

STUC – Jeanne Freeman Meeting
5.15 pm – 6.10 pm
13 May 2020
Note of Meeting

On call

Rozanne Foyer, STUC General Secretary Designate (RF)

Helen Martin, STUC Assistant General Secretary (HM)

NR	Unite	NR
NR	UNISON	NR
NR	GMB	NR
NR	Prospect	NR
NR	FBU	NR
NR	PCS	NR
NR	CWU	NR
NR	EIS	NR

SG Side

Jeanne Freeman, Cabinet Secretary for Health and Sport (JF), Jason Leitch, National Clinical Director (JL) and a range of supporting officials.

Opening Remarks

RF highlighted the STUC's paper on principles for relaxing lockdown and emphasised the role that the test, trace, isolate strategy plays in supporting any relaxation of lockdown.

JF thanked RF for highlighting the paper which she will look at in more detail. JF referred to unions involved in health and social care and stressed that she would be keen to hear the voices of their members in terms of what part of health restarts. In terms of restarting the economy and Scottish health the Scottish Government need to be clear about their public health messages to ensure this is carried out safely and advised that FH was keen to get clear guidance and is keen to include health implications.

Action: Ms Freeman to be briefed on the STUC Principles for moving out of lockdown.

1) Testing And Data

NR raised 2 points of concern. The first point related to the test, trace, isolate strategy and advised support is critical to the Government strategy on opening up the economy and controlling the spread of the virus, at it relies on individuals presenting for testing and reporting symptoms.

It was noted there were a number of discussions around schools reopening and requested an update on the progress of capacity levels around testing and contact tracing. NR further advised that he had recently attended a meeting of the Education Recovery Group with the Deputy FM at which scientific modelling was presented to support plans around schools reopening and NR was sceptical about this. It is important that the science and modelling is shared and there requires to be transparency around how the data is being used so that unions can interrogate the response but also have confidence in the decisions being made which could ultimately avoid disputes.

JF responded starting with the issue raised on science and advised one of the things which the Scottish Government offered to do (and which the FM offered today to opposition parties) is a technical briefing where the Scottish Government presents the models and how the R number is calculated, which supports how they suppress the virus now and measure how relaxing the current restrictions might impact this. It was noted the number in Scotland is between 0.7 and 1 with 1 being the point where the virus begins to spread rapidly and therefore the lower the number the better. JF advised the modelling is constantly reviewed and updated and was happy to share the information with the caveat that this is constantly updated and reviewed. JF advised the important thing is that decisions are based on science and the clinical view from that science.

Jason Leitch (JL) also responded advising that it is very complex. Yes, they could set up a safe school but there are other layers of challenges i.e. travel to and from school, adults, and children together, vulnerable children. JL remains unconvinced that the actual number of infections is low enough to start opening schools and that it was really important that they do not let the number of infections rise to where everything has to be shut down again.

JF responded on the test, trace, isolate and support issue and advised a paper was issued on the strategy in Scotland.

It was noted this builds from the ground up and is not reliant on any kind of new application – but uses a digital platform that is currently in place but recognised that this does require to be scaled. JF advised the system is also reliant on contact tracers and the Scottish Government had released an advert for around 2,000 tracers. It was noted Health Boards are currently looking at how they can increase the size of their local contact tracing schemes and then consider how many additional people they would require which is usually related to population size but might also be related to geographical area covered.

This will be overlaid by a telephone system (i.e. contact NHS if symptomatic, a test is then organised and thereafter contact tracers will speak to the person to find out who they have been in contact with 2 days prior and they will also be told to self-isolate). The Scottish Government are trying to cut down the timelines of contact and trace and are working on reducing overall time between initial contact to NHS, the testing sample being taken and the test result coming back. JF advised there was a requirement to get the tracers in place and the number needed will be scaled up over that period. It is also necessary to ensure they are trained and familiar with the system and it will be necessary to continue to increase the testing capacity in the health service, by making sure there is a good supply line of consumables including new equipment, chemicals, swabbing kits etc.

