



SCOTTISH PARTNERSHIP FORUM

Tuesday 28 May 2019

**Scottish Ambulance Service HQ, Gyle Square, 1 South Gyle Crescent, Edinburgh
Minute**

Present:

Frances Carmichael – UNISON

John Cowie – NHS Borders

Tom Ferris – Deputy Chief Dental Officer, Scottish Government

Anna Gilbert – Head of Staff Governance, Scottish Government

Alistair Grant – Royal College of Nursing

Donald Harley – British Medical Association

Pauline Howie (**Chair**) – Chief Executive, Scottish Ambulance Service

Stephen Lea-Ross, Head of Workforce Practice, Scottish Government

Jason Leitch, Clinical Director, Scottish Government

Derek Lindsay (**by Teleconference**) – Director of Finance, NHS Ayrshire & Arran

Steven Lindsay (**for Gavin Fergie**) - UNITE

Lilian Macer – UNISON

Dorothy McErlean – College of Podiatry

Robin McNaught – The State Hospital Board for Scotland

Claire Ronald – Chartered Society of Physiotherapy

In attendance:

John Malone (**Minute**) – Scottish Government

Richard McCallum - Scottish Government

Jacqui Jones – NHS National Services Scotland

Susan B Russell - Scottish Government

Robert Skey - Scottish Government

Apologies:

Donna Bell – Director of Mental Health, Scottish Government

Catherine Calderwood – Chief Medical Officer, Scottish Government

Julie Collins – Chartered Society of Physiotherapy

John Connaghan – Director of Health Workforce and Performance, Scottish Government

Gavin Fergie – UNITE

Christine McLaughlin – Director of Finance Health, Scottish Government

Matt McLaughlin – UNISON

Lewis Morrison – British Medical Association

Sean Neill – Deputy Director for Health Workforce, Scottish Government

Norman Provan – Royal College of Nursing

Shirley Rogers – Director for Health Workforce, Leadership and Service Reform,
Scottish Government



Mary Ross-Davie – Director of Royal College of Midwives
Caroline Sharp – Director of HR, NHS Dumfries and Galloway
Justine Westwood – Head of Transformational Change Policy, Scottish Government

Agenda Item 1 – Welcome, introductions and apologies

The Chair welcomed everyone to the meeting and noted the apologies. The Chair advised that the meeting was quorate.

Agenda Item 2 – Minutes and summary of action points of meeting held on 14 February 2019 and any matters arising.

- The minutes of the meeting were agreed as an accurate record.
- Action Point 1 (Partnership Research Report - Present action plan to SPF Committee) is on the agenda and will be covered.
- No further action points.

Agenda Item 3 – John Sturrock Report, recommendations and way forward

Stephen Lea-Ross referred to the paper, which had been circulated prior to the meeting. The following points were raised:

- Over the past months, there has been continued press coverage about a bullying culture in NHS Highland. This was instigated by four senior clinicians who blew the whistle claiming that there is a 'systematic culture of bullying' and that around 100 health workers had come forward as 'victims'.
- The Scottish Government offered external, independent support to help NHS Highland understand and address any concerns raised and this was accepted. On Friday 23 November 2018, the Health Secretary announced that John Sturrock QC would conduct an independent review into the bullying allegations. The scope of the review was to:
 - Create a safe space for individual and/or collective concerns to be raised and discussed confidentially with an independent and impartial third party.
 - Understand what, if any cultural issues have led to any bullying, or harassment, and a culture where such allegations apparently cannot be raised and responded to locally.
 - Identify proposals and recommendations for ways forward that will help to ensure the culture within NHS Highland in the future is open and transparent and perceived by all in this way.



- Mr Sturrock held a series of private meetings and took evidence from over 200 individuals, including current and former staff, who contacted him to raise concerns. The final report was published on 9 May 2019 and the Health Secretary made a statement to parliament and has published the Scottish Government's response.
- The Review identified a number of significant cultural issues that have potentially contributed to a variety of situations and circumstances in which there has been behavior that might reasonably be described as bullying, or at the very least, inappropriate.
- Scottish Government expect the Board of NHS Highland to carefully consider this substantive report and actively engage with staff at every level to consider its conclusions and recommendations and how these can be positively applied in NHS Highland. Scottish Government acknowledges that there is important learning and reflection here for other NHS Scotland health boards and for the Scottish Government.
- The Health Secretary will therefore be writing to all health boards in Scotland to ask them to consider the Review and look again at the effectiveness of their own internal systems, leadership and governance. There will also be consideration on how the Scottish Government works to improve its existing relationships with health boards, reflecting on a number of the observations made in the Review in relation to board governance, and noting the programmes of work already under way to reform health board selection, appointments and training.
- The Health Secretary will convene a Ministerial led Short-Life Working Group (SLWG), with representation from employers, staff-side, the Royal Colleges and the Professional and Regulatory bodies, to examine how we collectively take forward measures that support open and honest workplace cultures. In particular, we will be tasking this group to look specifically at what more we need to do to effectively deliver the behavioral and attitudinal approach to leadership and management that is at the heart of the Sturrock Review.

