



**SCOTTISH PARTNERSHIP FORUM - COMMITTEE**  
**Thursday 11th February 2021 MS Teams**  
**Minutes**

**Present:**

<b>NAME</b>	<b>ORGANISATION</b>
Susan Aitkenhead	Royal College of Nursing
Grecy Bell	NHS Dumfries & Galloway
Victoria Bowman	Deputy Director of Health Workforce Pay, Practice and Engagement - Scottish Government
Frances Carmichael	Unison
Caroline Cooksey	Director of HR, NHS Dumfries & Galloway
Donald Harley	British Medical Association
Pauline Howie	Chief Executive, Scottish Ambulance Service
Tam Hiddleston	Unison
Jason Leitch	Clinical Director, Scottish Government
Derek Lindsay	Director of Finance, NHS Ayrshire & Arran
Lilian Macer	Unison
Robin McNaught	The State Hospitals Board for Scotland
Norman Provan	Royal College of Nursing
Claire Ronald	Chartered Society of Physiotherapy
Mary Ross-Davie	Director of Royal College of Midwives
Gillian Russell – <b>(Chair)</b>	Director of Health Workforce Leadership and service reform, Scottish Government
Suzanne Thomas	Scottish Government

**In attendance:**

<b>NAME</b>	<b>ORGANISATION</b>
Irene Barkby	Scottish Government
Alison Carmichael	Scottish Government
Harry Dozier	Scottish Government



John Malone ( <b>Secretariat</b> )	Scottish Government
Jennifer Martin Nye	Scottish Government
Lynn Rance ( <b>Minutes</b> )	Scottish Government

**Apologies:**

NAME	ORGANISATION
Donna Bell	Director of Mental Health, Scottish Government
Drew Duffy	GMB
Gavin Fergie	Unite
Anna Gilbert	Head of Staff Governance, Scottish Government
Michael Kellet	Director of Population Health
Dorothy McErlean	College of Podiatrists
Stuart McLauchlan	Royal College of Nursing
Fiona McQueen	Chief Nursing Office, Scottish Government
Lewis Morrison	British Medical Association
Linda Pollock	Interim Director of Healthcare Quality & Planning, Scottish Government
Gregor Smith	Chief Medical Officer, Scottish Government
Sylvia Stewart	Unite

**In attendance:**

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

The Chair welcomed everyone to the meeting and introduced Susan Aitkenhead, recently appointed as Head of the Royal College of Nursing who was attending as an observer. The apologies were noted and the Chair advised that the meeting was quorate.

**Agenda Item 2 – Minutes and summary of action points of meeting held on 19 November 2020 and any matters arising.**

The previous minutes were agreed by members as an accurate reflection to the meeting.

- Action point 1 – Create action plan following Partnership Research report. Awaiting publication of the Independent review of Adult Social Care - **ongoing**
- Action point 2 – SG secretariat to circulate Vaccination presentation slides to members following the meeting -**completed**
- Action point 3 – SG secretariat to circulate an update on Long Covid to members following the meeting- **completed**



### Agenda Item 3 – Health Care Workers - Testing

Irene Barkby provided an update on the implementation of lateral flow device (LFD) testing for asymptomatic patient facing health care workers. Irene expressed her immense thanks to staff for the rolling out and engaging with LFD testing and reporting their test results (positive, negative and inconclusive) via a digital portal.

Irene highlighted that the testing of asymptomatic staff is on a voluntary basis and helps to reduce the risk of nosocomial transmission to identify positive cases so staff can self-isolate and contact tracing can begin. LFD tests have lower sensitivity and specificity than PCR tests, but twice weekly testing helps to mitigate this and all positive results are followed up with a confirmatory PCR test. Staff who have been vaccinated should be encouraged to engage or continue to partake in twice weekly LFD testing and adhere to existing IPC measures. Roll out to extended groups is expected to commence mid-February aiming to have reached all staff by the end of March.

The Chair gave SPF Committee members the opportunity to ask questions and offer feedback. During the discussion the following points were covered:

- It was highlighted that one of the key aims for the LFD was to reduce systematic spreading and it was questioned if there was any reduction of Health Care acquired infection of Covid. It was confirmed that outbreaks are linked to community prevalence and would be expected to rise in line community spread.
- Also highlighted was that NHS staff need to be given time to take tests and record their data on the portal if being done at work. However issues with uploading the data can lead to “saved up” results, skewing the figures if not input timeously.
- Recommended engagement target is around 80% but it is currently falling short of that. Public Health Scotland intend to include the figures on their Covid Dashboard in due course
- A push to encourage uptake amongst staff includes video blogs and suggested talking head type podcasts highlighting key messages.
- Attention was drawn to an omission in the paper where there was no reference made to student nurses on community practice placements. Irene assured that this would be corrected as all students have been participating in testing throughout.

