



**SCOTTISH PARTNERSHIP FORUM - COMMITTEE**  
**Tuesday 10 October 2019**  
**Room 4ER, St Andrews House, Edinburgh**  
**Minute**

**Present:**

Greycy Bell – NHS Dumfries & Galloway  
Caroline Cooksey – Director of HR, NHS Dumfries & Galloway  
John Cowie – Director of Workforce, NHS Borders  
Anna Gilbert – Head of Staff Governance, Scottish Government  
Donald Harley – British Medical Association  
Catriona Hetherington **(for Stephen Lea-Ross)** – Scottish Government  
Pauline Howie – Chief Executive, Scottish Ambulance Service  
Derek Lindsay **(by Teleconference)** – Director of Finance, NHS Ayrshire & Arran  
Steven Lindsay **(for Fiona Alexander)** – UNITE  
Lilian Macer **(Chair)** – UNISON  
Dorothy McErlean – College of Podiatrists  
Kerry Morgan **(for Jason Leitch)** – Scottish Government  
Sean Neill – Deputy Director for Health Workforce, Scottish Government  
Norman Provan – Royal College of Nursing  
Mary Ross-Davie – Director of Royal College of Midwives

**In attendance:**

Jack Ashton **(Observer)** – Scottish Government  
Karen Grieve – NHS National Services Scotland  
Jane Hamilton – Scottish Government  
Nichola Hattie – Scottish Government  
Grant Hughes – Scottish Government  
John Malone **(Minute)** – Scottish Government  
Hugh McAloon – Scottish Government

**Apologies:**

Fiona Alexander – UNITE  
Donna Bell – Director of Mental Health, Scottish Government  
Catherine Calderwood – Chief Medical Officer, Scottish Government  
Frances Carmichael – UNISON  
Julie Collins – Chartered Society of Physiotherapy  
John Connaghan – Director of Health Workforce and Performance, Scottish Government  
Drew Duffy - GMB  
Gavin Fergie - UNITE  
Richard Foggo – Director of Population Health, Scottish Government  
Alistair Grant – Royal College of Nursing  
Stephen Lea-Ross, Head of Workforce Practice, Scottish Government



Jason Leitch, Clinical Director, Scottish Government  
Christine McLaughlin – Director of Finance Health, Scottish Government  
Stuart McLauchlan – Royal College of Nursing  
Robin McNaught – The State Hospital Board for Scotland  
Fiona McQueen – Chief Nursing Office, Scottish Government  
Lewis Morrison – British Medical Association  
Shirley Rogers – Director for Health Workforce, Leadership and Service Reform,  
Scottish Government  
Claire Ronald – Chartered Society of Physiotherapy  
Susan B Russell – Scottish Government  
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 28 May 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)  
Meeting is scheduled to take place on 13 January 2020 and will report back to the next SPF Committee.

### **Agenda Item 3 – Workforce Planning Update**

Grant Hughes and Nichola Hattie referred to the paper, which had been circulated prior to the meeting. The following points were raised:

#### **National Workforce Planning Recommendations – Progress**

- The National Health and Social Care Workforce Plan was published in three Parts between June 2017 and April 2018. The plan includes a number of recommendations that, when delivered, will bring about improvements in workforce planning.
- Part 1 of the workforce plan focused on the acute NHS and was published in June 2017. Part 2, covering workforce planning in social care, was published jointly with COSLA in December 2017. Part 3 of the National Health and Social Care Workforce Plan was published on Monday 30 April 2018, setting out the strategy to recruit new and retain existing GPs, along with plans for the wider primary care workforce.



- Key recommendations from the National Workforce Plan parts 1, 2 and 3 have been taken forward through a number of projects and “business as usual” processes.
- To facilitate delivery of these recommendations, a programme and project management structure has been introduced. This governance structure allows controlled monitoring of progress and final delivery of the recommendations from the Workforce plans.

