



NHS GRAMPIAN  
Meeting of the Grampian Area Partnership Forum (GAPF)  
Thursday 19 August 2021 - 10am to 12noon  
Microsoft Teams

Board Meeting  
02.12.2021  
Open Session  
Item 11.8

**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 (part 1)
- Diane Annand, Interim HR Manager Staff Governance
- June Brown, Executive Nurse Director
- Susan Carr, Director of Allied Health Professionals & Public Protection (part 1)
- Ian Cowe, Health and Safety Manager
- Albert Donald, Non-Executive Director/Whistleblowing Champion
- Joyce Duncan, Non-Executive Director, Chair of Staff Governance Committee
- Dianne Drysdale, Executive Business Manager, Executive Business Unit
- Alistair Grant, RCN
- Keith Grant, UNISON (deputy for Martin McKay)
- Alan Gray, Director of Finance (part 2)
- Gemma Hood, SOR
- Stuart Humphreys, Director of Marketing and Corporate Communications
- Gerry Lawrie, Head of Workforce & Development (part 1)
- Steven Lindsay, Unite
- Deirdre McIntyre, RCOP
- Cameron Matthew, Divisional General Manager, Acute
- Gavin Payne, General Manager of Facilities and Estates
- Tom Power, Director of People & Culture (part 1)
- Cheryl Rodriguez, Head of Occupational Health and Safety
- Kerry Ross, Deputy Business Manager, Mental Health and Learning Disabilities
- Joan Anderson, Partnership Support Officer (Minutes)

**In Attendance:**

- Sarah Beisel, Management Trainee (part 2)
- Sarah Duncan, Board Secretary, Board Secretariat and Legal Team (part 1 & 2)
- Louise Ballantyne, Head of Engagement – for item 7

	Subject	Action
1	<p><b>Welcome and Apologies</b></p> <p>Apologies received from:</p> <p>Janet Christie, BAOT</p> <p>Caroline Hiscox, Chief Executive (deputy Adam Coldwells)</p> <p>Patricia Morgan, Health and Social Care Moray (no deputy available)</p> <p>Lynda Lynch, Board Chairperson</p> <p>Janine Howie, Partnership Manager Business &amp; Strategy, Aberdeenshire Health &amp; Social Care Partnership, (no deputy available)</p> <p>Martin McKay, UNISON (deputy Keith Grant),</p> <p>Jamie Donaldson, Elected Staff Side Chair of Health &amp; Safety Representatives Group</p>	

	<p>Sandy Reid, Lead – People &amp; Organisation, Aberdeen City Health and Social Care Partnership (no deputy available)  Susan Coull, Head of HR  Rob Fairfull, GMB  Louise Leiper, RCM</p>	
2	<p><b>Minutes for Approval</b></p> <p>Minute of Meeting held on 15 July 2021 was approved with the following amendments:</p> <p>Item 10 – Operation Snowdrop/Remobilisation/Portfolio Changes</p> <p>Paragraph 10, third sentence – replace “over the last two months” with “recently”</p> <p>Item 12 - Any Other Competent Business</p> <p>a. Review of Staff Lockers, Changing Facilities, etc</p> <p>Paragraph 3, 4 and 5 amend as follows:</p> <p>“Paul Allen had concerns about another questionnaire for staff. Alistair Grant stated that he would want to know more about the request.”</p> <p>“Tom Power stressed the importance of having data to substantiate information. He suggested the group consider what they hoped to get out of the questionnaire and the need to manage expectations of participants.”</p> <p>“Keith Grant was asked to speak to those who had expressed views”</p>	
3	<p><b>Matters Arising</b></p> <p>Item 4 - GAPF Learning from Partnership through the Pandemic Event 17 June 2021:</p> <p>Rachael Little was to be prepare a wordle – in progress and bring back once ready</p> <p>Item 10 - Operation Snowdrop/Remobilisation/Portfolio Changes:</p> <p>Alistair Grant, Tom Power and Adam Coldwells had discussed “staff being asked to compress work” and suggested that the topic be added to the agenda for the Change Management Overview Steering Group. There were also other discussions on how this could be shaped as the decompression period had not gone as planned.</p>	

