



OFFICIAL REPORT
AITHISG OIFIGEIL

Health, Social Care and Sport Committee

Tuesday 10 June 2025

Session 6



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Pàrlamaid na h-Alba

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HEALTH, SOCIAL CARE AND SPORT COMMITTEE
18th Meeting 2025, Session 6

CONVENER

*Clare Haughey (Rutherglen) (SNP)

DEPUTY CONVENER

*Paul Sweeney (Glasgow) (Lab)

COMMITTEE MEMBERS

*Joe FitzPatrick (Dundee City West) (SNP)
*Sandesh Gulhane (Glasgow) (Con)
*Emma Harper (South Scotland) (SNP)
*Patrick Harvie (Glasgow) (Green)
*Carol Mochan (South Scotland) (Lab)
*David Torrance (Kirkcaldy) (SNP)
*Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP)
*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Jackie Irvine (Care Inspectorate)
Heather Kelman (Food Standards Scotland)
Edith Macintosh (Care Inspectorate)
Ian McWatt (Food Standards Scotland)
Kevin Mitchell (Care Inspectorate)
Dr Gillian Purdon (Food Standards Scotland)

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Health, Social Care and Sport Committee

Tuesday 10 June 2025

[The Convener opened the meeting at 09:15]

Decision on Taking Business in Private

The Convener (Clare Haughey): Good morning, and welcome to the 18th meeting in 2025 of the Health, Social Care and Sport Committee. I have received no apologies.

The first item on our agenda is a decision on taking business in private. Do members agree to take items 5, 6 and 7 in private?

Members indicated agreement.

Care Inspectorate

09:15

The Convener: The next item on our agenda is our periodic scrutiny of the work of the Care Inspectorate. I welcome our witnesses from the Care Inspectorate. Jackie Irvine is the chief executive; Edith Macintosh is the executive director of assurance and improvement, adults, registration, complaints and quality improvement; and Kevin Mitchell is the executive director of assurance and improvement, children's regulated care and strategic scrutiny.

We will move straight to questions, and I will start. I am keen to hear how the scope of your work in social care has changed since the Care Inspectorate was established.

09:15

Jackie Irvine (Care Inspectorate): I have only been in post for nearly three years, so that was before my time.

Kevin Mitchell (Care Inspectorate): To be honest, it has changed quite considerably. I transferred to the Care Inspectorate in 2011 from what was then Her Majesty's Inspectorate of Education. With regard to the focus of our work, the legislation has remained largely unchanged, so we still adhere to the key principles of the Public Services Reform (Scotland) Act 2010.

One of the biggest changes in the scrutiny of regulated care services was the introduction of quality frameworks that began in 2018 for care homes for adults, and we now have a quality framework for every care service type.

If it is helpful to the committee, I will give a brief explanation. A framework is, principally, a document to support self-evaluation, but, in the interests of openness and transparency, we also use that document as the foundation for our scrutiny work. Indeed, it reflects health and social care standards, and they are kept under regular review. The most significant part is the deep and firm focus on experiences and outcomes that is entrenched throughout all the frameworks. Regardless of structure, changes and challenges—and there are many challenges for regulated care services and social work services in the round—and although we contextualise our findings, we hold dear to the firm commitment to report on experiences and outcomes for people. The framework also enshrines the health and social care standards, so there is a rights-based focus. We hope that, in due course, there will be an even stronger focus on rights, but the introduction of our quality frameworks has been the significant change.

Of course, the services have changed significantly, not least since the pandemic. They have challenges of their own with recruitment and retention, as well as with the cost of living. We have seen that over recent years and, even more recently, with the changes to employer national insurance contributions.

There is a context and a complexity, because services respond to the needs of communities. Services have got larger, not smaller, and that brings a level of complexity. There have been staffing pressures, which are quite acute in some areas, and you might want to explore that.

With regard to the services, more has been asked of us, which is good. We try to be helpful and supportive and do what we can with the resources that we have. Most recently, we have taken on oversight of child contact centres and, a number of years ago, we took over responsibility for adult support and protection. Although it did not happen right away when the Care Inspectorate was formed, we also took over responsibility for the inspection of social work services, including justice social work.