**Outcome:** The Chair reinforced the importance of messaging within the Health and Social Care Workforce and that progressing data input is crucial. The work already undertaken is welcome but equally the opportunities for improvement will continue to be picked up through the Workforce Senior Leaders Group (WSLG).



## Agenda Item 4 – Equalities

Harry Dozier provided an overview of his paper on Equality Networking in Health and Social Care – Ensuring all staff are seen, heard and valued.

The goal is to develop longer term ambitions for health workforce equalities and improve the inclusive culture in organisations and the paper detailed the commitment to support staff equality networks on a national level to ensure these networks have a voice and influence within their organisations.

The paper also advised that the current pandemic has shown that improving staff reporting of equality data is paramount to improve the inclusive culture in organisations so staff will feel supported to disclose vital equality information. Harry also highlighted the following:

- The Scottish Government have committed within the Programme for Government 2021 to the development of a formal Race Equality network for health and social care.
- Laic Khalique from NHS Tayside is taking forward the bringing together of existing and developing networks to make sure they have the support they need to affect positive cultural changes in their boards.
- A portal and resource sharing network (pride badges and events) is being developed, similar to the Wellbeing Hub with commitments to consult with staff networks along protected characteristics e.g. race, LGBTI, disability, etc. This will provide some understanding needs within organisations that ensure there are meaningful Equality and Diversity targets.
- Other commitments include working with LGBTI+ staff networks to develop an NHS Scotland “pride badge” that supports visibility and inclusion across the health service and a summit on race equality in employment following the Equalities and Human Rights Committee (EHRC) report.

The Chair gave SPF Committee members the opportunity to ask questions and offer feedback. During the discussion the following points were covered:

- A need to engage the STUC Equality Networks and a commitment from SG on time for staff to engage in the programme and networks
- How we are enabling minorities and protected rights staff to take up roles
- BAME women are disproportionately affected by issues in pregnancy
- Working in conjunction with employers and unions on fit for purpose training.

**Outcome:** Harry requested that any suggestions on moving the programme of work forward would be warmly welcomed and requested that e-mails be sent directly to himself. The Chair reiterated the importance of collaboration and working in partnership to embed and bring about fundamental change for this and also the culture of wellbeing



## Agenda Item 5 – State of the Pandemic

Jason Leitch gave an update on the current state of the pandemic. Members were provided with a presentation that had the following details:

- The current R rate at between 0.7 and 0.9 signalling deceleration
- Seven day incident rate for Scotland per 100,000 population and comparison with UK rate
- Genetic composition of the viral families and the new emerging variants
- Seven day average of new daily deaths by country for UK
- Medium term projections of modelled total new infections
- SAGE medium term projection of daily hospitalisations in Scotland
- JCVI Priority group - COVID vaccinations success rate table

The Chair gave SPF Committee members the opportunity to ask questions and offer feedback. During the discussion some of the following points were covered:

- What assumptions do the models use on impact of the vaccination programme on transmission rates? It was confirmed that it is currently unknown.
- How confident is the Scottish Government that the 2<sup>nd</sup> dose will be met within the 12 week period. It was confirmed that Pfizer production has slowed as expected but the end supply is promised/doses are sufficient – care homes achieving 2<sup>nd</sup> dose at 10 weeks. JCVI were correct in extending 2<sup>nd</sup> dose to 12 weeks.
- Hospital patients having longer admissions and impacts of staff having long Covid? It was confirmed that increased lengths of stay is due to better care and treatments now being more effective so daily figures will be measured for up to 28 days in hospital. Long Covid clinics are being established by specialists as Covid symptoms for more than 12 weeks are now categorised as Long Covid.

Further discussions ensued around future workforce planning, combining COVID with non COVID, at remobilisation, centred on moving to the “next normal” endemic disease and avoiding the next peak. Recognising that staff need to decompress at every level, not replacing one crisis with another as post-traumatic stress may become prevalent as well as an elderly demographic of staff also being a factor to consider.

**Outcome:** Members acknowledged the continuing requirement for a collective effort in regard to recovery and remobilisation and asked for the slides to be distributed to the group.

**Action Point:** Secretariat to distribute the “State of the Pandemic “presentation to SPF committee members. (Completed)



## Agenda Item 6 – AOB

- A question was asked regarding the Feeley Review and it was acknowledged that SPF group should look forward and engage on the proposals post-election.
- An update on Workforce Planning was requested and the chair advised that many of the issues discussed earlier would be taken into account and the SG policy lead would bring this to the next SPF Committee in May 2021

**Action Point: Secretariat to arrange for an update on Workforce Planning to be included on the SPF committee agenda on 06<sup>th</sup> May 2021.**

**Date of Next Meeting: 06 May 2021 by MS Teams**