (deputy Linda McKerron). Claire Nicholl, Interim Divisional General Manager, Acute (deputy Sue Swift), Alan Gray, Director of Finance (deputy Alan Sharp), Paul Allen, Paul Allen, Director of Facilities, Estates & eHealth (deputy Gavin Payne), Rob Fairfull, GMB, Caroline Hiscox, Chief Executive (deputy Adam Coldwells), Steven Lindsay, Unite (deputy Karen Watson), Cheryl Rodriguez, Head of Occupational Health and Safety, Sandy Reid, Senior Service Manager, Aberdeen City Health and Social Care Partnership(no deputy available)</p>	
2	<p>Minutes for Approval</p> <p>a. Minute of Last Meeting held on 17 December 2020</p> <p>The minute of the last meeting was approved.</p>	
3	<p>Matters Arising</p> <p>a. Electronic Employee Support System (eESS)</p> <p>Implementation had been paused due to Operation Snowdrop. It was hoped that work would begin again in later summer/autumn 2021. GAPF acknowledged the reasons for this project being paused.</p>	
4	<p>Non-Clinical Policies</p> <p>a. NHS Grampian Area Partnership to receive monthly updates from Workforce Bronze Control Room as to commissioned and approved interim non clinical policy measures.</p> <p>Rachael Little explained that a temporary process had been agreed for any non-clinical policies required during the ongoing pandemic response.</p> <p>Diane Annand informed the group that no policies were going through this process meantime.</p> <p>It was agreed to keep this item on the agenda for future meetings to remind everyone of the process.</p>	

b. Data Protection Policy

Alan Bell explained that this policy review was an outstanding commitment from the Audit Committee. He had worked with Partnership colleagues to review the policy. The policy review had not changed the information on staff rights and responsibilities, however, it had made this clearer.

There were some changes expected regarding the UK General Data Protection Regulation (GDPR) in June 2021 and this may require minor amendments to the policy to ensure compliance.

GAPF approved the policy and agreed to consider any minor amendments in due course as necessary.

Alan Bell asked if GAPF could support awareness of the policy to staff. The policy would be shared with staff and managers using the usual policies process.

c. Policy for the Management of and Learning from Adverse Events

Linda Lever outlined the policy which was based on national guidance which had been developed following a benchmarking exercise by Health Improvement Scotland (HIS) for all Boards. This policy would enable all Boards to deal with adverse events consistently across the system regardless of where and what.

Linda explained that there may be some local realignment of job titles etc necessary due to different groups across health and social care partnerships.

GAPF approved the policy.

The policy would be shared with staff and managers using the usual policies process.

d. Car Leasing/Covid Impact

Lorraine Hunter attended the meeting to present a paper for approval. She outlined the reason for the paper due to the impact on Covid-19 on car lease holders.

Lorraine presented five proposals and all five proposals were approved by GAPF.

5	<p>Operation Snowdrop Level Four (5 Priority Objectives)</p> <p>a. Overall Presentation</p> <p>i. Staff Health & Wellbeing</p> <p>* Tom Power shared presentation slides (attached). Tom explained that in our Remobilisation Plan published last August Staff Wellbeing had been given the same priority as that of the patients and the public.</p> <p>A “We Care” brand had been developed by 32 colleagues from NHS Grampian and Health and Social Care Partnerships. This was based around six priority areas. Three were already in place: Break & Rest Areas; Psychology Support; PPE Supply & Use and three were new: Resilience Support; My Healthy Life; Remote Working.</p> <p>Mike Adams noted that the ideas were good but there was a need to monitor the effectiveness of the services offered. Tom Power agreed that monitoring was required and the Cells had been asked to supply a report on deliverables and progress for sharing with the Staff Governance Committee in March 2021 to look at whether what was being planned was being progressed as expected. Monitoring how many of the services people were accessing is already done for the counselling and psychological support provided by Occupational Health Service (OHS) and the Psychological Resilience Hub as they recorded data that could be shared. It is also planned that through a short online survey being developed using the I COPPE Scale that a subjective view from participants could be gathered every 90 days or so over the next 12 months, which will provide a more dynamic means of monitoring wellbeing than the annual iMatter / Everyone Matters surveys have.</p> <p>Martin McKay asked what NHS Grampian and GAPF could do to ensure all staff felt this referred to them and not just “frontline” staff. He noted there had been a disparity in this all along. Tom Power noted the aim of the programme to provide equitable access, and that a focus on those working at home and all different roles in the workplace were being covered by Cells. There was a need to ensure all staff had access to materials, services and support, which includes a phone line. Tom reported that the programme would be producing a physical letter from Caroline Hiscox which would be sent to all staff along with items that are being funded using the workforce support funding made available to all Boards by the Cabinet Secretary for Health and Sport. Different forms of sharing information would be used to give access to as many people as possible.</p>	
---	--	--

