



APPROVED

NHS GRAMPIAN

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

Board Meeting
03.02.22
Open Session
Item 12.5.1

Present:

Rachael Little, Elected Staff Side Chair/Employee Director (Co-Chair) – Chaired the meeting
Adam Coldwells, Director of Strategy and Deputy Chief Executive (Co-Chair)
Mike Adams, UCATT
Paul Allen, Director of Facilities, Estates & eHealth
Diane Annand, Staff Governance Manager
June Brown, Executive Nurse Director
Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
Dianne Drysdale, Executive Business Manager
Alistair Grant, RCN
Alan Gray, Director of Finance
Gemma Hood, SOR
Stuart Humphreys, Director of Marketing and Corporate Communications
Gerry Lawrie, Head of Workforce & Development
Steven Lindsay, Unite
Deirdre McIntyre, RCOP
Martin McKay, UNISON
Cameron Matthew, Divisional General Manager, Acute
Gavin Payne, General Manager of Facilities and Estates
Tom Power, Director of People & Culture
Cheryl Rodriguez, Head of Occupational Health and Safety
Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities
Philip Shipman, Acting Head of People and Change
Helen Smith, Service Support Manager, Aberdeen City (deputy for Sandy Reid)
Kathleen Tan, CSP
Joan Anderson, Partnership Support Officer

In Attendance:

Amy Ross, Finance Management Trainee, Observer
Nicola Robertson-Brechin, Commissioning Manager Acute – for item 4
Lauren Tweedley, Consultation and Engagement Advisor – for item 4
Gareth Evans, Property Transactions Manager - for item 5ii
Sarah Duncan, Board Secretary – for item 7a

	Subject	Action
1	<p>Welcome and Apologies</p> <p>Apologies received from:</p> <p>Susan Carr, Director of Allied Health Professionals & Public Protection Janet Christie, BAOT Ian Cowe, Health and Safety Manager Albert Donald, Non-Executive Director/Whistleblowing Champion Jamie Donaldson, Elected Staff Side Chair of Health & Safety Representatives Group</p>	

	<p>Caroline Hiscox, Chief Executive Lynda Lynch, Board Chairperson Patricia Morgan, Health and Social Care Moray Sandy Reid, Lead – People & Organisation, Aberdeen City Health and Social Care Partnership (deputy Helen Smith)</p> <p>Rachael Little welcomed Philip Shipman to GAPF in his role as the Acting Head of People & Change.</p>	
2	<p>Minutes for Approval</p> <p>Minute of meeting held on 16 September 2021- approved</p> <p>Minute of meeting held on 21 October 2021 – approved</p>	
3	<p>Matters Arising</p> <p>Item 4b - National Care Service Consultation.</p> <p>No update received.</p>	
4	<p>Baird and Anchor Projects</p> <p>* “Nicola Robertson-Brechin and Lauren Tweedy gave a joint presentation on the Baird and Anchor projects (attached)</p> <p>Advertising had been agreed on site hoardings with the contractor around Foresterhill Site.</p> <p>The links to the virtual tours noted below:</p> <p>Introduction to the ANCHOR Centre https://youtu.be/ltqCCfQFjMo ANCHOR fly through 4 minutes 31 seconds</p> <p>Intro to Baird Family Hospital https://youtu.be/mvPkJHjFE80 Baird fly through 6 minutes 57 seconds</p> <p>A press release was issued earlier in November to report that The ANCHOR Centre steel frame was complete. This was a really important milestone for the contractor as they could now pour concrete floors and walls were the next stage towards making the building wind and water tight.</p> <p>Tom Power noted it was good to see regular updates in the daily brief.</p> <p>Nicola confirmed that services would continue replicate current services to be provided for NHS Grampian, Shetland and Orkney.</p> <p>Rachael Little thanked Nicola and Lauren and said they would be welcome to attend again for another update at a future meeting.</p>	