The role has expanded, the context is significantly different and the challenges are there. You could argue that challenges were always there, but they change with the times. One of the strengths of our frameworks and approaches is that we commit to supporting improvement through all our work.

Primarily, the legislation requires us to provide independent assurance. Whatever the context, and although we contextualise our findings and give credit where it is due, we hold firmly and dearly to our responsibility to report on experiences and outcomes for people who, in some cases, are the most vulnerable people.

The Convener: That is really helpful in setting the context for the broad range of the work that you do with our citizens—from the youngest to the oldest—when they come into contact with the services that you monitor.

I will ask about your key corporate priorities. To what extent have you achieved them over the past four years? What has not been achieved and why?

Jackie Irvine: Thank you for the question and for the invitation to be here today.

Our key corporate priorities are within our corporate plan, which is coming to an end this year. When I was applying for my job, I read the corporate plan and I thought that it was fairly extensive and broad ranging. Through a process of consultation with our workforce and the providers, we are moving into agreeing with our board a new corporate plan for five years.

A number of those priorities will continue, and the broad headings of our priorities will remain the same: high-quality care, realising the rights of people who experience care, and supporting our workforce to be as skilled and as adept as possible at doing inspections, scrutiny and improvement work. A number of things will run. We have already met our board, and its members are quite happy about those priorities. We are just developing them further and making them more fit for the future.

There have been a lot of changes, some of which Kevin Mitchell has outlined, but, recently, there have been even more. It is about making our work more flexible. This year, we will also look at developing a business plan to go alongside our corporate plan, so that we have a way of reporting on how well we have done from year to year, as opposed to having a standing corporate plan for three or five years. We want to do that business planning process so that we can account for that.

In rewriting or revising the corporate plan, one of the biggest pieces of work will be looking at our key performance indicators. We have acknowledged that they need to be updated and be much more performance based. They have worked well for us, but a number of them are at green, so we have to question whether they are the right performance indicators for us. Those performance indicators will be developed once we have our priorities, the plan and the detail of the work going forward.

The Convener: You are talking about KPIs, performance frameworks and business plans, which is pretty high-level stuff. I want to get a bit more into the nitty-gritty of the work that you do. I am keen to hear what mechanisms you have in place to allow the board to alert or advise Scottish ministers on sector-wide issues, should you see patterns beginning to develop.

Jackie Irvine: One of the things that we are very keen to do—and have done all along, although we developed other options to do it—is look at what the sector makes of us and how effective and efficient we are at providing that oversight and assurance. We have long-standing inspection satisfaction questionnaires for providers. We have developed them more recently, so that they—

The Convener: I am sorry—maybe I am not being clear. I am asking about the mechanisms that you have as an organisation to raise concerns with Scottish ministers or other authorities about concerns or issues that you might see developing.

Jackie Irvine: We raise concerns with our board, particularly when we see themes developing in inspection and assurance. We raise them with our sponsor team as well. As you are

probably aware, convener, although our sponsor team covers everything, we work with a number of different directorates in the Scottish Government, so we have those separate conversations. In particular, we speak to the early learning and childcare directorate and the justice directorate. For example, in the past two years, we picked up an issue about supported accommodation for offenders, which needed to be more regulated. That was one of the things that we raised through those various channels. We said, “This is something that we need to do,” and we stepped in to do it without any funding, because it was of such a serious nature.

The Convener: Thank you very much.

Emma Harper (South Scotland) (SNP): Good morning to you all. I am interested in hearing about how inspections are carried out. My understanding is that, previously, there was a cyclical approach to them, which was later changed to a risk-based approach. I will be interested to understand how the Care Inspectorate identifies risk. Is there a danger that inspection can sometimes come too late, such as when problems have already been reported? What data and information do you use to identify high-risk services?

Jackie Irvine: I will talk about the change that we made in moving from a cyclical approach to a risk-based one, then perhaps Kevin Mitchell could talk about the data.

Until 2019, we had a cyclical approach to inspections, which meant that we went around the country, doing them in a set format. However, we recognised—and the cabinet secretary at the time shared our view—that if we went in to inspect services and set recommendations or improvement actions, we were not seeing whether those were being implemented or sustained until the next time that we went in to inspect. We therefore moved to having follow-up visits to make sure that recommendations had been acted on, that we could see evidence that they were working, that the service had made improvements and—the more difficult thing—that it had sustained them.

