

Scottish Partnership Forum - Committee
Tuesday 4th October 2023
Meeting Minute

Attendance List

Present:

Name	Organisation
Gillian Russell (Chair)	Scottish Government
Jane Hamilton	Scottish Government
Anna Gilbert	Scottish Government
Iain Turner	Scottish Government
Karen Reid	NHS NES
Derek Lindsay	NHS Ayrshire and Arran
Robin McNaught	The State Hospital
Norman Provan	RCN
Claire Ronald	Chartered Society of Physiotherapy
Andrew Verrecchia	Unison
Jaki Lambert	Royal College of Midwives
Dorothy McErlean	Royal College of Podiatry

In attendance:

Name	Organisation
Robert Henderson	Scottish Government
Stephen Lea-Ross	Scottish Government
Niall Anderson (Secretariat)	Scottish Government
Katherine Goodwin	Scottish Government
Grant McPherson	Scottish Government

Apologies:

Name	Organisation
John Burns	Scottish Government
Alex McMahon	Scottish Government
Donna Bell	Scottish Government

For SPF we require 4 Employers, 5 Staff Side and 4 Scottish Government representatives to be quorate.

Welcome Attendees and Minutes

- Gillian Russell (Director of Health Workforce), welcomed attendees.
- 3 NHS Employers were present, and therefore the meeting was not quorate. Those present agreed to proceed.
- Minutes from the meeting of SPF Committee on 6 June were agreed.

Agenda Item 2: Workforce Strategy – Stephen Lea-Ross

- A project team has been established to oversee development of the annual update to the National Workforce Strategy.
- Scottish Ministers committed to publishing a periodic update, focussing on the action plan, which sets out over 100 short, medium and long-term actions.
- In the meantime there have been significant developments relating to pay [AfC and Medical and Dental], modernisation of terms and conditions, and by the Nursing and Midwifery Taskforce, which will have an effect on the health workforce.
- The annual update contains a significant outstanding commitment to produce long-range workforce projections for the health and social care workforce. The Cabinet Secretary has asked Ms Todd to lead on this project.
- It is also an opportunity to reflect progress on recruitment to National Treatment Centres, and growth in International Recruitment.
- Work is being done to refine a workforce planning tool, and to help Health Boards to frame their own recruitment needs.
- Staffing challenge will present a challenge In terms of our planning, and we will have to determine what are the priority areas for growth within the system.
- The annual update has been discussed with HSCMB, and Ministers, with further engagement co-ordinated by our SG workforce planning team.

Comments

- Much of our current work is interconnected, and it is difficult to appreciate where decision making power lies. Links between the Health and Care Staffing Act, the Nursing and Midwifery Taskforce, and the AHP Education and Workforce Review are evident. However, it is unclear how each piece of work maps together, and whether these teams are talking to each other?
- Deputy Director Health Workforce Development and Planning: We have tried to organise activity surrounding the five pillars of the Workforce Strategy under the oversight of the Strategy Implementation Oversight Board, which includes commitments on Junior Doctors Pay, and the Nursing and Midwifery Taskforce.
- Delivery is paused for some National Treatment Centres (NTCs). Do commitments to employ 1500 extra staff remain in place?
- Options are still being considered for some NTCs, amid challenges with capital investment. We have recruited approximately 1000 staff already, and we are likely to meet the 1500 commitment regardless. Actual workforce requirement for NTCs are likely to be larger than initially forecast.
- **Karen Reid:** It is encouraging to see us link population health need with workforce planning. Increased international recruitment capacity should be applauded. We need to think about what lessons we can take from this. We

also need to consider diversification of the workforce, and identify which skills and responsibilities sit with which roles. We may also want to think about how AI can influence future of healthcare services.

- **Action:** to outline headline governance structure for range of related workforce activity, which can be discussed with the group at a future Secretariat meeting. This includes confirming where oversight of the AHP review sits in the context of the Strategy Implementation Oversight Board.

Agenda Item 3 - Update on Safe Care Work: In light of the Lucy Letby verdict – Robert Henderson

- Quality Assurance work, (the name has subsequently changed from 'Safe Care Work')
- The Cabinet secretary wrote to chairs of Health Boards to seek assurances over each boards clinical and corporate governance processes, and use of data as a diagnostic tool to see how they are performing against these.
- We have received responses from health boards, intended to provide assurances on the safeguards in place within the system.
- We also want to consider how well the information is gathered, and what we learn at a system level. The work does not aim to address individual cases.
- These issues also relate to whistleblowing, and efforts to encourage staff to speak up.

Comments

- We can never 100% guarantee that bad things can't happen within the system. However, we should seek every opportunity to minimise the likelihood of these events occurring.
- It was noted that there will be a crucial role for Staffside on this issue.
- This work is at an early stage, and as the work progresses, SPF may want to consider opportunities for further partnership engagement around this work.

Agenda Item 4: Winter Resilience – Katherine Goodwin.