	<p>ii. Test & Protect</p> <p>Gary Mortimer shared a presentation updating on health workers test and protect. There were seven main workstreams: booking and testing; contact tracing: regional hub (lab); care home staff testing; SIREN study; support to isolate; expansion of testing. Gary explained that under the workstream: expansion of testing, there were 9 further groups.</p> <p>NHS Grampian was in week 10 of the roll out for lateral flow testing (LFT).</p> <p>Those previously covered by LFT were: Patient facing hospital based; Vaccinators; COVID Hub; Community Nursing & AHPs</p> <p>Although NHS Grampian had already agreed to roll out LFT to the following groups, the Scottish Government had just agreed this: Sexual Health; General Practice; Community Dental; Community Pharmacy; Community Optometry; TECA Staff & Vaccinators</p> <p>Gary explained that NHS Grampian had 1600 or more non-patient facing staff who were service essential and the Scottish Government were not minded to roll out the testing to them.</p> <p>Key issues for test and protect included:</p> <ul style="list-style-type: none"> • variable participation in testing regime. The daily brief was asking staff to let them know why they were not participating. • Uploading of all test results to national portal. Information was sought on the barriers to people uploading their results to the portal • Extension of testing to include all health worker groups <p>Gary informed the group that the presentation slide figures on slide two were two weeks out of date due to the process for national reporting.</p> <p>Rachael Little agreed to discuss with Staff Side Reps what barriers they felt were in existence in the Acute Sector regarding staff testing and uploading of test results and feed back in suggestions to Gary Mortimer.</p> <p>iii. Managing Surge & Flow</p> <p>Iain Ramsay explained that managing surge and flow was a managed jointly across NHS Grampian, the three Health and Social Care Partnerships and other related agencies, which was helped with a history of collaborative working.</p>	<p>RL</p>
--	--	------------------

The purpose of managing surge and flow was to avoid inappropriate admissions and facilitate early discharges from hospitals and this work, which included the Frailty Pathway, was further challenged with the impact of Covid-19. Iain commended all the services for keeping going throughout this period.

Surge and flow covered an extensive range of services including hospitals, primary care, care homes and care at home services. Planning across these diverse services which may have objectives which do not closely align, heightens the need for close working relationships and a collective focus on patient centred planning.

A data set for surge and flow is being developed which will enable a collective understanding of performance across the whole health and care system.

Work was ongoing around patient transport to allow patients to return home when they were fit to do so.

iv. Maintaining Protected and Critical Services

Adam Coldwells reported that the number of critical and protected services had grown from a handful in March 2020 to some 25 in February 2021. Much of this expansion had arisen from the passage of time and the need for various treatments and interventions to be maintained over a more protracted period of the pandemic. Adam gave a few examples of indicators for the position for critical and protected services:

GP referrals to hospital which had dropped at the beginning of the pandemic had increased but were not back to pre-pandemic levels; the number of cancer referrals were recovering well;

The Elective Surgery Classification System (EsCAT) Scoring system for prioritising people who need immediate or urgent care was being used for people requiring operations. Alongside the EsCAT system the acute sector had now protected a minimum of 50 beds to ensure that the highest priority (EsCAT 0 & 1) surgery was not interrupted. However, concerns remain about the level of backlog which is developing for people waiting under the EsCAT levels 2 & 3 categorisation. Paul Bachoo is leading the development of the recovery plan for elective surgery.

v. Flu & COVID 19 Vaccinations

Philip Shipman reported on the workforce element of vaccinations. He reported that the vaccination programme had been exceptional and on track for target groups included.

The vaccination programme required multi professional team who were covered by PGD (Patient Group Direction).

