OFFICIAL REPORT
AITHISG OIFIGEIL

Health and Sport Committee

Tuesday 26 September 2017

Session 5

The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 26 September 2017

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HEALTH AND SPORT COMMITTEE
21st Meeting 2017, Session 5

CONVENER

Neil Findlay (Lothian) (Lab)

DEPUTY CONVENER

*Clare Haughey (Rutherglen) (SNP)

COMMITTEE MEMBERS

*Tom Arthur (Renfrewshire South) (SNP)
*Miles Briggs (Lothian) (Con)
*Alex Cole-Hamilton (Edinburgh Western) (LD)
*Jenny Gilruth (Mid Fife and Glenrothes) (SNP)
*Alison Johnstone (Lothian) (Green)
*Ivan McKee (Glasgow Provan) (SNP)
*Colin Smyth (South Scotland) (Lab)
*Maree Todd (Highlands and Islands) (SNP)
*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Sheila Begbie (Scottish Rugby)
Andrea Cameron (Abertay University)
Billy Garrett (Glasgow Life)
Paul Gray (Scottish Government)
Linda Macdonald (The Robertson Trust)
Shona Robison (Cabinet Secretary for Health and Sport)
Shirley Rogers (Scottish Government)

CLERK TO THE COMMITTEE

David Cullum

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Health and Sport Committee

Tuesday 26 September 2017

[The Deputy Convener opened the meeting at 10:02]

Subordinate Legislation

Natural Mineral Water, Spring Water and Bottled Drinking Water (Scotland) Amendment Regulations 2017 (SSI 2017/287)

National Health Service (General Dental Services) (Scotland) Amendment Regulations 2017 (SSI 2017/289)

The Deputy Convener (Clare Haughey): Good morning and welcome to the 21st meeting in 2017 of the Health and Sport Committee. I ask everyone to ensure that their mobile phones are on silent. Although it is acceptable to use mobile devices for social media, please do not take photographs or record proceedings. We have received apologies from Neil Findlay.

The first item on our agenda is subordinate legislation. We have two instruments that are subject to negative procedure to consider. The first instrument is the Natural Mineral Water, Spring Water and Bottled Drinking Water (Scotland) Amendment Regulations 2017—Scottish statutory instrument 2017/287. No motion to annul the instrument has been lodged, and the Delegated Powers and Law Reform Committee has not made any comments on the instrument. There are no comments from members. Does the committee agree to make no recommendations?

Members *indicated agreement.*

The Deputy Convener: The second instrument is the National Health Service (General Dental Services) (Scotland) Amendment Regulations 2017—SSI 2017/289. No motion to annul the instrument has been lodged, and the DPLR committee has not made any comments on the instrument. There are no comments from members. Does the committee agree to make no recommendations?

Members *indicated agreement.*

Sport for Everyone

10:03

The Deputy Convener: We move on to agenda item 2, which is the first evidence session for phase 2 of the sport for everyone inquiry. We have about 60 minutes for the session. I welcome to the committee Linda Macdonald, who is the innovation and learning manager at the Robertson Trust; Sheila Begbie, who is the director of domestic rugby and interim head of women's and girls' rugby at Scottish Rugby; Andrea Cameron, who is the head of the school of social and health sciences at Abertay University; and Billy Garrett, who is the director of sport and events at Glasgow Life. We will move directly to questions.

Colin Smyth (South Scotland) (Lab): I will kick off with a question on participation. Phase 1 of the committee's inquiry found quite a lot of barriers to participation: age, gender, family commitments, shortage of suitable facilities and so on. Can the panel give us any community-based examples of where you have been successful or have seen at first hand success in removing barriers to participation in sport and physical activity?

Linda Macdonald (The Robertson Trust): The Robertson Trust has taken a person-centred approach to the funding that we have put into this area, which essentially means looking at what those barriers are and how we can better enable people from across the population to engage in sport and physical activity. I point the committee towards our youth work in sport initiative, which worked with 11 organisations in Scotland to look at how they could better engage hard-to-reach young people in sport, and Active East, which you may be aware of because it won an award last week at the Scottish sports awards. Active East has worked in the east of Glasgow and looked at how it can better engage hard-to-reach young people. The other thing that you may be aware of is a legacy programme, the physical activity fund, which last week published its assessment of what works and what does not.

All those things point to similar barriers to those that Colin Smyth has identified, but also to approaches that might work better to engage people. Those tend to be community development and youth work approaches that look beyond the sport as the core thing, and at what the barriers around it might be.

Sheila Begbie (Scottish Rugby): We in Scottish Rugby see the benefits of having specific women's and girls' development officers working with young girls in the community; that is a really positive step for us. We know that there is a huge confidence gap around girls and women

participating in sport, so we have taken a really proactive approach by employing women to work as development officers in the region to ensure that we have positive role models and that we really support girls and women to be actively involved in rugby.

Scottish Rugby is quite specific about having women's and girls' development officers, because we are trying to develop a women's sport in a predominantly male environment, so it is critical for us to use all the tools that we can to really spark the generation of young girls who are coming through.

We have an example of where we are trying to create a specific culture for the women's game. The Scottish Borders is a really strong area for male rugby, so we are trying to develop the women's game in the Borders. A lot of the people who are involved in the women's game were previously involved in the men's game and were bringing the culture from the men's game into the women's and girls' game.

The clubs in the Borders asked us to set up a facilitation group to look at how we could support development of the women's and girls' game in the Borders. We wanted to work with the clubs to create a model that would allow us to build and collaborate so that women and girls could train and play regularly. We worked with the key stakeholders to get them to understand how we could achieve that if we worked together. We encouraged them all to make a commitment to make that happen.

We worked to create a compelling story about why we should have women's and girls' rugby in the Borders. We considered what the barriers, challenges, choices and influences were. We then looked at how to create a climate to encourage more women and girls to be actively involved in rugby. We looked at identity. What did the Borders want to be known for in the women's and girls' game? We looked at skills, belief, knowledge, behaviours and environment.

We started with people sitting on opposite sides of the room at the start of the facilitation day; by the end of the day, everybody was working together and talking about sharing players. One of the barriers was that if one club had six players and another club had 10 players, neither club could field a team. That is what we wanted to change.

We have worked with the clubs in the Borders and the volunteers and we have created a strategy for women's and girls' rugby in the Borders. We created a role specifically for women's and girls' development to help us to address the whole culture change. Our member of staff started last week; over the next year, we will review how that has gone. I hope that we will be able to feed back positive messages that we have women and girls training and playing regularly, and that we can develop the structure and infrastructure of women's and girls' rugby in the Borders.

Andrea Cameron (Abertay University): At our organisation, we have students as a volunteer workforce working with community groups in and around Dundee. One initiative that we have been involved with quite heavily is active schools. The committee paper talks about barriers to participation. One barrier is that people who have negative experiences of physical education at school carry that into their adult life. We know that the more active children are likely to be more active as adults. Children who have had a poor experience in school are less likely to stick with sport and exercise as they go into adulthood.

We are trying to give pupils a positive experience of PE by making it fun and giving them a range of activities, other than the traditional school menu of sport activities. One of the good things about working with a range of students is that they come with a great skill set, and often the activities that pupils have been exposed to could not normally be put on a traditional PE curriculum. It gives pupils the opportunity to try out different sports; we can then connect them with community groups. We hope that they will find something through our giving them a broader palette of activities, rather than coming from a PE perspective. If we make it fun and engage them in that way, they will take that positive experience into their adult life.

I have also been working with the keep well project in Dundee, which targets 45 to 64-year-olds who are at risk of chronic health problems. Again, we have been using students as a volunteer workforce to help with particular initiatives—for example, we have had students leading Nordic walking groups and putting on badminton in the community as initiatives to find an active lifestyle that works for individuals and brings communities together.

The one downside, sometimes, of such things is that we do not necessarily evaluate them over the longer term. There is probably more work to be done there.

Billy Garrett (Glasgow Life): There was a clue about opportunities for success in the question. When Colin Smyth asked for evidence, he focused on community-based approaches: there is something in that. Our view is that the chances of addressing the barriers to participation are greatly increased if we can develop a genuine bottom-up approach.

Members of the committee visited Drumchapel community sport hub in the first phase of the

inquiry. The hub also won an award at the Scottish sports awards. One key strength of Drumchapel community sport hub, which we posit as an example of best practice, is that it is absolutely community-driven and is absolutely owned by the local people. That has delivered some really interesting results in that community, which I know the committee is aware of.