Once we had moved to a risk-based approach, we became aware—and the point has been reinforced since then—that although certain services might not be due for inspection, we might pick up information and data about them through complaints from the public or the workforce. We might also know soft information about aspects such as changes in an organisation’s management structure. There might be staffing issues, too. If we pick up on those things, that tends to add to our risk analysis, which might lead to prioritising the inspection of that service ahead of another that might be planned for that week.

It is a question of balancing those risks and then getting in to inspect a service. We aim to get in very early. For example, if we receive a complaint we can decide to go in there and then, and inspect on the basis of investigating that complaint, but we would still be doing an inspection. We also get notifications about various incidents that providers are required to tell us about, and we use those as the basis for inspections, too. An inspector will see how many notifications there are, whether there has been a spike in them or whether some are very concerning, in which case that would prompt us to increase the risk level and go in sooner.

Emma Harper: Would changes to what you are hearing on the ground lead to unannounced inspections?

Jackie Irvine: Most of our inspections are unannounced, but even if we are following up on a risk or an accumulation of data and information that we think indicates that there is a risk, we will go in unannounced.

Emma Harper: I understand that services can answer self-evaluation questions. How does a self-evaluation translate into a grade such as “satisfactory” or “excellent”?

Kevin Mitchell: We very much encourage services to use our frameworks for self-evaluation, as I mentioned at the start of our session. When we go in to do an inspection we will gather any self-evaluation material that the service has done. It is important to say that there has to be an aim behind conducting self-evaluation—it should be done for improvement. That is why we promote self-evaluation as a means of achieving on-going improvement; it should not be done just for the purposes of inspection. If services have been doing that work, we will look at it. More importantly, we expect to see that any self-evaluation is based on evidence, but sometimes there is a failing there. If a self-evaluation is based on evidence that services can show us, we will take that into account in the inspection. However, we do not set out to compare our grades against those from the self-evaluation—that is, if a service has attached them; many do not.

It is more important that services identify for themselves their strengths and their areas for improvement, so that they understand them and are not waiting for inspectors to do that for them. If they have done so, and can show us the self-evaluation evidence, we will give due recognition to that in our report and take account of it once we have effectively validated what they have provided to us.

Self-evaluation is critically important, though. Inspection comes around only every so often, so self-evaluation is a much more powerful tool, as long as it is based on evidence and supports

improvement. As a scrutiny body, we need to find a mechanism to validate self-evaluation, which we have done, and we should not simply accept responses at face value.

09:30

Emma Harper: I will pick up on what you have just said. A lot of care homes and family contact centres need to be inspected, so what do you mean by “every so often”?

Kevin Mitchell: Jackie Irvine described the shift in our business model. We introduced it in 2019, and it was pretty helpful that we did, because we did not know then that we were about to face the pandemic. We accelerated the pace of that shift during the pandemic period. We have finite resources, but we aim to make the best use of them and target them where they are most needed. Using a risk-based approach means targeting those resources and returning to services quickly to make sure not only that improvements have been made but that they have been sustained over time. Changing our approach in that way enabled us to do so, and we built on that both during the pandemic and when we came out of it.

Clearly, if we are not taking a cyclical approach to inspecting services, which meant that we would go in to some of them simply because it was their turn, we have to be conscious—and we are—that, in the background, we must keep a record of when a service last had an inspection, so that we do not let it go too long without another.

There is a tricky balance to be achieved there, given our resources. As we are operating with public finances, we are committed to making the best use of those resources. The risk-based process allows us to do that, to follow up on our requirements more quickly, and to ensure that improvements are not only made but sustained over time, whereas previously they were often not followed up until the next inspection. Again, there is a balance to be struck there. Achieving that is a challenge, and I would not pretend otherwise. However, we aim to make the best use of our resources and to target them where they can have the greatest impact.

Emma Harper: A final question from me. Does the Care Inspectorate delegate responsibility for quality assurance to local authorities or integration joint boards? How do you work with your partners to implement inspections or to have them deliver the changes that are required?

Kevin Mitchell: I will start off, and then perhaps Edith Macintosh could come in.

The primary responsibility for achieving improvement rests with services themselves.

