



**SCOTTISH PARTNERSHIP FORUM**  
**Thursday 14 February 2019**  
**Conference Room 4 & 5 Victoria Quay, Edinburgh**  
**Minute**

**Present:**

Frances Carmichael – UNISON  
John Cowie – NHS Borders  
Anna Gilbert – Head of Staff Governance, Scottish Government  
Alistair Grant – Royal College of Nursing  
Donald Harley – British Medical Association  
Pauline Howie (**Chair**) – Chief Executive, Scottish Ambulance Service  
Stephen Lea-Ross, Head of Workforce Practice, Scottish Government  
Derek Lindsay (**by Teleconference**) – Director of Finance, NHS Ayrshire & Arran  
Steven Lindsay (for Gavin Fergie) - UNITE  
Lilian Macer – UNISON  
Dorothy McErlean – College of Podiatrists  
Lewis Morrison – British Medical Association  
Shirley Rogers – Director for Health Workforce, Leadership and Service Reform,  
Scottish Government  
Claire Ronald – Chartered Society of Physiotherapy  
Mary Ross-Davie – Director of Royal College of Midwives  
Caroline Sharp – Director of HR, NHS Dumfries and Galloway  
Anne Thomson (for Norman Provan) – Royal College of Nursing  
Justine Westwood (**by Teleconference**) – Head of Transformational Change Policy,  
Scottish Government

**In attendance:**

James How – Scottish Government  
John Malone (**Minute**) – Scottish Government  
Hannah McKay (Support) – Scottish Government  
Patricia Findlay – Strathclyde University  
Robert Stewart – Strathclyde University  
Malcolm Summers – Scottish Government  
Lori Tait (Observer) – Scottish Government  
Rona Watters - Scottish Government  
Alistair Wilson – NHS National Services Scotland

**Apologies:**

Fiona Alexander – UNITE  
Catherine Calderwood – Chief Medical Officer, Scottish Government  
Julie Collins – Chartered Society of Physiotherapy



Drew Duffy – GMB  
Gavin Fergie – UNITE  
Lorraine Hall – Director of HR, NHS Shetland  
Jason Leitch – Clinical Director, Scottish Government  
Christine McLaughlin – Director of Finance Health, Scottish Government  
Matt McLaughlin – UNISON  
Stuart McLauchlan – Royal College of Nursing  
Robin McNaught – The State Hospitals Board for Scotland  
Fiona McQueen – Chief Nursing Office, Scottish Government  
Sean Neill – Deputy Director for Health Workforce, Scottish Government  
Norman Provan – Royal College of Nursing  
Andrew Russell – Medical Director, NHS Tayside  
Andrew Scott - Director of Population Health Improvement, Scottish Government

### **Agenda Item 1 – Welcome, introductions and apologies**

The Chair welcomed everyone to the meeting and noted the apologies. The Chair advised that the meeting was quorate.

- SPF Committee congratulated Malcolm Summers on his promotion to another role within Scottish Government. On behalf of SPF Committee Malcolm was thanked for his contribution over the years and wished him well in his future career.
- It was acknowledged that Matt McLaughlin, Unison, is off on long term sick and on behalf of SPF Committee Matt was wished a speedy recovery.

### **Agenda Item 2 – Minutes and summary of action points of meeting held on 11 October 2018 and any matters arising.**

- The minutes of the meeting and summary of action points were agreed as an accurate record.

Stephen Lea-Ross gave an update on the Workforce Plan. The following points were raised:

- The draft National Health and Social Care Integrated Workforce Plan was issued for consultation to 120 stakeholders in December 2018. Feedback was received in January 2019. This has been considered and incorporated into the latest draft version of the Plan. The Scottish Government and COSLA continue to refine the Integrated Workforce Plan.



Stephen Lea-Ross gave an update on the Infection Control recent incidents. The following points were raised:

- There have been a number of infection control incidents reported in the press since December 2018, principally relating to NHS Greater Glasgow and Clyde. It was confirmed that enhanced control mechanisms are in place, in line with existing policy position. Healthcare Environment Inspectorate (HEI) inspection has taken place and will report in due course. Crown Office and Procurator Fiscal Service (COPFS) are investigating the 2 cases/deaths. Health Boards continue to report any clinically significant cases to the Scottish Government and resilience mechanisms have been in place for 2 weeks. Within NHS Scotland the infection control record remains very good and the priority must be to ensure both patient safety and staff welfare.

