



**NHS GRAMPIAN**  
 Meeting of the Grampian Area Partnership Forum (GAPF)  
 held on Thursday 8 November 2018 at 1pm to 4pm  
 Conference Room, Summerfield House

**Present:**

Rachael Little, Staff Side Chair/Employee Director (Chair)  
 Amanda Croft, Interim Chief Executive  
 Mike Adams, UCATT  
 Paul Allen, Director of Facilities and Estates  
 Diane Annand, Interim HR Manager Staff Governance  
 Susan Carr, Director of Allied Health Professions  
 Alistair Grant, RCN  
 Laura Gray, Director of Corporate Communications  
 Annie Ingram, Director of Workforce (VC)  
 Steven Lindsay, Unite  
 Deirdre McIntyre, COP  
 Martin McKay, UNISON  
 Cameron Matthews, Divisional General Manager  
 Mike Ogg, Partnership Manager, Aberdeenshire Health & Social Care Partnership  
 Sandy Reid, Senior Service Manager, Aberdeen City Health & Social Care Partnership  
 Cheryl Rodriguez, Head of Occupational Health and Safety  
 Anne Ross, Head of Performance and Quality  
 Maurice Scott, GMB  
 Carolyn Venters, Staff Side Health and Safety Chair  
 Chantal Wood, Assistant Business Manager, Business & Support Management Team,  
 Hosted Mental Health & Learning Disabilities  
 Joan Anderson, Partnership Support Officer

**Attending:**

Andy Keen, Consultant Health Psychologist/Clinical Lead for Innovation – for item 2  
 Steve Baguley, Consultant Sexual Health & HIV Physician,  
 NHS Grampian/Clinical Director eHealth, NHS Grampian - for item 9c  
 Alan Sharp, Deputy Director of Finance - for item 7c

Karen Watson, Unite - for whole meeting  
 Carol Nicol, Health and Safety Specialist - for whole meeting

	Subject	Action
1	<p><b>Apologies</b></p> <p>Apologies received from: Alan Gray, Director of Finance (Alan Sharp deputised); Tracy Miller, RCM; Susan Coull, Interim Operational Director of Workforce; Gemma Hood, SOR; Gerry Lawrie, Head of Workforce and Development.</p>	

2	<p><b>Appropriately Trained and Developed</b></p> <p>a. Joint Research Strategy</p> <p>Andy Keen attended the meeting to outline the “Commitment to Research” which was the new name for the Joint Research Strategy, presentation slides to be attached to the minute (attached).</p> <p>The group asked questions about digitising pathology data and collaboration with the Robert Gordon’s and Aberdeen Universities.</p> <p>Amanda Croft confirmed that there were NHS Grampian and university funded posts to encourage people working in clinical areas to be involved in research.</p> <p>Andy was thanked for attending the meeting and giving an informative update.</p>	
3	<p><b>Minute of Last Meeting held on 18 October 2018</b></p> <p>The minute of the last meeting held on 18 October 2018 was approved.</p>	
4	<p><b>Matters Arising</b></p> <p>a. Memorandum of Understanding</p> <p>Rachael Little reported that she had not received or seen an update from the national Staff Side on the Memorandum of Understanding.</p> <p>b. Annual Review 21 January 2019</p> <p>A draft report had been prepared for discussion. It was agreed to include information on the Mental Health and Learning Disabilities (MHL) GAPF Event which had taken place that morning and Workforce and GAPF Staff Endowments to the report. With these changes the report was approved (attached)</p> <p>Anne Ross reported that the cabinet secretary was happy for the venue of the Annual Review to be Inverurie. Anne explained that in previous years the invitation had always been to representatives of GAPF therefore it was agreed to invite all GAPF members as usual.</p> <p>The group agreed to receive a copy of “Everyone Matters 2020 Vision” and spend time discussing it at the December and January meetings, to be prepared for the Annual Review, as per the brief given. Within this issues could be identified out of these discussions to raise with the cabinet secretary (attached).</p> <p>Staff Side GAPF Reps would discuss with other Staff Side Representatives issues they may wish to raise before the December</p>	AR/JA