- Cabinet Secretary and Councillor Kelly jointly led a winter summit on 22 August, with engagement from 300 local leaders across Health and Care.
- The team have also engaged extensively with organisations across the system, outside of this session, in advance of publication of the plan.
- The work has been done in partnership with COSLA, who are joint stakeholders in the plan, and involved in joint governance.
- A winter plan has been published for winter 23/24. We are currently in the 'Build and Prepare' phase, but are beginning to transition into the active phases of the plan as the more intensive period over the winter begins.
- Each Health Board has contributed to a baseline assessment of readiness was conducted through the Winter Readiness Checklist, in advance of publication of the plan.
- The plan includes specific actions that have been effective in mitigating winter pressures in the past.

- We want to avoid a short term emergency/reactive response that involves SGORR.
- The plan is structured around several themes, but Katherine particularly emphasised the recruitment, retention and wellbeing of the workforce, which is an important strand, and especially relevant to the group.
- The plan also includes a national target operating model, with key indicators of the pressure within the system, and Health Board Performance.

Comments

- Claire Ronald welcomed the opportunity to discuss the work before winter pressures have fully arrived, although Certain parts of the service are already noting increased pressures.
 - We need to determine an appropriate baseline measure from.
 - In terms of wellbeing, guidance on COVID-19 special leave is causing confusion. Noted high levels of presenteeism amongst staff.
 - NHS Staff Council (UK-wide), has a 'Health, Safety and Wellbeing Group', and Claire noted that there is no area of the partnership working that currently covers that remit.
- Katherine Goodwin, confirmed that trigger points have been identified to help measure the level of pressure, using metrics from the Target Operating Model. Self-assessment mechanisms include readiness checklists, measures for delayed discharge, and occupancy, used to assess local system pressure.
- Karen Reid: When are we going to move from winter pressures, to implement a new operating model across Health and Social Care?
- Can we be engaging more with the independent sector to improve resilience in social care services, through greater flexibility in commissioning.
- How do we know that there are enough Local Authority staff to conduct assessment. Closer modelling through COSLA will increase resilience within Social Care.
- The Welsh Government have identified that pressures are not exclusively a winter phenomenon, and have branded their work as 'National Planning'.
- Winter Planning gives us the opportunity to look at opportunities to change things. Winter planning should be viewed as part of a planning cycle, rather than a winter plan as present.
- Good work is being undertaken, but as there is little institutional memory, there is a tendency for us to revert to more familiar ways of working.
- **Action:** explore the NHS Staff council, 'Health Safety and Wellbeing Group' – is there scope for a similar group here in Scotland.
- **Action:** Covid special leave is being considered by STAC, and Jane Hamilton will circulate further information on this point.

Agenda Item 5: SPF Future Planning

- At a Partnership Meeting in the spring, various people spoke to the Cabinet Secretary about ways in which SPF can be reinvigorated.
- There have been various points of discussion about what SPF's role should be, and how the role of the forum has changed. We want to make sure that

we are clear about our purpose, and that we set priorities and responsibilities for the year ahead.

- The co-chairs have had initial discussions and these will continue at the next SPF Secretariat meeting.
- It is important that we get early information and contribution from SPF Committee on their vision for the group.

Comments

- We should be more proactive in influencing and informing Health and Social Care.
- The responsibilities of SPF are more nebulous than either SWAG or STAC and therefore sits outside our comfort zone. We need to be not merely influencing decisions, but forward thinking. There needs to be clarity on the group about how we define our role. There is a tendency to pull back and discuss the here and now, rather than focussing on emerging issues, and things that will shape future Health and Social Care services.
- We have to get through to the nitty gritty problem of Social Care, with proper representation, and effective discussion.
- The Social Care system is large, and if you let one representative in (re: Social Care), you let the whole system in. What other forums elsewhere engage with these interest groups and how we engage with it? There is a new Social Care Taskforce (which may be able to update SPF). Wary, that the forum could become ungainly if we grow too much.
- We need to be clearer on Social Care representation. The NHS employs Social Care staff. SPF is about early and strategic engagement. Social Care partners provided valuable input at an early stage in the Clinical Strategy, and the Derek Feeley report on social care. SPF membership from Social Care will depend on the direction that the NCS takes.
- SPF originally preceded engagement at SWAG and STAC, and set agendas. This is not how partnership currently operates. The group needs to be realistic. We need the time to sit down and refresh the group. As well as updates, it is important that members of the group have the opportunity to share their knowledge and add value.
- A meeting doesn't give you enough time to have the detailed discussion that we have. We need to be a decision making body. The last decision the group made was in relation to the Clinical Strategy. SPF has effectively operated as an oversight group, rather than a strategic group. Inclusion of local authorities has been tried, and created an element of stasis, as they were unable to represent all their constituent parts. As SPF meets once a quarter, it cannot work at pace, which has limited its involvement in other urgent areas of work.
- Scotland are lucky to have the partnership infrastructure they have. Questioned how often we evidence when and where this is adding value? Have we identified the risks and ramifications where decisions aren't made in partnership?
- Members highlighted interest from WHO in Industrial Relations environment in Scotland, and the influence of partnership on decision making.
- Are we a decision making body? What influence are we having, and are there other models that we can consider?

- **Action:** Reflect on points raised within discussion for an options paper which can be discussed at an in-person workshop.

AOB:

- No items were raised under AOB.