



SCOTTISH PARTNERSHIP FORUM - COMMITTEE
Thursday 13 February 2020
Conference Room C, D & E, St Andrews House, Edinburgh
Minute

Present:

Frances Carmichael - Unison
Julie Collins – Chartered Society of Physiotherapy
John Cowie – Director of Workforce, NHS Borders
Gavin Fergie - Unite
Theresa Fyffe – Royal College of Nursing
Anna Gilbert – Head of Staff Governance, Scottish Government
Alistair Grant – Royal College of Nursing
Donald Harley – British Medical Association **(by TC)**
Catriona Hetherington – Scottish Government
Tam Hiddleston – Unison
Pauline Howie – Chief Executive, Scottish Ambulance Service **(Chair)**
Lyndsay Lauder – 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
Lilian Macer – UNISON
Dorothy McErlean – College of Podiatrists

In attendance:

Rosemary Agnes – Scottish Public Services Ombudsman
Robert Aitken – NHS Lothian
Derek Cullen – NHS NSS
Suzanne Lyon **(Observer)** – Scottish Government
John Malone **(Minute)** – Scottish Government
Malcolm Wright – Chief Executive of NHS Scotland and Director General for Health and Social Care

Apologies:

Fiona Alexander – UNITE
Donna Bell – Director of Mental Health, Scottish Government
Grecy Bell – NHS Dumfries & Galloway
Catherine Calderwood – Chief Medical Officer, Scottish Government
John Connaghan – Director of Health Workforce and Performance, Scottish Government
Drew Duffy - GMB
Richard Foggo – Director of Population 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
Sean Neill – Deputy Director for Health Workforce, Scottish Government
Norman Provan – Royal College of Nursing
Shirley Rogers – Director of EU Exit and Transition, NHS Scotland Chief People Officer & Director of Health Workforce, Leadership & Reform Scottish Government
Claire Ronald – Chartered Society of Physiotherapy
Mary Ross-Davie – Director of Royal College of Midwives
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 10 October 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 took place on 13 January 2020 and update will be presented at this meeting.
- It was highlighted that the guidance to support safe sleep spaces will be updated to SPF Committee in the coming months. This topic is being discussed with HRD's.
- It was also highlighted that HRD's have discussed "TUC – Dying to Work" in partnership and have confirmed they would commit to "TUC – Dying to Work" being implemented with each Health Board. It was agreed that this will be followed up by SPF Secretariat members.

Agenda Item 3 – Partnership Research Report – update

Pauline Howie gave an update on the next steps to the Partnership Research Report. 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.
- A workshop for Joint Secretariat members took place on 13 January 2020 to review and discuss the 6 key recommendations from the review of Partnership working within NHS Scotland. At the workshop members split into 3 breakout groups. Within the groups they discussed the following topics:
 - Strategic purpose
 - Aspects of SPF's functionality
 - SPF's vision
 - Succession planning
 - Communications between all channels
 - Agenda items
 - Behaviours and standards
 - Engaging with 3rd sector and local authorities
 - Language
 - Governance framework
 - Ownership

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

- Members thanked Pauline for the update and welcomed the direction of travel. It was highlighted that an action plan will be created in order to progress the work.

Outcome: SPF members noted the update and look forward to this progress.

Action: Action plan to be created to identify next steps

Agenda Item 4 – Chief Executive of NHS Scotland and Director General for Health and Social Care

Malcolm Wright led a discussion. The following points were raised and discussed:

- Malcolm Wright thanked committee members for the opportunity to attend as this was his first meeting with them and welcomed the opportunity to meet everyone. Malcolm



understood that these types of forums provide a great opportunity to hear views, particularly from a local perspective. It's also good to not only discuss issues that SPF are facing, but to hear about things that are happening locally with staff and staff side. Malcolm Wright highlighted the importance of recruitment, retention and development of staff regardless of the challenges we all face i.e. Brexit. Malcolm welcomes the Once for Scotland Workforce Policies approach across the country which will ultimately give every member of staff simple, standardised and person-centred policies. He also highlighted to members that budgets are tight not just for all Health Boards but the whole country. He is pleased to see Partnership working has developed over the years and are getting ahead of many issues. Malcolm Wright was happy to take any questions from committee members.