	<p>GAPF meeting so these could be discussed then.</p> <p>It was noted that the Annual Review meeting with GAPF would only be one hour so everyone needed to be focused and clear on what messages the group wished to relay to the cabinet secretary.</p>	
5	<p><b>Annual Presentation - Mental Health and Learning Disabilities Sector Partnership Forum</b></p> <p>Rachael Little thanked Chantal Wood and Martin McKay for organising a very interesting and informative Partnership event that morning. Rachael particularly liked the statement “What you are involved in you support”.</p> <p>The sector introduced and showcased some of the work done in Partnership including the work around ligature reduction and the changes to Huntly Ward; statutory and mandatory training and the use of an annual programme as a way to encourage staff to complete training; Environment Group findings – opening eyes to the environment around you; CAHMS accommodation move involving a £1m investment to have a centre for excellence and bed flow co-ordination. The morning was closed by Jane Fletcher who outlined the effects on staff closing wards had.</p> <p>It was noted that there was a lack of representation from some sectors at the mornings event. Most of the attendees were either staff side reps or people from MHL D sector. The commitment to Partnership working was questioned and it was noted that this commitment was required to be able to deal with the challenges in the future. It was also noted that at the Facilities Partnership Sector event in August the commitment from management representatives from some of the sectors had also been poor. The Big Rocks short life working group would be looking at this, and Amanda Croft confirmed that this issue had been discussed at a Senior Leadership Team (SLT) meeting and commitment was given to Partnership. It was agreed to keep this on the GAPF agenda for further discussion.</p> <p>General feedback from the Sector Partnership Forum:</p> <ul style="list-style-type: none"> <li>• Ward closures - lessons were to be learned about being more proactive rather than having to be reactive regarding staffing issues and how to cope with these.</li> <li>• Corporate Communications were assisting in getting messages out to the right people by using twitter, etc.</li> <li>• Learning from the ligature work at Huntly Ward has led to a plan to have staff involved 3-6 months ahead of work beginning to ensure all the issues have been discussed.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Sector Health and Safety Group was a separate group from the Partnership Forum to ensure the different issues were discussed separately and fully.</li> </ul>	
6	<p><b>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</b></p> <p>a. Supplementary Staffing</p> <p>Rachael Little reported that Staff Side had asked for a number of issues be raised at GAPF regarding concerns relating to bank staff, as follows:</p> <p>a. Bank staff were asked for their preferred areas to work in and their skill sets for working in areas when starting on a bank contract. This information appeared to be ignored when staff were told to move or work in an area outside their preferred area or skill set for that area.</p> <p>It was thought that this may be leading to bank staff cancelling shifts rather than working in an area they didn't wish to work in.</p> <p>b. When a bank member of staff cancelled a shift, this information was not always getting to the ward or the person on the ward who could access this information was not always on shift and therefore the ward would still expect the bank member of staff to turn up.</p> <p>c. Bank shifts were being cancelled without the knowledge of the bank member of staff who would then turn up for work.</p> <p>d. Bank staff had been told they had to start to pick up their payslips from ARI. It appeared that there had been no involvement or notice of this and this affected staff every month.</p> <p>These issues were happening in more than one sector. Bank contracts were zero hours contracts and despite that they needed to be valued.</p> <p>Diane Annand agreed to ask the HR Service Centre whether they had made any changes to the payslip distribution to Bank staff. This would determine whether the change had been made by the HRSC or the Bank Office.</p> <p>Rachael Little agreed to contact the Nurse Bank Team and highlight the concerns raised and explain that they had been discussed at GAPF and she would feedback to a future meeting on the outcome.</p>	<p><b>DA</b></p> <p><b>RL</b></p>