<p>5</p>	<p>Involved in Decision Making</p> <p>a. GAPF Learning from Partnership through the Pandemic:</p> <p>i. GAPF Meeting/Agenda/Sector Reports</p> <p>Sector Reports:</p> <p>GAPF discussed sector reports and the overall view was to reinstate them as these were of value to GAPF and to the sectors for transparency and information sharing.</p> <p>These would be submitted for information only, with particular items to be escalated being raised separately along with a request to only highlight issues from sectors which were of particular significance to GAPF or could not be resolved by sectors. Part of the role of GAPF was to support any areas struggling with issues. It was suggested that the reports were provided every two months with half going to GAPF meetings each month.</p> <p>As the group did not want to create extra work for sectors, it was suggested that minutes could be shared instead of reports. It was thought that reports may be timelier than waiting for approved minutes.</p> <p>Steven Lindsay asked how portfolios would link with sector reports as NHS Grampian was moving to a portfolio model.</p> <p>It was discussed and acknowledged that as a number of portfolios were aligned to certain sectors and Partnership Groups aligned to sectors rather than portfolios that it may be better to stay with sector reports at the present time.</p> <p>Diane Annand explained that the Staff Governance Committee was discussing how to receive assurance around compliance of Staff Governance Standard from areas within the System and Diane was preparing a template to begin to be used no later than April next year, Diane suggested that GAPF could dovetail with this template so that they were similar or utilise the same report to save additional work. It was agreed that Diane Annand and Rachael Little would progress a template out with the meeting.</p> <p>Timings of GAPF meetings:</p> <p>It was suggested to remain with the current two hour meeting slot for GAPF, with regular monitoring and the option to review.</p> <p>Tom Power felt that the substance around the items on the agenda under the elements of the Staff Governance Standard were right.</p>	<p>DA/RL</p>
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ii. Home and Hybrid working

Gerry Lawrie explained that the discussions on home and hybrid working began at the GAPF Development Event in June 2021 with a presentation from Alan Gray and discussions following this. These discussions were also being taken into the Smarter Working Programme Board chaired by Alan Gray.

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Gerry Lawrie gave a presentation on the feedback received from Sectors on the 27 questions (attached). Gerry explained that there were different and opposing views and no one system fits all. She asked everyone to consider what had been missed, what else required to be addressed or thought about and next steps.

Mike Adams noted that NHS Grampian have spoken about this for a long time but no progress had been made. This was about shaping the work and workforce for the future. There had been initiatives to assist people working at home but no consistency. Flexibility in the current climate had meant people were working longer rather than working their contracted hours. He felt that rules and regulations were required more than guidance.

Gareth Evans explained that the Smarter Working Programme Board was taking this work stream forward. They had engaged external advisors "Space Solutions" to provide NHS Grampian with additional capacity, structure and expertise to move this forward and support a lot of what had been done in the past.

Space Solutions were reviewing current policies and processes. They had just completed a series of interviews with a number of line managers to understand what the work style of NHS Grampian was and what changes could be considered. There would be a lot of work involved. Gareth explained that NHS Grampian owned the work of Space Solutions as they were doing this under direction of NHS Grampian.

Gareth explained that there had been a significant staff survey undertaken over the summer and work was almost finished to review and analyse the feedback for a formal report. The report would be shared in the Daily Brief and other regular communication processes. It was important to feedback to those who had taken part in the survey.

Gareth said that the aim was to be "flexible first" and try and be digital by default but keeping in mind the integrity of teams and prevent isolation and virtualisation of teams. Working from home where possible but not at own detriment would continue to March 2022 and guidance and support was needed ready for this time.

Steven Lindsay reminded the group that a soft launch had been started of the Once for Scotland Flexible Work Location policy which provided a lot of clarity on a lot of the questions and themes raised. There had been a lot of questions regarding work location which had been remitted to the Scottish Terms and Conditions Committee (STAC). This policy and soft launch was on pause until April 2022.

Steven requested that the Hybrid Working Group and the Smarter Working Programme Board look at the papers that were available for the Flexible Work Location Policy. While there would be some small amendments made, it was not expected that the policy would change significantly. He asked NHS Grampian not to introduce something that would then be out with national policies and terms and conditions.