### Agenda Item 3 – Partnership Research

Patricia Findlay referred to the Partnership Research Final Report, which had been circulated prior to the meeting. The following points were raised:

- Patricia Findlay thanked everyone who took part in the research for their individual contributions and their honesty. Patricia also thanked the Scottish Government for commissioning the review and explained that the report does not identify any grouping i.e. Scottish Government, NHS Employer or Staffside. The main reason for this is to keep the re-search confidential.
- In the main, the final draft report presents a positive picture of partnership working in NHS Scotland, whilst at the same time identifying challenges and areas which could be improved to meet the needs of the evolving landscape going forward.
- The report reflects that one of the key questions for the review was whether current partnership arrangements in NHS Scotland are fit for purpose and it concludes that *“Our evidence clearly demonstrates that partnership in NHS Scotland continues to be extremely robust and functions very effectively. This is no small achievement given the size and complexity of NHS Scotland in an increasingly challenging integrated regional and local landscape. Partners believe overwhelmingly that partnership working delivers on staff engagement and on outcomes for staff, patients and service users. Many examples were cited of high quality service delivery, development and re-design delivered in partnership, with staff-side insight into the needs, aims and values of services making them an important and integral part of solutions to current and future healthcare service challenges”*.
- The review has provided a detailed overview of the Aims, Processes, Outputs and Outcomes of the principal national partnership Groups namely SPF, SWAG and STAC and their respective Secretariats. Furthermore, the review has identified that contrary to the



previous studies, where concerns were raised that partnership structures functioned more strongly nationally than at local level, there are many strong examples of effective local partnership working and relatively fewer cases of weaker or dysfunctional local partnership working.

- Overall the NHS partnership model is widely viewed by partners as fit for purpose and integral to the delivery of the HSCDP. However, the report highlights concerns that the current role of SPF is insufficiently strategic, with views expressed that new bodies are emerging with both strategic and operational responsibilities which may overlap with the role of SPF, but these bodies are not necessarily directly connected to partnership processes and structures.
- Whilst the report reflects that partnership working within NHS Scotland works extremely well, it promotes the ethos of continuous improvement to maximise the impact of partnership working on the delivery of the HSCDP. The report also notes the importance that in a system of partnership governance it is for the partnership process to decide and deliver change. Within that context the report offers 6 key recommendations for partnership working in the future.

The Chair gave SPF members the opportunity to comment/feedback on any issues/concerns. The following points were raised:

- Members thanked Patricia and Robert for producing their report. It was highlighted that moving forward, the focus should be around the 6 key recommendations and there is a need for broader discussions which should involve more than just the SPF Committee. It was agreed that the landscape has shifted over the years and there's a need to understand the role of SPF going forward.
- It was highlighted that SPF needs to work smarter with the correct processes put in place to influence their strategic thinking. It was suggested that a communication plan could be created which could be distributed to other meetings i.e. SWAG, STAC and APFs.
- It was agreed that the key recommendations should be discussed further at SPF Secretariat with a view to producing an action plan which should be brought back to the Committee for reflection.

**Outcome:** SPF members noted the update and the challenges that lie ahead and look forward to this progress.

**Action:** SPF Secretariats to create an action plan and present at the next SPF Committee.



## Agenda Item 4 – Future Vision of Health & Social Care

Malcolm Summers gave a presentation on the development of the Future Vision of Health and Social Care. The following points were raised:

- As we fast approach 2020, together we need to consider the future vision for health and social care. The work is being taken forward by the Future Vision team within the health and social care directorates, and is expected to conclude by end 2020, looking forward to 2035. This will also include setting the Future Workforce Vision.
- The Scottish Government's 2020 vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, we have: integrated Health and Social Care, a focus on prevention, and a focus on quality, safety and putting people at the heart of all decisions.
- The future vision needs to build on this and other strong existing foundations, such as the Quality Strategy, Realistic Medicine, Nursing 2030, and the programme of existing work set out in the Health and Social Care Delivery Plan, but be materially different from previous vision pieces; working with the public and our staff, to better understand challenges and define solutions.
- The vision should balance ambition, realism and sustainability and be developed collaboratively through genuine coproduction across generations, communities and with health and social care staff and their representatives.
- The vision is not an end in itself, and the work will be supported by an implementation plan developed to support the key priority actions identified through collaborative engagement.
- There is an evolving landscape which needs to reflect the changing world, demographics and public expectations, as well as technology and medical advancements.
- We are looking for the vision to deliver the following outcomes:
  - A clear and realistic vision for health and social care in the future, that provides a framework to steer future policy and resourcing decisions.
  - Development of a positive narrative amongst the public, politicians, service leaders, and staff of how future opportunities and ambitions can be harnessed, and what challenges need to be addressed and prioritised.
  - A shared vision and set of values across the health and social care workforce, helping to embed and deepen integration, promoting a positive culture and shared understanding between partners.



