21 March 2018

Dear Lewis,

SUPPLEMENTARY INFORMATION TO SUPPORT INQUIRY ON NHS GOVERNANCE

Thank you for the opportunity to give evidence to the Health and Sport Committee on Tuesday 27 February 2018, as part of their inquiry ‘NHS Governance: creating a culture of improvement’.

In response to the Committee Clerk’s letter of 20 March 2018, I am writing to provide further information on the following: prevention measures related to Type 2 diabetes interventions; the impact of non-executive Whistleblowing Champions; and, the impact of the appointment to a Health Board on somebody in receipt of welfare benefits and my views on whether this might act as a disincentive to those considering applying.

Preventative Agenda: Type 2 Diabetes Interventions

At the evidence session I mentioned the newly published preventative approach trial - DiRECT. DiRECT is a Diabetes Remission Clinical Trial investigating whether offering an intensive programme for weight loss and weight loss maintenance would be advantageous for people with Type 2 diabetes.

The first 12 month outcome results of the trial (http://www.directclinicaltrial.org.uk/) has provided initial evidence that remission in Type 2 diabetes is possible. The results demonstrate that almost 9 out of 10 participants who lost more than 15kg on the programme put their condition into remission.

I would like to be clear that the term “remission” used by the study means that some people with Type 2 diabetes can become non-diabetic again. The DiRECT approach helps people to lose weight quickly, but afterwards lifestyle adjustments need to be maintained to prevent the recurrence of Type 2 diabetes.
The DiRECT programme is being considered as one of a range of interventions which may form part of the Diabetes Prevention Framework.

My letter of 7\textsuperscript{th} March 2018, to the Health and Sport Committee regarding the Preventative Agenda sets out in detail the specific work being carried out to develop the Diabetes Prevention Framework. This is being done in collaboration with the Diet and Obesity Strategy, to support early diagnosis, treatment, education and lifestyle management of Type 2 diabetes.

The Diabetes Prevention Framework will primarily aim interventions to high risk populations and people recently diagnosed with Type 2 diabetes, with targeted lifestyle/weight management resource.

**Non-Executive Whistleblowing Champions**

Non-executive Whistleblowing Champions have now been in place in Boards since 2015 and are intended to provide a level of local scrutiny and assurance, independent of the direct management or handling of whistleblowing concerns. They are there to ensure that internal mechanisms within Boards are working effectively in line with whistleblowing policy and to support staff in raising concerns.

I spoke briefly at the evidence session about the role of the Whistleblowing Champion and agreed to provide the Committee with some further examples of the positive impact the role has had across NHS Scotland.

Whistleblowing Champions meet regularly to discuss their experiences and share good practice. They have told us that since the introduction of the role, Boards have reviewed local whistleblowing policies and procedures to ensure that they are fit for purpose. The Whistleblowing Champions will ensure that local policies are open to constant review and continuous improvement. In addition, they have encouraged Boards to make improvements to communications to ensure that staff are aware of the support available to them. For example, NHS Lothian are undertaking an on-going roll out of in-house training sessions for all named contacts and easy to read guidance for staff has been made available on their intranet.

In one Board, nurses had raised concerns about a member of staff’s practice but felt that these had not been taken forward appropriately by managers. The complainant felt that the member of staff involved had failed to provide a written response to the allegations for some time and showed little change in behaviour. The working relationship between the team and individual became very difficult and nurses asked the Royal College of Nursing (RCN) for support. The RCN subsequently asked the Whistleblowing Champion to intervene and provide assurance and scrutiny over procedures. The Whistleblowing Champion identified issues with the policy that the Board had followed and wider issues with the way these types of complaints are handled and fed back to whistleblowers. As a result of this intervention, the Board is taking action to resolve these issues to provide more support to staff raising concerns and better protection for patients. The RCN representative was grateful for the support of the Whistleblowing Champion.
In another Board, the Whistleblowing Champion questioned the processes in place to gather and monitor information on whistleblowing cases and raised this with the Board. This was then raised with Scottish Government officials who have worked with Boards to develop standardised templates. The templates have been piloted and are due to be rolled out for use across NHS Scotland.

Recent stakeholder events raised some important questions on training, implementation and communication and we will reflect on this as the policy develops further. A written report on the discussions and views of stakeholders at the events will help inform and develop our whistleblowing policy, including the role of the Whistleblowing Champions, the relationship they have with the Independent National Whistleblowing Officer for NHS Scotland and the support available for whistleblowers at local and national level.

Remuneration for Non-Executives and impact on welfare benefits

Sandra White asked for further information about remuneration for non-executive members. In particular she was interested to find out about the impact remuneration has for individuals who receive welfare benefits and whether this could be a disincentive to those considering applying.

Social security benefits including Disability Living Allowance (DLA), Personal Independent Payments (PIP) and Universal Credit (UC) are currently the responsibility of the UK Government and the Department for Work and Pensions (DWP) administer these on their behalf.

Decisions on entitlement to benefit will be made on a case by case basis, so may differ depending on Board members individual circumstances. For DLA and PIP, any remuneration received by a non-executive member of a Health Board should not be taken into account. DLA/PIP are available to people whether they are in or out of work. However, remuneration would be taken into account in the same way as income from employment for the purposes of UC. We could not say what impact this income might have on a person’s claim as any other part-time work or earnings would also be taken into account.

The Scottish Government works closely with the Office of the Commissioner for Ethical Standards in Public Life to ensure that the public appointments process is designed to attract a diverse range of applicants. Non-executive members receive an annual rate of remuneration of £8,251 based on a time-commitment of around 8 hours per week, and can also claim for travel and subsistence, dependent-carers and receipted childcare expenses. Guidance on remuneration is included in the information for applicants packs which are made available to anyone considering applying.

I hope you find this information helpful and look forward to reading the report produced following this inquiry and to working with the Committee to ensure that NHS Scotland’s policies and systems are operating to deliver good governance and create a culture of improvement.

Best wishes,

SHONA ROBISON

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