There are issues around confidence and ensuring that where there are cases these are dealt with quickly as well as tracing and supporting those that are being asked to self-isolate. The key element is securing the public's support to do this – an individual has to make the call to report their symptoms and if people are doing this then the system will not work. The Scottish Government require to think what needs to be done to get compliance and to also maintain this as they may require to advise people to self-isolate on more than one occasion. It was noted the Scottish Government are on track to meet the 15,500 testing and the 2,000 tracers. There requires to be capacity that can be flexed up and down. The Scottish Government are also working on expanding existing support / infrastructure in place from Local Authorities on shielding while considering what support is available for those self-isolating.

NR advised that the STUC supports the process and plan, but concern was raised over where the 2,000 tracers will come from given the spread of skills required.

He noted the capacity will be necessary in environmental health to ensure people are getting back to work when the lockdown is lifted, and that employers are taking the appropriate action and questioned JF as to where the number will come from without taking capacity from other vital areas.

JF responded advising she did not have a definite answer, but that there is a proportion of the NHS workforce who are not engaged in the area of healthcare because some areas have been paused and therefore there is some capacity there to ask those people to be redeployed. There would be in many instances where local health protection schemes need to raise numbers and Health Boards have been asked for conservative estimate on how much they think they can grow their local health protection teams.

JF advised there are around 20,000 individuals who have recently left the health service with a range of expertise and some of these individuals (around 500) would have the requisite skills required but was not sure how many of the 500 would be willing to take up the tracer position. JF also advised they were considering using Year 5 medics along with other newly qualified health professionals, but that there needs to be a balance about taking from one area of the health service to support another. JF advised a further demand on the NHS Health resource, including AHP's, medics etc. is additional work the Scottish Government will be undertaking in respect of care homes. It was noted there are a number of demands on a relatively fixed resource and will need to make decisions based on where staff are willing and prepared to go. At this point JF confirmed there was a reasonable level of confidence in reaching the 2,000 tracers target without depleting from other resources but requires to wait to hear from Health Boards and the group of returners, along with applications from the advert published.

NR reported that the GMB had started to see, in terms of care homes, whole home testing and that the levels of positive tests for those showing no symptoms is coming back high. **NR** also advised that they are picking up from the workforce, that workers are afraid of being tested in case they test positive and therefore end up in isolation at home on SSP. **NR** further brought up the testing of agency staff and wished to hear the Scottish Government's views whether staff moving from home to home should be tested.

JF responded advising she was glad to hear that they are receiving feedback on the home testing and was very conscious that there is a lot more to do on this and this issue is a priority.

JF had not yet seen the number of care home workers testing positive but when the data from the care homes is received, she would have a better idea on where this stands. In respect of the concerns raised about care home staff being anxious about being tested and therefore being sent home on SSP, JF agreed to look into this and discuss further at future meetings. JF noted that these are workers on low wages and fully understands the workforce's concerns. On the situation of agency staff the Scottish Government are in the process of issuing new guidance and would take further steps on care homes and hope that this will be clearer next week. JF reaffirmed that agency staff should not be moving from home to home as that carries a risk for them and also the residents and that there should be confidence that people entering a care home have the appropriate PPE and there was a need to give more thought to this. JF also agreed to give more thought to the issue on SSP and agreed to come back on both issues.

NR raised concerns that if the levels of workers tested are positive then there is likely to be a drop in the workforce within that area i.e. Glasgow 150-160 workers and if 30-40% are testing positive they will not be at work leaving a large gap in the workforce.

JF responded advising that care homes with active cases should have all residents and staff tested (around 50% have active cases). JF recognised that if a high proportion of staff test positive that this carries a knock-on effect on staffing within these care homes and there needs to be a back-up position to deploy people into these care homes. The issue around this is that although they can make the resource available the care home sector is privately run, and they need to find a way through a situation where a care home owner states they do not need additional staff to come because they can make their rota safe by bringing in staff from another area, who are then not necessarily as trained as they need to be or who may also have the virus. JF reiterated they must find a way through this where public health is prioritised.

NR reported that prior to the meeting she had been informed that asymptomatic testing for firefighters will now be carried out and **NR** welcomed this. **NR** also raised a point in relation to self-isolation for firefighters, and how they work in very close proximity with each other and cannot always socially distance. **NR** had been in contact with reps from the Government and wished to put on record that she welcomed the opportunity to feed into a change in guidance to allow potential self-isolating for those who come into contact with colleagues who have Covid.