7	<p><b>Well Informed</b></p> <p>a. Regional Working Update</p> <p>The Regional Delivery Board (RDB) was considering how to deal with changes regarding ongoing work on the Regional Delivery Plan which had been changed to “consultation documents”. The Chief Executives Group proposed using the Regional Delivery Plan as a starting point and ask for comments on what should be included in plan as it moved forward. No consultation sessions had been set up at that time.</p> <p>b. Whistleblowing</p> <p>Diane Annand reported that NHS Grampian had a PIN compliant Whistleblowing Policy. A working group comprising of Diane Annand, Susan Coull, Rhona Atkinson (Non Executive Board Member and Whistleblowing Champion), Dianne Drysdale, Martin McKay, Louise Ballantyne and Steve Stott (Designated Officers in the policy) had met with the intention of relaunching the policy, including the national alert line and training by Public Concern at Work. However, due to national work, the working group has put on plans on hold locally, but continued to engage with national developments of the following:</p> <ul style="list-style-type: none"> <li>• Independent National Whistleblowing Officer – creation of this role hosted by the Scottish Public Services Ombudsman (SPSO) – idea of an external review function for individual staff members who whistleblow and have a concern about a health boards handling of their case. NHS Grampian had contributed to engagement events about this role</li> <li>• To support national whistleblowing standards and procedure being devised, which would set out requirements for local handling of whistleblowing concerns</li> <li>• A revised Whistleblowing PIN Policy, part of the first cohort of Once for Scotland policies. Martin McKay was a member of this national group.</li> <li>• The Scottish Government was drafting legislation to facilitate these changes.</li> </ul> <p>Consultation of the standards and legislation was expected to have begun in September 2018. However, no date had been set for the sixty day consultation period to commence. The working group planned to discuss the consultative documents and submit comments. In preparation, the group had kept themselves up to date with SPSO Independent National Whistleblowing Officer update; report produced from the Independent National Whistleblowing Officer engagement events; and the Health and Sport Committee Report “The Governance of the NHS in Scotland - ensuring delivery of the best healthcare for Scotland” report.</p>	
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In the meantime, the local working group has been discussing local process representing this in a flowchart and reviewing any case where the term whistleblowing may have been raised, to improve on record keeping of the decisions made in a particular case.

There has been recent quotes from the Cabinet Secretary with regard to the future appointment of whistleblowing champions, in that she wanted to personally appoint them, so more national developments to come was noted.

A question was asked about learning from a situation in another Health Board and it was thought that this would happen and this was perhaps the reason for the delay in the expected consultation.

It was confirmed that Healthcare Improvement Scotland, who currently have a role in whistleblowing has been in attendance at the consultation events and there had been discussion about their role in relation to the Independent National Whistleblowing Officer role and how information could be shared between the two bodies.

Laura Gray asked if two local contacts was enough and it was confirmed that it was but this may need to be looked at again depending on new documentation.

Martin McKay said that it was expected there would be a nationally produced package of information documents for Boards as it should not be left to local areas to develop these.

#### c. Finance Update

Alan Sharp explained that the October 2018 finance report would be circulated after the monthly results were prepared on Monday 12 November. At the end of September 2018 NHS Grampian were reporting an overspend of £1.4m against a total revenue budget of £1.1 billion. The reduced overspend this year compared to last year was mainly due to the high number of vacancies. There were 426 vacancies in September even after allowing for bank, agency and medical locum staff. It was expected that the staffing levels would continue to be challenging in the medium term.

The UK budget had allocated funding for NHS and it was expected that NHS Grampian would get a share of NHS Scotland's allocation. There were three key areas where funding may be allocated – Health and Social Care Integration; Mental Health Services and waiting times. The Scottish budget would be announced on 12 December 2018. Funding for NHS Scotland amounted to 50% of the Scottish Government spend.

	<p>Two issues were still outstanding: Paid As If At Work (PAIAW) overtime and additional hours – still awaiting an outcome from national staff side discussions; and health visiting banding – work was ongoing nationally regarding changing bandings from 6 to 7.</p>	
8	<p><b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued</b></p> <p>a. Brexit Update</p> <p>Diane Annand reported that further to the update sent out by Joan Anderson on Friday 2 November 2018, informing members of the communication and survey supplied by the Scottish Partnership Forum, she had a further update.</p> <p>A global email was circulated to staff on Friday 2 November 2018 to launch the survey, intranet site and generic email account to register to receive updates directly. All Boards had been asked to have the survey open between 2 November and 7 December 2018. Although the HR Brexit Working Group had met once and agreed actions to prepare for a survey and create an intranet site, the period of time from 25 October to 2 November was much shorter than anticipated. Information was provided on 24 October 2018 with Amanda Croft giving agreement later that day for the survey to be issued, so work began in earnest on 25 October 2018. Diane gave thanks to all who had helped to achieve this.</p> <p>Diane reiterated that the survey had been agreed by the Scottish Partnership Forum and therefore could not be amended locally. Responses to the survey were being handled by Anne Duffy, Learning and Development Team, for analysis and distribution of paper copies. To date there had been 144 on-line responses with 21 out of the 31 European Union countries represented. Also to date 40 staff had registered with the generic email account – <a href="mailto:grampian.eucitizens@nhs.net">grampian.eucitizens@nhs.net</a>. Further information was available on the NHS Grampian intranet site under B for Brexit and this would continue to be developed.</p> <p>A second meeting of the HR Brexit Working Group would be set up after 7 December 2018, at which analysis of the survey responses would be available.</p> <p>Annie Ingram reported that the UK Government was operating a pilot Settlement Scheme, aimed at all health and social care workers in the UK between 29 November and 21 December 2018, ahead of the main scheme for all EU workers in the UK. There was a webinar set up regarding the pilot on 19 November 2018 at 11am to 12.30pm, which she hoped to participate in and someone from the HR Team. Annie Ingram stated that all staff in care homes or care services regulated by the Care Commission, e.g. Bon Accord Care, would be included in the pilot.</p>	