The great strength of the community sport hub model is that it allows local approaches: no two community sport hubs are the same. Although it is a national programme, it allows for local variations, and it has been an extremely successful model in Glasgow. I cannot speak for anywhere else in the country.

I know that members of the committee also visited the Easterhouse Phoenix community sport hub. It is a slightly different model, but it is beginning to deliver some of the same results and a genuine sense of community ownership.

It is important—as was outlined in Colin Smyth's question—to understand that a shopping basket of barriers prevent people from getting involved in physical activity. We need to be honest about what those barriers are. They can include experiences that people have had, as well as geographical, cultural, economic and physical issues. We need to ensure that we address, as far as we can, all those issues and that we do not become obsessed with one or two particular barriers. We need to focus across the board and understand from communities which barriers are predominant.

From our point of view, in terms of a community-based approach, the community sport hub model, which is a national model that is funded through sportscotland, potentially holds some of the keys to getting people back into participation, as has been demonstrated in Glasgow.

Colin Smyth: How do you measure success when it comes to participation? There have been examples of age-related participation and gender-related participation. I am keen to know how you measure people's socioeconomic background, for example. Do you measure that when you are carrying out a project? One issue that came out in phase 1 was that people did not record that. It is easy to measure age and gender, but it is not so easy to measure socioeconomic background.

Another issue that came up in phase 1 was the fact that participation levels had increased after a number of initiatives, but it was not clear whether they had increased because, for example, people who were already active were now doing a class five days a week instead of three days a week. Do you measure whether people who are inactive are becoming active as a result of your initiatives?

Andrea Cameron: On deprivation and socioeconomics, we are working with schools and that information is logged. Therefore, we are able to pick up the data about who has been coming to sessions. We can measure the impact of those sessions because we are working heavily with the children and can examine the data.

I am not able to respond to the second part of your question, because those people are not the groups that I work with.

10:15

Billy Garrett: From our perspective in Glasgow, when we decide how we allocate resources, we focus on decisions being evidence-based, as far as they can be. That is a really important principle. Given the challenges that Glasgow faces as a city, we wish to track, where possible, the socioeconomic profile of individuals who come through our programmes and track the transfer from inactivity to activity. Those are key priorities for us.

In the evidence that we submitted at phase 1, we indicated some of the things that we were tracking. Using a suite of approaches and methodologies we will try, where possible, try to measure all that. That suite includes questionnaires and postcode analyses based on the information that we get from everyone.

There is nothing wrong with people who are already active becoming more active. It is important to say that if people become more active, that is a positive. Colin Smyth is right that getting people from inactivity to activity is much more important in terms of the overall health of the country. It is also much more difficult. In some of our programmes, we have tracked some really impressive results—for instance, our good move programme.

This is slightly controversial—there are different views—but we would certainly say that there is a genuine legacy of the 2014 Commonwealth games in Glasgow. We measure junior membership of sports clubs in the city, which is about people who were not previously involved now being involved, and there has been a 401 per cent increase. There has also been a massive increase in the number of qualified coaches and volunteers actively working with junior clubs.

It is important that we look at a suite of indicators. A lot of attention is paid to the Scottish household survey, which is a viable piece of information, but it is one of a suite of measurements and has a very small sample size. From our point of view, the evidence-based approach is absolutely key.

Linda Macdonald: Billy Garrett has hit the nail on the head. A lot of the chat that we are involved in is about how we can move towards a more

nuanced view of participation. In measuring to date, we have tended to have quite a binary view of participation—people are either meeting the chief medical officer for Scotland guidelines or they are not. The evidence tells us that, for most people, it is not a one-step journey from being inactive; there might be several steps before they get there. If we are looking purely at participation, we need to look at measures that enable us to track people along that pathway. There is work being done on that.

We need to make the distinction between the national level, including what we get through surveys, and what we are starting to gather at programme level. What are the opportunities in areas such as active schools and community sport hubs, where we already have levers and boots on the ground, as it were, to start to look beyond that top-level participation model? At its worst, the participation-driven model leads purely to people counting bums on seats and tells us nothing about who they are, how long they are engaging for or what difference we are making for them.

We advocate an approach to measurement that starts to look at three questions. Who are we engaging with? What difference are we making for them? How long are they engaging for? A person may go once to a taster session, and you can get 500 people at a taster session. We should be interested in how many of them move on to some level of regular physical activity, who they are and whether they are representative of our communities. It is also about targeted engagement at the planning stages—sitting in your community, your sport hub or your active school thinking, "Who is our community? Is the work we do representing them?" and starting to match provision to that.

There is no simple answer, but there is work going on to give us a more nuanced view of what is happening underneath that top level of participation.

Sheila Begbie: Through our cashback schools of rugby programme, we work in areas of social deprivation. The Scottish Government's measurements of participation focus a lot on getting inactive people active. In rugby we are, of course, focusing on how we grow the game, but we are also focusing on how we retain the people who are already actively participating in rugby. That is something that the Scottish Government has to address as well. It cannot all be focused on getting the inactive people active; it needs alswo to be about how we can make sure that people who are currently active stay active.

The Deputy Convener: We have managed to get through only two questions and it is now 20 past 10, so I ask the panel to keep the answers a little tighter.

Alison Johnstone (Lothian) (Green): Good morning, panel. So far this morning, we have heard about the need to gather our evidence more carefully and about how community approaches can succeed when other approaches might have failed. When we were taking evidence last year and visiting community projects, the two barriers that came up time and time again were cost and time, so I can see that the community offering might help: there is less travel, it is on your doorstep, it is less time-consuming and so on. Could you give us a couple of concrete examples of where the community approach has managed to succeed when other offerings have failed or where the local authority offering might not be attracting the people we are trying to reach?

Billy Garrett: At the very end of your question, you indicated that community organisations might be having some success in areas that local authorities have been unable to reach. From our point of view in Glasgow, we do not see that people coming through the doors of our facilities is the be-all and end-all of people getting involved in physical activity. That is not our picture and not our view.

We are very fortunate in Glasgow in that we have a significant estate of leisure facilities. Some of them are large event venues, but a lot of them are smaller, locally based facilities. In Glasgow, no one is ever more than 2 miles away from a Glasgow Life leisure facility; the average walking distance from anywhere in the city to a facility is 18 minutes. However, we appreciate that, for all sorts of reasons, there are people who do not want to go, and are culturally not inclined to go, to those facilities, so we work closely with community organisations and deliver our programmes in community settings. It is important to point that out.

However, we do not have facilities everywhere. In a part of the city towards the south, round about Darnley and south Nitshill, we do not have a lot of facilities, and local people have responded to that by creating their own organisation. St Angela's participation centre is effectively a community sport hub by another name. It was created by parents at local primary schools with the support of development staff from Glasgow Sport. I was there with the deputy leader of the council a few weeks ago and, on a wet Friday afternoon in Glasgow, there were 800—

The Deputy Convener: I am sorry to interrupt you, Mr Garrett, but I really need short answers.

Billy Garrett: Okay. St Angela's participation centre in Darnley is a real example of the community taking ownership and developing things where the local authority is not really present in any significant way.

Linda Macdonald: I have some examples. A lot of the work that we do is with sport social enterprises. You may have visited places such as Spartans, or Atlantis Leisure in Oban or Broxburn United Sports Club. We find that these things work best when there are partnerships between statutory organisations and organisations on the ground. It is not a case of one or the other, and, as happens in community sport hubs, we always encourage, local community groups and sports groups to engage with and work with their statutory partners where possible.

Andrea Cameron: An example in Dundee is Showcase the Street, which is a charitable social enterprise that draws on a number of organisations. We are trying to connect things rather than compete for the same groups of people. That is the way forward.

Sheila Begbie: I support what colleagues have said, but we think that there is a strong case that the best place to inculcate a culture of participation in sport or physical activity is school, because everybody attends school. The benefits that participation in sport can have in creating confident individuals, responsible citizens, successful learners and effective contributors are massive.

Alison Johnstone: Thank you all. That was very helpful.

I would like to explore one thing a bit further. I agree entirely that it should not be one or the other and that partnership working is key. One issue that comes up again and again in the cross-party group on sport—I see that we are joined by a member of the cross-party group today—is the difficulty in gaining access to the school estate. We often hear that, on a Friday afternoon when school is out, getting access to that estate is very difficult—that is certainly true in certain parts of the country. I know that the Robertson Trust has commented on the cost of access, and there are sometimes other difficulties because of the way contracts have been drawn up. Are we missing an opportunity here? What would you like us to do about that?