However, in all our scrutiny work we aim to support them to do that. Rather than taking a tick-box, regulatory approach, such as by going around with a clipboard, we give advice and signpost services to examples of good practice on our website and elsewhere. We might even put one service in touch with another that we know has dealt with an issue more effectively.

We do all that through our inspection work, but we also provide targeted improvement support where we think that it could be helpful, although we have limited resource for doing so. We might do that generically across a particular area of our work, or we might even do it with individual services. For example, if an early learning and childcare service is at risk of not meeting the national standard, we will take it on to our improvement programme, which specifically aims to ensure that it maintains or retains that standard and, therefore, the funded element of childcare provision.

Edith Macintosh might want to say more about that.

Edith Macintosh (Care Inspectorate): I am happy to add to that. Kevin Mitchell has explained a bit about our quality improvement support process. We have a couple of teams of improvement advisers that support improvement. As Jackie Irvine and Kevin Mitchell have already said this morning, all our work focuses on outcomes for people and supporting improvement—that is our primary aim. Of course, where we see care that is not good, we will not hesitate to take action.

Kevin described the early learning and childcare component. That is a grant-funded piece of improvement work that we have been doing for a number of years now. We have worked with around 500 early learning and childcare services through that improvement work and have seen a difference in the experience for children.

Another example is the care home improvement programme, which is a targeted piece of improvement work. We work closely with our colleagues in inspection and target services that have had a grade 3. We have worked with NHS Greater Glasgow and Clyde and, most recently, with NHS Tayside and NHS Fife. The first cohort of the care home improvement programme involved about 30 services. We have already seen a difference when inspectors have gone back to those services, with their grades having improved. That is an example of how we target our quality improvement work to support services that have a particular outcome from their inspections. We have seen a real difference.

When we have involved those services, we have seen a real appetite to improve and real

dedication. I am sure that members will know about the challenges that are out there in the sector at the moment. Despite those challenges, services are keen to make improvements where they need to do so, and we have seen that in our work.

Emma Harper: For the record, can you tell us what the grades are? Is it grade 1 for weak, grade 2 for unsatisfactory and so on?

Jackie Irvine: It is a six-point scale. Grade 1 is unsatisfactory, grade 2 is weak and grade 3 is adequate—that is the grade that Edith Macintosh mentioned. If a care home tipped into that grade, it would be a priority for the care home improvement programme. Obviously, we then have grades for good, very good and excellent.

Across the services, we keep a count of the grades. As Edith pointed out, people are keen for improvement, and we see a lot of passionate, committed and dedicated work out there when we are on inspection. Although we see challenges, about 87 per cent of services across Scotland are achieving grades of good, very good or excellent.

Brian Whittle (South Scotland) (Con): I have a supplementary question, which is on self-evaluation. I totally understand where self-evaluation sits with organisations that are looking to deliver the highest-quality services that they can. I think that we would recognise that that is the attitude of the vast majority of services. However, we all know that some will try to game the system. How do you ensure that self-evaluation does not push back a potential visit? Was the development of self-evaluation in any way driven by finance and investment and your ability to deliver?

Jackie Irvine: We do not mandate that everyone has to do a self-evaluation. As you say and as we have pointed out, that approach is for services that are keen to look at their improvement, and to prepare for inspection in some respects. They are preparing their view of what is going well and what needs to improve. However, we validate the self-evaluations. When a service does a self-evaluation, that does not prevent us from inspecting—we do not say, “We’ll not inspect them.” We go in and look for the evidence.

Sometimes there is disappointment, because our evaluation does not marry up with a service’s view. That will be fed back to the service, along with the reasons why we do not think that it has adhered to that, and evidence for that. Obviously, at other times, we agree with the service, because we have seen the evidence.

One crucial thing for us is our confidence in an area or a service’s ability to improve. If a service is open and transparent about the fact that it has improvements to make, we will be much more

confident. If a service did not think that it had anything to improve, that would concern us. We are an improvement agency, and we all know that we need to improve as we go along.

There is no way for a service to avoid an inspection because it has done a self-evaluation. We encourage services to do that because it gets them and their staff acquainted with the quality indicators that we use and the evidence that we are looking for. We are looking for examples of good outcome-based practice for service users and people who use and experience the services.