Martin McKay reported that he and Steven Lindsay had both worked on the Flexible Work Location Policy as well as other aspects of Once for Scotland Workforce policies. He agreed with Steven and asked for caution going forward. He noted from a UNISON perspective he would not want to go against national terms and conditions.

Rachael Little confirmed that the Smarter Working Programme Board were aware of the Once for Scotland Workforce Policy work and the items which had been deferred to the Scottish Terms and Conditions Committee (STAC). This would be taken in to consideration when developing ways to support staff.

Tom Power noted that the Workplace Strategy was really important and may assist with this work regarding digital, physical and work structures for people, supporting the programme going forward. Tom said this would not amend any terms and conditions and working remotely was a bigger part of this than it had been two years before.

Tom Power gave assurance that the Once for Scotland policy and the terms and conditions work to come from STAC would be recognised when it was available. The Workplace Strategy could help this move forward and improve the working environment and working experience for staff.

Philip Shipman said there would be challenges implementing any policy, particularly when it came to someone's work place eg if working part at home and part in office, depending on how many days in each this could affect travel expenses, etc. Philip noted the comment Mike Adams made regarding people working additional hours. He stated that a sustainable workforce definition was for people to have sufficient capacity to do the work they do in the hours they have been given to do this, not equating to additional hours.

Philip Shipman reported that the Smarter Working Programme Board had discussed the importance of performance management for hybrid working. He said critical to the success of flexible working was how to monitor someone's contribution to the organisation rather than their presence at work.

The care and support for staff working flexibly and remote from their teams was important. This may be positive for some and negative for others. Also need to support people working at home who may not be looking forward to returning to the workplace. It was complex and difficult but Philip felt there was a need to make progress and communicate with people soon rather than waiting until March so people know what is happening.

Joyce Duncan said the NHS was rather late to flexible working and other organisations had already been working in this way and suggested that information from other companies could be used. Joyce noted it was important to have the right attitude, trust staff and ensure they have the right level of autonomy for flexible working to work. Culture was very important along with the right policies, terms and conditions,

Further comments from the group as follows:

- Unsurprised that feedback to the 27 questions was not the same
- Agree that progress needed to be made as had been discussing pre-Covid
- Don't lose the opportunity of flexible working that had been started over the last 20 months
- 15 years ago NHS Grampian were learning about smarter working from BT.
- Cannot do nothing until next year
- Although Organisation had been working flexibly, it was not set up properly for it, and a lot of people working extra hours from home
- The organisation was working because people were working extra and so any future arrangement needed to be sustainable and realistic

Next steps – other views to be gathered
Smarter Working Programme Board – sub groups
GAPF – Policies and other Sub-Groups

Gerry Lawrie summarised that the organisation needed to take the opportunity presented, it was not just about how things were done, but also culture. As the national policy would not be in place on 1 April 2022 and staff were under a great deal of pressure, support to managers was needed now and communications were very important.