- We are working up an engagement plan and the discussion with SPF Committee comes at an early stage of planning and are looking for members to contribute their perspectives to help us shape our proposals and briefing to the Cabinet Secretary. We also intend to work with Young Scot to develop a Youth Commission as part of a broad piece of engagement.

The Chair gave SPF members the opportunity to comment/feedback on any issues/concerns. The following points were raised:

- Members thanked Malcolm Summers for the presentation and welcomed the earliest opportunity to engage with them. It was highlighted that the future vision work will be challenging. It may prove to be difficult to engage with some stakeholders who are focusing very much on the here and now. However, it was highlighted that it is right to engage with the youth population, i.e. within schools at an early stage, and it was noted that long term planning was necessary given the training lead in times for some roles.
- Also highlighted that there may be a need to have a measuring mechanism & evaluation tool built into the start of the process, in order to allow the progress to be recorded. At this early stage, consideration also has been taken into account of the staff equality index.
- The vision is right to think about technology, and how to harness this, and there is a need to think about skills development, training and support for staff.
- It was highlighted that public expectations are changing, and this needs to be a vision that simultaneously speaks to multiple generations. Also the future vision of the workforce needs to consider how to retain staff.

**Outcome:** SPF members noted the update and the challenges that lie ahead and look forward to this progress.

## Agenda Item 5 – National Laundry Programme

Alistair Wilson gave a presentation on the National Laundry Programme. The following points were raised:

- NHS Scotland Efficiency and Productivity Framework 2011 reports that the main purpose is to identify priority areas to improve quality and efficiency. The framework is a companion to the Quality Strategy and provides a baseline for the changes that will need to be undertaken by the Scottish Government Health Directorates, NHS Boards and other public sector organisations. The framework has three overarching themes: Support – supporting our workforce; Enablers – identifying, sharing and sustaining good practice; Cost Reductions – reducing variation, waste and harm.





- The State of the Estate Report – February 2012 reported on asset management performance, highlighted areas of best practice, and set target areas for improvement which align with the aims of the “Better Health, Better Care” and the “Healthcare Quality Strategy”.
- Following the two reports to improve the Soft Facilities Services, in 2013, a review was commissioned to take place over seven areas of the service. One of the areas identified was Linen and Laundry. A review group was established with the aims of modernising the service, reducing the cost, sustainability, use of technology to improve service delivery and inspire the confidence in Staff and members of the Public.
- Following substantial reviews of all NHS Boards, the case for change concluded that within the current service, there was a variation in the service between Health Boards, a cost range, backlog in maintenance work that will cost in the region of £2.5 million. It is expected that skilled staff will be lost due to the number of retirements in the near future. In 2015/16 the spend on linen was £3.2 million with over £1 million unknown losses. All these factors needed to be taken into consideration for the future of the linen service.
- The optimal model projected that the service needs to be more sustainable; it needs to be person centred, safe, effective; there needs to be more modern facilities in place and standard operating procedures developed; the targets for production and costs needs to be monitored; the sustainability of the workforce skills and training should be developed and there needs to be a minimising of stock losses; A business case is being developed which will appraise the potential rationalisation from eight mainland laundries in Scotland to four, with an option for four laundries plus NHS Borders’ laundry, due to the latter generating significant commercial income. The Strategic Laundry Review Group has previously agreed that NHS Greater Glasgow & Clyde and NHS Lanarkshire laundries must be included within the four laundries. Consideration will also be given to investing in facilities and IT and to consider Radio Frequency Identification tagging systems as a means of reducing linen losses.
- The programme status is projected to be completed by the end of March 2019 and to produce the business case to NHS Scotland Chief Executives Group for decision within 2019.