### **National Health & Social Care Integrated Workforce Plan and Guidance**

- The Plan has been refocused and refined over the summer. In doing this the plan has now been structured to focus on what demand looks like, supplying the skills and people needed and actions which will be taken to meet needs and challenges.
- The SPF Secretariat discussed a number of issues previously such as BREXIT, future demand, regional planning and the relationship between workforce numbers and finance. The plan acknowledges that potential EU withdrawal poses a significant risk to the recruitment and retention of staff in the health and social care workforce.
- In addressing future demand the Medium Term Financial Framework has been used as a guide to assuming growth for the purposes of developing workforce planning scenarios. The scenarios initially focus on supply however these will be refined over time with inclusion of factors such as retirement, age profile, emerging models of care and a range of other indicators and trends.
- The Plan makes clear the importance of links between planning for workforce, services and finance – scenario planning will need to be clear that if x changes are made, that means y in financial terms. We want to be able to express the changes being made in financial and service change terms, not just workforce terms – and be clear about this in the Plan, the guidance and the scenarios accompanying it. Rather than continue to focus on numbers of consultant anaesthetists/radiologists/orthopaedics, this will help explore different ways of achieving high quality services, with different skill mixes involving AHPs, healthcare scientists or nurses – and be clear about the financial aspects and economics of these changes.
- In addressing the challenges the draft Plan addresses capacity – how we ensure we have the right staff in sufficient numbers across a range of health and social care priorities - and capability – ensuring workforce planners have the skills they need to undertake effective workforce planning.
- The draft Plan commits to addressing identified gaps in:
  - Radiography
  - MHOs



- Pharmacists
  - Healthcare Scientists
  - Psychologists
  - District Nurses
  - MSK Physiotherapists
- In addition to this, the draft Plan addresses capability, acknowledging the need to understand different approaches to workforce planning across health and social care employers and how skills and abilities are aligned so all employers can consistently workforce plan across the Health and Social Care landscape. To achieve this, the draft Plan commits to:
    - Skills development in workforce planning across health and social care
    - Research to bring consistency and build a national picture of workforce planning
    - Build a strategic and collective approach to workforce planning education and training skills, with input from and alongside the FHE sector
    - Support 3rd and independent sectors to develop workforce planning capability.
  - A final draft of the National Health and Social Care Integrated Workforce Plan is currently being considered by the Cabinet Secretary. Following approval, it will be published jointly with COSLA, with regular iterations planned thereafter.
  - Revised National Workforce Planning Guidance, to be used by NHS Scotland Boards and Integration Joint Boards, is also being finalised and will be released alongside the Integrated Workforce Plan.
  - This guidance focuses on national, regional and local workforce planning activities; on the proposed introduction of a three year workforce planning cycle for NHS Boards and Integration Authorities (through HSCPs); and on revised timescales for the publication and submission of workforce plans and annual workforce review templates to the Scottish Government.
  - Progress continues to be made on workforce planning activity across health and social care, which is being monitored by the National Workforce Planning Programme Board (projects arising from the Integrated Plan specifically) and the workforce planning policy team within Scottish Government. We are working with regional leads to ensure local workforce plans can be aggregated consistently at regional and national levels, making links to 'Once for Scotland Plans' to bring focus to regional planning.
  - Progress on the Integrated Plan has been shared with the National Workforce Planning Group, which includes representation from stakeholders including national staff side, local authorities, voluntary and independent sector interests, NHS Boards and professional bodies.



### **TURAS Data Intelligence Workforce platform**

- Launched by NHS Education Scotland, (NES), the TURAS Data Intelligence Platform went live on 1 April 2019.
- The launch of the platform represents the delivery of a key recommendation in the National Health and Social Care Workforce Plan and supports a whole-system approach required for workforce planning in future.
- This tool brings together core workforce datasets across health and social care. This will help workforce planners to maximise their data analysis capabilities, and to build better knowledge and intelligence about the health and social care workforce in an integrated environment.
- The Platform will continue to develop in partnership with the workforce planning community, and will help to bring about improvements, and a consistent approach, to workforce planning.
- Phase 1 of this project – now completed - was to consolidate workforce data into one central repository. Phase 2 - modelling data around the needs of workforce planners - has commenced, with Workshops planned across Scotland in the coming month or so.
- The next steps in National Workforce planning include:
  - Publish Integrated Plan – 2019;
  - Planning and preparation for next iteration of the Integrated Plan;
  - Work with NHS Education for Scotland to refine the TURAS data platform – the knowledge base we need for the future;
  - Engage across health and social care and establish regular guidance/workshops;
  - Build capacity and capability to do workforce planning;
  - Develop more sophisticated scenario planning – sharpening our assumptions and ability to combine information from a range of sources, and applying these to a range of health and social care priorities;
  - Engineer a better “fit” between workforce planning, financial and service planning.

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

- Members thanked Grant and Nichola for the update. It was highlighted that there are a lot of key national priorities i.e. waiting times and it was disappointing that early years was not a priority, however, it was understood that every aspect cannot be a high priority. It was acknowledged that work is underway with colleagues within early years to define what priorities are needed.