	<p>Tom Power noted that since the discussion noted above, he had been very aware of challenges faced for individuals and teams in having down time. He noted that throughout June and July, Silver Command had highlighted the need for staff to take leave and understood the demands of staff for flexibility after all this time. A strategic plan was being taken forward through Systems Leadership Team (SLT).</p> <p>The “We Care” pulse survey had a very good response so far. These responses would give more insight in the coming weeks and months going forward.</p> <p>Alistair Grant noted that all staff employed by NHS Grampian were affected by this, not just front line staff.</p>	
<p>4</p> <p>*</p>	<p><b>Electronic Employee Staff System (eESS) Project</b></p> <p>Gerry Lawrie gave an update on the eESS Project (presentation slides attached).</p> <p>The “go live” date had been paused twice due to the pandemic but will now be at the end of September 2021.</p> <p>NHS Grampian is the last Board to go live in Scotland in relation to this programme. Work continues locally to meet this date and is ongoing with national eESS team.</p> <p>eESS will offer a single point of entry for staff information for managers and staff. Staff information for staff engagement forms, notification of change forms and termination forms can be input directly into eESS instead via the current forms. Under development was the ability of Jobtrain feeding new start information into eESS as staff joined NHS Grampian.</p> <p>Managers had been asked to confirm their staff hierarchy to ensure people were in the right place under the right manager for data migration. Training was being trialled with a Domestic team, Mental Health and Learning Disabilities and HR. This training would be carried out in a variety of ways except full in person training at this time.</p> <p>GAPF members were asked to encourage staff to read the communication briefs and encourage managers to return the hierarchy, as it was really important to get staff in right place from the start.</p> <p>Alistair Grant wished the eESS Team recognised for their work. A lot of effort had gone into the project with short timescales and having to deal with two pauses in work.</p> <p>Anyone who wished to discuss eESS further could contact Gerry Lawrie or Alistair Grant.</p>	

	<p>Rachael Little noted that eESS would continue to be promoted in communication briefs and she would include an update in the next Board Report.</p>	
5	<p><b>Facilities for Trade Unions and Professional Organisations Policy</b></p> <p>Sarah Duncan, Board Secretary, proposed amendments to the Employee Relations Protocol contained within the Facilities for Trade Unions and Professional Organisations Policy, outlined in a previously circulated paper. The amendments were related to:</p> <ul style="list-style-type: none"> <li>• The Co-Chairs to be the Chief Executive and the Employee Director (para 2.5) – to be amended to The Deputy Chief Executive or another Executive Director nominated by the Chief Executive and the Employee Director... [as previously drafted] who will be joint chairs of GAPF and each will chair alternate meetings</li> <li>• Non executive Board members to have an open invitation to attend GAPF meetings (para 2.8) – to be deleted as GAPF is the senior employee relations forum for NHS Grampian and is an advisory body to the Board, not a committee of the Board.</li> </ul> <p>GAPF approved the amendments.</p> <p>GAPF Policies Sub-Group joint chairs agreed to update the policy with the amendments. The email addresses would be updated at the same time.</p> <p>Given the unique situation of GAPF being the decision maker on the amendments and the body which approves policies, it was agreed that the updated policy did not need to be submitted GAPF for further discussion or ratification.</p> <p>Steven Lindsay highlighted that the Facilities for Trade Unions and Professional Organisations Policy, which was in line with the PIN Policy, would be replaced with a Once for Scotland Workforce Policy by the end of 2022. NHS Grampian would need to keep a watchful eye over the standing of local appendices to current policies.</p> <p>Sarah Duncan explained that Caroline Hiscox, Chief Executive, was keen to maintain connection to GAPF and attend at least 3 meetings a year. This change would also be made to the policy. Rachael Little agreed to propose three meetings for Caroline to attend, one of which may be the annual development session and ensure these were in her diary.</p>	RL

6	<p><b>GAPF Learning from Partnership through the Pandemic – Action Plan</b></p> <p>Rachael Little had circulated the Action Tracker previously and asked the group if they felt it was still relevant and if there were any actions to be added.</p> <p>Rachael Little asked GAPF if they felt the 2018 Big Rocks themes were still relevant priorities or did it need updated since the recent development event in June 2021.</p> <p>Paul Allen reported that the themes were still relevant in Facilities and Estates.</p> <p>Adam Coldwells raised how the work of GAPF could be more connected with the roll out of the NHS Grampian Strategy.</p> <p>Adam Coldwells and Tom Power had discussed where people and culture fitted in. Tom Power suggested an alignment of what GAPF finds important, incorporating into the people and culture work going forward. He suggested that GAPF be given an opportunity to engage more broadly so strategy development was relevant to GAPF over the next few months.</p> <p>Rachael Little agreed to send the themes to the sector representatives and ask for feedback.</p>	RL
7	<p><b>Whistleblowing Update</b></p> <p>Louise Ballantyne explained that the first quarter had been completed since the Whistleblowing Standards had been introduced as of 1 April 2021. The first quarterly report will be presented to the 30 September 2021 Staff Governance Committee (SGC) and to the NHS Grampian Board in October 2021.</p> <p>In quarter one, two whistleblowing cases had been raised and investigated under the Standards. The two cases had been submitted using the form on the intranet available to all staff. This was good as showed it was accessible to staff. The email address for confidential contacts had also been used.</p> <p>There was the need to support the individuals who raised concerns and from the cases to date there had been up to four meetings with the individuals through the process.</p> <p>There would be further liaising with primary care and the Health and Social Care Partnerships regarding implementing in full the Standards and to ensure fully integrated into the contracts. There was work in progress to agree if the Standards would also apply to local authority staff in the Partnerships.</p>	

Independent investigators had been identified for the two cases. Some processes to be improved to ensure the system was not person reliant.