I hope that that reassures you in some way. On your other question, the self-evaluation process was not driven by finances. It was about services asking, “How can we best place ourselves to improve?” The quality frameworks have done their job in that respect.

Sandesh Gulhane (Glasgow) (Con): I do not expect you to know about every single inspection that the Care Inspectorate undertakes, but, in 2023, you went to East Park school, which is in my constituency of Glasgow, and rated it as very good. The finances of the school, which looks after children with very complex needs, are now under threat. Obviously, other places that you visit will get a rating that is not as good. Do your inspections and ratings skew the way funding goes in that poorly rated schools or places get more money to bring themselves up while very well rated schools might find themselves squeezed because they are so good?

Jackie Irvine: We have no impact on what funding an organisation might get. However, we are aware that, for regulated services that are commissioned by, for example, local authorities or health and social care partnerships, the commissioning of each body will be slightly different. For example, some will look for a grade of good or above in their commissioning but, obviously, organisations commission in different ways, with some using more qualitative or outcome-focused approaches. It is a very blunt instrument to say, “You need to have a grade of good.”

As a social worker, I placed children at East Park, so I am very familiar with it. We would not have any impact on funding. Obviously, a place such as East Park will have a board of governors, which might take messages from our inspection. The board might be concerned about the quality, which I imagine would inform the need for reinvestment or investment to bring up improvement. However, we have no impact on that.

David Torrance (Kirkcaldy) (SNP): Good morning to our witnesses. My questions are on complaints and data collection. How does the

Care Inspectorate decide what complaints to investigate and prioritise?

Edith Macintosh: I am sure that the committee is aware that we are unique in having a complaints service in a regulatory body. We believe that our complaints function works very well. We have done a lot over the years to ensure that members of the public understand how to make a complaint if they wish to do so.

We gather a lot of data through complaints. Over the past few years, the number of complaints has risen. At the moment, we get around 6,000 complaints a year—it was slightly fewer over the past year, but it is usually around 6,000. That number has risen over the past few years, from around 2,800. We believe that we are doing a good job in promoting the opportunity to complain.

The information that we receive from complaints is important. We have a system whereby we risk assess our complaints, and we have pathways that we use to resolve complaints. That could involve anything from using the information and data that you referred to as part of our risk assessment for inspection, all the way to doing an investigation and then perhaps an unannounced inspection if we believe that there are systemic issues that we need to look at.

The information that we get from complaints is critical in informing our inspections. Kevin Mitchell spoke about the risk assessment process in our scrutiny work. If, through our complaints process, we identify issues that we believe need to be looked at through an inspection, we would reprioritise some of our inspections because of that.

The complaints process is critical to the work that we do across the board. It also informs our quality improvement work. Our report for 2024-25 was fairly typical of previous reports in that the trends tended to be around healthcare issues, with most complaints being on care homes for older people. The top three trends are healthcare issues, communication and staffing. Using the data on healthcare issues, we might work with particular services around issues—an example would be medicines management. We have done a lot of work on psychoactive medication in relation to supporting people with dementia.

The data is critical, as it informs our scrutiny and quality improvement work. Obviously, we can then report on and share data on the issues relating to care with relevant people.

09:45

Jackie Irvine: It is important to say that, as well as complaints from families, relatives and so on, we get complaints from the workforce and staff in

services. We have a duty to protect their anonymity so that their employment is not at risk. Those are the two main sources, but complaints come mostly from families, relatives and friends.

David Torrance: I was coming on to ask about that. How does the Care Inspectorate perceive any changes in the type and number of complaints received over the past few years?

Edith Macintosh: The type of complaints tends to stay the same. They are about healthcare issues and tend to be primarily about care homes for older people. Issues with visiting in care homes are a very small percentage—currently about 1 per cent of all complaints. That is an example of the range of issues that come in. As I said, healthcare issues can range from medicines, tissue viability and nutrition to continence. They are always at the top of the list in our annual report.

Kevin Mitchell: When I came into post—it was too long ago now—the organisation was dealing with around 2,000 complaints a year and we are now dealing with in the region of 6,000. When the media see that, the first thing that we hear is, “Care has got so bad,” but that absolutely is not the case. I think that people just know where to come. Over the years, we have done a lot of work to profile our responsibility, which is actually unique in United Kingdom regulation—no other body has that responsibility. Believe it or not, we value it dearly, because how a service deals with a complaint tells you a lot about that service, and therefore we risk assess, we triage, and we give responsibility to the services that we know will act.