	<p>The recruitment for vaccinators and vaccination support staff had reached the agreed target. There had been 537 vaccinators and 280 support staff recruited and it had been a huge task to onboard all those who required training. Recruitment would continue in future to ensure turnover of staff was planned for.</p> <p>Unregistered vaccinator interviews were taking place to ensure sustainability in the vaccination programme.</p> <p>Managing expectations of people due to the variability of vaccine supply, workplace expectations and the changes in numbers of vaccinations created challenges and Philip gave thanks to everyone involved in the programme.</p> <p>Adam Coldwells reported that 144,551 vaccinations had been done to date.</p> <p>Rachael Little reported that at the beginning of February, Staff Side Colleagues had become aware of the detail of the planned approach for the COVID vaccination programme transitioning to the mass vaccination programme, based on the Joint Committee on Vaccination and Immunisation (JCVI) guidance, and the planned approach for a cohort of staff who have applied for their COVID vaccination through the staff programme but have not yet received their first appointment. Staff side had highlighted their concerns in relation to the planned approach and as the local resolution being sought had not been achieved, through discussions, concerns had been escalated to a national level.</p>	
<p>6</p> <p>*</p>	<p>Resourcing Cell</p> <p>“Resourcing Cell</p> <p>Philip Shipman presented some slides (attached) and explained that the steps used for recruitment using Job Train could all be happening at the same time while the advert was still live. The process was similar to any other recruitment but was happening quicker due to the additional resources made available to recruitment.</p> <p>In about six weeks, 1187 offers of employment had been made. This was equivalent to 609 whole time equivalent members of staff. He gave thanks to all those involved in ensuring this process worked.</p> <p>Adam Coldwells noted the staggering amount of work that had been carried out and the forum gave a round of applause to all those who made it happen.</p>	
<p>7</p> <p>*</p>	<p>Remobilisation Plan</p> <p>Lorraine Scott presented some slides to update on the Remobilisation Plan (attached).</p>	

	<p>The draft Re-mobilisation Plan is currently being developed, focussing on the next 12-18 months period. This is a live document and will continue to evolve based on the learning, data and ongoing engagement with staff, the public and partners. An initial draft will be submitted to the Scottish Government at the end of February with a further version submitted in early April 2021 once endorsed by the Board.</p> <p>An outline of the proposed approach and key messages were provided. A wider system leadership session is planned for 22 February 2021 to further engage and inform the development of the approach, messages and priorities. GAPF members should have received an invite to this session.</p> <p>It was acknowledged that due to the significant pressure staff, teams and partners are under, it has not been possible to engage at the levels we would normally do, hence the importance of this Plan being 'live' and mechanisms will be in place to continue the engagement over the coming months.</p> <p>It was highlighted that the draft Plan is a large and comprehensive document, therefore a summary version was being developed focussed at staff and the public. It was hoped to have this ready for early April 2021.</p> <p>Joyce Duncan asked for communities to be defined so that readers would know which communities were being referred to.</p>	
8	<p>Deployment Cell and Processes</p> <p>Colin Christie reported that 191 people had come forward for temporary deployment and 130 of these had been process. Of these 106 people were patient facing and 21 non-patient facing. They had matched 38 people to posts.</p> <p>One of the difficulties with matching people to posts was that many people could not offer all of their time.</p> <p>Teams had been asked to let the Deployment Cell know of capacity and the Bronze Control Rooms had been approached to be the first point of contact. Anyone volunteering needed to discuss this with their manager first. Once a contact was made an automatic questionnaire went to the member of staff and a copy to the manager.</p> <p>Tom Power explained that the Deployment Cell was developing guidance for staff being temporarily deployed and for both the substantive manager and the receiving manager.</p> <p>Tom Power reported that the Workplace Prioritisation Group, which was at Silver Level, had returns noting the risk of staff to move. This information raised questions for the organisation regarding versatility and sharing resources across the system. It would be useful to know what barriers to low risk staff not moving to deployment.</p>	

