

Scottish Parliamentary Corporate Body By correspondence (Session 7)

Officeholders – Patient Safety Commissioner for Scotland Advisory Group: additional members

Executive summary

1. The Patient Safety Commissioner for Scotland, Karen Titchener, took up office on 1 September 2025. One of her statutory functions under the Patient Safety Commissioner for Scotland Act 2023 (“the Act”) is to establish and maintain an Advisory Group. The purpose of the group is to give advice and information to the Commissioner about matters relating to the Commissioner’s functions.
2. It is for the Commissioner to determine the membership of the group and any allowances payable subject to the SPCB’s approval.
3. In January 2026 the Commissioner submitted her initial determination for her Advisory Group. Approval was given by the Session 6 SPCB for the suggested six members and the allowances payable. Details of those six members is at Annex A. The Commissioner is now seeking to add an additional five members to her Advisory Group.

Background

4. Under Section 16(4) of the Act, the Commissioner is to establish and maintain an Advisory Group. The Commissioner may only appoint a person as a member of the group if the appointment—
 - a) has been approved by the Parliamentary corporation,
 - b) would not result in the number of members of the group exceeding the maximum determined by the Parliamentary corporation,
 - c) is consistent with the principle that at least half of the group’s members are to be persons who appear to the Commissioner to be representative of patients.
5. The Commissioner sought approval in January 2026 to appoint six members to her Advisory Group. The Commissioner noted at that stage that she hoped that the group would grow in time. The legislation does not state a maximum or minimum number of members for the Advisory Group, however the Financial Memorandum includes costs based on 20 members.
6. The Commissioner is now seeking approval to add an additional five members, bringing the total membership to eleven. The proposed additional membership covers a wide range of backgrounds including lived experience, unpaid carers and women’s health.

REFERENCE: SPCB (2026) - Paper 55 – by correspondence

7. The suggested additional members are:

- Donna O'Boyle: Donna is a recently retired professional advisor in Healthcare Regulation at the Scottish Government and Acting Executive Director of professional practice at the Nursing and Midwifery Council. Donna has extensive expertise in NHS Scotland Healthcare systems.
- Kirsteen Campbell: Kirsteen is a women's health advocate and has worked with many third sector healthcare organisations. Kirsteen uses her current healthcare journey perspective and engages with others nationally to share experiences, and is keen to ensure the patient's voice is included and heard in all aspects of healthcare.
- John Cuddihy: John is a family engagement representative and champions the patient voice throughout the NHS and other organisations. John has personal experience through the death of his daughter and is an advocate for patient safety, change and improvement.
- Fiona Collie: Fiona is Head of Public Affairs for Carers UK (representing Scotland). The Commissioner is very keen to have unpaid carers represented in her work.
- Maggie Waterton: Maggie is a retired Executive Nurse with a wealth of experience in NHS Scotland along with experience through the UK and Scotland Covid Inquiries.

8. The Commissioner is content that the additional membership would still meet the principle that at least half of the group's members are persons who appear to the Commissioner to be representative of patients.

Governance

9. Under the Patient Safety Commissioner for Scotland Act 2023, the Commissioner must seek the SPCB's approval as to the numbers and membership of her Advisory Group.

Resource implications

10. Establishing an Advisory Group is a statutory requirement. The cost of establishing and maintaining an Advisory Group was set out in the Scottish Government's Financial Memorandum. It assumed 20 members meeting quarterly, with a payment for those who are unemployed of £300 per day for group meetings and activity (for instance 2-3 days per quarter in total) plus travel expenses of around £50 per meeting, totalling an estimated maximum cost of £26,000-38,000.

11. The Commissioner envisages four meetings per year and that only travel and expenses are reimbursed to all members, plus a nominal daily fee for academic members. The previously agreed membership included three members who would be eligible for the daily fee. None of the new members are academic members, so no additional daily fees would be payable.

REFERENCE: SPCB (2026) - Paper 55 – by correspondence

12. On that basis, the cost of the group would remain broadly the same. Assuming four meetings a year and 2.5 days of work associated with each meeting (as per the FM) the cost (based on the upper daily fee rate) would be £3,000 excluding travel and expenses for the members of the group. These costs are already included in the Commissioner's budget. There is no call for additional resources.
13. Travel and expenses rates are to be in line with the SPCB's Allowances Scheme. Claims will be limited to the actual cost of attending the meeting so mileage at 55p per mile, with parking, rail or bus fares reimbursed at the actual cost.

Publication Scheme

14. This paper can be published.

Decision

15. The SPCB is invited to approve the additional membership of the Patient Safety for Scotland Commissioner's Advisory Group.

Officeholder Services
7 August 2026

Annex A: Current Membership of the PSCS Advisory Group

Name / Organisation	Area of Expertise
Professor Jason Leitch — Clinical Doctor	National clinical leadership; patient safety; public health communication.
Tom Steele — Chair, Scottish Ambulance Service; Co-chair, NHS Scotland Innovation Design Authority	Emergency care, national service operations, healthcare service delivery and innovation.
Dr Margaret McCartney — GP; Academic, University of St Andrews School of Medicine	Primary care; ethics; evidence-based medicine; patient communication and community care.
Gordon Shephard — Patient & Public Advocate	Patient experience; public involvement in health policy; user-voice representation; community engagement.
Laura Jones — Advocate, RNIB (Royal National Institute for Blind People)	Lived experience of visual impairment; disability rights; accessibility; equity in healthcare.
Dr Gordon Baird — Patient Advocate, Rural Scotland	Rural health inequalities; community-based care; access challenges in remote/underserved areas.