Independent National Whistleblowing Officer for NHS Scotland

- Legislation was introduced to the Scottish Parliament on 30 April 2019 so that the Scottish Public Services Ombudsman (SPSO) can take on the new role of Independent National Whistleblowing Officer (INWO). This new role and function will cover health boards, primary care and independent providers delivering services for the NHS in Scotland. The proposed go-live date for this new function is summer 2020. The INWO role will provide:
 - an impartial, independent review of the internal handling of whistleblowing cases where there has been a complaint by the individual concerned (or where the health board or provider has asked for the case to be reviewed)



- a national leadership role providing support and guidance to health boards and providers
- The intention is to provide more reassurance and closure than under the current arrangements where the body in question is the ultimate decision maker. The overarching policy objective is to bring whistleblowing cases to a clear, fair and final conclusion in a reasonable timeframe, so that staff and patients are protected.

Whistleblowing Champion

- On 8 October 2018, the Health Secretary announced that she would appoint Whistleblowing Champions (WBC) and that these would be dedicated roles. The role will include the ability for the WBC to directly access the Health Secretary should they feel the Health Board is not acting appropriately when a whistleblowing concern is raised.
- Currently the WBC is an add-on role for a Non-executive Director. The role is intended to provide a level of local scrutiny and assurance independent of the direct management or handling of whistleblowing concerns.
- WBC`s will have no involvement in the application of the local policy, the investigation of any cases, or the operational management of individual cases, as this could potentially compromise the independent scrutiny aspect of the role. Furthermore, WBC are not points of contact for staff in relation to whistleblowing concerns, other than being able to receive feedback from staff, more broadly, on the handling of cases. The current WBC role will be strengthened and will be more front facing. The intention is to have these new appointments made by late 2019.

The Chair gave SPF members the opportunity to comment/feedback on any issues/concerns. The following points were raised:

- Members thanked Stephen for his presentation and highlighted that there is a huge amount of work that is currently being undertaken to tackle bullying and harassment within the NHS. The question was raised as to whether Trade Union officials would be invited to the SLWG. It was confirmed that Trade Unions would receive this invite in due course. A subsequent question was asked relating to what will happen to the current WBC given that the Cabinet Secretary has announced the new role. It was acknowledged that the current WBC`s would be eligible to apply for the new role through the appointment process.
- It was recognised that there is confusion between the current WBC role and what the new WBC role will be. Members requested clarification from the Scottish Government on this. It was also questioned why the Guardian role within NHS England is different to the WBC role. It was acknowledged that the roles are similar however, the WBC role is to provide more scrutiny and assurances.



- It was asked if the proposed summit/SLWG would comprise of staff and trade unions from all levels of the service. It was acknowledged that it would and the Cabinet Secretary would be inviting co-chairs from SPF.
- It was recognised by members that there is no quick fix following John Sturrock's report and one of the major issues which was raised was how to address concerns in order to achieve a positive outcome. It was acknowledged that culture change in the service will take time to deliver but that action needs to be taken to eradicate bullying and harassment.

Outcome: SPF members noted the update and the challenges that lie ahead and look forward to this progress.

Action: Anna Gilbert to circulate the role of the WBC as well as the appointment process.