If somebody's loved one needs something immediately, the best way to get that is by a phone call to the service and confirmation that it has been done. We will risk assess and triage complaints, but we will also fully investigate when we have to. It is a valuable tool. I would hate to lose responsibility for complaints, because it offers a richness of evidence. We regard every complaint as an opportunity to improve. Complaints tell us so much about a service and its leadership and management, as does how it deals with complaints, and we get confirmation of that. Ultimately, it is about supporting improvement.

David Torrance: The Care Inspectorate's written submission states that it has upheld 73 per cent of the complaints investigated. What happens with those results for the complainant and the services concerned? How does the Care Inspectorate monitor any progress or actions taken?

Edith Macintosh: We publish on our website information on any complaints that are upheld. There is always a response to the complainant. We always have a conversation with the

complainant, unless they complain anonymously—obviously, it is slightly more challenging to resolve that. Any complaints that are upheld are on our website for the public to see.

Through our inspection process, we monitor any improvements that might be required following complaints. As I said, any information or data is put into the process of risk assessing services across the board. If improvements are found to be required through the inspection process, we also carry out follow-up visits to services to ensure that improvements are made.

Jackie Irvine: Edith Macintosh just touched on the issue of anonymous complaints, which are very difficult for us to deal with. Quite often, when we get a complaint we will contact the complainant to be clear about the headings of the complaint and the main issues. We cannot do that with anonymous referrals. That does not mean we cannot investigate, but we have no feedback or way of clarifying exactly what the issue is.

In the past year, we have done a lot of work to promote the idea that people can make a confidential complaint. We guarantee that we will not share their details, but a confidential complaint allows us to have much more of an engagement with the person who makes the complaint and to address the matter much more quickly. That approach is having a good result so far. We monitor the types of complaints that we get in and whether they are anonymous. Two years ago, there was a fairly significant number of anonymous complaints. We have done improvement work to ensure that people can complain confidentially, and it appears to be working. We have done lots of poster work and campaigns, and we advertise within services and in various other places.

David Torrance: How does the data that the Care Inspectorate collects contribute to the national picture and policy to improve social care in Scotland? How do you engage with the Scottish Government?

Jackie Irvine: As we gather information about quality—as I said, 87 per cent of services are doing really well—we notify the sponsor team in the Government of any particular incidents, in relation to risk, that happen in a service. They come across my desk—or my tablet—which is a good way for me, as chief executive, to keep a note of what is prevalent. At Christmas a couple of years ago, there were quite a lot of cases of older people being able to get out of a care home, obviously into cold weather, which was highly risky. We have reported on children leaving nurseries unattended—such incidents are notified through Government, so the ELC directorate is aware of them. We also then look at what we can

do to prevent such incidents because, obviously, one child leaving a nursery is one child too many.

We have seen the number of incidents coming down, but we will produce guidance and immediately visit services where something has happened to look at their processes for keeping adults, older people and young people safe. That is how we use that kind of information—it is not necessarily a complaint; it is a notification to us that a serious incident has happened.

Patrick Harvie (Glasgow) (Green): Good morning. Can I just check that you can hear me?

The Convener: We can hear you, Mr Harvie.

Patrick Harvie: Thank you, convener. Good morning to the witnesses. Will you say a little more about the pattern of complaints that have come in over the years and whether that has changed? In particular, will you say something about public expectations of and relationships to care services, which might have been significantly affected over recent years because of Covid? Have the events of recent years changed the kinds of issues that people have concerns about and raise complaints about, whether or not those complaints end up being upheld?

Edith Macintosh: Thanks very much for your question, Mr Harvie. We have not seen much difference in the trends of complaints over the past number of years. The top trends are around healthcare matters, communication and staffing. A range of complaints come in, but those trends tend to be the top three.

What have become a bit more prevalent as a result of the pandemic are issues around meaningful connection for people and visiting, although we do not get many complaints about the latter—around 1 per cent of all our complaints are about visiting. However, during Covid and towards the end of Covid, one of the main challenges that came through in complaints was about people being able to have a meaningful connection with their loved ones and their being able to be citizens in their local community.

