

SPF Committee
Wednesday 2 October
13:00 – 14:30
MS Teams
Minute

Attendees

Name	Organisation
Karen Reid (Chair)	NHS NES
Laura Zeballos	Scottish Government
Jane Hamilton	Scottish Government
Anna Gilbert	Scottish Government
Donna Bell	Scottish Government
John Burns	Scottish Government
Alan Gray	Scottish Government
Derek Lindsay	NHS Ayrshire and Arran
Sarah Leslie	NHS Ayrshire and Arran
Colin Lauder	NHS Lanarkshire
Grecy Bell	NHS Dumfries & Galloway
Louise Bussell	NHS Highland
Robin McNaught	The State Hospital
Anne-Marie Cavanagh	Golden Jubilee National Hospital
Frances Carmichael	Unison
Norman Provan	Royal College of Nursing
Martin MacGregor	Royal College of Nursing
Scott Anderson	British Medical Association
Keir Greenway	GMB
Gavin Fergie	Unite
Andrew Verrecchia	Unison

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Claire Ronald	Chartered Society of Physiotherapy
Jaki Lambert	Royal College of Midwives
Gordon Archibald	Unite the Union

Additional attendees:

Name	Organisation
Zachary Deponio (Secretariat)	Scottish Government
Diane Maclaine (Secretariat)	Scottish Government
Paula Speirs	Scottish Government
Kathryn Brechin	Scottish Government
Grant McPherson	Scottish Government
Sarah Wood	Scottish Government
Alison Carmichael	Scottish Government

Apologies from:

Name	Organisation
Richard Foggo	Scottish Government

Agenda Item 1: Welcome and Introductions:

For SPF Committee, we require 4 Employer, 5 Staff Side and 4 Scottish Government representatives.

- Zachary Deponio (Scottish Government Secretariat) noted that the meeting was quorate.

Agenda Item 2: Service Reform Engagement

Paula Speirs (PS) addressed the group to provide an update following the SPF Extraordinary meeting on 8 July.

PS confirmed the following:

- The group are continuing to progress work on engagement following the Cabinet Secretary's parliamentary debate in June.
- Three strands of work are underway include:
 - Engaging public on reform, working with alliance group with report due from them at the end of October 2024. The group will review all intelligence and insights received, with a view to understand existing gaps.
 - Working with HIS community engagement on immediate reform that has been progressed relating to a number of fragile services.
 - Engagement with staff; since July, there has been a small group established to further develop the approach to engage with staff, which is led by NHS Orkney Chief Executive and a number of Comms colleagues across Boards.
- The group are meeting in the week ending 4 October 2024 to finalise specifics on how to engage with all staff, including local partnership forums.
- The group will seek support from SPF regarding representation on that group and the Cabinet Secretary is keen to be involved within the multi-channel approach, targeted workshops and focus groups.

Comments/Discussion

- KR welcomed engagement with SPF and local partnership forums to support staff engagement planning.
- PS confirmed that the small group is formalising the plan of the plan, but emphasised that staff side engagement is a part of that planning.
- There were comments from the group regarding understanding the remit of the group, and to ensure the likes of Scottish Association of Medical Directors



(SAMD) and NHS Directors are fully engaged in taking forward important reform programme.

Outcome

- PS will take forward with group how best to engage/include staff side into planning.
- PS to look at wider staff engagement but also how to draw on existing networks, highlighting the importance of professional networks.

Agenda Item 3: Health and Care Staffing Act

Kathryn Brechin (KB), Chief Nursing Officers Directorate (CNOD) and Grant McPherson (GMc), Health Workforce (HWF) presented an overview of the Health and Care (Staffing) (Scotland) Act 2019 to the group. KB and GMc confirmed the following:

- All provisions of the act came into force on 1 April 2024.
- The aim of the Act is to be an enabler of safe and high-quality care and improved outcomes for patients, service users and people experiencing care. It applies to all clinical professions.
- Following commencement there are a range of ongoing activities associated with the Act which both CNOD and HWF are leading, supporting and directing internally within SG, and externally with key stakeholders.
- CNOD led the preparations and implementation activity ahead of commencement, and now key parts of this work are transitioning to Health Workforce. The main focus currently is with the reporting requirements within the Act.
- Duty 12IB of the Health and Care (Staffing) (Scotland) Act, requires Boards to provide quarterly reports on the number of incidences they have utilised high-cost agency staff. Scottish Ministers are then legally obliged to publish these reports.
- Responsibility for ensuring the accuracy of reports rests with Boards and it would not be appropriate for Ministers to seek to amend the material content of reports.
- Vacancies was the most common reason for high-cost agency use in Q1. Annual and sick leave cover were the second most common reason.
- Planned reporting to be staggered with official release stats. Next quarterly reports (Q2) are due 31st October covering July to September. However, dates are subject to change depending on external factors.
- Health Annual Reporting on Staffing due 30 April 2025. This will be reviewed by Scottish Government officials and included in a report before Parliament, no later than March 2026.



- Local authorities and Integration authorities must report annually on how they have planned and secured care services, with the first report due on 30 June 2025.
- Scottish Ministers must also lay a report about staffing in Care Services before Parliament before end of March 2026..

Comments/discussion

- Claire Ronald (CR) highlighted the impact of not having additional support available through access to agency staff, to measure areas of risk and requested shared learning from others who don't have access to spend.
- GMc confirmed that although the Act covers all professions listed, it only covers information of when they have utilised hi-cost agency spend. GMc expanded to clarify that it is not exclusive to medical nursing or AHP's, but noted CR's comment.
- KB clarified that the report would only capture when that level of spend (as defined in the Act) has been identified and therefore would be unable to identify specific risk, there is the opportunity to ensure Boards have been compliant with the legislation and maintain appropriate staffing.
- If, through the processes in place to meet the duties of the Act, risk is identified, then it would be reported within the annual reports by Boards.
- Norman Provan (NP) requested clarification on access to the Boards internal quarterly reports required within the Act, for example an overview for national staff side as Boards may be producing reports in slightly different formats.
- KB advised that the Boards have been issued with reporting templates for use when submitting data to SG, however, can produce internal reports in a format of their choosing. HIS have a role in terms of monitoring compliance with the Act, so they have the power to request that information from Boards.
- GMc highlighted that the report is a national picture, but also has the government requirement to decide what leavers they pull to help Boards with their plans.
- In response to a question about the use of the common staffing method in AHP professions, KB clarified the common staffing method is not mandated for AHP as there isn't staffing level tools. It only applies to professions as described in the legislation. HIS have developed multidisciplinary professional judgment tools that have been welcomed by different teams.

Agenda Item 4: Health Finance



As requested by SPF Co-Chairs, Alan Gray (AG) presented an overview of the working of the Barnett consequentials.

AG highlighted the following:

- Operating since 1978, the Barnett formula is used by the UK Treasury to calculate the annual block grants for the Scottish, Welsh and Northern Irish governments and removes the need for annual negotiations between Westminster and the Scottish Government.
- The Scottish Government remains committed to any revenue consequentials related to health to come directly to Health and Social Care.
- The UK setting budget is on 30 October, and that will set out the changes in the budgets to each of the UK Government's departments.
- In recent years, the funding system for devolved authorities has evolved due to the devolution of more tax and spending powers, particularly in Scotland.
- This has led to some adjustments to block grants to support greater tax and spending devolution, though the Barnett formula itself has remained largely unchanged.
- The formula is based on changes to UK government departments' budgets, multiplied by a comparability percentage and adjusted for the relative population.
- The calculation is done for each UK department, and the resulting amount is added to the block grant for devolved administrations. Adjustments can also occur during the year as additional funding consequentials arise.
- Since 2015, tax devolution means that revenues from certain taxes, such as stamp duty and income tax, now go directly to devolved administrations.
- The Barnett block grants are modified using a mechanism called "block grant adjustments," which deducts an amount equivalent to what the UK government would have raised if the taxes had not been devolved.
- This method maintains the Barnett formula as the basis for calculating devolved budgets while allowing devolved administrations to influence the size of their budget, for instance by adjusting tax rates

Comments/Discussion

- AG confirmed that 65-70% of the health budget supports the funding of workforce resources (directly employed staff, primary care contractors and other third party partners)
- Derek Lindsay (DL) highlighted the implication on timing difference on pay settlements. UK pay settlement may result in consequentials coming to Scotland.
- AG confirmed that as long as it has settled in the financial year, it can be managed. However, there can be uncertainty as to how that money will flow.