JF thanked [NR] and the profession and people [NR] represents and accepted that where social distancing is not practical in vital public services, they require to think through steps to put in place to mitigate risks to these individuals.

JL agreed that this required to be resolved as best as can be and advised that if it is felt that engagement does not always meet needs please do get in touch.

Action: SG to provide technical briefing.

Action: SG to explore issue raised of social care staff being reluctant to be tested for fear that if found to be positive and therefore have to self-isolate would have reduced incomes e.g. on Statutory Sick Pay.

2) Social Care

[NR] welcomed the undertaking with [NR] and suggested the pay issue is carried out through COSLA's commissioning guidance. [NR] advised they had managed to agree this with some employers. [NR] highlighted that some care providers wish to furlough some staff who then only receive 80% of pay. [NR] reiterated the Scottish Government is ultimately the pay master and placed a request for the Scottish Government to consider topping up the pay in these instances.

[NR] then raised a further point around the long term and medium term financial sustainability of providers, and asked what contingency plans the Scottish Government had in place if there was a crisis and care homes required to close.

[NR] final point related to the guidance released earlier on Death in Service life assurance scheme for NHS staff. The Scottish Government suggested that it could be health and social care and queried if there was any consideration being given to how this would apply in social care.

JF responded that in terms of the Covid Bill, yes they would be looking at an amendment which would safeguard the provision in the care home sector, should a care home fail on grounds of finances or quality of care (i.e. not having adequate measures in terms of effective PPE and control).

It was noted the amendment would be lodged before Friday 15 May and would ensure the STUC had sight of the amendment and any other amendments which may be lodged in terms of the social care sector.

JF advised the Death in Service question was relatively straight forward to do in the NHS as Government is the employer. JF reiterated that they are not the employer of staff working in the care sector and was keen that employers address their own employer responsibilities. JF advised that she had written to COSLA and other relevant bodies in the social care sector inviting them to discuss with the Scottish Government death in service for the people they employ although it was noted no response had yet been forthcoming. JF advised that a degree of reassurance and support for these people and their families is required and is keen to find a way forward.

In respect of the query on Furlough JF was grateful for making the point about COSLA commissioning guidance but was unsure why anyone in social care is furloughing staff. **NR** agreed to pass on details of where this is taking place.

Action: SG to provide guidance that will be published next week on care home staff moving between locations.

Action: SG to share stage 2 social care Government amendments within the current Covid 19 Bill.

Action: **NR to provide SG with detail on social care furloughing staff.**

3) Death in Service

NR advised that there were a couple of areas which required clarity. **NR** informed JF that reps are reporting that those who are just below mid band 5 (earning below £25,000) the perception is that these people are not going to receive as much as those in England, although those over £30,000 in Scotland would receive more than those in England. **NR** also raised a query around bank workers with no contracts and whether they would be included, highlighting that these are the types of questions being raised by reps on the ground. Gaps and problems are being identified and require to be looked into.

JF agreed to look at both these areas. It was reported there is an important distinction between Death in Service agreement with NHS staff – staff in England are provided with a one-off payment of £60,000. The Scottish scheme is comparable to the pension scheme, which allows for double the person's salary followed by continuing payments to the family of the person who has died.

This may be why people are looking at comparing the one off payment of £60,000 – although the lump sum payment is less, they may not be taking into account the longer term financial support for the family.

With regards to the bank staff position, the Scottish Government has encouraged all Boards to offer all bank staff a contract for the duration of the pandemic which allows the Scottish Government to cover indemnity and for the staff to be eligible for the Death in Service benefit.

NR Scottish Government official who wrote the Policy confirmed that bank staff are covered within the policy and would clarify this issue further on any Q&A document issued.

Action: SG to review the Q&A that will be published by SPPA next week on Death in service payments so that it fully explains the difference between schemes in England and Scotland and explains clearly how the service applies to bank staff.

Closing Remarks

RF thanked JF for the extremely informative meeting and noted the points agreed to follow up on, as well as the actions for the STUC and unions to take forward and looked forward to future engagement.

JF respond advising if there were any other issues to get in contact.