Linda Macdonald: We can speak only anecdotally about what we hear from people on the ground. We regularly hear from organisations that apply to us for funding for sports activities that access to the school estate is difficult, on the grounds of either accessibility or cost. We have not done enough work on that to know why that is the case, but I would certainly highlight it to you as an issue. I am not sure that I have an answer to your question in terms of what we can do about it.

Andrea Cameron: Again, I go back to the partnership model. If there are already organisations in there that can more easily access the school estate, are there things that we could do to work with them? There are groups that will not go to the school estate because they have negative associations with school, the authorities and so on, so hosting things in the school estate will already be a barrier for them because of those associations.

Billy Garrett: It is important not to be complacent. In Glasgow there is a significant school estate that has been recently modernised, and there are challenges around controlling that estate rationally and managing access to it. I know that some of the community sport hubs in Glasgow, including Drumchapel, are significant users of the school estate in the city, so there are ways to overcome those difficulties. It is about building partnerships between the school community and what happens around the school; that is important.

The Deputy Convener: Tom Arthur wanted to make a specific point.

Tom Arthur (Renfrewshire South) (SNP): Yes, I have a very specific supplementary question in response to Billy Garrett's answer to Alison Johnstone's first question. You said that people are "culturally not inclined" to use facilities: just for the record, could you unpack and define that expression for me, please?

Billy Garrett: You are right to ask that question. For some individuals, a large leisure facility—a kind of palace of sport—conjures up the wrong images for them. It conjures up images of ultra-fit people in spandex, and a lot of people are absolutely put off by that; they prefer something much more low key, local and community focused. We have certainly found that a lot of people prefer the corner shop to the supermarket. In response to that threshold anxiety, we have developed a range of programmes that we take out to community settings such as church halls, community facilities and parks—we operate park lives along with a number of other cities in the UK—to be where people and families are much more comfortable being. That is what I was referring to.

Alex Cole-Hamilton (Edinburgh Western) (LD): Good morning. My question dovetails beautifully with Tom Arthur's supplementary and is about another barrier.

When we went to the Muirhouse millennium centre in my constituency as part of a visit in the first stage of the inquiry, one particular barrier identified by people there was not the availability or the price of the sport or physical activity available to them; it was more the fact that they were embarrassed about taking part. They were embarrassed about their body shape and about being made to look a fool. That ties into a wider issue about body image and what you defined as

the palaces of sport with ultra-fit people—the idea that people will not fit in because they are so far down the track. Yet those are the people we most need to target. How can we break down the body-image barrier and that embarrassment factor, and encourage those who need it most into sporting activities?

Billy Garrett: The context is important. We have created specific programmes to target the most inactive in the city—we have talked to the committee about those. The good move programme is an aggregation of programmes that we run in partnership with health boards, housing associations and Macmillan Cancer Support, all of which are focused on the most inactive—those furthest away from activity.

We operate the programme in a community context. The marketing looks and feels completely different from our Glasgow club gym membership marketing. We market in different channels, so we are in bingo halls and budget supermarkets—we are in very different settings. We construct everything around the programme entirely differently. The path in—the referral route—is through highly trained counsellors, with every conversation constructed in such a way as to try to remove those barriers and deal with people's anxieties.

It is about what you wrap around the programme. In essence, it is a very low-intensity physical activity programme, but it is about what you wrap around that, how you market it, how you articulate it and how you present it.

10:30

Sheila Begbie: Rugby is unique in that it is a game for all shapes and sizes. It does not matter what shape or size you are—there is a space for you in rugby. I presume that we are talking predominantly about females. It is about allowing people to wear what they want to wear to feel comfortable in the training environments in the clubs and making sure that we do not have people in tight-fitting tops or whatever. There is a degree of choice so that people feel comfortable.

Andrea Cameron: A range of options and of venues is needed. Billy Garrett said that spandex can be off-putting. The people who lead the sessions are role models, so they should epitomise a range of shapes, sizes, cultures and whatever else. We can grow the leaders who can take on those activities, using our connections with health services that refer people on. We should also look at the breadth of activities in the community—gardening projects, for example—that join people together. We should look at projects that already exist so that we can put people there. If projects are not there but the community tells us that they need them, we need to look at the opportunities.

Alex Cole-Hamilton: In the earlier stage of the inquiry, I asked two separate panels whether they felt that a culture of elitism still exists in non-professional sport. That culture stems from peer selection at primary school—who is good at football and who is not—which becomes the received wisdom on who gets the coaching support and is encouraged up the ranks—elitism can exist in a range of other sporting disciplines. Some professional bodies or governing bodies would argue that they have stamped that out, but user groups told us that it still exists. I am keen to hear from each of the panel members whether they think that perceived elitism in amateur sport is still a challenge.

Linda Macdonald: At the policy and strategic level, we have a set of drivers that focus on participation and progression in sport, so the signals that are sent from the top down in our current system for sport focus on those two things. We say that those things are important, but participation is only something that drives us, as a nation, to reach the goals that we want to achieve through sport and physical activity, which are healthier and happier individuals and communities. The opportunity at a strategic level is for us to reframe the lens on that messaging and to really make the connection about how we want to use sport and physical activity in our society. Yes, some of that is about progression and medals—that is brilliant—but there is a wider range of things that sport and physical activity can support us to do. I do not think that we send out that message strongly or clearly enough at a strategic and political level.

Andrea Cameron: Alex Cole-Hamilton has picked up on a key point, which is about how we balance the recreational and performance sides of participation, and how we keep the people who have enjoyed the recreational side of the sport. How do we ensure that there are enough facilities, coaching support and so on for those people? That will always be a challenge, but one good thing that I see emerging is that some of the sports clubs are starting to redress the balance through community projects. Walking football is a particular example in terms of getting people to re-engage, and there are also mental health in football projects that try connect people with something from their past that they have enjoyable memories of. Such projects work with communities to get them back into sport for health and wellbeing reasons. Those projects are beginning to emerge, and they are wholly positive.

Billy Garrett: Glasgow Sport is an organisation that, of course, spans that spectrum. We are involved in the elite end of performance sport, but

we are also engaged in the attempt to create a culture of physical activity in Glasgow. Over the past three to four years, our emphasis has been gradually shifting, with less focus on the elite and performance end. We look to sportscotland, the governing bodies and sports clubs to carry more of that load, and much more of our focus is on physical activity and getting the most disengaged engaged.

I agree with my colleague Andrea Cameron that it is always a mistake to see those two concepts as somehow adversarial. For example, in Glasgow we have certainly seen some real benefits in terms of participation in physical activity from hosting international sporting events. Gymnastics is a real success story both nationally and in Glasgow. We have hosted an international grand prix, the world championships and the Commonwealth games, and we will host the European championships next year. That has helped to generate fantastically successful gymnastics clubs in the city. A lot of young people in Glasgow are now involved in gymnastics. To go back to Colin Smyth's question, the demographics of those involved in gymnastics are very interesting; participation from those in lower socioeconomic quintiles is much greater than in some other sports. That is really important. The demonstration and inspiration factor that elite sport can give has an impact at the other end, delivering that culture of physical activity and getting people more active.

Sheila Begbie: As a governing body, we realise that the elite end of rugby is the part of the game that is the shop window for our sport. It is the driver; it encourages people to come into the game. It also generates the revenue that we can then reinvest in the grass roots. It is really important for us. However, we do not look just at one or the other. We have invested in a network of development officers who are out there in the community, working with schools and clubs to get more young girls and boys active in the game. We will certainly continue to work in that way. The grass-roots side of the game is really important to us.

Alex Cole-Hamilton: I have a quick follow-up. I do not for a minute suggest that we should not have elitism in sport; it drives inspiration and money, as you rightly say; it also drives competitiveness. It is more about the way that that percolates right down to entry level and to the point at which elitism can be a barrier. If someone is not perceived as being good on the first day of try-outs, that is it. How far do we still have to go in stopping that? I certainly see in my own kids' football club that it exists at primary level. How do we mitigate its effect so that we foster the drive for success and the high-end performance stuff but do not starve people out at the very beginning just because they are not necessarily good on a particular day?

Sheila Begbie: It comes down to the coaches and teachers who lead the sessions making sure that such things do not happen, that everybody is involved in the sessions or games and that young people get equal game time.

Billy Garrett: There is work still to be done. None of us can afford to turn anyone off getting involved in physical activity at any stage. I think that all sports, the governing bodies and sports clubs absolutely understand that now—well, maybe not all, but the vast majority do. The direction of travel is absolutely established and is not about to change. It is an improving picture, but there is still work to be done.