Agenda Item 4 – Public Health Reform

Robert Skey and Jacqui Jones referred to the paper, which had been circulated prior to the meeting. The following points were raised:

- Scotland's current health challenges are complex and go far beyond the control of the NHS, combining an ageing population; persistent health inequalities; and changes in the pattern of disease.
- Despite improvement over time, average life expectancy in Scotland remains significantly lower than in other countries of the UK and the rest of Western Europe. There are also marked differences between the most and least deprived areas of Scotland.
- Public Health Reform is an equal partnership between the Scottish Government and Local Government (COSLA), recognising that improving the public's health is a shared responsibility at both national and local level.
- The 2015 Public Health Review made a number of key recommendations to strengthen the public health function in Scotland. Reform will deliver against these recommendations by delivering 3 key actions set out in the 2016 Health and Social Care Delivery Plan to:
 - Establish public health priorities for Scotland
 - Create a new national public health body – Public Health Scotland
 - Enable a joined up approach to improving health and wellbeing at a local level
- **Public Health Priorities** - The Scottish Government and COSLA jointly launched Scotland's public health priorities in June 2018. These have been widely endorsed and



demonstrate a broad consensus across Scotland about the challenges we must focus on to improve the health of the population.

- Shared public health priorities for Scotland have been developed through a process of engagement. They provide a focus for closer collaboration and a joined up approach to improving health and wellbeing. The priorities are:
 - A Scotland where we live in vibrant, healthy and safe places and communities
 - A Scotland where we flourish in our early years
 - A Scotland where we have good mental wellbeing
 - A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
 - A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
 - A Scotland where we eat well, have a healthy weight and are physically active
- **National Public Health Body** - The Scottish Government and COSLA will establish Public Health Scotland in 2020, the new national public health body, will enable us to make best use of Scotland public health assets, data and intelligence and our public health professionals, in supporting local areas to create the conditions for health and wellbeing.
- Public Health Scotland will be formed from NHS Health Scotland, Health Protection Scotland and Information Services Division of National Services Scotland.
- The new body will provide a clear vision and strong voice for public health in Scotland and will be accountable to Scottish Government and COSLA. The new body will provide support and challenge to the whole system of partners in the public, private and third sector to improve and protect health and wellbeing.
- **Enable a Joined-up Approach** - Supporting and enabling a whole system approach to improving health and wellbeing in Scotland underpins our approach to tackling Scotland's Public Health priorities and designing Public Health Scotland.
- The reform programme has undertaken a programme of engagement with stakeholders from across the system to raise awareness and build commitment from local partnerships to work collaboratively to tackle the socio-economic and environmental determinants of poor health and wellbeing.
- This engagement has identified a number of key themes that we will progress with partners to support our ambitions around the whole system and will increasingly be the focus of our collaborative effort moving forward.



The chair gave SPF Committee the opportunity to ask questions and offer feedback. The following points were raised:

- SPF members thanked Robert and Jacqui for their presentation. Committee members were delighted to see the focus on Public Health and the importance that it recognises everything from schools to prisons. However, it was recognised that there will be challenges ahead with the creation of the National Public Health Body, these will be crucial to its establishment.
- It was highlighted that there is a perceived lack of Health Colleagues' awareness and engagement, particularly from staffside, into the establishment of the National Public Health Body. It was acknowledged that engagement has taken place from local authorities staffside representatives, it was also highlighted that partnership working is fundamental to the establishment of the National Public Health body and that over 16 months ago staffside have been present throughout the process.
- With the creation of Public Health Scotland in 2020, it was recognised that it doesn't address all the challenges however, this will grow over time with the policy team developing the process and building from evidence.

Outcome: SPF members noted the update and the challenges that lie ahead and look forward to this progress and welcomed Public Health Reform to return.

Action: John Malone to circulate consultation link to SPF Committee members.

Agenda Item 5 – Financial update on NHS Scotland

Richard McCallum referred to the paper, which had been circulated prior to the meeting. The following points were raised:

- The 2018-19 Health and Sport portfolio is reporting a breakeven position across both revenue and capital budgets, subject to the appropriate management of any emerging issues during the audit process both for NHS Boards and the Portfolio.
- Within this position four Boards require brokerage amounting to £65.7 million in total: NHS Ayrshire & Arran (£20 million), NHS Borders (£10.1 million), NHS Tayside (£17.6 million) and NHS Highland (£18 million). This is within our planning assumptions (representing 0.5% of the overall resource budget) and within the level forecast by NHS Boards over the course of the year.
- Integration Authorities are expected to deliver breakeven after taking into account further funding transfers from NHS Boards and Local Government partners, and the use of



reserves. The funding from Health Boards to Integration Authorities is factored into the overall Health and Sport Portfolio budget.

