



The Scottish Parliament
Pàrlamaid na h-Alba

Published 23 May 2019
SP Paper 533
7th Report, 2019 (Session 5)

Health and Sport Committee Comataidh Slàinte is Spòrs

Annual Report of the Health and Sport Committee for 2018/2019



Published in Scotland by the Scottish Parliamentary Corporate Body.

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Health and Sport Committee

To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Sport.



<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/health-committee.aspx>



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Introduction

1. This report covers the work of the Health and Sport Committee during the Parliamentary year from 12 May 2018 to 11 May 2019.
2. We continued with the inquiries we had started in the previous parliamentary year which concentrated on specific areas of health and sport policy. We also conducted a series of other inquiries including 'What does Primary Care look like for the next generation?' and 'Health Hazards in the Healthcare Environment'. We also scrutinised two Scottish Government Bills.

Membership Changes

3. There were seven changes in Committee membership during the reporting year -
- Ash Denham joined the Committee on 16 November 2017 and left on 28 June 2018;
 - Kate Forbes joined the Committee on 19 April 2018 and left on 28 June 2018;
 - Ivan McKee joined the Committee on 8 June 2016 and left on 29 August 2018;
 - Alison Johnstone joined the Committee on 8 June 2016 and left on 6 September 2018;
 - Keith Brown joined the Committee 6 September 2018 and left on 13 December 2018;
 - David Torrance joined the Committee on 6 September 2018; and
 - George Adam joined the Committee on 13 December 2018.

Inquiries and Report

Number of Inquiries held by the Committee



Inquiries held

Source: The Scottish Parliament

4. In the previous parliamentary year we started nine inquiries that continued into this parliamentary year. This report details the work undertaken on these inquiries along with new inquiries launched.

Preventative Agenda

5. The remit of our preventative agenda inquiry was to seek evidence on and analyse preventative spend which we took forward through a series of short inquiries on specific health-related topics.

6. A report covering the preventative learning from all the evidence sessions was published on [12 November 2018](#). The Committee found that the health service is over-reliant on tackling existing problems rather than preventing them from happening. The Committee found that most activity focuses on treating illness in an early stage or preventing the problem becoming worse.
7. Following the review of NHS targets, the Committee stated in its report that it was also keen to support the creation of new indicators that are meaningful and to understand how new measures of inputs and effectiveness can be designed to encourage and support an increase in prevention.
8. The response to our report from Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing on [14 February 2019](#) acknowledged the complexity of addressing issues we raised on diet, healthy weight and diabetes, blood-borne viruses; alcohol and drug harm. The Scottish Government stated these issues were not amenable to quick solutions but that its strategies contained bold measures to address them.

Impact of leaving the European Union on health and social care in Scotland

9. Following the publication of the Committee's report on the impact of leaving the EU on health and social care in Scotland on [19 June 2018](#) we received a response to our Report from Shona Robison MSP, then Cabinet Secretary for Health and Sport.
10. The Scottish Government response provided the Committee with further information on the work it was doing in preparation for leaving the European Union. This included information on reciprocal healthcare arrangements, surveillance of cross border risks to health, recruitment and retention of staff in health and social care professions, research workforce and collaboration and mutual recognition of professional qualifications.

UK Statutory Instruments – European Union (Withdrawal) Act 2018

11. Ahead of the UK's withdrawal from the European Union, the Health and Sport Committee has been considering a number of SI notifications from the Scottish Government. These notifications have requested the approval of the Scottish Parliament for the exercise of powers by UK Ministers under the European Union (Withdrawal) Act 2018 in relation to proposals within the legislative competence of the Scottish Parliament. In total we have considered 25 notifications.
12. These have included a number of health related UK statutory instrument notifications covering the following issues:
 - Social Security Coordination and NHS Cross-Border Healthcare
 - Recognition of European Qualifications in Health and Social Care Professions

- Human Tissue, Organs and Blood Safety and Quality
 - Tobacco Products and Nicotine Inhaling Products
13. They have also included several tranches of food related UK statutory instruments notifications for consideration of the following areas:
- Foodstuffs and Hygiene
 - Food, Animal Feed and Health, GM and Novel Foods
 - Food Imports, Materials, Sprouts, Food Additives
 - Nutrition
14. The role of Food Standards Scotland has been highlighted during the Committee's consideration of these notifications.
15. A number of the Brexit related Statutory Instrument (SI) Notifications we scrutinised were either developed with Food Standards Scotland (FSS) or would result in duties being transferred to them in the event of a No Deal Brexit. The Committee held an evidence session with FSS on 18 December to explore how FSS operates, how it interacts with other key bodies such as local authorities and equivalents in other jurisdictions and to assess its preparedness for Brexit. The Committee explored concerns about food safety for Scotland following EU Withdrawal due to changes in access to current alert systems or requirement for FSS to establish their own alert systems to manage food/feed safety issues affecting Scotland.
16. Following the evidence session on [Tuesday 18 December](#), Food Standards Scotland agreed to write to the Committee to address a number of issues raised during the meeting, specifically in relation to the implications for Food Standards Scotland and food safety for Scotland following EU Withdrawal and the alert systems in place. We received a response on [4 February 2019](#).