- CR and NP made points on ineffectiveness, and there not being transparency on what is new money. Asking specifically how does Scotland hold Westminster to account on that yearly shift of new money.
- AG made comment that it is handled in the working relationship. The Perm Sec and Scottish Government work closely so that any budget changes are fully understood. AG acknowledged the concerns, and offered to look into how these concerns can be addressed, but ultimately assured the group that a lot of work goes into obtaining the best possible deal for Scotland.

Outcome

- As a new member of SPF, AG committed to sharing future financial positions and information behind that.

Agenda Item 5: Improving Working and Wellbeing Cultures (IWWC)

Sarah Wood and Alison Carmichael jointly confirmed the following.

- IWWC vision was published on 9 July 2024. It sets out ambitions to enhance working cultures across health by focussing on wellbeing, leadership and equality.
- The Scottish Government's commitment to fostering an inclusive and enabling culture for those working across the service will help staff work towards their full potential.
- The vision is intended to help organisations to embed principles and encourage them to create working cultures, so that staff can flourish and provide the best possible care.
- The action plan, which will detail the specifics, is currently under development but will be circulated once it is ready. AC noted financial constraints holding this back and delaying the action plan.
- The action plan will include national programmes of work.
- It is important to note that the IWWC is not only for health, but the national programmes under this umbrella of work will be available to social work and primary care.
- The national wellbeing programmes, including the wellbeing hub, includes a workforce specialist service which is treatment to help staff with acute mental health issues, including addiction.
- The group have considered recommendations from the Nursing and Midwifery Taskforce (NMT), sub groups and listening projects that are close to concluding. These recommendations will be incorporated into the action plan.
- SW raised that while the development and engagement with stakeholders has resulted in a strategy document that illustrates the plan, there is an



expectation on leaders to promote and enable good working cultures and further engagement sessions to bring the IWWC to life are in train.

- SW further explained that the group plan to engage through existing forums, such as SPF, to help share and embed the plan.
- AC highlighted that assurance of this work under the three pillars is provided by the strategic board which is brought together by the senior leaders. The group held a world café session on 17 September 2024 and opened up the membership to other senior leaders.
- The report from the world café session will be shared in due course. A pre-meet with the Cabinet Secretary, ahead of the next strategic board meeting, will include how the Cabinet Secretary would like to engage with the group going forward.

Comments/Discussion

- There was reminder to think about how to evaluate specific metrics which can demonstrate progress.
- Both staff side and employer representation recognised the helpful strategy, and how important it is to enable counselling services to those who need it, however, emphasis needs to be placed on ensuring people don't need clinical intervention. This needs to be done at a local board level, and ensuring their actions align with the plan.
- Specific comments were raised in Board's ability to implement reasonable adjustments, instead of offering staff resilience training as a way to combat stress, linking its importance to combat high levels of sickness absences.
- AC confirmed that the recommendations from NMT on wellbeing to focus on essential needs of staff, and that there is a focus on the language around trauma to ensure time for reflective practice around trauma.
- AC also highlighted that a reasonable adjustment working group has been formed to look at what more could be done at national level and agreed to come back to SPF, once the scoping stage was over.
- KR highlighted the need for something within practice education to include trauma.
- FC recognised the impact on staff and patients relating to the financial position. This includes the inability to provide reasonable adjustments which is key in preventing future illness.

Outcome

- AC to pick up with Practice Educators in terms of reflective practice around trauma.

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- AC and SW to pick up with Chief Executives around addressing practices and behaviours in Boards relating to stress, and not just sending individuals on Resilience Training.

Agenda Item 6: Any Other Business

- NP provided an observation on the past few engagements, indicating that he, as a staff side representative, is not getting a clear sense of employer views. NP explained that he obtains the views of staff side collectively and presents that to the group.
- KR noted NP's comments, and indicated they will consider these.