6	<p>Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</p> <p>a. DL (2021) 35 – Annual Leave Buyback and Carry Over 2021-22 –</p> <p>Philip introduced this subject. The circular enabled buy back of annual leave. He recognised this was an emotive subject and contrary to encouraging recovery through taking of annual leave. Corporate Communications had been asked to be as neutral as possible when communicating this information. Guidance from the Scottish Government was awaited on how the circular was to be enacted.</p> <p>Diane Annand explained the paper had been prepared by the GAPF Terms and Conditions Sub-Group. The purpose of this paper was to give a summary to the group to enable understanding of the situation and the complexities given that the pandemic had straddled three annual leave years. It also included a request to GAPF to approve the draft communication in appendix one.</p> <p>Diane asked GAPF to consider if the communication emphasised enough that staff should take their annual leave for their health and wellbeing. Information on pay had been requested from the Scottish Government as this had been absent from the circular, as highlighted in the SBAR. A response was awaited. Diane asked the group not to share the information in the SBAR as this may be changed once a response was received from the Scottish Government.</p> <p>Diane Annand explained that the flow chart showed a simplistic way to follow through the process and hoped it helped to have a clear pathway. Staff may have accumulated leave from the last three years and this could all be taken in the current financial year to end March 2022.</p> <p>Martin McKay said that people may find it unusual that a DL had been implemented but questions still had to be answered. He explained that the DL had not been agreed nationally by the Trade Unions and Professional Organisations and had been imposed, hence why there were unanswered questions.</p> <p>Rachael Little noted that a number of Trade Unions and Professional Organisations had noted similar concerns to those highlighted by UNISON. Unite and RCN noted similar concerns.</p> <p>Mike Adams reported that although GAPF had been asked not to share the information, he had already been contacted by members of staff asking about the circular. People were already saying “they” could not take annual leave and felt they were supporting the organisation by not taking their leave. Significant discussions were required when someone requested to be paid in lieu of annual leave and was refused. This then may create a lot of work if multiple grievances came forward.</p>	
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	<p>Tom Power said discussions had taken place previously in the BMA Local Negotiating Committee (LNC) service pressures and when carry over leave was due to genuine service pressures or expected service pressures and a guide had been written. Examples may be useful to include in the paper to give parameters to help people understand. Examples would not be included in the communication but to be available after to support people to make decisions.</p> <p>GAPF approved the communication while acknowledging further guidance was awaited from the Scottish Government.</p>	
7	<p>Well Informed</p> <p>a. Operation Iris Board Papers</p> <p>Adam Coldwells explained that the Operation Iris papers, shared with the group were about trying to be open, transparent and realistic with staff, other organisations, patients and the public. The wish was to have input from advisory groups therefore the Area Clinical Forum were also considering these papers.</p> <p>The purpose of the papers was to explore the governance of the organisation which would be approved at the Board. In the difficult time during the pandemic, there was an emphasis on an increase in level of risk for the organisation so there was a need to increase efforts of governance and good oversight so the organisation could continue to make adjustments as needed.</p> <p>Responding to current system pressures suite of papers noted three areas.</p> <ul style="list-style-type: none"> • move away from the guidance to be able to fulfil the highest levels of critical care whilst noting and understanding the risk and knock on impacts of risk on one part of the organisation to the other. • whole system working and leadership • staff wellbeing to be at the centre of everything <p>Communication and Engagement was critical. Ongoing engagement of staff, partners and the public on what NHS Grampian could do differently moving forward. The Communication and Engagement paper set out the opportunity for communities working differently to allow NHS Grampian to work differently.</p> <p>As the current situation was expected to last for a while, it was key to have a parallel system that was sustainable and a system that matched the ability to work. A revised strategic intent and all papers that come out of that would be critical.</p>	

Rachael Little highlighted that a number of issues had been escalated by Staff Side, discussed at the last Staff Side meeting, regarding the move away from guidelines across the system. An extraordinary meeting had taken place on 16 November 2021 supported by Tom Power and Philip Shipman with GAPF Staff Side Reps to discuss these concerns. One element that came out of the meeting was the importance of communication being timely and clear for all staff regarding what was happening and why. Other aspects raised at the meeting were ongoing.

Steven Lindsay noted that as a Staff Side Rep he understood the incredibly difficult situation the organisation was in and the pressures in system. However, he did not agree with all of the approach being taken. This had been articulated at the extra ordinary meeting. Steven understood that NHS Grampian was under massive pressure but had not gone into full civil contingencies as had been done in March 2020. He had heard the explanation from Tom Power as to why this was the case but noted that neighbouring health boards were taking a different approach.

Steven Lindsay noted that there was concern, from Staff Side Representatives and members, which if the situation was truly as serious as was being reported, that a return to full civil contingencies and a pause in certain areas as took place in March 2020 was not happening again. He felt there was too much business as usual. Steven noted that the global email from the Chief Executive and the Board Chair to all staff had not been helpful when talking about maintaining critical services but at the same time continuing all services.

Martin McKay reiterated that the majority of the concerns raised at the extra ordinary meeting were about communication. He explained that members were asking questions which reps did not have the answers to. This included changes to shifts, etc where Staff Side/Partnership Reps had not been involved and therefore not able to support members and the workforce. NHS Grampian appeared to be reacting as if it didn't know that winter was arriving. There had been no decompression time for staff.