NHS Governance - Creating a Culture of Improvement

Our Convener launching our report 'The Governance of the NHS in Scotland.'



Health and Sport Committee

"The whole purpose of this investigation is to ensure that the culture of the NHS allows for the delivery of the highest quality of care to patients.

We heard directly from staff, patients, NHS board members and senior NHS managers. We heard that patients want more and greater involvement in their care and how it is delivered. Most importantly, when things do go wrong, there should be greater transparency allowing patients and their families to feel confident lessons will be learned".

Lewis Macdonald

Convener



Source: The Scottish Parliament

17. Our Report "[The Governance of the NHS in Scotland - ensuring delivery of the best healthcare for Scotland](#)" was published on 2 July 2018. This followed an extensive inquiry begun in February 2017 that considered how well NHS Scotland's policies and systems operate to deliver good governance and create a culture of improvement. The inquiry considered three main strands to NHS Governance: staff, clinical and corporate. The report made a series of recommendations which are summarised below.
18. **Staff Governance**

With over a third of NHS staff feeling unwilling to speak up when they are aware of concerns we called for a culture of openness and transparency in the NHS.
19. We recommended improvements to the current whistleblowing system including the development of an external investigative line.
20. We also recommended a review of how NHS managers are currently regulated. This differs from regulation of other health professionals creating an imbalance between clinical and managerial staff.
21. **Clinical Governance**

We stated that clinical standards and guidelines were not being used effectively or as consistently as they should be.
22. We called for statutory requirements for boards to ensure delivery of appropriate continuing professional development for all NHS Staff.

23. We highlighted barriers to NHS patients making complaints and lacking confidence that complaints would deliver change.
24. We also called for greater consistency in how Serious Adverse Events (SAE) were dealt with by the NHS. An SAE is an event that could cause or did result in harm. We called for consistency in what was recorded and for centralised reporting to ensure wider systemic failings were identified and swiftly acted upon.
25. We called for a review of Healthcare Improvement Scotland (HIS) and for a more systemic and coherent approach to its work. HIS to be more proactive in relation to its surveillance function. Also that its scrutiny function should include consideration of a greater role in relation to the monitoring and delivery of clinical standards and guidelines. We recommended HIS be tasked to make further improvements to SAEs national framework. We reiterated our lack of confidence in the role of the Scottish Health Council whose role is to oversee how well Boards consult with members of the public.

26. **Corporate Governance**

We called for changes to be made to the structures and processes for decision-making and accountability, controls and behaviour at Board level in the NHS

27. We also called for more collaboration and co-production with stakeholders and the public.
28. We stated that accountability and decision making between Boards, regional boards and Integrated Joint Boards required to be simplified and made clear.
29. Also that diversity and gender balance in board membership should be achieved.
30. The Scottish Charity Regulator following its inquiry into the Tayside NHS Board Endowment Funds, called for legislation relating to NHS endowment funds charities to be reviewed. The Committee supported that call.

31. **Scottish Government Response**

The Scottish Government responded positively to the Committee's report. This included committing to changes to the current reporting and monitoring of SAEs and further assessment of the current roles and functions of HIS. The Scottish Government has also recently acknowledged that changes to the handling of NHS whistleblowing need to be made and has brought forward proposals for change to current practice.

Healthcare in Prisons

32. Parity of care with the wider community was a key aim of the transfer in 2011, of healthcare delivery in Scottish Prisons from the Scottish Prison Service (SPS) to the NHS.
33. Our inquiry discovered that the unique opportunity to address health inequalities within the prison environment was not being taken. We recommended that the

extent to which this is tackled should be a key performance indicator for all of those involved.

34. We also recommended that the Scottish Government prepare a strategic plan covering prison social and healthcare. The plan should set out how the aims of parity of healthcare within and outwith prisons will be fully met within the next 2 years including addressing the real challenges the ageing population will bring.
35. We have continued to follow up our work on this inquiry and on [22 February 2019](#), given the Committee's previous concerns on the lack of Government and official lead, the Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick, wrote to the Committee with an update on work undertaken since the publication of our report and the recommendations therein.

Suicide prevention in Scotland

36. On [12 June 2018](#) a one off evidence session was held on suicide prevention in Scotland. This session followed the Scottish Government's consultation on its draft [Suicide Prevention Action Plan](#) and sought to inform and influence the content of the Scottish Government's final Action Plan.
37. Following the evidence session, the Convener wrote to Maureen Watt MSP, the then Minister for Mental Health on [15 June 2018](#) with the Committee's recommendations. This included the Committee calling for funding of the National Suicide Prevention Leadership Group to be transparent and ring-fenced for local and national suicide prevention projects. The Committee also emphasised the importance of ensuring appropriate evaluation and monitoring of progress for the Suicide Prevention Plan. There was also emphasis placed on eradicating the stigma around mental ill-health and suicide and that the plan should include a national awareness raising campaign.
38. Following publication of the Scottish Government's "[Scotland's Suicide Prevention Action Plan: Every Life Matters](#)" on 8 August 2018, the Convener wrote to Clare Haughey MSP, Minister for Mental Health on [19 September 2018](#) with concerns that the Action Plan did not make explicit reference to containing an approach to evaluation.
39. The Committee received a response from Clare Haughey MSP, Minister for Mental Health on [3 October 2018](#). The Minister confirmed that the final Action Plan has an ambitious target of reducing the suicide rate by 20% by 2022. A National Leadership Group was also established with its first annual report due to be published in September 2019.
40. The committee will continue to monitor the delivery of the final Action Plan and review progress later in the session.

