

Patient Safety Commissioner for Scotland Bill

Groupings of Amendments for Stage 2

This document provides procedural information which will assist in preparing for and following proceedings on the above Bill. The information provided is as follows:

- the list of groupings (that is, the order in which amendments will be debated). Any procedural points relevant to each group are noted;
- the text of amendments to be debated on the day of Stage 2 consideration, set out in the order in which they will be debated. **THIS LIST DOES NOT REPLACE THE MARSHALLED LIST, WHICH SETS OUT THE AMENDMENTS IN THE ORDER IN WHICH THEY WILL BE DISPOSED OF.**

Groupings of amendments

Commissioner's tenure

11

Reviewing the Commissioner's work

12, 13, 20, 32

Major incidents

14, 15, 29, 30, 31, 34

Co-ordination with other bodies

1, 28

Principles, strategic plan and work programme

16, 17, 18, 19, 3, 4, 5, 21

Inclusive communication

2

Special reports

22

Surgical mesh

23

Information gathering and use

6, 7, 8, 9, 24, 25, 10, 26, 27

Social care

33

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Amendments in debating order

Commissioner's tenure

Tess White

- 11 In schedule 1, page 12, line 11, leave out <8> and insert <5>

Reviewing the Commissioner's work

Tess White

- 12 In schedule 1, page 17, line 17, at end insert—

<() a review of the performance of the Commissioner, as assessed against the performance monitoring standards under section (*Performance monitoring*).>

Tess White

- 13 In schedule 1, page 17, line 19, at end insert—

<() As soon as practicable after the annual report is laid before the Scottish Parliament, the committee of the Scottish Parliament into whose remit patient safety falls must propose a debate on the annual report.>

Tess White

- 20 After section 3, insert—

<Performance monitoring

- (1) The Commissioner must—
 - (a) have a statement of the standards that are to be used for performance monitoring, and
 - (b) make the latest version of the statement publicly available.
- (2) Before producing a statement of standards, the Commissioner must consult on a draft of it with—
 - (a) the Parliamentary corporation,
 - (b) the advisory group established in accordance with section 16, and
 - (c) the committee of the Scottish Parliament into whose remit patient safety falls.
- (3) As soon as practicable after producing a statement of standards, the Commissioner is to lay a copy of it before the Scottish Parliament.>

Tess White

- 32 After section 17, insert—

<Review of ways of working

- (1) Within 3 years of section 1 coming into force, the Scottish Parliament must make arrangements for one of its committees or sub-committees to undertake a review of how the Commissioner and pre-existing patient safety landscape are working together.

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- (2) The review must consider, in particular, how any recommendations made by the Commissioner have been implemented.
- (3) As soon as practicable after the review has concluded, the committee or sub-committee must produce a report on that review in such form and manner as the committee or sub-committee considers appropriate.
- (4) The Scottish Parliament must publish a report made under subsection (3).>

Major incidents

Jackie Baillie

14 In section 2, page 1, line 12, at end insert—

<() to advocate for those affected by a major incident in relation to the safety of health care.>

Jackie Baillie

15 In section 2, page 2, line 3, at end insert—

<() Subsection (3) does not apply to major incidents.>

Jackie Baillie

29 After section 15, insert—

<Information sharing: major incidents

Reports following major incidents

- (1) Where the Commissioner has completed a formal investigation under section 8 into a major incident, the Commissioner must provide a copy of the report prepared under section 10 to—
 - (a) the chief constable of the Police Service of Scotland,
 - (b) the Crown Office and Procurator Fiscal Service.
- (2) For the avoidance of doubt, information contained in such a report may be used for the purposes of legal proceedings, whether civil or criminal, including for the purposes of investigating an offence or suspected offence.>

Jackie Baillie

30 After section 15, insert—

<Major incidents

Major incidents

- (1) On becoming aware of a major incident, the Commissioner must take such steps as the Commissioner considers appropriate to—
 - (a) contact patients affected by the major incident and the families of patients who died as a result of the major incident,

