



The Scottish Parliament
Pàrlamaid na h-Alba

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Dear Convener,

Scotland's Commissioner Landscape: A Strategic Approach

1. I am writing further to my evidence to the Finance and Public Administration Committee on 14 May 2024 in relation to above inquiry and the Health, Social Care and Sport Committee's recent scrutiny of the Patient Safety Commissioner for Scotland Bill.
2. I agreed to write to the Committee to set out further information in the following areas:

Finance and resources

3. Michael Marra MSP asked about whether the Health, Social Care and Sport Committee had received any commitments from the Scottish Government on financing of the Patient Safety Commissioner as a result of recommendations in its Stage 1 report.
4. Following the publication of the Stage 1 report on the Patient Safety Commissioner for Scotland Bill, the Committee received a [response from the Minister for Public Health and Women's Health](#).
5. In relation to the Committee's recommendation that the Scottish Government make adequate provision to meet the importance and scale of the Patient Safety Commissioner's functions, the Minister stated that "budget allocations from the Scottish Government to the Scottish Parliamentary Corporate Body should make adequate

provision to meet the importance and scale of the Patient Safety Commissioner's functions".

6. In relation to the Committee's recommendation that Scottish Government commit to provide additional funding in the case of future role changes or resource pressures, the Minister further stated: "I can commit that the Scottish Government will engage constructively with the SPCB to ensure that all parliamentary commissioners are funded appropriately, including the Patient Safety Commissioner."

Alternate models

7. John Mason MSP asked whether the Health, Social Care and Sport Committee had explored any alternate models instead of the establishment of a Patient Safety Commissioner.
8. As I set out in my evidence to you, the existing clinical governance and regulatory landscape in Scotland is complex. The Committee heard from a range of stakeholders about the potential for the functions of a Patient Safety Commissioner for Scotland to overlap with current governance structures and systems.
9. While the Committee explored the possibility of incorporating the functions of the Commissioner into other existing structures, such as the Scottish Public Services Ombudsman, based on the evidence it had heard, the Committee concluded that this would not be sufficient to meet the stated objective of giving a voice to patients within those structures. In line with the findings of the Cumberlege review, the Committee agreed that, in this case, a patient advocate who was independent from existing structures was required to both increase public confidence and trust in the healthcare system in Scotland, and ensure the patient voice could help to identify areas where systemic improvements could be made to improve patient safety.
10. I hope you find my comments helpful, and I look forward to hearing the outcomes from the Committee's inquiry.

Yours sincerely,

Clare Haughey MSP
Convener, Health, Social Care and Sport Committee