- It was highlighted that there was an emphasis in building infrastructure which is working well. It was felt that TURAS is a good tool and will be an asset to the future of NHS Scotland. However, concern was raised around the workforce plan itself, mainly projected staffing numbers for the future.
- It was asked what will the digital future be? It was envisaged that staff would use the data platform to ensure there is a consistent approach across the whole system. The journey is in the early stages and it is anticipated that over time digital will evolve and improve.
- It was highlighted that the Fairwork Convention report published in February 2019 calls for urgent interventions by policy makers, commissioners and leaders in the social care sector to improve the quality of work and employment for the workforce. The report makes 5 recommendations including for the Scottish Government to support the creation of a new sector body that establishes minimum standards for fair work terms and conditions and to reform social care commissioning.

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

#### **Agenda Item 4 – Mental Health Strategy**

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

##### **Programme for Government**

- The Programme for Government was published on 3 September 2019. Last year's Programme for Government set out a comprehensive range of actions on mental health, with a particular focus on the needs of our children and young people.
- It was founded on the need to support and treat people in the right place and at the right times, valuing both community and specialist mental health services. We are building on delivery of our existing commitments with actions to ensure that the full spectrum of mental health and wellbeing issues are addressed for all ages, right across Scotland.
- The actions set out in the PfG will complement the ongoing implementation of our 10 year Mental Health Strategy.
- These actions include the following:
  - Providing investment of £5 million to support development of a community perinatal mental health service across Scotland, which will focus on women with mild-to-



moderate symptoms, allowing them to quickly access support from, for example, cognitive behavioural therapists and psychological therapists.

- Offering Mental Health First Aid Training to all local authorities by the end of the 2019/20 academic year, and developing a new online package of guidance and support for schools for the end of 2020.
- Establish community wellbeing services across the whole of Scotland. This will focus initially on children and young people from age 5-24. This will be an open-access model and referrals can be made by those who work with and support children and young people. Crucially, children and young people will also be able to self-refer to the service. We will also scope out how this service can be made available in the future to people of all ages across Scotland.
- Establish a new Adult Mental Health Collaborative to improve support to people experiencing mental ill health

## **Adult Mental Health**

### **Independent Review of Mental Health Act**

- On 19 March, the Minister for Mental Health announced the independent review of the Mental Health Act, which will link closely to existing work considering the Adults with Incapacity legislation. John Scott QC has been appointed as Chair and the first meeting with stakeholders, which discussed the approach to engagement, took place on 2 July.

### **Review of the Delivery of Forensic Mental Health in Scotland**

- Ministers have announced a review of the delivery of forensic mental health in Scotland. The review will encompass the delivery of forensic mental health services in hospitals, prisons and in the community. Derek Barron, Director of Care, Erskine, has been appointed as Chair and the first meeting of the review will take place on the 31st July 2019.

### **Suicide Prevention**

- Scotland's national suicide statistics for 2018 were published on 17 June. These showed a 15% increase in suicides from 2017. While the highest rate of suicide remains amongst males aged 35-44, there was a significant increase in suicide amongst young people, especially young women (15-24 age group +126%; 25-34 +112%).
- Action 2 of Every Life Matters states that Suicide Prevention and Mental Health (SP & MH) Training should be mandatory for all NHS staff. A new Knowledge and Skills Framework and a Workforce Development Plan has been developed by NHS HS and NES for NHS Boards. Scottish Government's Director for Mental Health, Donna Bell wrote to all NHS Chief Executives (copied to Integrated Joint Board Chief Officers) asking them to include



Suicide Prevention & Mental health training in their local workforce development plans. These plans are now being imbedded.

- A Lived Experience Panel to support the National Suicide Prevention Leadership Group was launched on 10 September. This will be led by a collaborative of SAMH, Support In Mind, Penumbra and Samaritans. The Panel will provide advice to the National Suicide Prevention Leadership Group to aid their work in realising the ambition of the Suicide Prevention Action Plan. The Panel will include those who have previously attempted suicide or who have experienced suicidal ideation, those who have lost a loved one to suicide, those who support someone who experiences suicidal ideas and people who are in at risk groups.