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- (b) provide relevant information including—
 - (i) sources of support for affected patients and bereaved families,
 - (ii) information on accessing legal advice and representation,
 - (iii) details of any investigations or inquiries relating to the major incident,
 - (iv) information for whistleblowers on how to disclose information relating to the major incident.
- (2) Within one year of becoming aware of a major incident, the Commissioner must consider whether to initiate a formal investigation under section 8.
- (3) Any formal investigation in relation to a major incident must include consideration of whether public bodies complied with their duties under the major incidents charter produced under section (*Charter for those affected by major incidents*).>

Jackie Baillie

- 31 After section 15, insert—

<Major incidents charter

Charter for those affected by major incidents

- (1) The Commissioner must produce and publish a charter for patients affected by major incidents and families of patients who died as a result of major incidents.
- (2) The charter must include, in particular, the obligations of public bodies in relation to affected patients and families of patients who died as a result of a major incident.
- (3) Before producing a charter under subsection (1), the Commissioner must consult with any person the Commissioner considers appropriate.>

Jackie Baillie

- 34 In section 21, page 9, line 14, at end insert—

<“major incident” means a specific incident in connection with health care safety that resulted in the death, injury or serious harm of multiple patients.>

Co-ordination with other bodies

Jenni Minto

- 1 In section 2, page 1, line 19, after <providers> insert <and public authorities with functions that relate to health care>

Carol Mochan

- 28 After section 15, insert—

<Duty to co-operate

Duty to co-operate in exercise of functions

- (1) Each person named in section 15(2)(d) must co-operate with the Commissioner in the exercise of their respective functions.

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- (2) The Commissioner must co-operate with each person named in section 15(2)(d) in the exercise of their respective functions.>

Principles, strategic plan and work programme

Paul Sweeney

- 16 In section 3, page 2, line 11, at end insert —

<() The statement of principles must include the principle that the Commissioner will seek to involve categories of people that the Commissioner considers to be under-represented in health care in the Commissioner's work.>

Tess White

- 17 In section 3, page 2, line 11, at end insert—

<() The statement of principles must include the principle that the Commissioner will seek the views of staff working in the National Health Service Scotland on patient safety concerns and take account of their concerns.>

Tess White

- 18 In section 3, page 2, line 11, at end insert—

<() The statement of principles should include—

- (a) the types of issue that are likely to come under the Commissioner's purview,
- (b) how such issues will be identified,
- (c) the threshold for opening an investigation,
- (d) that, in exercising the Commissioner's functions, the Commissioner must take account of—
 - (i) existing legislation,
 - (ii) how the Commissioner's role fits together with the existing patient safety landscape,
- (e) any other issue the Commissioner considers appropriate.>

Tess White

- 19 In section 3, page 2, line 11, at end insert—

<() Before producing a statement of principles, the Commissioner—

- (a) must consult on a draft of it with—
 - (i) the stakeholders that the Commissioner considers to have an interest,
 - (ii) the Parliamentary corporation,
 - (iii) the advisory group established in accordance with section 16,
 - (iv) the committee of the Scottish Parliament within whose remit patient safety falls,

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- (b) may consult on a draft of it with any other person the Commissioner considers appropriate.>

Jenni Minto

- 3 Leave out section 6

Jenni Minto

- 4 In section 7, page 3, line 10, leave out <section 6> and insert <section (*Duty to consult on principles and strategic plan*)>

Jenni Minto

- 5 After section 7, insert—

<Consultation on principles and strategic plan

Duty to consult on principles and strategic plan

- (1) Before finalising a document mentioned in subsection (2), the Commissioner—
 - (a) must consult on a draft of it with—
 - (i) the Parliamentary corporation,
 - (ii) the advisory group established in accordance with section 16, and
 - (iii) any other person the Commissioner considers appropriate having regard to the importance of the document reflecting patients' concerns,
 - (b) may consult on a draft of it with any other person the Commissioner considers appropriate.
- (2) The documents are—
 - (a) a statement of principles (see section 3), and
 - (b) a strategic plan (see section 5).>