Alex Cole-Hamilton is right. I remember my kids' experience: when they did not make it into the first team, they were devastated. We just cannot afford for that to happen. Not everyone can be in the first 11, so what is the exit strategy? What is constructed around that process to make sure that everyone can continue to be meaningfully involved in the sports that they love? We cannot afford to turn anyone off.

Andrea Cameron: It is about having the capacity to do that. What are the alternatives? Are there enough pitches for those who have not made it? Are there enough coaches to support them? What messages are coming through from the coaches about the value that people will get from the sport?

Brian Whittle (South Scotland) (Con): I want to go back to an earlier point. Is there a link between a lack of access to physical education activities in the early years and a reluctance among certain demographic groups to engage later in life?

Andrea Cameron: In our submission, I said that we try to work with children to give them positive experiences so that they go on to become active adults. When we work with active schools and look at their user groups, we try to identify those that have fewer problems getting volunteers.

Active schools rely on a volunteer workforce. In some communities, they are more likely to get parent volunteers who are more willing and who understand the value of all these things, whereas in other communities they struggle to get those volunteers. We have worked to skew that and redress that balance by putting our students into the areas where the active schools are struggling. Our statistics show that we have had some very positive results from working with school groups that have higher enrolments from the 15 per cent most-deprived areas in the Scottish index of multiple deprivation. We are looking at the SIMD 20 areas and trying to target those areas with an

offer of more opportunities to engage. I go back to the point that if people have had positive experiences early on, they will, we hope, continue to engage with those activities as they go through school and will think about the more targeted opportunities that exist when they go to secondary school, where we know that there is a drop-off.

Linda Macdonald: The early years approach affords us a great opportunity to engage not just young children but their families in physical activity. This is an area where there is room to develop and do more work. There is already a lot of work going on within play. You also see a lot of walking groups with mums and toddlers, and that is something for us to build on. A lot of sports clubs and sports social enterprises already work in that area and there is room for them to build on that and to talk more about what works and the evidence that they have around that. As Brian Whittle will know from being out and about, a lot of that work is happening on the ground, but we do not often get to hear about it, nor do we get the evidence of what works so that we can start to replicate that in other spaces.

Billy Garrett: We all know that things such as civic disengagement, lower levels of activity and participation and socioeconomic profiles are linked. We can see that. That is a challenge that we all face, which is why there is a requirement for the universal mainstream programmes that we deliver. However, there is also an absolute obligation to create a series of targeted programmes that focus on specific issues. I go back to comments made by my colleagues. We have created a series of programmes in Glasgow, one of which is called wee play, which is designed to tackle exactly the issue that Brian Whittle raises. It is an early intervention programme along the same lines as the suite of early intervention programmes that exist in other services.

That is about creating—I do not apologise for using this phrase—a culture of physical activity. That is really important. I go back to the point that it is not just about the children; it is about the parents and communities. It is also about wrap-around services. It is about safe routes to school and a series of issues that can bedevil communities and which are barriers to people getting involved.

In a sense, it does not really matter whether the issue is a poor experience at school or one of a series of other things. We know where the issues and challenges are, so we need to create a suite of programmes and interventions that can address them. We can all see the link; it is really about what we do about it.

Brian Whittle: What I am trying to get at is the idea that the most effective physical literacy intervention is really in the early years at school, where we have the captive audience and the ability to deliver free physical education that lays down a life skill that allows people to move into an active lifestyle later in life.

Andrea Cameron: I put some data in our written submission on the active movers programme, which our students have been delivering for active schools and which is targeted at primary 1 to 3 pupils. The data shows the number of pupils involved in that. I know from the qualitative commentary that we got back from the pupils about the fun that they had and how the teachers appreciated the programme that was offered. Although it will obviously be a long time before we get to see the impact of that, we hope that those positive experiences and giving pupils the early building blocks of running, jumping and throwing will give them the physical literacy to move into other sports.

Sheila Begbie: I agree with Brian Whittle. To reiterate a point that I made earlier, we see school as a place where we have a captive audience and can inculcate an approach to physical activity and sport in young people and develop it for later life. If people are active in sport in their early years and have a good experience, it is more likely that they will continue to participate. It is also about getting clubs and governing bodies to develop links into schools so that we can create the pathways for young people to continue to develop and enjoy sport and physical activity.

10:45

Brian Whittle: I have a specific question for Andrea Cameron about that intervention in primary 1 to 3. Is there any evidence gathering on the effects on behaviour and attainment?

Andrea Cameron: We have not really done that because of the nature of the project, but there is evidence out there. There is evidence from the daily mile project, which has been running in a number of schools, of better behaviour when pupils come back into class. There is literature on enhanced attainment as an additional benefit.

There are also projects that involve using football as a tool to educate pupils about maths. My institution supports the Dundee academy of sport project, which looks particularly at sport as a context for learning, so that involves attainment. We do not gather information on the attainment aspects, but the data that we get from the schools is positive. The feedback from one of our partner schools, St Paul's academy in Dundee, is that a higher proportion of its pupils now go into further education, which the school believes is partly because of the work that we have been doing to raise aspirations and attainment.

Jenny Gilruth (Mid Fife and Glenrothes) (SNP): I want to follow up on Brian Whittle's question. You will not be surprised by my question, given my background as a teacher. I should state for the record that I am the parliamentary liaison officer for the Cabinet Secretary for Education and Skills.

I want to pick up on Andrea Cameron's point about the negative associations with regard to PE. Sheila Begbie mentioned that school is where the greatest impact can be achieved on health and wellbeing by getting kids involved in the first place, as Brian Whittle said. From the panel's experience, do you think that there is inequity in secondary education with regard to the subject specialisms that are delivered? In my experience, the provision was always dependent on the secondary teachers' specialisms. Whether or not a hockey club ran was dependent on that being the sport of choice for the PE teacher or somebody else. I took hockey myself on occasion. If we want take-up from kids later in life, we need to get them involved at an earlier age but, if there is no rugby specialist in a school, we will not get that take-up. Is there an issue with equity across secondary schools? Are we delivering sport for all in every secondary school, or is it unequal?

Andrea Cameron: You are right, but it is difficult to remove those barriers because people will always come with their specialist area. They will have that enthusiasm, and that is what they will be able to offer. Schools are dependent on teachers to offer broad aspects, as who else can they bring in? Sheila Begbie mentioned linking with clubs and getting them to come in. Are there partnerships that could be evolved there?

I have talked quite a bit about volunteer workforces. We are lucky because we have a big sports student population in our institution. Where there are connections and where our students need the employability skills, we have worked with organisations across local authorities to ensure that they can give them opportunities. They need volunteers, and our students need skills, and we can work in partnership. We draw students from across Scotland and the rest of the United Kingdom and we have a few international students, and they bring their experiences and expertise. If that can be put back into the school curriculum, that is only to the benefit of the pupils. Ultimately, however, it comes back to the estate and issues of access and opportunities. That has been an issue for a long time in determining what experiences people get through the school system.

Sheila Begbie: This is where I have to come out and say that I am a former teacher, too—a physical education teacher. I understand what Jenny Gilruth says about expertise, specialisms and the interests of PE staff in schools. If someone is a footballer, a rugby player or whatever, that will be the team that they take at school, and it might be a big part of the curriculum in the school as well.

As a teacher, I went into local primary schools. I think that we miss the whole bit of developing physical literacy skills in our young people to do with running, jumping, balance and all the co-ordination stuff. Those are life skills that we need people to have. In sport, we often see young people coming through who cannot throw and catch or who do not have good balance or co-ordination. That is a big gap. Our rugby clubs address those things through their mini and midi sections, which bring young kids into the club to develop physical literacy skills.

Billy Garrett: One of the key tasks of the active schools network and the active schools officers is to address that very issue. Jenny Gilruth is right that, in a secondary school environment, there can be only so many PE teachers with a range of specialisms. Active schools officers develop the links between the school community and local sports networks, sports clubs, voluntary organisations and the third sector to utilise the experience and skills and therefore the opportunities in the community around the school. It is important that we recognise that the active schools network is there to ensure that that happens. In Glasgow, we measure very carefully the number of school-to-club links that are developed, how meaningful they are and how they operate. Those links are important because, unless we create them, we will be limited to what is available in the school community, which, as Jenny Gilruth says, will always be challenging.

Maree Todd (Highlands and Islands) (SNP): Because we are pushed for time, I will focus on a couple of specific issues.

As Sheila Begbie knows, I have a real passion for rugby. My inability to be an elite athlete did not put me off getting involved in the game, and I play for the parliamentary team. One of the lingering perceptions about rubgy, certainly here in Edinburgh, is that it is a sport for wealthy people. In your written submission, you documented some brilliant stuff that you are doing to target women, the lesbian, gay, bisexual, transgender and intersex community, people with learning disabilities and people with autism. You are also doing things to deal with geography, and I know that you are doing great work up in the Highlands. However, are you doing anything to target the perception that the sport is for people with a certain level of wealth?