### **Workforce**

- For Action 15 of the Mental Health Strategy (which is our commitment to have 800 additional mental health professionals in key settings by 2021/22), 268 additional (WTE) staff were employed as of 1 July 2019. A fourth quarterly update on the number of additional staff recruited as of 1 October will be provided in November 2019.
- The Minister for Mental Health wrote out to all Integration Authorities (IAs) on 5 June requesting their plans for prisons and A&E's in 2019/20 in respect of Action 15. Policy officials have been collating and analysing this data and where required, have sought additional information to ensure that the funding being provided under this commitment will benefit both these key settings.

### **Independent Inquiry into Mental Health Services in Tayside**

- The Interim Report from the Independent Inquiry into Mental Health Services in Tayside was published on Wednesday 22 May. Although there were no recommendations made in this report, it does highlight a number of areas of concern. The Scottish Government are working with NHS Tayside and other organisations to identify appropriate professionals who will augment the local team in Tayside to ensure safe and effective care moving forward.

### **National Quality and Safety Board**

- The Minister for Mental Health made a statement to Parliament on 22 May 2019, following the publication of the Interim report from the Independent Inquiry into Mental Health Services in Tayside. The statement outlined the Scottish Government's position in relation to this and contained the announcement for a Quality and Safety Board, which will ensure the recommendations made in the Inquiry's final report to shape policy nationally in the future.

### **Children and Young People Mental Health**

On taking forward activity specific to children and young people's mental health, the following sets out recent key activity:





- On 29 August, the Cabinet Secretary for Health and Sport launched the “Perinatal and Infant Mental Health Programme Board’s Delivery Plan for 2019/20” at Aberlour Perinatal Befriending Service, Forth Valley. £1 million of funding will be made available in the current financial year. This first year of funding will support the initial Delivery Plan and lay the foundations to develop future services. We will publish a further detailed delivery plan for 2020/21 in early 2020 following completion of the key actions set out in this initial delivery plan.
- Work is advancing on developing highly specialist mental health inpatient services for young people with learning disabilities and mental health issue. The business case for a dedicated unit is currently being progressed by NHS Lothian and national service designation will be discussed by NHS Board Chief Executives before the end of 2019.
- On the implementation of the SG commitment to expand school counsellor capacity and enable all secondary schools to have access to counselling services is on track, the first tranche of new counsellors is expected to be in place for the 2019/20 academic year.
- Discussions are underway between the Scottish Funding Council and the Scottish Government on the allocation of funding to support the commitment to increase the number of counsellors in higher and further education. The first tranche of new counsellors is still on track to be in place for the start of the 2019/20 academic year.
- Delivery of the SG commitment to expand school nursing capacity is currently being planned with the NHS Board Nursing Directors. The first tranche of newly trained school nurses is expected to be taken forward in 2019/20.

### **Children & Young People’s Mental Health and Wellbeing Programme Board**

- The Children and Young People’s Mental Health Taskforce recommendations were published on 4 July 2019. Following the publication of these recommendations it was announced that the work of the Children & Young People’s Mental Health Taskforce will be taken forward by a new programme board – the Children & Young People’s Mental Health and Wellbeing Programme Board.
- The Programme Board, will be jointly chaired by the Scottish Government’s Director of Mental Health and the COSLA’s Interim Head of Policy and will report directly to the Minister for Mental Health and the COSLA Health and Social Care and Children and Young People spokespersons. The scope of the Board’s work, with an emphasis on delivery and action between now and the end of 2020, will be to oversee reforms, including relevant areas of education, health, community and children’s services. This will include the recommendations of the Taskforce and the Youth Commission on Mental Health.



## **Performance**

- Scottish Government has been working with Boards to agree Annual Operational Plans (AOPs) for 2019/20. It was clear in the AOP commissioning letter that SG release of mental health funding would be conditional on Boards providing trajectories to meet the waiting times standards by end Dec 2020.
- Performance and progress against the trajectories is being carefully monitored and supported through a range of engagement between Boards and SG officials. This includes monthly phone calls with CAMHS and PT leads in each Board, through to Director involvement in Performance Directorate 'Escalation'.

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

- SPF members thanked Hugh for his presentation. It was acknowledged that there are a range of approaches underway and within the service there has been an increased number of admissions in relation to patients with mental health issues.
- It was highlighted that there is a gap in child mental health services for patients who are between the ages of 2 and 5 years old.