	<p>The pilot was only open to employees and the reason given for this was due to the large numbers of NHS and social care employees however any family member subsequently applying would reference the application already made by the health and social care employee, which would assist their application. Updates would be given when more information was known.</p> <p>Martin McKay noted that the survey did not state that it was voluntary for staff to complete and members had been asking if they had to complete the survey. He asked for another communication to go to staff to state the survey was voluntary but it would be beneficial for staff to complete it. Annie Ingram confirmed that the survey was voluntary but supportive for staff. There was a commitment from the First Minister to pay for health and social care staff to go through the process of settled status, so to complete the survey would assist providing this support. Diane Annand confirmed that a reminder global email had already been prepared and these comments would be taken on board. Paul Allen suggested that it was good to keep communicating with staff regularly.</p>	
9	<p><b>Involved in Decision Making</b></p> <p>a. Big Rocks – Feedback</p> <p>Rachael Little explained that following discussions at previous meetings a short life working group was being set up to promote the work of the GAPF and how this linked back to staff.</p> <p>b. Board members invitation to GAPF 13 December</p> <p>Following the discussion at the last meeting about the disconnect with Board members it was proposed to invite Board members to the December meeting.</p> <p>Annie Ingram noted that the GAPF had a direct link to the Board and this would be a good learning opportunity for Board members.</p> <p>It was proposed and agreed to invite Professor Stephen Logan, Eric Sinclair and Jonathan Passmore to the December meeting and then widen the invitation in the spring to other Board members.</p> <p>It was also suggested to have a workshop for Board members similar to the Staff Governance Workshop to showcase Partnership working using an already agreed Board development date. Laura Gray agreed to look at the opportunities for this to happen.</p> <p>Annie Ingram suggested that the Nursery children be invited to sing at GAPF in December and it was agreed to take this forward.</p>	<p><b>RL</b></p> <p><b>LG</b></p> <p><b>JA</b></p>



	<p>c. Electronic Patient Record (EPR) developments</p> <p>Steve Baguley attended the meeting to give an update on EPR. A presentation had been previously circulated.</p> <p>Staff on wards in Acute were now making notes on trakcare and not on paper. Progress had been made with the change from paper records and most out patients clinics were no longer reliant on paper records.</p> <p>The uncertainties which still existed were related to the amount of changes in management and funding for equipment and the ongoing employment of trainers to assist with the process. There was a need for strategies to take the work forward. It was reasonably likely that general medical records would be phased out over the next year or so.</p> <p>Gastroenterology was being used as pilot area to check out systems before they moved to other areas of ARI.</p> <p>Paul Allen said that support was required from the organisation to allow this to move to the next step.</p> <p>Steve Baguley explained that the new national strategy assumed NHS Grampian had a Board strategy and a funded implementation plan which was not the case.</p> <p>The change to electronic records was not about saving money but improving quality.</p> <p>Amanda Croft reported that the Senior Leadership Team (SLT) had spoken positively about this and were setting up a small group to look at the funding for the EPR trainers. They had also discussed the development of a strategic plan and an executive led Strategy Group. Funding would then be discussed.</p> <p>NHS Orkney had begun rolling out NHS Grampians version of EPR and this was working well.</p>	
10	<p><b>Sector and Local Partnership Reports</b></p> <p>a. Corporate</p> <p>No updated received.</p> <p>b. Mental Health and Learning Disabilities (MHL D)</p> <p>A Quality event was taking place on 29 November and all were invited to attend. A global email had been circulated with information.</p>	