Sheila Begbie: Certainly, in the conferences that we deliver, the majority of schools that we work with are state schools. We are trying to move

away from that private school focus for Scottish rugby. We also have a wide spread of clubs that work in areas of Scotland where rugby is not an elite sport or a sport for people with money. We are targeting areas of deprivation and we are working with state schools. I would say that the point that you raise is maybe just a myth as opposed to a fact.

Maree Todd: I am living proof of that.

The possibility of injuries to young people from playing rugby and the potential for dementia later in life are in the news again today. That story keeps on going. There is a broader issue for all sports in that, although most people, myself included, acknowledge that there is a real danger to being inactive, there is also a perception that sport can lead to injuries and cause harm. I ask Sheila Begbie to comment first, because the story in today's press is about rugby, but it is a broader question for all of the panel.

Sheila Begbie: As you say, every sport carries a degree of physical risk, but we believe that the health and social benefits to young people of being active and enjoying sport are far greater. As you say, there are more risks to people through being inactive than through playing rugby. We would say categorically that rugby is a safe sport. I do not know whether any of you saw the editorial in *The Scotsman* today, which said that we must not confuse elite sport with the thrilling game that has inspired children for over a century.

At Scottish Rugby, we are absolutely committed to players' welfare at all levels of the game. Our RugbyRight online training programme is mandatory for all coaches, teachers and referees, who are required to complete the course each season to ensure that players enjoy the game in a safe and informed environment. Concussion awareness has been mandatory for more than seven years. Scottish Rugby did great work in leading on the "If in doubt, sit them out" approach, which has been signed up to by all governing bodies and supported by the Scottish Government. The course modules of RugbyRight include player welfare, safe coaching and safe contact techniques and they are completed by 4,500 people, including coaches and referees, per annum.

We take player welfare very seriously. We undertake research in partnership with surgeons from the Scottish Committee for Orthopaedics and Trauma, or SCOT, who have helped us to implement physical maturity assessments of players. We take player welfare seriously, and we work with key practitioners and renowned practitioners from throughout the world.

The Deputy Convener: Thank you, Sheila. I am sorry to—

Sheila Begbie: Can I just add one last little bit? I will be two seconds.

The Deputy Convener: Very briefly, because two other committee members want to ask questions and we have less than five minutes.

Sheila Begbie: Okay. I will just be one second. We are working this year on the activate programme, which is based on research that has been delivered through the University of Bath and the English Rugby Football Union. It is a warm-up that is shown to reduce the number of injuries in rugby by 70 per cent. We are working to deliver that this year.

Miles Briggs (Lothian) (Con): I will be as brief as I can.

I have a question on the future sustainability of facilities and services and on future funding. Discussions are on-going on the Barclay review of non-domestic rates, which recommended the removal of rates exemptions for charitable bodies, sports clubs and arm's-length external organisations such as Glasgow Life. Does the panel have any views on that?

The Deputy Convener: You will need to be extremely brief.

Billy Garrett: Glasgow Life welcomes the announcement that the Scottish Government will seek further engagement with arm's-length external organisations. We understand entirely the background of the review, but we think that there is a real danger that decisions could be taken that will have significant unintended consequences for participation and access to physical activity, which are the matters that the committee is discussing. Glasgow Life operates a service that is not comparable to anything that happens in the private sector. We are a not-for-profit organisation delivering services that the private sector simply would not deliver in parts of the city where the private sector simply would not go, so any kind of equity comparison is inaccurate. We certainly welcome further discussion and will make representations on that basis.

Ivan McKee (Glasgow Provan) (SNP): I thank the panel for coming. My question is on how resources trickle down through all the organisations that are involved in sport to get to where they make the most difference. We talked about the impact on participation in sport among hard-to-reach socioeconomic groups.

My question is directed at Mr Garrett, whose written submission mentions Easterhouse Phoenix, an organisation that I am familiar with. To what extent does money trickle down to where it needs to get to? You talk in glowing terms about the Phoenix, but how much money is Glasgow Life putting into that?

Billy Garrett: To start at the end of that question, I am sorry, but I do not know. I have to be honest.

Ivan McKee: Can you get back to us on that?

Billy Garrett: Certainly, but I suspect that most of the support that we have given to the Phoenix community sport hub has been around officers working with it to help to create it and build participation. Glasgow Life is not a grant-awarding body as such.

On the wider question, you are right that there is a real challenge there. I mentioned our shift in emphasis to working much more with the most disengaged and the most inactive. However, we have to accept that there are agencies and organisations out there that are much better placed to do that properly than we are. They are much closer to the communities, client groups and target groups that we want to work with than we are, and that is a challenge for us. We are examining ways in which we can devolve that further to the place where it can make the most difference, as you describe it, and we have had some successes in doing that.

There is never enough money. Of course Richard McShane wants more resources and more support for the Phoenix, and that is absolutely legitimate. However, we are beginning to see one or two good examples in Glasgow—I have mentioned Drumchapel community sport hub and St Angela's participation centre. We are in a challenging financial landscape, and there is no point pretending that there is a lot of money around. It is about how we work smarter and utilise existing networks that are out there as opposed to the old-school idea of, "We know best, so we will just roll it out and deliver it." We are moving away from that.

11:00

Ivan McKee: I am glad to hear that, because my understanding is that the Phoenix does not get any support. You rightly talked in glowing terms about the work that it does, and the committee has visited it. I apologise for talking about a very local issue, but it is what I know, and I believe that the situation is not dissimilar in many other parts of the city and country. There is limited support, and the Phoenix really struggles against a lot of barriers but delivers very much on the ground. I am glad to hear that you recognise that.

There are other organisations. Next door is the Gladiator weightlifting club, which has youngsters out winning medals on the international stage. Again, I understand that that is done with very little, if any, support through official channels. I am glad that you are taking that on board. If you can have a look at that and get back to us, we would be very interested in that.

Billy Garrett: Those are organisations that we know well and—

The Deputy Convener: Sorry to interrupt, but perhaps Mr Garrett could supply us with written information about what support Glasgow Life puts into sporting facilities in Glasgow and particularly in your constituency, Mr McKee.

Billy Garrett: I am happy to do that.

Ivan McKee: That would be great.

The Deputy Convener: I thank the panel for coming. We will suspend briefly to change witnesses.

11:01

Meeting suspended.

11:04

On resuming—

NHS Governance

The Deputy Convener: The third item on the agenda is evidence on national health service staff governance. I welcome to the committee Shona Robison, the Cabinet Secretary for Health and Sport; Paul Gray, who is the director general of health and social care and chief executive of NHS Scotland; and Shirley Rogers, who is the director of health workforce and strategic change in the Scottish Government. I invite the cabinet secretary to make an opening statement.

The Cabinet Secretary for Health and Sport (Shona Robison): I welcome the opportunity to give evidence.

Staff governance is a key part of the governance framework for ensuring that NHS Scotland is an exemplar employer and that its diverse workforce is treated and managed well. In 2014, a monitoring framework was agreed in partnership with our trade unions, with the health boards being made responsible for implementation of "Staff Governance Standard" at local level. Boards are also held accountable through a national return and annual review process.

This is about continuous improvement: we are reviewing our approach to ensure that assurance mechanisms are driving any necessary improvements.

We have about 160,000 NHS staff, and we need to listen to them, because the workforce is at the heart of everything that we do. They are our greatest asset, and we need to value, support and motivate them to do the best job that they can do. We need to lead by example. Our values are important and, by our demonstrating and recognising them, our staff feel valued for the great work that they do. We see that daily throughout the NHS.

One of our key achievements has been a transformed approach to staff experience through the iMatter programme. iMatter is a continuous improvement tool for measuring and improving staff experience that has been developed by our staff, for our staff. It has been independently validated. It measures staff experience against the NHS's "Staff Governance Standard". Evidence shows that staff who feel valued and engaged provide better health and care.

We have gone from the context being one of poor levels of engagement. As members are aware, previous staff surveys had response rates of around 35 per cent; the current iMatter response rate is over 60 per cent, with an employee engagement index score that is above 70 per cent.

The programme roll-out is nearing completion, and iMatter is engaging individuals and teams in the decisions that affect them. It includes 23 of the 31 health and social care partnerships, which are now using the approach across integrated teams. That means that the programme now involves over 170,000 staff. Figures are indicative at this stage, but show real progress. The full national report will be published in February next year, and will be supplemented by the results of the autumn dignity at work survey.