41 staff had completed the online training to date and more would be done to encourage a greater undertake of the awareness training.

Albert Donald asked GAPF if they had a view of where NHS Grampian was in relation to implementing the Standards and the interpretation of the low number of cases. He noted it was important that communications were effective and the learning from the concerns raised was recognised and implemented. NHS Grampian was however in line with national numbers.

Alistair Grant noted that the term Whistleblowing had a less than positive connotation previously which may still be the case. He suggested that word of mouth would assist people wishing to submit a concern. He highlighted that a lot of early intervention work was done with managers. Keith Grant also had examples of where he had discussed the appropriateness of using the Standards with staff.

Diane Annand stated that the low numbers should not be interpreted as negative and was encouraged that staff knew whistleblowing was an option, Steven Lindsay felt that two cases was positive and it was expected this number would increase as awareness increased. He had looked at the intranet to find the information and easily found the links from HR page to the Standards however did not find the local information so easily. Louise Ballantyne to review to make improvements to aid finding local information.

The group discussed the benefits of informal discussions at a local level, bringing everyone together in the discussions, to give better outcomes at an early stage.

Albert Donald was heartened with the feedback and that the numbers had been seen as positive, encouraged by the early interventions. He wanted individuals to speak up with confidence, knowing they will be supported.

Whistleblowing had a link to culture and Albert Donald noted he would work with Tom Power and others to this forward within the culture programme.

Discussion on the need to ensure governance of the local process and appropriate recording of concerns. National information on governance and responsibilities regarding investigations was available on the intranet and local guidance would be developed. Diane Annand explained that there was a meeting that afternoon to further develop the local whistleblowing pathways and embed the management of the Standards in the Clinical Directorate, who were to host the Standards in NHS Grampian.

	<p>Two modules were available on Turas Learn. One was general awareness about the whistleblowing standards lasting 45 minutes to one hour. The other was a more comprehensive module for managers and those undertaking investigations which would take about 2-3 hours.</p>	
8	<p><b>Operation Snowdrop/Remobilisation/Portfolio Changes</b></p> <p>Adam Coldwells took the group through the progress and timeline for the Remobilisation Plan 3 and NHS Grampian Strategy planning (presentation slides attached).</p> <p>* Portfolio – GAPF Representatives were invited to the wider System Leadership Cohort which met on the last Monday of every month.</p> <p>Alistair Grant suggested that culture should be included in the strategy as it fitted with improving the workforce, wellbeing and also wider – employer of choice and anchor organisation and should be looked at prospectively rather than retrospectively. Alistair also noted that people were tired and when tired they didn't have the same capacity which may lead them to just accept things which could become a big risk to the organisation.</p> <p>Managing public and staff expectations could not be left to the small group of Communications Department staff. Everyone needed to be involved to support them in their messages. It was noted that staff were patients and carers as well so engagement had to include everyone.</p> <p>Adam Coldwells explained that the Strategic intent would cover a package including sustainable workforce approach which had three components – culture, staff experience and staff wellbeing in three overlapping circles.</p> <p>The Strategy with all its three parts would be submitted to NHS Grampian Board in February 2022.</p> <p>Rachael Little suggested that Tom Power be asked if he had anything else to add in terms of culture and strategy.</p>	
9	<p><b>NHS Grampian Plan for the Future (2022-2028)</b></p> <p>* Adam Coldwells – gave a presentation on the NHS Grampian Plan for the Future (2022-2028) (attached).</p> <p>Timeline – still in phase 1.</p> <p>Update data from a survey completed by staff and public had been used to develop the plan. The survey uptake had been split into Aberdeen City, Aberdeenshire and Moray and was available to anyone for interest.</p> <p>Encourage people to be involved and information on the slides on how to do this.</p>	