The Scottish Government's Revised National Outcomes

41. On 29 March 2018, the Scottish Government published its updated National Outcomes as part of its broader look at the National Performance Framework. The Scottish Government is required to consult the Scottish Parliament on the proposed revisions to these Outcomes.
42. We invited the Cabinet Secretary for Health and Sport, Shona Robison MSP, Professor Sir Harry Burns, Professor of Global Public Health, University of Strathclyde and Gerald McLaughlin, Chief Executive of NHS Health Scotland to attend an evidence session on [1 May 2018](#).
43. Following the evidence session on 1 May 2018, we completed our [report](#) for the Local Government and Communities Committee.
44. On [11 June 2018](#) Derek Mackay MSP, Cabinet Secretary for Finance and the Constitution wrote to thank the Health and Sport Committee for its input and scrutiny process of the draft National Outcomes.

Year of Young People



year of young people
bliadhna na h-òigridh
2018

Source: The Scottish Parliament

45. At its meeting on 17 April 2018 the Committee agreed to hold a one-off round table evidence session on [26 June](#) centred on the Year of Young People 2018 and young people's views and priorities in health and sport. Prior to the formal session on 26 June, the Committee also took part in fact-finding visits to gather the views of young people on their priorities in health and sport. This included visits to a range of primary and secondary schools and colleges in Edinburgh, Elgin and Glasgow.
46. Following our fact-finding visits and formal evidence session in June, a range of issues were highlighted to us as priorities for children and young people in health and sport:
 - Policy making and service design;
 - Mental Health;
 - Sport, health and fitness;

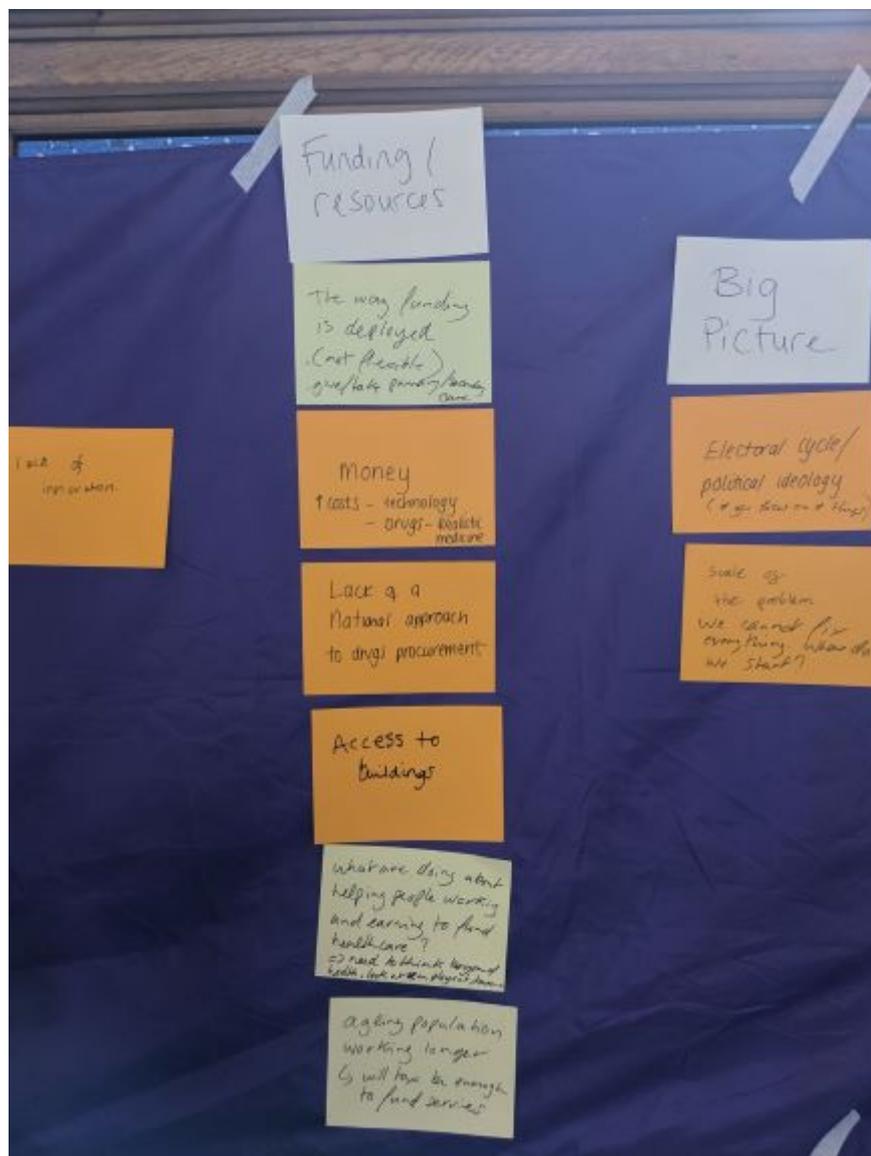
- Diet and obesity;
 - Access to services;
 - Sleep deprivation; and
 - Care experienced young people
47. The Committee issued a letter to the Cabinet Secretary for Health and Sport on [5 September 2018](#).
48. The Cabinet Secretary for Health and Sport responded to our letter on [27 September 2018](#) and addressed each point above. She also provided assurance that the Government has taken significant steps to ensure young people are supported to lead healthier, active lives and have opportunities to learn about and improve their mental health and resilience.