The Chair gave SPF members the opportunity to comment/feedback on any issues/concerns. The following points were raised:

- Members thanked Alistair for his presentation. Concern was raised about whether transport costs, which may rise, staffing costs and plant maintenance have been considered throughout the review. It was confirmed they had been considered and will form part of the business case. Concern was also raised about downsizing from 8 laundries to 4 including how current staff would be affected as well as the completion of the equality impact



assessment (EIA). It was confirmed that the EIA is underway and, in line with current Scottish Government policy, there are no plans for redundancies.

- Members raised concern about the following; geographical location of the proposed 4 services; transportation issues and contingency planning relating to decontamination within any of the Health Boards. It was confirmed that Contingency Planning will be included within the business case, one element of which will be the need for Health Boards to retain an emergency stock of three days linen supply. If one of the linen services were to halt, this would have no immediate impact on the service and there would be three days in which to mobilise the contingency plan. Transportation services which are currently provided, will continue to be provided by the Health Boards who provide the laundry service. If there are laundry rationalisations and new transport runs are created, then for these runs only, consideration will be given to using the vehicles which are already carrying goods between the National Distribution Centre and Health Boards' Central Stores, if they have spare capacity. However, local Health Boards Transport Departments will also be considered and the comparison will be fully explored in the business case.
- Members also asked if the Health Boards Partnership Forums have been consulted. It was confirmed that the Health Boards' Chief Executives, HR Directors, Employee Directors and Heads Of Communications are updated by letter following every Programme Board Meeting and asked to cascade the information to the appropriate staff within their Boards. They are also encouraged to contact Alistair should they have any issues for discussion. Therefore, specific consultation with Health Boards' Partnership Forums has not been included within the Programme's Communication Strategy. However, Alistair will be guided by the SPF and ensure they are contacted and given the opportunity to be consulted, if that is required. It was agreed that Caroline would discuss this with Alistair outwith the meeting.

**Outcome:** SPF members noted the update and the challenges that lie ahead and welcome this agenda item to be returned to SPF in due course.

## Agenda Item 6 – Brexit update

James How was invited to give a update on Brexit. The following points were raised:

- Health and Social Care Directorates within the Scottish Government (SG) continue to prepare for EU Exit on 29 March 2019. However, great uncertainty remains following the defeat of the Prime Minister's EU Withdrawal deal in the House of Commons on 15 January 2019. We now expect a further statement to the House of Commons by 13 February 2019, followed by a second 'meaningful vote' on 14 February 2019.
- In the meantime, work continues on mitigation of key 'no deal' risks, including ensuring the supply of medicines and medical devices.





- An EU Exit Health Resilience Group (made up of key individuals from different healthcare policy areas and from the service) is now meeting on a weekly basis to discuss potential issues as a consequence of a 'no deal' situation. SG officials are also updating NHS Scotland Board Communications leads and other relevant stakeholders on communications issues on a weekly basis.
- The Cabinet Secretary for Health and Sport wrote directly to all EU/EEA staff working in the health and social care sectors in Scotland on 20 December 2018. This letter acknowledged the ongoing uncertainties around EU Withdrawal and sought to reassure these citizens that SG is doing what it can to ensure their interests are protected.
- The Prime Minister announced on 21 January 2019 that the EU Settlement Scheme fee will be abolished when the scheme fully opens in March. EU Citizens who have already paid the fee as part of one of the Scheme pilot phases will be reimbursed. We await details of how this will work.
- Information is now available on the SG's website regarding EU Exit, including pages which focus on health and social care related issues. This information is being produced to ensure that the public can readily access simple, accurate explanations of what EU Exit could mean for them and their families. The pages will be updated on a regular basis.

The Chair gave SPF members the opportunity to comment/feedback on any issues/concerns. The following points were raised:

- Members thanked James for the update. It was questioned if an Irish national could apply for settle status. It was confirmed that an Irish national did not need to apply however, their family members from outside of the UK and Ireland do need to apply. It was highlighted that staff were encouraged to pay for the pilot settlement scheme however, UK Government announced the fee would be waved. Staff will be reimbursed but it may be some time before this has happened.

**Outcome:** SPF members noted the update.

### **Agenda Item 7 – AOB**

No other business was raised

**Date of Next Meeting: 28 May 2019 (14.30 – 16.30)** in Conference Room 4ER, St Andrews House, Edinburgh.