

SPF Committee Meeting
Tuesday 19 March 2024, 14:00 – 16:00
MS Teams
Meeting Minute

Attendees

Confirmation of members in attendance at the time of writing:

Name	Organisation
Frances Carmichael (Chair)	Unison
Gillian Russell	Scottish Government
Jane Hamilton	Scottish Government
Suzanne Thomas	Scottish Government
Derek Lindsay	NHS Ayrshire and Arran
Robin McNaught	The State Hospital
Sarah Leslie	NHS Ayrshire and Arran
Colin Lauder	NHS Lanarkshire
Grecy Bell	NHS Dumfries & Galloway
Louise Bussell	NHS Highland
Anne-Marie Cavanagh	Golden Jubilee National Hospital
Norman Provan	Royal College of Nursing
Scott Anderson	British Medical Association
Martin MacGregor	Royal College of Nursing
Karen Leonard	GMB
Gavin Fergie	Unite
Claire Ronald	Chartered Society of Physiotherapy
Jaki Lambert	Royal College of Midwives
Sylvia Stewart	Unite the Union
Dorothy McErlean	Royal College of Podiatry

Additional attendees:

Name	Organisation
Niall Anderson (Secretariat)	Scottish Government
Maruf Kadir	Scottish Government
Richard McCallum	Scottish Government
Morven Armour	Scottish Government

Apologies from:

Name	Organisation
Anna Gilbert	Scottish Government

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Karen Reid	NHS NES
Andrew Verrecchia	Unison
Alison Carmichael	Scottish Government

Agenda item 1: Welcome, Introductions and Apologies

- Frances Carmichael welcomed attendees, and confirmed that with those present, the meeting was quorate, and welcomed those joining for the first time.
- Apologies were noted from Alison Carmichael, Karen Reid and Andrew Verrecchia.
- Minutes from the meeting of 4th of October were agreed by the group.
- Actions relating to the NHS Staff council, 'Health Safety and Wellbeing Group' were marked as Ongoing. An action on covid special leave being considered by STAC was marked as complete.

Item 2 Morvern Armour : Future Pandemic Planning – Health Workforce Guidance for NHS Boards

- The Scottish Government Information Governance Team have captured lessons learned during the COVID-19 pandemic, and have begun work to commission and develop future Pandemic guidance.
- They are using 2009 Flu Pandemic Guidance as a framework for draft guidance to address future civil contingencies.
- The work proposes identifying a central group of stakeholders, who can be stood-up at short notice, to shape the NHS Scotland Workforce response.
- The group could fulfil a similar role to the Workforce Senior Leadership Group (WSLG) during the COVID-19 pandemic.
- Officials propose that the development of Health Workforce Pandemic guidance could be owned by the SPF who may wish to delegate operational components to SWAG, or to establish a joint working group.
- A sub group would also be responsible for reviewing the stakeholder list on an ongoing basis (approximately biennially).
- Policy officials aim to deliver a final version of the guidance by the end of 2024.

Comments

- Given SPF's strategic role, members would like to be involved at the design phase, and not only feeding into draft proposals.
- Some members noted that the Workforce Senior Leadership Group, was only effective for those invited to the group, with other stakeholders feeling they had no route to influence.
- In a future group we should replicate all stakeholders engaging in our existing partnership structures.
- Because there was such a focus on acute care, staff within services focussing on rehabilitation (i.e physiotherapists) were often re-deployed, and felt devalued.

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- If we are to replicate the successes from WSLG, we should recognise the integral role of a wider stakeholders, including those from social care and local authorities, who contributed to the group.
- SG officials reassured members that by reviewing our approach, we will seek to involve all the appropriate stakeholders.
- We need to reflect on how members cascade information discussed internally, to their wider constituent groups. We also need to consider how information cascaded from Scottish Government to Health Boards, can be more consistent, with differences noted between guidance issued from different sources.
- By defining as pandemic guidance we could limit ourselves, and we may want to consider other population level emergencies, or significant environmental events.
- The group recommended that work on pandemic guidance should be progressed through an amalgum group, with SPF, SWAG and STAC representatives.

Outcome / Actions:

- **A subgroup representing SPF, SWAG and STAC members will collaborate to develop guidance by the end of 2024. The guidance will return to SPF Committee who will retain oversight for the work.**

Item 3 : Health Finance – Richard McCallum

- Richard McCallum attended SPF regularly in the past, and would be happy to re-establish more regular updates to the group regarding Health Finance.
- A £19 billion has been allocated to NHS Recovery, Health and Social Care portfolio, and a summary of the distribution was provided to the SPF.
- There are significant existing financial challenges, and some of the remaining budget committed, or for allocation to contractors.
- As Health and Social Care represent such a big component of the SG budget, it is expected to live within its means. SG Health Finance have done analysis on historic NHSScotland Savings.
- Financial decisions continue to be reviewed through the 'Choices Programme'.
- Uncertainty over UKG funding consequentials, which are non-recurrent, makes longer term financial planning for health challenging.
- Care and Wellbeing Portfolio and the Wider Reform Package need to run in parallel with our financial plans.

