



Scottish Partnership Forum Committee

Thursday 6th October 2022

Minutes

Present:

Name	Organisation
Victoria Bowman (Chair)	Scottish Government
Jennifer Martin-Nye	Scottish Government
Sara Eccles	Scottish Government
Anna Gilbert	Scottish Government
Greycy Bell	NHS Dumfries and Galloway
Caroline Cooksey	NHS Dumfries and Galloway
Graeme Ferguson	Scottish Ambulance Service
Derek Lindsay	NHS Ayrshire and Arran
Robin McNaught	NHS State Hospital for Scotland
Frances Carmichael	Unison
Andrew Verecchia	Unison
Claire Ronald	Chartered Society of Physiotherapy
Dorothy McErlean	Royal College of Podiatry
Norman Provan	Royal College of Nursing

In Attendance:

Name	Organisation
Richard Bell	NHS National Services Scotland
Barbara-Anne Nelson	NHS National Services Scotland
Laurence Keenan	NHS Golden Jubilee Hospital
Ingrid Roberts	Scottish Government
Kirsty Brechin	Scottish Government



Scottish Government
Riaghaltas na h-Alba
gov.scot

SPF



Isabella de Wit	Scottish Government
Cat McMeeken	Scottish Government
Alison Carmichael	Scottish Government
Ryan Anderson	Scottish Government
Gary Paul	Scottish Government and NHS Lothian

Apologies from:

Name	Organisation
John Burns	Scottish Government
Gillian Russell	Scottish Government
Martin MacGregor	Royal College of Nursing
Lilian Macer	Unison
Pauline Howie	Scottish Ambulance Service

Welcome Attendees and Minutes

- Victoria Bowman welcomed attendees, and noted apologies from John Burns, Gillian Russell, Lilian Macer, Pauline Howie, and Martin MacGregor.
- Minutes from the SPF meeting on 7th June were agreed as an accurate record.
- All action points from the last meeting are marked as complete. These include:
 - **07062022 (1)** Engage over nominations for TU reps for recruitment workstream.
 - **07062022 (2)** Ryan Anderson to share Data Strategy presentation slides.
 - **07062022 (3)** SPF Secretariat to look at meetings and propose agenda, and plan for virtual and in person meetings. (taking place Nov 3)

Outcome: 7 June 2022 SPF minutes agreed, with actions marked as complete.

Agenda Item 2 – National Care Service

Ingrid Roberts presented on the National Care Service (NCS) Bill:

- The NCS bill is a framework bill and responsibility for its contents sit across various teams in Scottish Government. Responses to the Scottish Parliament's call for views on the NCS bill closed on 2 September 2022.
- The NCS was initiated after the Independent Review of Adult Social Care, which compelled ministers to act on its recommendations.
- The process is not a superficial restructuring, but targets meaningful change to systems and organisations.
- The first annual NCS Forum was hosted on Monday 3rd October, and is the first of a series of annual co-design events with Stakeholders
- The Social covenant steering group is made up of people with lived experience of social care, who will be involved in service design. A design school will support people and organisations to translate to effective systems.
- A charter is being created for NCS, and will contain rules for handling complaints, to help refine and test the system.
- Ministers do not want to disrupt good practice where it exists.
- There will be a duty to collaborate and exchange information between the NCS and NHS.
- This should deliver a nationally-consistent, integrated and accessible electronic social care and health record. The NCS team are working through GDPR requirements as part of this work.
- Procurement changes will enable not-for-profit organisations to bid for social care contracts.
- There are key strategic documents published as part of the ongoing development process. These include:
 - The NCS Bill Policy memorandum, and financial memorandum.
 - A statement of Benefits; and,
 - Paper on co-design, with data and evidence papers.

SPF Members Comments

- Research shows LGBT care receivers will often return 'into the closet' at the stage of life where they begin to receive care.
- **Response:** We have a Stakeholder Communication and Engagement unit. They are involved in consultation with Ethnic Minorities, Young People, and other minority groups. The unit has also engaged with LGBT stakeholder groups.
- Interested in methodology for co-design. Have principles of integrated planning (that cover different dimensions), been built in to ensure plans are deliverable?(Finance Planning, Workforce Planning, and Service Planning).
- **Response:** The NCS team have involved a broad range of stakeholders as part of the co-design process to enable successful planning. They have published a paper on co-design and a series of data and evidence papers.

Outcome

NCS Policy Team to return to SPF for future engagement. Ingrid Roberts offered to provide a further update, or to refer to a colleague to address more specific elements of NCS development, as directed by SPF members.

Agenda Item 3 – Data Strategy

Ryan Anderson returning to the forum, following a previous address at the meeting of March 22. Thanked members for their contributions to the consultation.

The Digital Health and Social Care Strategy was released in November 2021. The development of a Data Strategy is a continuation of this work.

Core Ambitions of the Data Strategy: Data access for the public; utility for organisations; support for researchers and innovators.

What can we achieve with data: Personalised Data Storage; Managing Public Health; Data from Wearables.

- **More accessible and flexible use of data:** Opportunity for the public to manage the data they share with Health and Care Systems.
- **Managing Public Health:** Covid has been an example of where aggregated H&SC data was widely used by a national audience.
- **Wearables;** The strategy reflects on how we can integrate wearable data, where we have it, for use by Health and Care Professionals.

Potential from Data Strategy is far from being realised within existing infrastructure and data systems.

The consultation on the Strategy Identified the following key Themes:

- 1) **Ethical approaches to data;** Transparency (understanding how we use people's H&SC Data)
- 2) **Data Access.** Create a new digital front door. Will be multi-channel, and may extend beyond the NHS.