Technology and Innovation in Health and Social Care

49. At its meeting on the 18 April 2017 the Committee agreed to undertake an inquiry into Technology and Innovation in Health and Social Care.
50. The Committee was keen to hear what key opportunities for innovation and the use of technology in health and social care are over the next ten years and whether this will lead to significant change in how the service is managed and delivered
51. Following the Scottish Government's [response](#) to our [report](#) on technology and innovation in health and social care, the Convener wrote to the Cabinet Secretary for Health and Sport on [17 May 2018](#).
52. On [8 June 2018](#) the Cabinet Secretary for Health and Sport wrote to the Convener in response to the Committee's follow-up letter from 17 May 2018.
53. On [24 October 2018](#) the Convener wrote to the Cabinet Secretary for Health and Sport to follow-up on some outstanding information. The Committee received a response from the Scottish Government on [23 May 2019](#).

What does Primary Care look like for the next generation?

Views gathered from our second public panel in Dunfermline



Source: The Scottish Parliament

54. The Health and Sport Committee agreed in October 2018 to run an inquiry looking at the future of Primary Care in Scotland.
55. The first part of the [inquiry](#) has focussed on gathering views and experiences mostly from the public and especially people who use primary care services across Scotland. We asked people to tell us what they think primary care should look like to best serve their needs, how it can be accessible for all and also how the reality of cost impact can be managed. We also launched a Primary Care Public [Survey](#), asking members of the public their views of current services and how they can be improved and sustained in the future.
56. **Public Panels**

Alongside the survey, three public panels have been recruited to discuss their experiences, views and thoughts on the future of primary care in Scotland. Each panel contains up to 15 people recruited to reflect the population as a whole, with a range of criteria including age, gender and socio-economic background.

57. The panel gatherings have taken place and are located in the North, East and West of Scotland, which reflects how Regional Health Boards are organised in Scotland. They will have informed discussions and make recommendations to the Committee on what they think primary care should look like for the next generation.
58. The results of the survey together with the deliberations of the three panels will inform a report by the Committee on Part One, which is due for publication before the end of June 2019.
59. A report on the findings of Part One will be published in late June and people will be invited to make written submissions to comment on those findings. There will then be evidence sessions with health professionals and representatives of professional bodies coming as expert witnesses.

Short inquiry on Health Hazards in the Healthcare Environment

60. The Queen Elizabeth University Hospital (QEUH) Glasgow opened in 2015. Several issues have arisen at the hospital since it opened regarding water hygiene, external cladding, the ventilation system and glazing failures which have raised concerns regarding patient safety due to recent deaths.
61. The Committee agreed at its meeting on 29 January to undertake a short inquiry to identify the scale of any health problems acquired from the healthcare environment in Scotland whilst also considering the wider implications for health facilities across Scotland.
62. The Committee held an oral evidence session on [19 March](#) with the following organisations;
 - Health and Safety Executive;
 - Healthcare Improvement Scotland;
 - Health Facilities Scotland; and
 - Health Protection Scotland
63. On [2 May 2019](#) the Committee issued a letter to Jeane Freeman, Cabinet Secretary for Health and Sport detailing the themes and issues arising from the inquiry.
64. The Committee raised the following concerns –
 - A need for clarity over the roles and responsibilities of the various watchdogs;

- A suggestion for greater monitoring of NHS boards by external bodies with regards to risk assessment;
 - The development of electronic surveillance systems at a national level to improve intelligence;
 - The depth of staffing shortages in cleaning and infection control teams as well as microbiology across NHS boards;
 - The way infection risk is considered in the design and commissioning of new health facilities;
 - And concerns are also raised over perceptions of the independence of the review into Queen Elizabeth University Hospital given the Chairs of the review group are both former NHS Scotland employees.
65. A response from the Government was received on [14 May 2019](#). The Scottish Government indicated in its response that a lot of the concerns raised by the Committee would be considered by the Independent Review of Queen Elizabeth University Hospital which will look at the building's design, commissioning and construction, handover and ongoing maintenance, how these matters contribute to effective infection control and any other areas considered necessary by those carrying out the review.
66. The Cabinet Secretary also stated that "while the focus will be on QEUH, lessons learned from it will be applied across NHS Scotland to ensure healthcare facilities, existing and future, are fit for purpose and support the delivery of world class healthcare."