We have done a lot of work on that over the past number of years. We were funded by the Scottish Government to run our meaningful connection, visiting and Anne's law programme, and we have developed resources, guidance and fact sheets around the issue. Two additional standards in the health and social care standards mean that services need to comply on visiting, and we obviously look at that in inspections.

Recently, we have not had a lot of complaints in the area of meaningful connection for people; it was more of an issue during and coming out of the pandemic. We responded to it and were able to support services, and we continue to do so. We

listen to people's loved ones, as well, to understand their feelings around visiting and meaningful connection. We all know that having that connection is so important for our health and wellbeing and being able to enjoy life, no matter our situation.

Patrick Harvie: The reason that I ask is that I recently visited and had conversations with a care provider in my region, and they made the point that their experience—perhaps you can confirm whether this is felt more widely—is that people are entering residential care later in life as a result of changed attitudes and experiences in recent years. If people enter residential care later, they are more likely to enter at a more advanced stage of various conditions, including dementia. If that pattern becomes established, it will presumably change the pattern of complaints and peoples' concerns. I assume that it is more likely that there are complaints from concerned family members about residential care than care at home services. Is that right, and do you anticipate that continuing to be a changed pattern?

Edith Macintosh: That trend is already reflected in the complaints that we get now. I think that you are right. I agree with you and acknowledge that the situation of people coming into older people's care homes now is much more complex. Often, people are almost at the end-of-life stage by the time that they come into a care home setting.

The challenges for care homes and care home staff are therefore even more significant, whereby they have to support people well, even though they have co-morbidities and really challenging situations, and they support many people at end of life. A lot of the data tells us that many people are being supported to end their life in a care home setting rather than in a hospital.

Care homes therefore need a host of different skills: supporting people at end of life, dealing with many different health conditions and caring for people living with dementia, as you said. The social care workforce faces many challenges and, when it comes to healthcare, our complaints data show that co-morbidities and associated complexities are now part of it.

Patrick Harvie: My final question is about complaints that are not upheld. You have given us statistics about the proportion of complaints that you investigate that are upheld. Do you take lessons from, and bring into wider intelligence gathering, complaints that are not upheld? Even if there is nothing to investigate, do they tell you anything about peoples' concerns and experiences?

Edith Macintosh: We use information in our wider scrutiny work from all complaints, including

those that are not upheld. Although a complaint might not be upheld, that information is put into what we call our scrutiny assessment tool, which we use to assess services. Absolutely none of the information is lost, and we always use it as part of our wider scrutiny work.

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): The Care Inspectorate's vision is

"for world-class social care and social work in Scotland, where everyone, in every community, experiences high-quality care, support and learning, tailored to their rights, needs and wishes."

Will that vision stay the same in the new corporate plan? To what extent has the vision been achieved so far, and are there any barriers in the way of achieving it at the moment?

Jackie Irvine: We are very much looking at our vision as we review our corporate plan. We have always strived for high-quality care and equal access to care for people across the country. The vision will remain aspirational. It would be wrong of me to say that we have written it already, because we are engaged in consultation with our workforce and providers, and a question has arisen about how to measure what is world class. We know how our provider organisations and the other regulators across England, Scotland, Wales and Ireland, whom I meet regularly, are assessing and evaluating.

No matter what the wording is, the vision will still be aspirational, as we believe it should be. As Edith Macintosh has said, you want your loved one—or yourself, if you are the one receiving the service—to get the highest quality of care.

Elena Whitham: Are there any barriers to achieving that aspirational vision? Have you identified what is making it difficult for the Care Inspectorate to achieve it?

Jackie Irvine: Something that we have already touched on and that I want to emphasise is the context in which the services are working just now. We know that there are recruitment and retention difficulties in staffing. We often engage with stakeholders and our provider groups through what we call quality conversations and normal quarterly meetings, and that difficulty is coming out strongly as a particularly challenging issue, which you will not be surprised about. It appears in other sectors, too.

10:00

Inevitably, the ability to retain and have consistent staffing sometimes has an impact on the quality of care. I always imagine what it must be like to be a manager with a high staff turnover. You might have all your posts filled but, if you have a high turnover rate—which we have seen—

your ability to keep your staff cohesive, clear about what they are doing and understanding their role is much more challenged.