We are also taking action on pay. We recognise that, at a time of rising inflation, a public sector pay cap becomes increasingly unsustainable, which is why we have announced that we will take account of rising living costs in setting pay for 2018-19, and why we are working in partnership with the trade unions to commission work to develop an evidence base that will help us to assess the impact of pay restraint, which can be used in the next round of submission to the independent NHS pay review bodies.

The committee has heard a lot of evidence on people's experiences of raising concerns. Concerns are often raised and resolved locally and informally, but where that does not work, staff need to have the confidence that they will be supported, listened to and responded to. In recent years, with our trade union partners we have developed a single national policy, introduced local named policy contacts, non-executive whistleblowing champions and an independent whistleblowing alert and advice service, and introduced a presumption against confidentiality clauses in settlement agreements.

We are committed to adding to the routes that are already in place for raising concerns. We aim to ensure that everyone has a choice about how they do that, and that there is an external route to escalate concerns, if they are not resolved.

We are establishing an independent national whistleblowing officer. The INWO will provide external review, where individuals have legitimate concerns about handling of whistleblowing cases. That is a step further in the development of an open and transparent reporting culture in our NHS. The INWO will complement our approach to whistleblowing, and will provide independent challenge and oversight and should have the powers and functions to do so.

We are in discussions with the Scottish Public Services Ombudsman with a view to the SPSO hosting the role by the end of 2018. I received written consent yesterday from the Scottish Parliamentary Corporate Body for legislation to be

introduced. I will announce more details to Parliament in the coming weeks.

We have to listen to concerns, when they are raised, and we value the opportunities that they give us to change. We are clear that it is essential that we have an honest, open and transparent culture in our NHS. We are making good progress, but there is still work to be done. I am happy to take questions.

The Deputy Convener: Thank you, cabinet secretary.

Are you satisfied with staff governance in the NHS?

Shona Robison: I think that we have very well-developed staff governance arrangements, which have been developed in partnership. The partnership arrangements that we have in the NHS are looked on with some envy by other organisations, but we must not be complacent. Partnership requires effort on both sides to make sure that it delivers.

Our staff governance arrangements have evolved over the years. We have good staff governance arrangements, but I am not complacent: there are always improvements that can be made. Some of the areas that I have laid out today show that we are always looking to ensure that we make further progress.

The Deputy Convener: On the back of that, are you satisfied with the progress that has been made towards achieving what is in the "Staff Governance Standard" since monitoring began in 2006 with the staff survey?

Shona Robison: Yes. Shirley Rogers will come in with some of the detail. The iMatter development is an important tool in terms of continually getting feedback from staff at a rate and level that are improvements on what we had previously, when rates of return were quite low, and staff feedback was that they did not feel that the survey was a tool that worked for them. iMatter was developed very much in collaboration with the staff side and the unions and has shown itself to be very rooted in being developed by staff, for staff. That bodes well for the returns that we get from it. We need to keep the situation under review as iMatter is taken forward.

Shirley Rogers (Scottish Government): I have worked for the NHS for the past 22 years. I recall the introduction of "Staff Governance Standards" when I was working in a board, and I think that its five standards, taken as a package, have moved the agenda forward considerably. They set a benchmark for how the relationship between management, trade unions and staff works across NHS Scotland. The standards are achieved through a number of means, some of which are formal means around partnership working and engagement with the staff side. There is a raft of such things. They also set the tone for industrial relations and employee engagement in NHS Scotland.

The situation is not perfect—we know that we need to do more to make sure that when staff raise concerns they get a better first response from leaders in boards. That has not always been as great as we wished it to be, so we are also spending a lot of time looking at our leadership and management development arrangements, across the NHS. We have worked closely with the staff side to make sure that the five standards of staff governance are achieved as frequently as possible, and the survey results and staff governance audit results have shown considerable improvement in the 10 or 15 years since their introduction. There is, however, more to be done.

Alison Johnstone: The 2015 NHS staff survey showed that 41 per cent of staff would not recommend their workplace as a good place to work. The highest levels of satisfaction were among executive grades and senior management, where satisfaction was at 75 per cent, but the level dipped to 29 per cent among ambulance staff. Has that changed? Are those results illustrative of pressures on the NHS? Why do you think there was such a difference between ambulance staff and executive staff?

Shona Robison: I took the annual review for the Scottish Ambulance Service this year, part of which was a good deal of engagement with the staff side and the trade unions. There are still challenges. The Scottish Ambulance Service has changed beyond recognition over the past few years, but staff's roles are very physically demanding and can be very stressful. Given the pressures, I absolutely understand some of the concerns that have been raised. However, there have been developments. There is the new clinical response model, and rebanding has, I think, resolved a long-standing issue. There are now clearer pathways of employment opportunities for ambulance staff to move from technician to paramedic and to the new specialist roles.

I came away from the annual review very heartened that there have been a number of developments, that morale is improving and that things are in a much better place, but there is still a lot of work to be done. In some ways, the Ambulance Service may be a good litmus test for how things are progressing. You are right to highlight that the service is the area in which most work needs to be done, but I was very heartened by what I heard at the annual review.

11:15

Alison Johnstone: Thank you.

We discussed whistleblowing champions last week at some length. In a letter, Paul Gray suggested that the role would be best suited to a non-executive director of each board's staff governance committee. That has raised concerns that have been expressed in written submissions and by individuals whom I have spoken to. I am sure that others have had the same experience. Why does the cabinet secretary wish non-executive directors to be whistleblowing champions? Do you share any concern about potential conflicts of interests?

Shona Robison: I understand the concern. The idea was to have leadership from within boards that was non-executive: the champions would be a step removed from executive responsibility and would drive and champion the whole area of trust, of being able to speak out and of whistleblowing policies. I still think that that is the right thing to do, but it is not the only thing. It is one element of a range of measures that have been taken to change the culture and to provide a clear way for staff to raise concerns, in addition to the helpline and—of course—the independent national whistleblowing officer. It is probably fair to say that it has been working better in some boards than others, so perhaps we need to learn some lessons from that, but there are some very proactive non-execs who have gone around the wards and other areas in our NHS a lot to speak to staff directly to promote that culture.

Paul Gray (Scottish Government): It might help if I gave a couple of examples. In NHS Greater Glasgow and Clyde, the whistleblowing champion asked the board to upgrade the level of investigation in a case because the champion felt that that was appropriate in the specific circumstances, so that was done. Also in NHS Greater Glasgow and Clyde, in another case the whistleblowing champion was not satisfied that it had been investigated properly and asked for it to be reinvestigated.

In NHS Lothian, the whistleblowing champion was asked indirectly to become involved in an individual case, but the internal processes had not been exhausted, so the champion ensured that they were. The champion also ensured that the board took all appropriate actions and received written monthly updates on that and all other live cases. I can give other examples which, in view of the time, I can share later, if the committee wishes.

I think that we have evidence that the whistleblowing champions are being proactive and are making a difference. It is important, as the cabinet secretary said, to set them in the context of the other avenues for staff to raise concerns, whether through their line manager or, ultimately, the employee director, who also sits on the board, or through Public Concern at Work.

The whistleblowing champion is a component, not a panacea. The fact that we are proceeding, as the cabinet secretary said, with the establishment of an independent national whistleblowing officer—which, of course, Parliament will have the opportunity to consider—is evidence that we continue to build on what we already have in this area.

Alison Johnstone: Is that something that the cabinet secretary would keep under review? It might become apparent that an individual is not independent or impartial enough, or the perception might simply always be that "one step removed" is still a step too close to being actively involved in other aspects of a board's governance.

Shona Robison: Yes. Be assured that I keep everything under review; I absolutely will keep that under review. I can perhaps learn from best practice where the system has worked well and has the confidence of staff, and from issues in boards where, perhaps, that is not as strongly the case. I do not see anything wrong with the system, in principle. It is about its execution and making sure that the person, as in the cases that Paul Gray highlighted, is shown to be driving improvement and benefiting the system. Of course, I will be happy to come back to the committee if developments are taken forward.

Ivan McKee: I was going to ask about best practice, but I am interested in following up quickly on Alison Johnstone's comment. During the recess, the deputy convener and I visited the ambulance control centre in Glasgow. That visit was, to some extent, on the back of the results that we had seen. It is fair to say that, when we went in, we were expecting problems, but we had quite a good chat with management. We were very open—we spoke with the union representatives and we spent quite a bit of time talking with the staff in the call centre. To be frank, it was quite different to what we had expected. It was a much more positive environment, so perhaps the survey did its job in highlighting a problem that was then dealt with.