Health and Sport Committee consultation on the proposals for new Independent National Whistleblowing Office role

67. The Committee launched a consultation on the Scottish Government proposal for the role of a new Independent National Whistleblowing Officer role as set out in:
- [Scottish Public Services Ombudsman \(SPSO\) \(Healthcare Whistleblowing\) Order 2019 - Proposed Draft Regulations \(SG/2019/66\) \(112KB pdf\)](#)
 - [Proposed Draft Explanatory Note \(SG/2019/67\) \(271KB pdf\)](#)
68. The Committee is also considering the SPSO proposals for new standards for health services handling whistleblower concerns:
- [SPSO consultation on Draft Standards for NHS Services \(92.7KB pdf\)](#)
69. These proposals relate to the extension of the jurisdiction to include whistleblowing concerns for NHS Scotland's services. This would mean that the Ombudsman would become the Independent National Whistleblowing Officer (INWO) for Scotland.

70. The proposed extension would give the Ombudsman the legislative powers to:
- a) Develop a set of standards for NHS services which all NHS organisations would need to follow when they receive and investigate whistleblowing concerns.
 - b) Investigate concerns raised by whistleblowers, as a final, independent review of these concerns, including how the health service handled the whistleblowing concerns and if it acted reasonably in making any decision.
 - c) Investigate how a whistleblower has been treated by their employer.
71. It is expected that the Committee will take written and oral evidence in May and produce a report in June 2019 setting out whether it considers the new proposals by the Scottish Government will achieve a cultural change in how the NHS in Scotland handles matters raised by whistleblowers.

Scrutiny of NHS Boards

72. The Committee has continued to hold oral evidence sessions with territorial health boards. These sessions have enabled the Committee to explore the performance, outcomes delivered and the added value the body provides. Evidence sessions have been held with the following boards this year.

- **NHS Greater Glasgow and Clyde - 8 May 2018**
- **NHS Orkney, NHS Shetland and NHS Western Isles- 15 May 2018**
- **NHS Dumfries and Galloway - 30 October 2018**
- **NHS Borders – 12 March 2019**
- **NHS Lanarkshire – 26 March 2019**

73. The purpose of these sessions is to scrutinise the performance, outcomes and strategic direction of Health Boards as their funds are approved by the Scottish Parliament. We also utilised the meetings to link to ongoing Committee inquiries.

Pre-Budget Scrutiny 2019-20

74. As in previous years, the Committee agreed to adopt a full year budgeting approach, building an element of budget scrutiny into all aspects of its work. The Committee also agreed that integration of health and social care and the performance of integration authorities should be an area of focus for budget scrutiny. This included oral evidence sessions with a range of integration authorities and senior officials at the Scottish Government.
75. On 29 October, we published our report: [Looking ahead to the Scottish Government Health Budget 2019-20](#): Is the budget delivering the desired outcomes for health and social care in Scotland? Our report was critical that transformational change in health and social care was not being achieved in part due to integration authorities not exercising the powers given to them. We stated it was unacceptable that integration authorities who are responsible for spending around £8 billion in public funds, were taking decisions without any link to health and social care outcomes or assessing the effectiveness of their spend.
76. The Convener received a response to our report from the Cabinet Secretary for Health and Sport on [21 December 2018](#).
77. The Committee has continued to pursue the issues raised in its pre-budget report with the Scottish Government. It held an evidence session with Jeane Freeman MSP, Cabinet Secretary for Health and Sport, on [15 January 2019](#). The Committee also took evidence from the Cabinet Secretary at its meeting on [19 February 2019](#) on the Ministerial Strategic Group for Health and Community Care report on review of progress with Integration of Health and Social Care.
78. The Committee has agreed to continue its scrutiny of integration authorities as part of its pre-budget scrutiny for next year's Scottish Government budget.

Legislative Consent Memorandum - Healthcare (International Arrangements) Bill 2017-19

79. The Committee agreed its approach to the Legislative Consent Memorandum on the Healthcare (International Arrangements) Bill at its meeting on 27 November 2018. The Healthcare (International Arrangements) Bill 2017-19 was introduced in the House of Commons on 26 October 2018.
80. The Bill is one of a series of “Brexit Bills” intended to adjust UK legislation for Brexit. The Bill is intended to allow the UK to maintain reciprocal healthcare arrangements with the EU and its member states after Brexit, in the event of either a Brexit deal or no deal scenario. However, the provisions of the Bill are not limited to arrangements with the EU; and the UK Government states that the Bill would also allow the UK to strengthen existing reciprocal healthcare agreements with countries outside the EU or implement new ones.
81. Following the evidence session on 11 December 2018, the Committee considered and agreed a draft Report on [18 December 2018](#).
82. The Committee published a second Report on [11 February 2019](#) regarding the current and future operation of reciprocal healthcare schemes, namely the arrangements for the charging of European Economic Area (EEA) citizens and non-EEA individuals when using NHS services in Scotland and payment of healthcare costs for Scottish citizens when abroad.
83. We identified a varied and inconsistent approach from NHS health boards in Scotland, with some not reclaiming costs from those not entitled to free care. The amount outstanding to NHS boards from non-EEA individuals exceeds £3.2m.
84. The Cabinet Secretary for Health and Sport responded to the Committee's Report on [18 February 2019](#).