<p>A Grampian wide service redesign of MHLD was being led by Sandra Ross.</p> <p>A “Missed Care” pilot was to be rolled out in the sector. Caroline Hiscox had asked for this to happen with Angela Smart seconded for a year to assist workforce colleagues in this. The pilot had come from other places and had been carried out in NHS Lanarkshire. They reported that the information gathered was useful and significant.</p> <p>A request was made from Staff Side to be more involved before this pilot was agreed. There were questions about information gathering and how to allay staff anxieties. It was noted that this survey did not replace Datix.</p> <p>Amanda Croft reported that it was an evidence based piece of work which was about collecting themes over a period of time to establish patterns of difficulties of care. Once NHS Lanarkshire staff had their fears allayed, they were on board with the survey.</p> <p>There was no proposed start date agreed.</p> <p>c. Aberdeen City</p> <p>A number of items were highlighted from the report. Everyone was encouraged to nominate staff for the Heart Awards. The award ceremony would include awards for long service to staff. It was noted that staff wished to feel valued and this was one way to do this.</p> <p>Mike Adams reported that discussions on co-location of local authority and NHS staff to Marischal College had begun. Joint Equipment Service discussions had also begun to agree a fully integrated team and therefore avoid the use of TUPE.</p> <p>It was noted that a ward in Woodend had been temporarily closed due to medical staffing shortages.</p> <p>d. Facilities</p> <p>Paul Allen highlighted that clinical waste bins should not be left unlocked for any reason. Black bag bins were also lockable and therefore needed to be locked. Everyone was asked to share this information in their sectors.</p> <p>Weekly rest periods for staff with more than one contract had been an ongoing issue for some time and the organisation had a duty of care to raise this with staff. Arrangements had been put in place for this to happen when members of staff were completing a staff engagement form.</p>	<p><b>ALL</b></p>
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	<p>The National Programme Director for Laundries planned to visit on 21 November and Paul Allen agreed to ensure a Partnership Representative was invited to the visit.</p> <p>Paul Allen would be keeping SLT updated on the national laundry contract. National Staff Side had input into the programme and they were engaging in the process but not endorsing it.</p> <p>e. Aberdeenshire</p> <p>Mike Ogg reported that a draft strategic plan had been approved. Discussions were taking place with staff on the changes and also with the local population.</p> <p>A multi professional and multi agency workforce planning team had been set up. There was a need to find a workforce plan which worked for the sector and had early intervention with staff on service redesign.</p> <p>Annie Ingram reported that there was work ongoing nationally to develop guidance that would take account of all partners in health and social care partnerships. It was hoped that this would be ready by November 2018.</p> <p>f. Moray</p> <p>No-one available to give a report.</p> <p>g. Acute</p> <p>A number of items from the previously circulated report were highlighted.</p> <p>Annie Ingram noted that there was to be a report submitted to the Chief Executives Group to ask that when national services were taking over local services issues of staffing and shorter lead in times were considered.</p> <p>Paid As If At Work for annual leave – the Surgical Division had highlighted that staff were continuing to contact Senior Management regarding the inability to understand their payslips and financial on-going detriment.</p> <p>Diane Annand asked if this was going to be fed back to the Terms and Conditions Sub-Group. Karen Watson reported that a request was being made for Karen Thomson, Surgical Division, to attend the Terms and Conditions Sub-Group.</p>	<p><b>PA</b></p>
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	<p>Cheryl Rodriguez reported that an SBAR had been sent to SLT regarding how Occupational Health Service would prioritise pre employment screening and this had been approved. Work was ongoing with Recruitment staff to capture the high risk people for pre-employment screening to try and speed up the process for everyone.</p>	
11	<p><b>Any Other Competent Business</b></p> <p>Staff Award Schemes:</p> <p>Rachael Little highlighted that a number of sectors had developed award schemes for their staff in the absence of an NHS Grampian scheme as the GRAFTAs had not run for the last two years. The SLT had discussed this to ensure all NHS Grampian staff were eligible for an award so gaps do not become evident.</p> <p>Mike Adams reported that a small group had met previously to discuss long service awards but had not been able to progress due to lack of funding.</p> <p>Steven Lindsay gave a challenge to GAPF to be resourceful around long service awards and GRAFTAs.</p>	
12	<p><b>Communication Messages to the Organisation</b></p> <p>As well as the items raised at the previous meeting, it was agreed to include the following in the Board Report from GAPF:</p> <ul style="list-style-type: none"> <li>• Mental Health and Learning Disabilities – very successful event</li> <li>• Invites to Board members and links to Big Rocks discussions</li> </ul>	
13	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting of GAPF will be held on Thursday 13 December 2018 at 1pm to 4pm, Conference Room, Summerfield House</p>	