	<p>Louise Ballantyne reported that the team were working really well on this and good progress was being made.</p> <p>Rachael Little noted that any comments from GAPF were to be submitted into the engagement process.</p>	
10	<p><b>Finance Update</b></p> <p>Alan Gray reported that the July 2021 report had been circulated previously.</p> <p>Looking forward for financial planning and resources, the three main areas of focus were:</p> <ul style="list-style-type: none"> <li>• Understanding the new post COVID underlying finance position - trying to reset and understand due to the changes over the previous 18 months.</li> <li>• Working with colleagues to understand the resources required for remobilisation and what may be required to deal with the capacity and needs coming into organisation in terms of cost and actual capacity.</li> <li>• How much existing COVID related expenditure will continue? Approximately £5m is spent each month on Covid related activities. For example, there were Vaccination, Test and Protect and Facilities staff employed on a temporary basis until end of the financial year.</li> </ul> <p>As NHS Grampian develops the above as part of the medium term financial framework, presentations would be given to GAPF members with updates and further information.</p> <p>Mr Adams raised the historical need for non-Covid resource to enable expected standards to be met.</p>	
11	<p><b>NHS Endowments</b></p> <p>a. NHS Grampian Endowment Committee Social Fund</p> <p>Rachael Little explained that the NHS Grampian Endowment Committee provided a social fund for staff. It was commonly known as “£10 for Christmas” and staff could apply for it. This had not been available last year due to pandemic satiation. NHS Grampian Endowment Committee asked for GAPF views on when would be the right time to start offering this again and also views on promotion of the fund. Views would also be sought from Public Health regarding any restrictions due to outbreaks, etc.</p> <p>It was suggested that publicity should begin straight away. Awareness of this fund had grown over the last few years due to previous publicity.</p>	



<p>Adam Coldwells suggested it could be linked to “We Care” to help staff have more sense of what could give value from this fund, particularly the team element of this. Examples could be given of the kind of thing the fund could assist with to boost wellbeing of staff. Mike Adams asked that it was not lost among a lot of other things but highlighted separately to staff.</p> <p>It was noted that there had been a lot of missed celebrations in the last 18 months and funds could be made available with a caveat that staff must follow Government Guidelines when planning events. Account to be taken of people who continued to work remotely.</p> <p>Tips on how to hold a virtual lunch was available on “We Care” web page.</p> <p>b. GAPF Endowment Fund Group – Annual Update</p> <p>Rachael Little explained that GAPF Endowment Fund sub-group of GAPF were delegated an endowment fund each year. Applications for funding were considered by the sub-group with representation from a number of areas across organisation as well as Partnership reps during monthly meetings. The group had approved applications from staff related to rest areas, changing areas, white goods (fridges, microwaves, etc). The fund also supported groups and individual staff members to undertake personal development.</p> <p>Sheena Lonchay, Operational Manager NHS Grampian Charities, had prepared an annual report which had been circulated with the agenda along with the guidance for applicants. The GAPF sub-group considered every application on its individual merit while following the guidance to ensure consistency and to use the funding to best effect.</p> <p>If anyone wished to access the application form and submission guidance it was available on the Partnership page on the intranet.</p> <p>Tom Power asked if there had been any consideration to having a sliding scale for individual staff development depending on income instead of the current maximum 50% contribution, to ensure equality and accessibility across all bands of staff.</p> <p>Rachael Little explained that the GAPF Endowment Fund guidance was aligned to NHS Endowment Committee guidance. The suggestion would be discussed at the sub-group meeting and an update would be reported to a future GAPF.</p> <p>Steven Lindsay suggested that the GAPF Endowment Sub-Group considered the process of the Fairer Duty Scotland Assessment which covered a broad range of socioeconomic factors when discussing the suggestion.</p>	<p>RL</p>
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12	<p><b>Dates for Meetings 2022</b></p> <p>A proposal to continue meeting on the third Thursday of each month between 10am and 12noon was made. Everyone was asked to let Joan Anderson or Rachael Little know of any ongoing clashes by 3 September 2021. If no request was made to change the dates, diary invites would be sent as proposed for 2022 meetings.</p>	<b>ALL</b>
13	<p><b>Any Other Competent Business</b></p> <p>Catering Department Festive Opening:</p> <p>Gavin Payne outlined a proposal which had been discussed in Partnership, for the Catering Department plans for festive period 2021/2022, which was based on previous years.</p> <p>The proposal was to close on Saturday 25 December and Sunday 26 December 2021 and Saturday 1 January and Sunday 2 January 2022 and provide wards with sandwiches or additional hot food depending on the area.</p> <p>There will be a limited service on the Monday and Tuesday following each of the festive weekends. More information will be provided by the Catering department nearer the time</p> <p>These arrangements would allow for Catering staff to have time off.</p> <p>This was approved and would be communicated to all staff.</p>	
14	<p><b>Communications messages to the Organisation</b></p> <p>The Board Report circulated with the agenda had been submitted to the NHS Grampian Board meeting in August 2021. Comments, questions or queries were requested on the format and content of future reports. These to be sent to Rachael Little.</p>	<b>ALL</b>
15	<p><b>Date of next meeting</b></p> <p>The next meeting of the group to be held at 10am to 12noon on <b>Thursday 16 September 2021</b> via Microsoft Teams.</p>	

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