Legislation

SSIs considered



SSIs considered

Source: The Scottish Parliament

85. During the Parliamentary year, we considered 27 Scottish Statutory Instruments (SSIs) - 8 under the affirmative procedure and the remaining 19 under the negative procedure.
86. The Committee also considered 25 SI notifications relating to the UK's withdrawal from the European Union.



Bills scrutinised

Source: The Scottish Parliament

87. **The Health and Care (Staffing) (Scotland) Bill**

The Scottish Government introduced the Health and Care (Staffing) (Scotland) Bill on 23 May 2018. The Bill covered staff planning in health and social care services, with the aim that staffing in both sectors is organised and planned to ensure appropriate staff are put in place by providers of care to deliver safe and high-quality care.

88. The Bill included provision for a general duty on health boards and care service providers to ensure that suitably qualified and competent individuals are working in sufficient numbers for the health, wellbeing and safety of services users, and for the provision of high quality care.
89. Following the introduction of the Bill, we issued a call for evidence and received 70 submissions.

90. In an effort to engage with as many front line staff as possible we attended the NHS Scotland Event at the SEC, Glasgow on 18 and 19 June. At the event we ran a parallel session which used the Bill as a test case, inviting attendees to think like a Committee member and consider how they would scrutinise the Bill. In doing so we gathered the views of the NHS staff in attendance on the Bill and identified areas where they thought scrutiny was required.
91. We also issued a survey which sought views on the current nursing and midwifery workforce tools and, as such, was specifically aimed at those who use the tools. The survey received 195 responses.
92. We held an informal evidence session on 11 September with nursing and midwifery staff to discuss with them their experience of how workforce planning is managed in their work settings. We took formal evidence on the Bill at our meetings on 11 September, 18 September, 25 September and 2 October 2018. These sessions looked at the Bill in relation to integration and multi-disciplinary teams, staff groups already covered by workforce and workload tools, the impact of the Bill on the care home sector and the development of new workload tools.
93. We published our [Stage 1 Report](#) on 26 November 2019. Whilst the Committee supported the general principles of the Bill we called for more details on how staff numbers and skill mix, and care quality would be assessed, monitored and reported. The Committee raised concerns about a danger of resources being skewed towards the hospital sector – for which most of the current tools are designed, in order to meet the initial requirements set out in the legislation.
94. The Committee also concluded that there needed to be greater accountability, with named accountable officers in all settings to make clear that it is the provider that should be responsible and not those who are delivering the care. We highlighted that Professional judgement (ie not the Professional Judgement workforce tool) was a significant part of workforce planning decisions. Staff on the ground on any given day are best placed to input to decisions on what staffing requirements are. The Committee sought clearer direction on who this included to ensure the input of those on the ground is not drowned out by competing priorities such as finance, medicines or a need for more doctors.
95. We also highlighted that we were keen to ensure there was adequate provision made to train staff, beyond only the use of the tools and thereafter to keep their skills up to date.
96. [Stage 2](#) of the Bill was held on [29 January](#) and [5 February 2019](#). The Bill was amended at stage 2 to make reference to national workforce planning as well as planning carried out by health boards and social care providers and commissioners of health and care services. The Bill was also amended to make explicit references to multi-disciplinary working and a range of health professionals. It included more references to the patient and carer voice and to outcomes for individuals in how staffing is arranged. Also added were explicit references to the well-being of staff in the context of the delivery of safe and high quality care and the wellbeing and safety of patients. Acknowledgement that the Bill did not directly deal with either real-time staffing issues, nor national workforce planning was also made via amendments on escalation procedures and responsive staffing assessment on a day to day basis.