**Outcome:** SPF members noted the update and the challenges that lies ahead.

## **Agenda Item 5 – Brexit update**

Jane Hamilton gave an update on Brexit. The following points were raised:

- The UK is due to leave the European Union on 31 October 2019. The European Union (Withdrawal) (No. 2) Act 2019, commonly informally referred to as the Benn Act, is an act of the Parliament of the United Kingdom that requires the Prime Minister of the UK to seek an extension to the Brexit withdrawal date of 31 October 2019. At the time of this meeting, it is unclear whether the Prime Minister will actually write to request an extension, if he is unable to secure Parliament's agreement to a deal by 19 October.
- Within Scottish Government, preparations for a no deal Brexit have been underway. SG published an overview of 'no deal' Brexit preparations on 8 October 2019. This overview includes steps to protect critical imports and vulnerable citizens. The report details the range of measures being put in place by the Scottish Government to mitigate a 'no deal' Brexit. It outlines the depth and scope of work underway, suggests what action the UK Government should take and sets out the challenges Scotland may nevertheless face in the event of a 'no deal' on 31 October 2019.



- Suppliers have been stockpiling medicines, and NHS NSS has increased its stockholding of medical devices. The UK Government has launched a public information campaign, including advice to check passport expiry dates and, if travelling abroad, to ensure citizens have the correct insurance in place.
- Scottish Government's resilience room will be activated shortly, highlighting the potential impact on Scotland, if there is no deal in place at the point of departure – including impacts on jobs, food supply, medicines and transport.

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

- Members thanked Jane for her update. It was highlighted that there was a risk that the price of medicines would increase, in the event of a No Deal EU Exit. It was acknowledged that price rises may be inevitable, but that these would be monitored.

**Outcome:** SPF members noted the update.

### **Agenda Item 6 – National Planning Board**

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

- The National Programme Board for the Health & Social Care Delivery (NPB for H&SCD) was created to drive the implementation of the Health & Social Care Delivery Plan (December 2016). A review of national planning arrangements was commissioned by the NPB for H&SCD at the end of 2017 in recognition of the changing planning environment for health and social care.
- The review of the national planning arrangements was undertaken by the National Directors of Planning Group from NHS Scotland (NHSS) and included wide stakeholder engagement to develop proposals for transforming the approach to NHSS national planning.
- The proposals were to create a new NHS Scotland National Planning Board and this was endorsed by the NHS Board Chief Executives Group, the NHS National and Regional Implementation leads, the Scottish Government Health and Social Care Management Board and the NPB for H&SCD.
- The NHSS National Planning Board provides oversight, governance and decision-making in relation to national planning of NHSS services and sets the strategic direction for the



medium to long term, taking account of the enabling resources – finance, workforce, digital, and infrastructure. The Board reports to the NHS Board Chief Executives' Group.

- The criteria for planning at a national level will be based on the following criteria:
  - Volume – where services will be provided from 3-4 sites in Scotland and there is a need for a single plan for whole population.
  - Workforce – where there are scarce clinical skills/super-specialist staff required to fulfil specialist functions.
- In addition the following may suggest areas for review and/or planning:
  - Variation – where there is known variation in provision and/or outcome of care across Scotland that requires a national review.
  - Technology – where there are known significant future technological changes on the medium term horizon that require a national plan.
- National planning will focus on services delivered at national level but may act as a conduit to specialist or regional/local to ensure services are planned at the most appropriate level. The NHSS National Planning Board is not responsible for all of NHSS planning, but only the areas that need to be nationally planned.
- The NHSS National Planning Board will aim to ensure that its decisions are:
  - In line with the overall vision in the Clinical Strategy and the H&SC Delivery Plan.
  - Based on knowledge of the scope and direction of other decision making groups.
  - Transparent and accountable.
  - Based on the best quality evidence which is available.
  - Based on realistic predictions of future need.
  - Based on clear criteria, which should be used as a structure for evaluation.
  - Those which promote accessibility and equity and reflect societal values.
  - Supportive to economically efficient/ clinically effective service provision improvements.
- The NPB for Health & Social Care Delivery is chaired by Scottish Government and is responsible for the delegation and governance of the actions in the delivery plan. Some of these delegated actions are for Integrated Joint Boards (IJBs) for those services delegated by NHS and Local Authority and are in the main primary and community services and unscheduled care. Some of the actions from the Clinical Strategy and the Delivery Plan are scheduled acute care and more specialised services remain within the main part of NHSS organisation.