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

- SPF members raised that they would welcome an update from the work the MSLWG on culture has undertaken. It was highlighted that SPF are represented at the MSLWG and this update could be undertaken from those. Members also questioned where good working relationships are happening around the country. It was highlighted that within all Health Boards there are examples of excellent working relationships. Within NHS Highland, who are working on the recommendations from John Sturrock's report into culture, are moving in the right direction however, staff may not see the change happening at pace.
- It was questioned that the MSLWG has only met twice and concern was raised at the pace. It was highlighted that the last meeting had to be cancelled due to the attendance level. The meeting is scheduled to take place in the coming months. The Cabinet Secretary has indicated that the focus is on psychological safety. Work is progressing within the Sub-group to look at the framework i.e. Confidence, Trust and Behaviour to name a few.
- It was highlighted that gender equality within the service needs to be looked into as it was felt by members there is no fair working on recruitment as most CEO's are males. It was also highlighted that Staff's pay award is coming to the end of the 3 year deal and consideration should be taken in to account especially since the public sector current deal appears to be more than NHS Scotland staff.
- It was questioned how SPF can contribute to the development of Health and Social care improvement and reform. It was highlighted that the current structure of SPF is being considered, alongside its work-plan for the year ahead, and indeed the longer term. Discussions about improvement in service delivery, and indeed service reform, are issues that Malcolm would expect to feature heavily in that work-plan, given SPF has a strategic oversight role. It was also highlighted that every Boards IJB are working well however, there is a struggle to get everything working at pace. It is Malcolm's belief that a single system can work well and SPF can become involved on this.



Outcome: SPF members thanked Malcolm for attending and would welcome future attendance.

Agenda Item 5 – Independent National Whistleblowing Officer - SPSO

Rosemary Agnes gave an update on the role of the INWO. The following points were raised:

- The Scottish Parliament has approved legislation which will see the introduction of a new role – The Independent National Whistleblowing Officer for NHS Scotland.
- As many people working in NHS services will be aware, there has been an increasing focus on enabling staff to 'speak up' when they have concerns about clinical practice or service delivery.
- Following the Francis report on The Freedom to Speak Up Review, the Cabinet Secretary for Health and Sport announced that an Independent National Whistleblowing Officer (INWO) would be established to provide independent and external review on the handling and outcome of whistleblowing cases.
- A full public consultation on the proposals ran from November 2015 to February 2016. There was strong support for the INWO having statutory powers, as without these it was felt that the effectiveness of the role would be curtailed. There was a recurring view that the INWO role should be hosted within the Scottish Public Services Ombudsman (SPSO). Furthermore, there was a view that SPSO was seen to be independent and has a track record of success in dealing with service complaints.
- Since the end of 2017 SPSO has been working closely with the Scottish Government, NHS Scotland and other key stakeholders on the proposals for this role and the legislation that will sit behind it. This has included the development of guiding principles and a clear procedure for all NHS services to follow in relation to concerns raised by staff and others.
- The Scottish Government has a clear ambition to develop a culture within the NHS that welcomes concerns from staff and others that deliver their services. The role of the INWO is one of the ways they hope to achieve this. The INWO will have similar powers for whistleblowing in the NHS to those it currently has for complaints; to set out a model procedure for NHS organisations to use, and to be the final review stage for concerns that have already been considered within the NHS.
- The Scottish Parliament, following consultations on the legislation and the Standards in May-June 2019, concluded their final round of scrutiny in late December and consented to the Order, with the provision of INWO powers due in July 2020.