My question is about sharing of best practice, which you touched on. There will be health boards, or parts of the NHS in Scotland, that use maybe not best, but better practice in staff governance. What mechanisms are in place to identify that and then to share best practice and facilitate that between the health boards?

Shona Robison: In the NHS, we are driving more and more towards our approach being that, if there is best practice in one area that works well,

there has to be a pretty good reason why it is not happening everywhere, and towards holding boards to account for making sure that they employ best practice in whatever area, not least in staff governance. Given the good practice that has been highlighted in some cases, we want to make sure that boards see the benefit of that culture and of having non-execs in the role of champions who effect change.

Shirley Rogers: There are formal and informal ways to gain an understanding of best practice in staff governance. My team works closely with the boards. I am from a board, and I work closely with our trade union partners and with staff; I spend quite a lot of time out and about in the service.

To come back to the Ambulance Service staff example, I am pleased that you have seen that evolution. The service is different in some respects to the rest of the health service. It has 150 locations across Scotland. Having worked in the service for a number of years, I can say that one of the issues that it wrestles with is leadership visibility, in terms of leadership being able to get out to the small pockets—largely, ambulance crews or control rooms.

On the specifics of the question, we have some formal mechanisms. I meet the boards' human resources directors every month. We meet our trade union partners regularly, we meet the employee directors and we meet the whistleblowing champions formally to share good practice.

We also have a number of informal means to share that stuff. For example, the whistleblowing champion in Dumfries and Galloway has started to blog and has found—surprise, surprise—that people have started to see that as a less formal means of communicating, and it is benefiting that system. Sharing that kind of good practice formally and informally is something that we do.

Of course, we still have a particular interest where there is a potential for dispute. When concerns are raised or—as a previous question suggested—some stats make us look at something in a bit more detail, we have formal interventions that we can bring to bear, and we can ask boards to give particular consideration to a particular strategy.

Miles Briggs: Can you outline to the committee your role as a prescribed person in the Public Interest Disclosure Act 1998?

Shona Robison: Paul, can you—

Miles Briggs: I think that it is the cabinet secretary specifically who is the prescribed person in the act.

Paul Gray: Yes. I suggest that we write to the committee about that, given that it is a legal provision in the act. We have had to answer questions about that recently, and we got substantial briefing on the matter. It would be more straightforward if we were to write to the committee and describe that, because it is a technical legal matter. It would be better if the committee had the formal advice.

Shona Robison: Is there a particular concern that you have?

Miles Briggs: My question was about suspension of members of NHS staff, especially when a complaint is escalated to one of the prescribed people, including you. How many people have you met to discuss such concerns? Specifically, do you think that it is effective for someone to be suspended when there is a non-medical complaint and for them to perhaps not return to work in the NHS?

Shona Robison: Let me answer that carefully. Obviously, such issues are very complex and sensitive, and it would be wrong of me to discuss individual cases. However, I have met individuals who have asked to meet me, many of whom—as you can imagine—have been through a very long process. You will not be surprised to hear that what we find is that a complex set of relationships will have got the person to that position, whether in relation to their management team or, in some cases, other colleagues. I always make it clear that my powers of intervention in such cases are very limited, because it is really an employee-employer matter.

In those particular cases, I thought that it would be helpful for me to hear the concerns that were being raised by the person, but it is tricky territory for me, as cabinet secretary. As I think you will accept, it would be wrong of me to intervene in a process that has had a long and complicated route and which concerns an employee-employer relationship. Quite often, there are very sensitive issues. I tread carefully, and I take careful advice before meeting people, which I have done for particular reasons, on occasion. Obviously, it would be wrong to share specific details of those meetings.

Miles Briggs: When the committee has done work in the area, we have found that there are real difficulties for some members of NHS staff, who have gone through the complaints procedures and have reached a point at which they cannot go back to their work. In a non-medical complaint case, retaining those people is something that we need to look at reforming.

Shona Robison: I can think—again, I am not going to get into the specifics, because it would be wrong to do so—of at least one case in which the person ended up working in another board after a long and difficult process. That person was

redeployed, if you like. You make an important point: where possible, we do not want to lose skills. Sometimes, when we boil it down, we find that there has been a breakdown in the relationship with a colleague or a line manager. Things are never black and white; they are usually very much in the grey area of responsibility.

We always take the view—and would expect management in boards to take the view—that the last thing that we want is lose skills. If the person wants to continue working in the NHS—sometimes they do not; let us be honest about that—efforts should be made to find a resolution, and that has happened in at least one case that I can think of.

Shirley Rogers: The relationship that we have with the management of the boards must also be taken into account, in that respect. There are numerous occasions on which I would intervene to ask the management of a board to pay particular attention to something or, if there is a matter that I think has not been appropriately resolved, I will intervene to make sure that it is resolved, as best it can be.

The Deputy Convener: Is that wholly a matter for employees and employers? Would the cabinet secretary intervene and force an investigation if it was a patient safety issue rather than an employee issue?

Shona Robison: I would expect that that would already have happened before a case came anywhere near me. Where there are patient safety concerns, there are clear procedures for investigation. The culture in the NHS—the duty of candour that is being introduced next year is really important and pertinent in this context—should be that staff feel able to give an honest and open account of what has happened when something has gone wrong. That is really important. Ultimately, the regulators might take disciplinary or registration action if something is found to have been absolutely wrong in terms of the person's capability, actions and culpability, but it is often not as straightforward as that. It tends to be more about whether the best judgment call was made at the time.

The issues would have to be separated out, but before anything came anywhere near me, I would certainly expect all the processes and procedures to have been gone through and any adverse-event reviews to have been carried out. Obviously, a fair bit of attention has been paid to that over recent months—rightly so. When anything comes to me, it is usually at the end of a long process.

11:30

The Deputy Convener: Would an employee be able to access support throughout that process from, say, a trade union or another supportive element of the organisation?

Shona Robison: Yes. When something has gone wrong with patient safety, it can be a stressful time for the staff member, who will often be very distraught, so it is important that they are supported. Again, there are clear procedures for that. When a significant adverse-event review takes place, it is important that staff members are supported and that the process is carried out in an atmosphere of learning from what has happened, training and change. If, at that stage, we enter into the territory of disciplinary or registration matters, that is a different sphere, but the processes are clearly laid out.

Shirley Rogers: It is also the case that anybody who is suspended from the NHS should have somebody allocated through their HR department as a contact person who can provide such support whether or not they are a member of a trade union or a professionally regulated body.

Alex Cole-Hamilton: I would like to ask about the national confidential whistleblowing helpline. I have asked the cabinet secretary about this in the chamber and in committee. Recently, a constituent came to see me about concerns that they had in the NHS—the person was NHS staff. I mentioned the helpline, which the person was unaware of. They expressed a degree of disbelief about what might happen if they were to phone it, and a lack of confidence that their call would be taken seriously or acted on.

Will you give us an idea of how the situation is improving—if it is—in terms of call volumes, how calls are dealt with and what feedback people who make calls to the helpline receive in respect of the complaints or concerns that they have raised?

Shona Robison: Since its establishment in 2013, the line has received 309 calls from staff, which suggests that there is a demand for the service. There is always room for improvement, and I would be concerned if staff did not know about the helpline. It is pretty well advertised everywhere. I would be happy to look at the specifics; if more needs to be done to promote the service in the locality, we will certainly make sure that that happens.

We have just been talking about resolving matters before they escalate and early intervention. Often, encouragement would be given to the person to raise concerns with their employer in the first instance, because that would give the employer a chance to respond to those concerns. Of course, if the person feels uncomfortable about doing that, Public Concern at Work's staff, who are legally trained advisers, can do so on their behalf.

I hope, given that the helpline is now in its fourth year of operation, that people would have confidence that it is a professional service that offers a wealth of advice. We have had pretty good feedback from those who have used it, but as I have said in answer to previous questions, there is always room for improvement. I would be particularly concerned if staff do not know of the helpline's existence or how to access it. We would take that seriously and look to do something about it.

Alex Cole-Hamilton: You mentioned that there had been 309 calls. You might not have this information in front of you, but what is the profile of those calls? Was there a glut at the start when the helpline was first launched? Has there been a creeping incremental uptake?

Shona Robison: I think that uptake has been pretty consistent. Shirley Rogers may have the figures.

Shirley Rogers: I do not have the precise figures, although I can get them for you. In the first year of the helpline's operation, the calls largely fell into three categories. The first was calls from other parts of the UK, the second was people who were ringing to see whether the helpline was actually there, which is interesting, and the third was calls from NHS Scotland itself. Thereafter, the numbers have been quite high but quite consistent.