- The 2019-20 Budget set out a focus on investment and reform, ensuring that the Scottish Government delivers its commitment to shift the balance of spending towards mental health and to primary, community, and social care. This includes investing an additional £430 million in our frontline NHS Boards, delivering real terms increases for Boards, transferring £160 million to support social care, and providing funding to support the Waiting Times Improvement Plan.
- Boards' in-year financial positions and a forecast year-end outturn for 2019-20 will continue to be published online on a monthly basis. Due to the financial reporting cycle of NHS Boards, the first full set of information is not available until the end of June each year. The first report will set out the position for the first 2 months of April and May 2019.
- The Medium Term Health and Social Care Financial Framework was published in October 2018 and provides detail on the range of reform activities being undertaken to deliver a financially balanced and sustainable health and social care system.
- The Framework recognised that more money alone cannot, and should not, be the only approach and we must reform our system to deliver the triple aim of better health, better care and better value.

The Chair gave SPF members the opportunity to comment/feedback on any issues/concerns. The following points were raised:

- Members thanked Richard for his update. It was highlighted that there are sometimes differences in the media messaging in relation to Health funding, when compared with the reality of the financial challenges NHS Boards are facing. It is challenging to shift the balance of spend within Boards when there are many existing pressures in delivering services.
- It was also highlighted that there is an increase on the demand in service, which is not necessarily recognised in the additional funding provided.

Outcome: SPF members noted the update and the challenges that lie ahead and welcome this agenda item to be returned to SPF in due course.

Action: John Malone to invite John Colvin to the next meeting to provide an update on territorial and property fail plans 2020/21 as Staff side should be involved in this process.

Agenda Item 6 – Partnership Research Report – Way forward



Anna Gilbert referred to the paper, which had been circulated prior to the meeting. The following points were raised:

- The recent Review of Partnership research conducted by Strathclyde University, concluded that the partnership arrangements in NHS Scotland continue, in the main, to be robust and to function effectively.
- That review did however identify challenges. These relate variously to the changing nature of health and social care services delivery, the ongoing questions of effective governance posed by health and social care integration, and the need for the Scottish Partnership Forum to re-establish its strategic role as the senior forum for partnership working.
- The Review report also identified specific areas where the Forum might consider structural adjustments to its composition, alongside a revised approach to training and development of members, to increase its overall capacity and effectiveness.
- Whilst overall it was recognised that the SPF has a fundamental function to play in shaping and driving policy developments required for a changing health and social care landscape, it was questioned whether SPF, in its current form provides this, and indeed, whether it is currently structurally capable of meeting that need going forward.
- At the last SPF Committee it was agreed that SPF Secretariat would consider an action plan for developing a response to the partnership research and for publication alongside.
- SPF Secretariat members have made a suggestion to the committee as:
 - Propose that the Strathclyde Partnership report be published in the coming months
 - Propose that the SPF Co-Chairs draft a response to the report prior for publication alongside the report
 - Convene a workshop in order to gather others thoughts on how SPF can move forward.
 - The creation of an Action plan
 - In terms of the creation of the Action Plan, and the proposed workshop to develop this, it would be helpful to engage with SPF Committee to determine: Who should attend the proposed workshop i.e. Secretariats from STAC, SWAG, SPF (Joint Secretariat Business Planning Forum). Also should Regional Leads, Health & Social Care be invited?



- What topics should be covered during the workshop i.e. review of the current roles, proposed refreshed roles, is there a requirement for a new title i.e. National Health and Social Care Partnership Forum

The Chair gave SPF members the opportunity to comment/feedback on any issues/concerns. The following points were raised:

- SPF Committee members were supportive of the suggestions noted above. It was also suggested that a mapping exercise of the various strategic groups take place prior to the workshops. The map should highlight the remit of each group and how they interact.
- It was agreed that the workshops should take place, they should be attended by joint Secretariat members, Regional Implementation Leads, SPF, Director Delivery, Health & Social Care integration David Williams, representation from Board Area Partnership Forums e.g. Co-Chairs / Employee Directors. Key points to build into the agenda would include: the delegates understanding and recommendations made within the review. SPF agreed that the Research Report should be published.

Outcome: SPF members noted the update and consented to the publication of the Strathclyde report.

Action: Anna Gilbert to arrange for report to be published. John Malone to arrange workshop session to discuss the way forward.

Agenda Item 7 – AOB

The following papers were circulated to Committee members:

- Update from Workforce Planning.
- Update from National Planning Board – Work plan

Outcome: SPF members noted the updates

Action: John Malone to invite workforce planning to the next SPF Committee meeting.

No other business was raised

Date of Next Meeting: 10 October 2019 (14.00 – 16.00) in Room 4ER, St Andrews House, Edinburgh.