<p>9</p> <p>*</p>	<p>Finance Update</p> <p>Alan Sharp presented slides on the financial position (attached).</p> <p>Mike Adams gave thanks to all who had been involved in achieving the budget.</p> <p>Mike also noted the massive amount of work undertaken by Payroll staff to ensure the Covid payment would be paid. This was much more complicated than appeared.</p> <p>Mike Adams welcomed the news that the Board was finally ahead of the National Resource Allocation Committee (NRAC) funding but noted that it may be time to request funding to be backdated.</p>	
<p>10</p>	<p>Whistleblowing Update</p> <p>Louise Ballantyne explained that Boards had Whistleblowing Policies in place but due to low numbers of concerns raised across most Boards the Cabinet Secretary for Health and Sport decided to put in place independent Whistleblowing Champions. Albert Donald was appointed to cover NHS Grampian and NHS Highland.</p> <p>A new Whistleblowing Policy would be in place for April 2021. The Whistleblowing Policy would cover anyone contracted to services relating to NHS Grampian including students and volunteers.</p> <p>Confidential contacts would be developed across the system. There are two confidential contacts in place for NHS Grampian at this time, they are Louise Ballantyne and Steve Scott. Any member of staff can contact a confidential contact to discuss a concern confidentially.</p> <p>The policy gives protection to anyone who raises a concern using the policy. No one can be discriminated for raising a concern to ensure staff feel safe if they raise a concern.</p> <p>The Scottish Government have suggesting extending arrangements so Health and Social Care Chief Officers and Local Authority Chief Officers will need to discuss and agree a way forward. It will also need to be written into contacts and service level agreements.</p> <p>The new policy and confidential contacts will be promoted across the system to ensure staff are aware of both.</p> <p>Recording across the organisation has to be done in a confidential and consistent way. The confidential contact would record a concern using a secure part of Datix system so information could only be seen by those who needed to see it.</p> <p>The Whistleblowing process is being brought in line with the complaints procedure with timelines for responding.</p>	

	<p>The Scottish Public Services Ombudsman will be the next level for referrals if the member of staff raising the concern is unhappy with how it's been dealt with.</p> <p>Staff would be asked to take on an additional role to be a confidential contact. It is important to be embedded into the system and change culture. Due to the pandemic a SBAR paper has been taken to Gold Command level for approval of the Board, with the expectation that due to Covid-19 full implementation will not be achieved by 1 April 2021.</p> <p>Albert Donald reported that he started as Whistleblowing Champion on 1 February 2020. He felt there were benefits to a collaborative approach between NHS Grampian and NHS Highland. There were 106 actions to be undertaken in the Whistleblowing Standard to implement and actions would need to be prioritised. The Staff Governance Committee and the Board would receive regular updates.</p> <p>A strong communications strategy was required. Martin McKay suggested the well-structured, well delivered communication strategy for Once for Scotland Policies could be used as a template.</p> <p>Diane Annand reported that all Scottish Boards are considered to be in a soft launch period (1 January to 31 March 2021). Turas training for staff and managers is available and national communication materials will be available for Boards to use to give accurate and consistent messages to staff across Boards.</p> <p>Joyce Duncan said that the Staff Governance Committee had been discussing improved reporting on grievances and complaints from staff so they are more transparent. The committee would look at themes and ensure good processes were in place to avoid whistleblowing complaints.</p> <p>Tom Power noted that whistleblowing had been incorporated into the Remobilisation Plan to develop a culture of raising issues when they arose. Staff were to feel they could raise concerns and be heard.</p> <p>Susan Coull stated that there would be work with Staff Side and HR around communications to ensure people know what a whistleblowing concern is and what a grievance is. Work would be done jointly with the operational team to mentor and support people.</p>	
11	<p>Any Other Competent Business</p> <p>£500 Payment to Staff:</p> <p>Martin McKay reported that UNISON had commissioned a report from the Child Poverty Action Group on the impact on payments to people on benefits and a report should be available soon. This was important for staff in low paid roles.</p> <p>Adam Coldwells asked everyone to support staff around this information.</p>	

12	<p>Communications messages to the organisations</p> <p>a. Board Report</p> <p>The Board Report was attached for information. The following items would be included in the next Board report:</p> <ul style="list-style-type: none"> • Approved Policies and papers • Resourcing Cell • Deployment Cell • Staff Testing • Staff Health and Wellbeing • Remobilisation, Resourcing and Renewal 	
13	<p>Date of Next Meeting</p> <p>The next meeting of the group to be held at 10am to 12noon on Thursday 18 March 2021 via Microsoft Teams.</p> <p>Agenda items to be submitted to Joan Anderson or Rachael Little before 10 March 2021.</p>	

Joan Anderson - gram.partnership@nhs.scot