I would like to come back to the point that Alex Cole-Hamilton raised about communications, which is very important. There are two specifics that I want to draw the committee's attention to. The first is that we have had a stall for Public Concern at Work at the NHS event for several years, so people have had the opportunity to have dialogue and to put a face to something. That is in addition to the poster campaigns and the other things that the cabinet secretary has referred to. That has put a human face on the work, and people seem to respond well to the opportunity to ask people what will happen if there is a concern, whatever it might be.

The other thing is that is really important for credibility is our being able to tell appropriately anonymised stories of what has happened when people have raised concerns. We know that there have been issues that have been raised through Public Concern at Work on which action has been taken; it is important for people to have confidence that that is the case. I know of at least a couple of cases in which people have expressed concerns about a particular clinical service that have resulted in further investigation and further work and, in one case, in some remedial action. We are working with Public Concern at Work to find a way to anonymise stories appropriately and to put them into the NHS domain so that people can see that it is not a pointless exercise and that things actually happen as a result. Most people who raise concerns through the line do so because they want something to be fixed, not because they want to moan about something. It is important that those things are fixed.

Maree Todd: I have a specific question about the duty of candour. I am a member of a regulated profession—as a pharmacist, I am regulated by the General Pharmaceutical Council, and I already have a duty of candour. What will be added by the duty of candour that comes in in April next year?

Shona Robison: I think that the duty of candour will be an attempt to drive culture change. It will explicitly say that, by law, there is a duty on staff members—members of the NHS—to give a full, frank and honest account of anything that is of concern. I guess that it is part of a basket of measures to drive cultural change. Rightly or wrongly, there is a perception—I sometimes hear this from patients who are making complaints—that when something happens, the barriers go up and an attempt is made to circle the wagons. I do not think that that is always the case, but I can see why it is a perception.

The duty of candour says that there is a duty on everyone in the organisation to be honest and open—that is an expectation and a legal requirement. It has that sharp point: no one should feel that they have to be part of a circling of wagons, because there is a legal duty for them not to be. That provides an incentive for cultural change but it also provides protection in that everyone is under a duty to give an honest and frank account. It is part of a drive to improve the culture in the NHS. It is not the only solution, but it brings with it a sharp point that will provide clarity about expectations. We will need to monitor the duty of candour's implementation and make sure that it leads to more transparency and openness in how the NHS operates.

Maree Todd: Thank you. A slightly or tenuously related topic is the question of regulating managerial professionals. The British Medical Association's submission suggests that it might be a good idea to have regulation of management in the same way as there is regulation of the professions, so that there is parity. What are your thoughts on that?

Shona Robison: Have you any thoughts on that, Shirley? Obviously, there would not be a clinical regulator; regulation would be more around performance. I guess that performance management should be done within the NHS rather than by a regulator, but it is an interesting concept.

Shirley Rogers: The question has been raised over probably the past 20 years. One thing that

the duty of candour brings is a requirement on everybody, whether or not they are in a regulated profession: that is important. Many of the managerial responses from boards are beyond where clinical processes take us—they might be on resolution of a financial claim or a range of other matters.

The approach that has been taken so far has been about ensuring that we make appointments that comply with the standards that we expect in public life, and the cultural and values-based recruitment that we are increasingly moving towards, which gives us a particular cadre of managers. As an NHS manager, I think that professionalism and standards are good, but that is something that we will continue to wrestle with as we develop that professional management and leadership cadre. I have no doubt that we will come back to that question.

Shona Robison: There are clinical managers as well, so managers from the clinical community will still be regulated. That clinical leadership is really important.

Paul Gray: A practising lawyer, accountant or quantity surveyor in the NHS is regulated by their professional body. I would go so far as to say that I would welcome proposals for the regulation of managers and leaders in the NHS because it would bring parity. We would have to think about the risks and opportunities of that, but I certainly would not fear it: quite the opposite—I would welcome it. If there were sensible propositions that could be taken forward, I would be happy with that.

Brian Whittle: In gathering evidence around governance, we have seen a growing perception that there is a disconnection between front-line NHS staff and NHS managers. Are you aware of that? What are you doing to combat that and break down those barriers?

Shona Robison: I suspect that one will always get a sense that there is in some workplaces a better connection and a more positive feeling towards managers than there is in others. Where there is good leadership, whether it is by a senior charge nurse on a ward or a member of the senior management team, it is respected. Staff might not always agree with them, but that leadership is respected. Likewise, where there are strong partnership arrangements, managers find that to be an easier environment in which to operate, because through those clear, good and strong partnership arrangements concerns and problems can be resolved in a spirit of partnership.

There are difficulties where that partnership is not as strong and relationships have broken down. I do not think that that characterises the whole NHS. In an organisation that is the size of the NHS there are, undoubtedly, areas where relationships between staff and management are not as good as they need to be. The issue is what is done about that. There is a responsibility on both sides to improve the partnership arrangements to make sure that issues of concern can be worked through and that staff concerns are listened to and addressed. It is a mixed picture in an organisation of that size, as you would imagine.

11:45

Brian Whittle: On a subject that is tenuously linked to the NHS being a positive place to work, there is concern about the health of our healthcare professionals. They are the front-line staff who give health advice, and there is a feeling that the NHS is not currently a place that is conducive to a healthy active lifestyle, especially among front-line nurses and midwives. Are you aware of that? What can we do to make it a better place for health and wellbeing?

Shona Robison: You touch on an important point. The physical health and wellbeing and the mental wellbeing of staff are equally important. Our NHS and care staff work hard, sometimes in very stressful situations. Therefore, the occupational health support in the system is important. A lot of effort has been made to intervene early so that there are clearer pathways. For example, when someone who works in a physically demanding job reaches a certain age, it is important that that has been planned for well in advance, whether that means giving them lighter duties or a different role. Parts of the service are getting better at that because we want to hold on to staff. We do not want to lose staff through ill-health retirement before their time if they can give more years of service. We need to get better at that.

There are well-documented, regular surveys that show that there is work to be done regarding the general health of our health service staff and that we need to lead by example. The chief nursing officer for Scotland—I hope that I am not going to embarrass her—has done a lot around the system in terms of nursing staff and the need to lead by example. The system needs to support people's physical and mental health. It is getting better at doing that and recognises that early intervention is best.

The Deputy Convener: Thank you. I will ask the panel a final question. You will be aware that we have taken lots of evidence from the integration joint boards and have looked not just at health staff but at social care staff. Are there any plans to have a single governance standard for health and social care staff?

Shona Robison: I will let Shirley Rogers say a bit more about that in a second. There is potential there, and a number of IJBs have already taken on the staff governance principles of the NHS. At the start, there were sensitivities about one system being seen to impose its way of doing things on another, but staff and unions in local authorities and the care sector quite like the NHS staff governance principles. We have seen gradual adoption of some of the staff governance principles across the IJBs, and we will probably see more of that direction of travel. Shirley Rogers is closer to the detail.

Shirley Rogers: The committee may be aware that the NHS Scotland workforce strategy "Everyone Matters: 2020 Workforce Vision" was launched about five years ago as a health and NHS Scotland-specific document. We have started to work on the next iteration of that strategy with colleagues from across the health and social care platform. Our intention is to have the "Everyone Matters" strategy for the NHS in Scotland and some of its principles being considered across the wider health and social care agenda. Indeed, the "Everyone Matters" implementation group contains representation from people across wider areas than the NHS in Scotland.

The cabinet secretary has pointed to the success of iMatter in its being considered as an appropriate tool for wider implementation; indeed, it is providing benefit and generating good results where it is used in integration joint boards. iMatter is an organisational development based product, so it allows people to work together instead of having them just fill out a survey or answer some questions. It is about people working together, and it is generating some good results in that respect.

The fundamental issue in IJB-land has been the need to ensure that the standards of staff governance that apply to the NHS in Scotland are not diminished in that space. Although we are content that other people have different arrangements at this stage, as they would in bringing those organisations together, people who are employed by the NHS continue to have the rights and terms and conditions of the NHS workforce. That has been the most persuasive tool of all, because people are working next to each other, seeing what somebody else has and thinking, "I like that." The health service will need to learn from that. There are things in local authorities and the third sector that will be useful and with which it will be important that the NHS engage, but if the staff governance standards that have been achieved in the NHS in Scotland are the best, we will want to share them across the piece.

The Deputy Convener: I thank the panel for coming along this morning. We now move into private session, as was previously agreed.

11:51

Meeting continued in private until 12:21.

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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