97. [Stage 3](#) was held in the Chamber on 2 May 2019. Further amendments were made, with some modifying or augmenting stage 2 amendments. One withdrawn at stage 2 was reintroduced at stage 3, namely a section to place a cap on the payments made for agency staff. The provision to ensure non case-load holding senior charge nurses was removed at stage 3 and replaced by duties to ensure adequate time for clinical leaders to manage and support staff under their supervision.
98. In care services further duties on annual reporting were included to mirror those for NHS staffing, in relation to steps that Ministers have taken to support staffing levels in social care.
99. **[Human Tissue \(Authorisation\) \(Scotland\) Bill](#)**

The Human Tissue (Authorisation) (Scotland) Bill was introduced by the Cabinet Secretary for Health and Sport on 8 June 2018.
100. Currently members of the public must opt-in for their organs to be donated. The Human Tissue (Authorisation) (Scotland) Bill seeks to change this approach, meaning in future if a person dies having not registered their decision to agree or refuse on the organ donor register, they will be deemed to have consented to having their organs taken.
101. During our consideration of the Bill at Stage 1 the committee heard evidence that although donor numbers had increased since the current law was introduced in 2006, at any one time in Scotland there are over 500 people waiting for a transplant.
102. We issued a call for written views on the Bill and 35 submissions were received. We also carried out an online survey for members of the public on the main provisions of the Bill to which 747 responses were received.
103. We heard formal evidence on the Bill over four committee meetings in November 2018. On 6 and 13 November, we took oral evidence from patient public groups, stakeholders representing front-line staff in the NHS and a witness attending in a personal capacity as a lung transplant recipient. On 20 November, we focussed on evidence from Wales. This provided us with valuable insight into the opt-out system and its impact on transplantation rates in Wales. On 27 November, we focussed on the ethical and legal aspects of the Bill. In addition, the Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick also gave evidence to us on 27 November 2018.
104. In addition to the formal evidence sessions, we also held an informal meeting on 23 October 2018 with the regional manager for organ donation in Scotland and members of her team. This session provided an opportunity for us to observe the authorisation process for organ donation. We also held three informal meetings on 13 November 2018 with people who have received donated organs, family members who have authorised the donation of organs and people currently on the organ transplant waiting list.
105. We published our [Stage 1 Report](#) on 1 February 2019. The Committee supported the general principles of the Bill however we highlighted that the Bill alone would not achieve an increase in donation rates. We recommended an ongoing, targeted engagement strategy which encourages greater awareness of the benefits and requirements of organ donation. We also highlighted that the role of the specialist

nurses and the way in which they communicate with relatives prior to donation is also key to the success of this Bill. We also recommended that the Scottish Government look closely at the current infrastructure in hospitals around organ transplantation as well as the checks undertaken before a transplant can take place.

106. We also wished to ensure the services to support patients on the transplant waiting list, recipients of organ donation and families who have donated the organ of a relative, were enhanced to provide greater support.
107. [Stage 2](#) of the Bill took place on [Tuesday 7 May 2019](#). The amendments were mainly of a technical nature but changes were agreed regarding engagement. The Minister committed to looking at the frequency of information campaigns with a view to amending the Bill at Stage 3.
108. Stage 3 of this Bill is yet to be scheduled.

Petitions

Petitions considered



2 Petitions
considered

Source:

109. We have had two petitions referred to us over the course of the year:

Petition [PE1611 – Mental Health Services in Scotland](#)

110. **Petition summary**

Calling on the Scottish Parliament to urge the Scottish Government to improve access to mental health services in Scotland by -

- Reducing the mental health waiting time target from 18 weeks to 14 weeks for adult therapies, and to 12 weeks for child and adolescent mental health

services, and committing to ensuring 90% of patients begin treatment within these times;

- Providing funding to ensure primary care staff receive additional training on supporting patients with mental health conditions;
- Providing funding for third sector organisations that deliver community based services, such as support groups, which can be accessed by patients whilst waiting for referral appointments.

111. As in previous years, the Committee received a response from the Scottish Government on 23 January 2019 regarding the proposed Scottish budget for 2019-20. In relation to mental health funding, the Cabinet Secretary stated -

” Expenditure on mental health services was £0.99 billion in 2016-17 and £1.02 billion in 2017-18. The Scottish Government has further increased direct investment by £17 million in 2018-19 and by £27 million in 2019-20, and this is in addition to increased spending on mental health services by NHS Boards and Integration Authorities from baseline budgets. This means that overall funding for mental health services will amount to £1.1 billion in 2019-20.

112. In light of the commitments made in the Scottish Government’s mental health strategy, additional funding proposed for 2019-20 and the Primary Care Inquiry due in 2019, the Committee agreed to close this petition at its meeting on 19 February 2019.

113. **Petition PE1568 -Funding, access and promotion of the NHS Centre for Integrative Care.**

114. **Petition Summary**

Calling on the Scottish Parliament to urge the Scottish Government to -

- Ensure that Scotland-wide access to the NHS Centre of Integrative Care (NHS CIC) is restored by providing national funding for a specialist national resource for chronic conditions: and
- To uphold NHS patient choice and cease the current postcode lottery by removing barriers to patient access and prevent institutional discrimination by helping to promote the benefits of this care pathway for patients with long-term conditions.

115. At the meeting on 19 February 2019, it was agreed that the petition would remain open and we would bring it to the attention of relevant Cross-Party Groups who may be undertaking work in this area. The [Chronic Pain CPG](#) and [Arthritis and Musculoskeletal Conditions CPG](#) were identified as relevant groups and contacted by the Committee.