Martin noted that increased waiting times, etc were known as well as the health debt of the population which had to be addressed, but with the same staff, the pressure had increased rather than decreased. The decision to reopen beds and change protocols and practices to bring patients in to fix one pressure, only moved the pressure. There had not been enough done to inform and engage staff on decisions to change operational practice which impacted on them. For example, changes at front door of Accident and Emergency did not stop there, it impacted on all staff in all job roles and these decisions had been reactive. A better system needed to be developed to ensure all staff who were impacted by a change were involved and communicated with.

Steven Lindsay noted that the Operation Iris document was large and more time would be required to read it.

Rachael Little reminded the group that due to governance issues, the Board papers were not for further sharing meantime.

Adam Coldwells said everyone was trying to do the right thing and recognised it was a very difficult and challenging situation. The Grampian Operational Pressure Escalation System (G-OPES) covered everyone who worked in all parts of the system showing when pressures rise, everyone should know what was happening. The proposal would take account of the issue Martin McKay raised about impacts on staff.

Adam Coldwells explained that the organisation was at level three civil contingencies. There were five levels of civil contingency. Level one was normal. Level 4 highest level. The current decision was reviewed weekly at the Chief Executive Team meeting by looking at data reports and using the judgement from Chief Executive Team members. The only difference between Operation Rainbow in March 2020 was high level escalated contingency. NHS Grampian was in an escalated situation and still had power to start and stop things. The difference was that decision and control was being kept as close to patient services as possible instead of all decisions made in control teams during Operation Rainbow.

Adam went on to explain that it had been decided to re-empower the system and have managers managing locally and clinicians and managers working together to do the right thing within their means. In terms of stopping and starting Adam said he was open to suggestions of things that were being done that could be stopped and work could be done together to do this. It was learned that over the past 20 months blanket stopping was ineffective, but decision was right at the time and there was no criticism of it. When a lot of work stopped in March 2020 a number of people could not be redeployed due to the skills required. Stopping them from their normal work had meant their normal work had piled up and added to the pressure.

Adam Coldwells explained that the organisation had empowered local teams to consider what they could pause, slow down or do differently. It had been agreed to slow down the timescale for responding to complaints as these investigations used clinical and managerial time. The Ombudsman had been included in this decision. There was a fantastic opportunity for Partnership Working.

Rachael Little noted appreciation of the opportunity to have the extra ordinary meeting to discuss the Staff Side concerns in greater detail. Rachael said her understanding was that this item would be kept as a standing agenda item over the next 6 months and would take contributions and identify any gaps occurring in the system. If more timely resolution was required on anything, this would be taken forward.

	<p>b. Finance Update and Remobilisation Plan</p> <p>The latest Finance Report had been circulated.</p> <p>Alan Gray reported that there would be a budget announcement before the next meeting and proposed to have a discussion at the December meeting on managing the financial situation in the current year and financial planning for 2022/23. It was expected that some of the old financial challenges would emerge next year.</p> <p>Mike Adams noted from the Finance Report that it appeared that issues which had been identified before the pandemic were back again. Alan Gray confirmed that this was the case and also staffing numbers which normally peaked at that time of year were lower than it had been hoped. There was a need to plan for this throughout winter and next year.</p> <p>c. TUC Dying to Work Charter</p> <p>Philip Shipman updated the group that NHS Scotland had been working on a first draft of the Dying to Work Charter and it would be taken either to GAPF or GAPF Policies Sub-Group once it had been received.</p>	
8	Treated Fairly and Consistently, with Dignity and Respect, in an environment where Diversity is Valued – no items	
9	Appropriately Trained and Developed – no items	
10	Any Other Competent Business - none	
11	<p>Communications messages to the Organisation</p> <p>Rachael Little asked if anyone had any comments on the Board Report and the Annual Review Report to let her know.</p> <p>Rachael Little would prepare the next Board Report.</p>	
12	<p>Date of next meeting</p> <p>The next meeting of the group to be held at 10am to 12noon on Thursday 16 November 2021 via Microsoft Teams.</p> <p>Agenda items to be sent to gram.partnership@nhs.scot by 1 December 2021</p>	

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