- The NHSS National Planning Board is mainly looking at those services in the NHS acute space but planning crosses over these spaces, as many care pathways cross over the acute to community e.g. rehabilitation needs.
- Therefore the NHSS National Planning Board requires to be connected to the work of the NPB for H&SCD, and with other Boards that lead on the enabling factors of transformation – finance, workforce, digital and infrastructure. For this reason, members from all these boards sit on the Executive Group and in addition many of the full Board members also sit on other Boards, e.g. Infrastructure Board.
- Within SG, the primary connection is with the Clinical Priorities Team within St Andrews House. In addition, there are members from across the executive and board from: performance & access, service reform, integration, digital, workforce, finance and infrastructure. NPT have frequent meetings and communications with key contacts in all these teams.
- Current work programmes include:
  - Commissioned horizon scans – looking at 5-10 years ahead:
    - Cancer
    - Stroke
    - Heart Disease
    - Diagnostic Radiology
  - Reviews – looking at learning more about a current challenge or emergent change – and planning to meet these needs:
    - Robotic Assisted Surgery
    - Interventional Radiology
  - Service Planning – looking at areas of immediate need
    - Transcatheter Aortic Valve Implantation
    - Thrombectomy
  - Sign Posting and Efficient Routing to Specialist, Regional and Local or Enablers
    - Familial Hypercholesterolaemia
- The NHSS National Planning Board continues to progress an increasing work plan. Many new specific areas of planning will come from the large horizon scans and from new topics areas that may be referred within NHSS and from SG. The core team within NSD are able to explore topics that come up for consideration to enable a background to be established prior to discussion within NSD and or National Planning Executive Group, or with other key groups such as the Implementation Leads, which is enabling NHSS to plan in a more timely way. This is especially important in the landscape of rapid disruptive technologies, where new products can come to market and change how care is given.
- The NPT are preparing a year one report for the clinical priorities team in SG and have a proposed meeting with the Cabinet Secretary and the Co-Chairs of the NHSS National



Planning Board. Feedback from clinicians, chairs of National Advisory Committee's, Board Chief Executives, Implementation Leads and Regional and Board Director of Planners has all been exceptionally positive to the remit, work plan, NPT involvement and outputs of the programme to date.

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

- SPF Committee members thanked Karen for her update. It was noted that the work undertaken within the 1<sup>st</sup> year was welcomed and was helpful for future plans.

**Outcome:** SPF members noted the update and look forward to a future update in 1 year.

**Action:** John Malone to arrange National Planning Board update in 1 year.

## Agenda Item 7 – Ministerial SLWG update

Anna Gilbert gave an update on the Ministerial Short Life Working Group. The following points were raised:

- In direct response to Sturrock review, the Cabinet Secretary convened the MSLWG to consider culture and how we can deliver sustainable behavioural and attitudinal changes to leadership and management. The Group met for the first time on 31 July.
- The group has representatives from amongst the collective leadership of NHS Scotland, including Chairs, Chief Executives, Staff side, the Royal Colleges and Professional and Regulatory bodies.
- At the first meeting the need to consider the integration landscape was discussed and as a result the Chair of Chief Officers and a COSLA representative have been asked to attend future meetings.
- At the first meeting there was a broad discussion on improving workforce cultures and many examples of good practice were shared.
- We have asked group members for tools and influencers that are currently being used to create positive and inclusive working environments.
- We have received an excellent response to this request and are currently considering how these may be made visible across the service.



- We are currently finalising the agenda for the next meeting and relevant papers will be sent out in advance.

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

- Members thanked Anna for the update. It was questioned what was happening with the recruitment of the Whistleblowing Champions. It was confirmed that the Scottish Government Public Appointments team are dealing with the recruitment and that the process is underway. The new Whistleblowing Champions will be in post by the end of the year.

**Outcome:** SPF members noted the update.

### Agenda Item 8 – AOB

It was asked that “TUC - Dying to work” was added to SPF Secretariat agenda to discuss further.

SPF Committee members agreed.

It was asked that there is a need for guidance to support safe sleep space. It was asked if this should be discussed further at SWAG Secretariat in the first instance.

SPF Committee members agreed.

It was asked that SPF were provided with updates on the Public inquiry into the Royal Hospital for Children and Young People and Queen Elizabeth University Hospital and it was questioned whether SPF should have an active role in this. Subject to be added to the agenda for SPF Secretariat.

SPF Committee members agreed.

**Action:** John Malone to add subjects to SPF Secretariat members and to highlight “safe sleep space” to SWAG Secretariat.

No other business was raised

**Date of Next Meeting:** 13 February 2020 (14.00 – 16.00) in Conference Room C, D & E St Andrews House, Edinburgh.