Comments

- There are a number of financial pressures that affect all boards, such as high cost treatments, new technologies and services, and there is a risk of a lack of consistency in the approach we take.
- The NHS Planning and Delivery Board has been created to identify new systems, technologies, and services, at a pan Scotland level.

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- Members noted that it may be helpful to invite someone from the NHS Planning and Delivery Board to a future SPF meeting. Members recalled EPSOG (efficiencies, productivity and systems oversight group), had a similar role, which was effective in the past.
- Pay issues were mentioned as non-recurring items, that should be hardwired into future budgets. Officials confirmed that pay is hardwired into future budgets, but that monies arriving on a non-recurrent basis, pose challenges in planning for recurrent costs.
- Members noted that we need to expand the conversation beyond what is politically palatable, to address differences between public expectations and what is deliverable.
- Officials noted that the Deputy First Minister alluded to a National Conversation, involving the public in reform of Health and Social Care.
- Financial pressures will impact on industrial relations, and the SPF should work with Area Partnership Forums, to respond to these challenges as boards are faced with difficult financial decisions.
- SPF needs to look closely at how we work with Area Partnership Forums and how information flows from a local to a national level. This will help leaders to understand the impact and associated risks from decisions at a strategic level.
- Reflection on the body or research on austerity, and its impact on health outcomes, and health inequalities. There will be unintended consequences from making savings. Boards will evaluate the impact of these savings, but how will they be monitored at a national level to understand the associated harms?
- Noted a trade-off between staff pay rises, and staffing numbers. Workforce growth in the vaccination workforce, and additional funded beds created in Covid. Other challenges addressing length of stay.
- Spending decisions such as vacancy management, where we revert to agency spend, or reducing funded beds, which then leads to corridor care, and reduced clinical outcomes, are false economies.
- Following the pandemic, the public may be more receptive to changes in healthcare systems, providing an opportunity to drive further change, and communicate to the public what health provision looks like.
- Because of an aversion to risk in politics, realities are not being placed in front of the public, about what Scotland can afford.

Outcome / Actions:

- **Finance should be on the agenda at SPF on a regular basis, so that this discussion can happen more frequently.**
- **NHS Employer representatives and trade union representatives should meet to suggest an approach for SPF to link with APFs more effectively.**



Item 4 – Acute Service Reform

- Apologies on behalf of colleagues with the Reform team who were unable to attend.
- The Acute Service Reform team have recommended that we seek a standalone session to address the Area Partnership Forum at a local level.

Comments

- Accepting of a meeting which would be dedicated to Acute Service Reform, although suggested that this should be extended to a wider group of representatives from National Staffside beyond the SPF.
- NHSS Employers were also open to a session that focused on Acute Service Reform.

Outcome / Actions:

The SPF secretariat team will arrange an extraordinary standalone SPF meeting to discuss Acute Service Reform.

Item 5 – SPF Future Development – Jane Hamilton

- Work has begun on identifying key themes for SPF to focus on engagement, which were on Innovation, Finance, Equality and Diversity, and Remote and Rural. We have also shared a draft workplan with the group to suggest a range of relevant groups.
- We have retained space at meetings so that they can pick-up emerging issues that arise in the meantime.
- By having a flexible approach we can improve our role and influence on policy development.
- Asked for the forum to provide thoughts on the workplan.

Comments

- It would be helpful to reflect on some of the issues raised today. These include Health inequalities, digitisation, culture.
- Is there an opportunity to find a way in which we work in partnership nationally, to help improve partnership working in the service at Area Partnership Forums.
- Issues with quoracy can affect our ability to effectively take a flexible approach. Can we review the rules around quoracy, or our membership.
- Noted that this discussion has taken place on many occasions, and that we need to make use of existing literature from reports by Strathclyde and Stirling.
- Where do we fit in our communication with Area Partnership Forums. Induction pack and terms of reference.
- **Action: Can we look at developing an induction pack, and sharing this, and an the Terms of Reference with new members.**

- When we do things at pace. Shared space where a discussion can take place prior to the meeting, and a list of deputies that can help resolve quoracy issues.
- Suggest the idea of shadowing, so that people are familiar with SPF and its role.
- **Trade Union and Staffside Members to meet to discuss how awareness of Partnership Working can be shared across the service.**

Agenda Item 4: AOB

- No items were raised under AOB.

[END]