One-off evidence sessions with health and sport public bodies

116. This year, we held one off evidence sessions with two health and sport public bodies.

Sportscotland

117. Sportscotland is the national agency for sport in Scotland. As an organisation that receives public funds, Sportscotland falls to be held accountable by the Health and Sport Committee scrutiny in relation to their performance, value for money and meeting of objectives.

118. Following a previous evidence session on [24 January 2017](#), the Committee invited Sportscotland to attend for an update session. This update session took place [22 January 2019](#).

119. Further to the evidence session with Sportscotland on 22 January 2019, the Committee issued a [letter](#) to the Chief Executive of Sportscotland following up on a number of issues raised at the meeting relating to -

- community sport hubs;
- participation levels for the active schools programme;
- engagement with older people;
- disparity in data between those aged 13-15 and those 16 plus;
- potential of professional sports clubs making facilities more available; and
- financial constraints

120. We received a response on [13 February 2019](#).

Scottish Ambulance Service

121. The Scottish Ambulance Service is a special Health Board which provides a service to all of Scotland.

122. Following a previous evidence session on [23 May 2017](#), the Committee invited the Scottish Ambulance Service for an update session. This update session took place on [26 February 2019](#).

123. Further to the evidence session with the Scottish Ambulance Service on 26 February 2019, the Committee issued a [letter](#) to the Chief Executive of the Scottish Ambulance Service following up on a number of issues raised at the meeting including:

- New triage system and response times
 - Classification of 999 calls
 - Public engagement
 - Response times in rural areas
 - Police Scotland- escorting patients to hospital
 - Number of inappropriate calls
 - Staffing- bullying and staff turnover
 - Sickness Levels
 - Primary Care- Specialist paramedics assisting GPs out of hours
 - Financial sustainability and performance
124. The Committee received a response from the Chief Executive on [16 April 2019](#). A follow up letter from the Convener was issued on [10 May 2019](#) as further clarification is required.

Equalities, Engagement and Innovation

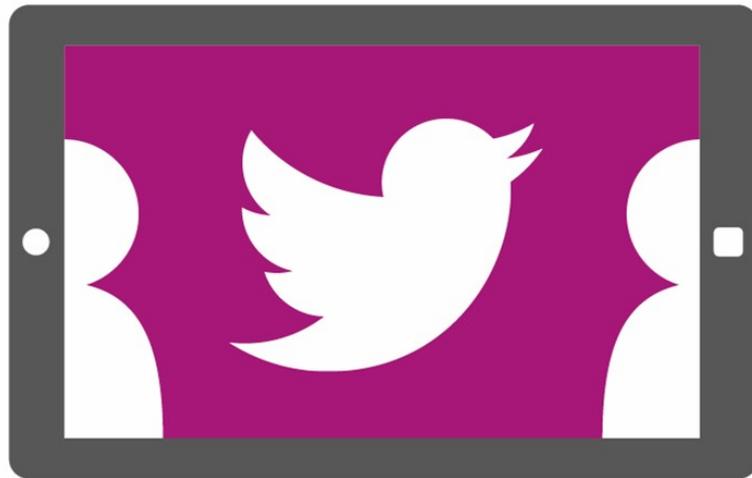


Engagement activities

Source: The Scottish Parliament

125. At the Committee Business Planning day in Inverness in October 2018, the Committee agreed to undertake three major inquiries, Primary Care, Social Care Capacity and Medicines. With the first phase of the [Primary Care inquiry](#), the Committee has worked closely with the Committee Engagement Unit in order to gather information from members of the public, facilitate panels and gain insight into their vision for the future of primary care in the community. We launched an online survey and received 2547 responses by 30 April 2019.
126. The Committee also engaged with members of the public for Stage 1 scrutiny of the [Human Tissue \(Authorisation\) \(Scotland\) Bill](#). We held three informal meetings on 13 November 2018 with the following groups: people who have received donated organs, family members who have authorised the donation of organs and people currently on the organ transplant waiting list.

127. During the [Year of Young People 2018](#), the Committee also took part in fact-finding visits to gather the views of young people on their priorities in health and sport. This included visits to a range of primary and secondary schools and colleges in Edinburgh, Elgin and Glasgow.
128. It is important to us that we try to be as inclusive as possible in every piece of work we do. We try to use a variety of methods to gather information including online surveys and informal evidence sessions. This helps us hear from a wide variety of stakeholders. Collaborating with the Committee Engagement Unit for the Primary Care inquiry is an innovative approach. It has provided the opportunity to reach out to a diverse range of people in Scotland who we would not normally be able to engage with.
129. We continue to try to grow our [Twitter account](#) so we can engage even further. We publish all correspondence and call for views on the account. We currently have 2,999 followers.
130. Twitter has become our core medium for keeping interested groups and individuals informed which we do by tweeting all our correspondence with health boards, Government and public bodies.



2,999 followers

3,004 tweets

*as of 21 May 2019

Source: The Scottish Parliament

Meetings



29

Committee meetings

Source: The Scottish Parliament

131. We held 29 meetings this year. Two meetings took place entirely in private; 27 involved items taken in private. The items taken in private were primarily to consider draft reports, approach papers and our work programme.