- Whistleblowing Principles, which underpin the approach that must be taken to handling any concerns raised by staff or those working in NHS services. There are 7 Principles: Open; Improvement focused; Objective, impartial and fair; Accessible; Supportive to people raising concerns and all staff involved in the procedure; Simple and timely; and Thorough, proportionate and consistent.
- Best practice would be to apply this approach to all concerns, including those considered through normal working practices, before an issue gets as far as 'formally' raising it through the Standards procedure:
 - Initial discussion to establish if concern is appropriate for the Standards
 - 'Business as Usual' followed by 2 stage procedure by the NHS Board or provider
 - 3rd stage review by the INWO
 - Support offered to anyone involved in the process
 - Clear guidance on recording and reporting
- The INWO will be the final stage in the procedure set out in the Standards. This will ensure whistleblowing cases are brought to a clear, fair and final conclusion in a reasonable timescale. Potential wrong doing and/or patient safety concerns will be addressed and handled in a consistent and standardised way. Where the person raising the concern remains dissatisfied at the end of the local process, they may ask the INWO to investigate their concerns to deliver a definitive and final decision on the matters.
- When a case comes to this stage of the process, the INWO will investigate the Board (or other organisation's) handling of the whistleblowing concern, including the reasonableness of the decision and the outcome. It will consider the individual's (and others involved in the investigation) treatment, including signposting to the appropriate support and HR procedures. The INWO will also be able to consider whether, and to what extent, the case has been handled in line with the Standards.
- All Boards need to show leadership, to support the implementation of the Standards, and be an advocate for culture change. That means empowering managers to respond positively when concerns are raised with them, and supporting senior managers in taking responsibility when concerns reach them, for resolving the issue in an open and constructive way.
- The procedure will only support the process of culture change and building trust if staff are fully aware of it, and if they have confidence in its implementation. So any 'good news' stories must be shared. Encourage managers to highlight any improvements that come from issues raised by staff, at every level.
- There are a few actions Boards and staff side need to take as soon as possible, in readiness for the legislation being passed:
 - Review and familiarise yourself with the Standards - INWO website.
 - Raise awareness across the Board and senior management.



- Ensure the WB champion in your board has access to the resources they need to ensure your Board is ready.
- Who (new team/ existing team) will have responsibility for implementing and monitoring the procedure. Move away from HR. Other scrutiny/ clinical governance roles?
- Identify who will fill other roles – confidential contact and confidential primary care contact in particular.
- Liaise with staff side to ensure they are aware of changes are can be involved in developing local procedures.

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

- Members thanked Rosemary for her update. It was highlighted that there may be issues with trust and confidence from staff who are raising whistleblowing concerns. It was questioned if the INWO have the power to direct Boards to have outcomes from any concerns raised and also if Boards were unable to conclude their investigations within the 20 day time period what would the INWO undertake. It was confirmed that the INWO cannot make a direction for complaints however, this could be presented to Parliament as part of their reporting mechanisms. As for Boards prolonging 20 day period, the INWO does not want to see things dragging. The individual who raises concerns can go directly to the INWO for an update and the INWO will seek an update from the Health Board.

Outcome: SPF members welcomed the update.

Agenda Item 6 – National Catering Agenda

Robert Aitken and Derek Cullen gave a presentation on the National Catering Agenda. The following points were raised:

- As part of the national review of Soft Facilities Management, between 2013 and 2017 a national Strategic Catering Review Group was formed, utilising service experts selected from a number of NHS Boards across Scotland. This group's membership included caterers, dieticians, finance support, Partnership (staff side), Scottish Government representation and a national catering consultancy company. This group was initially tasked with producing an Initial Agreement document and the outcome of this work was then developed into a National Catering Production Strategy, (NHSScotland, 2016) which was subsequently approved by the NHS Scotland Chief Executives Group in November 2016.
- The suggested strategic direction recommended by this National Catering Production Strategy (NHSScotland, 2016), was for NHS Boards to move to larger scale "Cook Freeze" Central Production Units with potentially four purpose built units servicing the needs of NHS



Scotland. This suggested transition would be phased as existing conventional catering production kitchens near the end of their life.