- 3) **Technology & Infrastructure:** Not going to be a single system, but likely to have multiple systems that are better at interacting with each other.
- 4) **Skills, Talent & Culture:** people need to be competent in using data. Systems should also cater to data specialists. Create a specialist career pathway, as it is difficult to retain people in this competitive sector.
- 5) **Insight:** into service delivery and improvement
- 6) **Industry, Innovation & Research.** There is a low level of trust with industry. We need to build trust amongst public, and better at defining the business cases for specific involvement.
- 7) **Information Governance & Security**
- 8) **Data Standards & Interoperability:** Envisage that development will not mean a single integrated system, but increasingly interoperable ones.

Summary of Next Steps : Consultation Analysis > Strategy Drafting > Impact Assessments > Governance & Sign-off > Publication

Working with England and Northern Ireland. We will be closely aligned, although resource and scale are not the same as NHS England. This is an iterative strategy.

SPF Members Comments

- Members enquired whether England were in fact considerably ahead of Scotland in terms of Data strategy realisation, and whether we should be learning from and using their systems if they are well ahead of us?
- No, we are somewhat behind, but it is not significant, and we should continue to cater to Scotland's specific needs.
- Publication of the Data Strategy is now set for January.
- Information on Strategy, and in particular Workforce elements can be circulated to SPF.

Outcome

Members welcomed progress with the strategy, and invited Ryan Anderson and the Data Strategy team to return at the appropriate time.

Agenda Item 4 – The National Elective Co-ordination Unit

- We are seeing increased patient backlogs. The Centre for Sustainable Delivery have been asked to mobilise the NECU to ensure we fully use elective capacity.
- This initiative will identify overspill capacity; by establishing robust internal and external governance frameworks. It builds on practice during COVID-19 where boards improved mechanisms for mutual aid.
- It will link-up resources, facilities and workforce to ensure that capacity is used in a complementary way. Patient vetting will enable the most appropriate patients to receive treatment at the right time.
- We have seen positive outcomes from pilot campaigns, and there are now efforts to upscale the programme.
- The programme is engaging through SPF and Employee Directors to make sure that they make all the relevant workforce and HR considerations.

- HR representation from GGC, Lothian and GJH, as well as two Staffside representatives are involved on the programme board.

Comments from Members

Are staff having to move to deliver treatment?

In pilot, it was patients that were transferred, as opposed to staff, with a validated protocol for transferring the patient record.

Are we factoring in capacity for additional pre-hab and re-hab activity?

A SLWG have been set up for NTCs over the past few months, which includes consideration of follow-up arrangements. Clear delineation of what is additionality or core, and to make sure that capacity for re-hab elements is available for additional elective work. We are building in capacity for follow-up, and unanticipated responses.

Will this require additional funding, not specific to winter pressures?

It is anticipated that this will be cost neutral, as it will reduce financing required to support additional elective care through the private sector. We will identify any further funding allocation if it required.

What about patients who cannot travel, non-attendance, and waiting list validation, and transport?

There is a standardised approach. If a patient is hindered by transport, we will do our best to make arrangements. Where patients are not able to travel, they will remain at their host board.

Outcome

SPF welcomed the engagement from NECU over the pilot programme, and retains an interest in its progress.

Agenda Item 5 – Retention

- The Expert Advisory Group on consultants nearing retirement age has drafted a report and recommendations to support the retention of this group of consultants, on best practice adopted by Boards.
- The Advisory Group is not responsible for delivery or monitoring the implementation of the recommendations.
- Other work is underway to support retention: by NES on the retention of Junior Doctors; Primary Care Directorate for GPs, and the Nursing & Midwifery Task and Finish Group will consider the recommendations for these groups of staff.
- Recommendations are already being addressed through the Retire and Return policy and pensions flexibilities devolved to NHS Employers.

Outcome

SPF noted the publication of the report by the Medical Retention Advisory Group, and will take a strong interest in the development of this and other strands of retention work.

Agenda Item 6 - Leading to Change

- Leading to Change event took place on Monday.
- The website URL was shared with the group. With phase 1 of digital development. Members can create an account and access services.
- The work on Leadership has been shared with a wide range of stakeholders and many SPF members will have been notified of work in other forums.
- There is also ongoing development on the Workplace Cultures and Wellbeing Strategy. Members have been involved in stakeholder engagement, and will be invited to disseminate.

Outcome

SPF welcomed the update on Leadership and Wellbeing, and will continue to be involved in their development.

Agenda Item 7 - Recruitment

- Announcements have been shared by the Cabinet Secretary this week as part of winter planning. The H&SC winter overview, which was announced by Mr Yousaf on Tuesday 4th October, and published on the SG Website.
- £8 million is being provided for international recruitment of 750 Nurses and Midwives. We will be supporting boards with this recruitment, and recruitment of band 4 Healthcare Support Workers.
- We have written to students, less than 15 hours a week (whilst safeguarding study time)
- Volunteering hub as part of BRC is exploring a variety of roles, to support discharge in the community.

Comments from SPF Members

- Request for the checklist shared with Health Boards for international recruitment. AHP leads have identified problems with equity of access to support, by staff group. International Recruitment can feel disjointed and Nurse focussed.
- Is there monitoring at an SG level to see what is happening with recruits? Capability cases amongst those who have recently arrived, which could cultivating negative attitudes about International Recruitment?
- We collate data on the number of international recruits, and meeting regularly with international recruitment leads. We will endeavour to ask these leads about the question of capability, so that we support staff as best we can.

Outcome

Isabella to share the Checklist for international recruitment, and to discuss the point on capability cases with international recruitment leads.

AOB:

No additional business raised