Tess White

- 21 After section 7, insert—

<Work programme

Duty to have a work programme

- (1) The Commissioner must—
 - (a) have a work programme, and
 - (b) make the latest version of the work programme publicly available.
- (2) A work programme is a document setting out the work that the Commissioner intends to undertake in the next year.
- (3) Before making a work programme, the Commissioner must consult on a draft of it with—
 - (a) the Parliamentary corporation,
 - (b) the advisory group established in accordance with section 16, and
 - (c) the committee of the Scottish Parliament within whose remit patient safety falls.

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- (4) As soon as practicable after making a work programme, the Commissioner is to lay a copy of it before the Scottish Parliament.>

Inclusive communication

Jenni Minto

- 2 Leave out section 4

Special reports

Paul Sweeney

- 22 After section 11, insert—

<Special report

- (1) This section applies where recommendations have been made in a report under section 10.
- (2) If, following the making of the report, it appears to the Commissioner that any of the recommendations have not been, or will not be, implemented, the Commissioner may make a special report on the issue.
- (3) The Commissioner must—
 - (a) send a special report made under subsection (2) to the persons to whom the report was sent under section 10(3), and
 - (b) lay a copy of the report before the Scottish Parliament.
- (4) The Commissioner may, in whatever manner the Commissioner considers appropriate, make publicly available (in full or in part) a special report made under subsection (2).>

Surgical mesh

Katy Clark

- 23 After section 11, insert—

<Investigation into the use of surgical mesh

- (1) The Commissioner must undertake a formal investigation under section 8 into the use of surgical mesh to treat hernias by the National Health Service in Scotland.
- (2) The investigation under subsection (1) must be initiated within one year of the first appointment of a Commissioner under paragraph 4 of schedule 1.
- (3) The terms of reference of the investigation under subsection (1) must include—
 - (a) the scale of the use of surgical mesh to treat hernias,
 - (b) the number of patient readmissions as a result of complications related to the use of surgical mesh to treat hernias,
 - (c) the number of patient complaints to regional health boards related to the use of surgical mesh to treat hernias,

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- (d) consideration of whether the use of surgical mesh to treat hernias should be suspended,
- (e) any other matters which the Commissioner considers appropriate.>

Information gathering and use

Jenni Minto

- 6 In section 12, page 5, line 10, leave out <health care provider> and insert <person to which subsection (3A) applies>

Jenni Minto

- 7 In section 12, page 5, line 12, leave out <provider's> and insert <person's>

Jenni Minto

- 8 In section 12, page 5, line 15, leave out <provider> and insert <person>

Jenni Minto

- 9 In section 12, page 5, line 28, at end insert—
- <(3A) This subsection applies to a person who is—
 - (a) a health care provider,
 - (b) a body constituted by virtue of the National Health Service (Scotland) Act 1978.>

Paul Sweeney

- 24 In section 12, page 5, line 29, after <section> insert <—
“health care provider” includes a person who provides medicine or medical devices>

Carol Mochan

- 25 After section 12, insert—
- <Information under the Health and Care (Staffing) (Scotland) Act 2019**
 - (1) The Health and Care (Staffing) (Scotland) Act 2019 is amended as follows.
 - (2) In section 2 (guiding principles etc. in health care staffing and planning), in subsection (3), after “Ministers” insert “and the Patient Safety Commissioner for Scotland”.>

Jenni Minto

- 10 In section 15, page 6, line 35, after second <person> insert <knowingly or recklessly>

Carol Mochan

- 26 In section 15, page 7, line 14, at end insert—
- <() professional regulators,
 - () the Health and Safety Executive,>

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Tess White

27 In section 15, page 7, line 14, at end insert—

<() professional healthcare regulatory bodies,>

Social care

Paul Sweeney

33 In section 21, page 9, line 14, at end insert—

<() social care services to the extent that they intersect with the services described in paragraphs (a) and (b) above,>

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