- The nationally proposed 'proof of concept' (one regional Central Production Unit) was viewed as an appropriate approach for NHS Lothian to lead, and an ideal opportunity to maximise NHS Lothian's "In House" food production, improve quality and choice whilst reducing the current service variation which is linked to the various service models used throughout our existing catering production kitchens.
- The proposed 'proof of concept' as detailed in the National Catering Production Strategy also recommends a more regional-based catering production solution. This regional proposal would allow the benefits of the Central Production Unit to be shared with other NHS Boards and partner organisations in the future and contribute to reduced operating costs and local capital expenditure by improving economies of scale and rationalise food production sites.
- As the current NHS Lothian conventional production kitchens have reached the stage where substantial refurbishment and rationalisation is required in order for these sites to provide a safe and effective quality service. The possibility of NHS Lothian becoming a 'proof of concept' site for a purpose-built Central Production Unit (CPU) supplying hospital locations in South East Scotland would seem an ideal opportunity for NHS Lothian and other NHS Boards/Partners in South East Scotland.
- A number of main achievements in 2018/19 include:
 - Food waste levels are reducing
 - Overall patient satisfaction with hospital food is 94%
 - There has been a significant reduction in the non-patient Catering subsidy levels
 - The implementation of National Catering Information System
 - The development of a National Standard Recipe Database
 - The development of a new Nutritional Analysis tool
 - The development of a new Food in Hospitals Audit Tool to assist Boards to demonstrate compliance with the Food, Fluid and Nutrition specification
- In terms of engagement, there's been a number of workshops that have been undertaken to date attended by variety staff members and staff side.

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

- SPF Committee members thanked Robert and Derek for their update. It was questioned that there may be concerns voiced about how a move to cook-freeze could negatively affect catering staff i.e. would staff (especially chefs) still feel able to use their skills and experience in preparing food. It was highlighted that there are many different skills required



to undertake the cook-freeze method, compared to working within a kitchen. It was questioned what will happen to staff that are working in current kitchens. It was highlighted that staff still need to be in post to deliver the food to patients. It was also raised that staff relationships with patients i.e. children's wards, may be affected.

- It was also highlighted that there is positive benefits to having two deep freeze sites for example: suppliers would have to deliver goods to two sites, instead of travelling the country to all Health Boards.

Outcome: SPF members noted the update and look forward to a future updates.

Agenda Item 7 – Coronavirus update

Derek Grieve gave an update on Coronavirus. The following points were raised:

- Novel Coronavirus (2019-nCoV) is a new strain of coronavirus which was first identified in Wuhan City, China. The typical symptoms of the virus include fever, a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long term conditions like diabetes, cancer and chronic lung disease. Because it is a new virus, it is unknown what the incubation period is or how it spreads from person to person.
- It was identified that certain places where people are at higher risk of getting coronavirus include: China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia and Macau.
- In order to reduce the risk of getting and spreading respiratory infections it was highlighted that everyone should: avoiding direct hand contact with your eyes, nose and mouth; avoiding contact with people that have a respiratory illness, and avoid using their personal items; maintaining good hand hygiene, including washing your hands with soap or sanitiser after coughing and sneezing
- It was highlighted that there is currently no vaccine and no specific treatment for the virus and if anyone feels unwell then they should seek medical help as soon as possible. Within the UK there has been 566 people tested with only 3 confirmed to have contracted the virus. Within Scotland there has been 34 tests with zero confirmed cases.
- The Foreign and Commonwealth Office (FCO) advised against all travel to Hubei Province due to the ongoing coronavirus outbreak. The FCO advised against all but essential travel to



the rest of mainland China. They also advised that there are approximately 30,000 British foreign nationals that have been advised to return to the UK.

- The Scottish Government's approach is guided by the Chief Medical Officer, and are continuing to monitor the situation closely and are working with the World Health Organisation and international community. It was highlighted that Dr Catherine Calderwood praised the preparations of NHS Scotland and frontline health workers in responding to the increased pressures during this global outbreak. Health boards are also exploring the ability to undertake community based testing where this is appropriate rather than require people to travel to a clinical setting.

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

- Members thanked Derek for the update. It was highlighted by members that there may be impacts on the import / export industry.

Outcome: SPF members noted the update.

Agenda Item 8 – AOB

A finance update paper was circulated to members prior to the meeting for information only. Members were content with the contents.

No other business was raised

Date of Next Meeting: 20 May 2020 (14.00 – 16.00) in Conference Room C, D & E St Andrews House, Edinburgh.