As Kevin Mitchell said earlier, we appreciate the context, and we are trying to encourage our inspectors to illustrate the context but not to deviate away from a focus on outcomes in inspections.

That is one barrier. From our inspections, we know that what makes a good service is really good quality leadership and management. That is a key aspect.

Elena Whitham: It is helpful for the committee to understand that.

Thinking about the most recent corporate plan, can you identify any improvements in social care that you have been part of and have helped to drive forward?

Jackie Irvine: I am struggling to do that on the spot, but what I think has improved is the development, through the corporate plan, of quality frameworks, which has allowed us to share responsibility. As I said, we still validate self-evaluations, but I think that the quality frameworks have helped services to understand what we are looking for, and what good care looks and feels like. I do not think that any service would say that they have no improvements to make, and that includes us. I think that the quality frameworks have probably been the biggest area of improvement.

Edith Macintosh: I have already described a bit of the work that we have done around Anne's Law, which I think has made a huge difference in services' understanding of how they can support people to have that meaningful connection. We have focused a lot of work on medicines management. We have done a lot of work to support services around self-evaluation. Colleagues from Heath Improvement Scotland and the Care Inspectorate have worked together and run webinars for services to help them to do robust self-evaluations. We have had really good feedback from that.

We have resources available for the sector on a host of things, such as guidance and helping the sector to understand some of the national policy aspects. Those resources sit on our website, which we are redeveloping at the moment, so people have ready access to them. It is important for services to be able to access information quickly when they need it, particularly if we have identified areas for improvement. That is another area that is important in what we do. We work with the sector to develop some of those resources, so we need to understand their needs to be able to support them in different ways. Our interventions in that regard have had some good impact.

Elena Whitham: Let me explore a little bit further how, as an organisation, you are able to track, monitor and evaluate quality improvement. We have heard about some of the tools that you already use, such as self-evaluation forms and using complaints themselves as tools. What other tools do you have to track, monitor and evaluate improvement?

Jackie Irvine: Edith Macintosh mentioned the care home improvement programme, which is very targeted. At the end of it, we evaluate how well participants have contributed. I go along to the awards ceremony at the end, at which participants talk about the programme and which can be quite outstanding. We also look at the outcomes of inspection after improvement work. I do not remember the percentages, but Edith can tell us.

Edith Macintosh: In the first cohort, 86 per cent showed improvement in at least one of the key questions asked at inspection, and 57 per cent showed improved outcomes overall in the grading. We do the inspection and the grading, and then we focus our improvement work on services that have a grade of adequate. We intervene in relation to quality improvement. There is a mix: there are sessions with all the care services together so that they can share good practice and challenges; and we offer an improvement adviser who is dedicated to a service. At the end, we measure the impact.

As Jackie Irvine said, we hear from services via a survey, but we also have our colleagues in inspection measure the impact—not right away, but when the service's inspection comes around—in terms of the outcomes from that improvement. The difference that has been made has been quite significant. We feel that it is a positive piece of work, and positive support for the sector.

Jackie Irvine: It is also important that we share the results with the wider sector. That encourages more people to say, "There is something to be gained for us here," and they will step forward for that improvement work much more quickly or enthusiastically. It is important that we share information in meetings of the wider provider sector, in our webinars and in quality conversations with the sector, so that they know what is available, what other people have tried and tested and what has worked. We hope that that means that services will continue to take up the offers that we put out.

Elena Whitham: I have a final question. It has come to our attention that the Care Inspectorate does not seem to be represented on the interim national care service advisory board. What involvement, if any, have you had with the board? What involvement will you have with it going forward?

Jackie Irvine: I can speak about our involvement so far. One example in terms of the care reform aspect relates to our complaints process. We would not want to lose that, and it is mandated by legislation. We have met with Government colleagues to ask how it would fit with any complaints process that comes from the national advisory board. There is a similar point with regard to quality improvement. We are asking how we can do that more cohesively and effectively across the country with all the other providers, which also do different types of improvement work, where the gaps are and so on.

I appreciate that the decision about the advisory board is one for the Government and not one for me to have a view on. However, we have been involved and we will be keen to see, for example, how we play into providing, as we do already, that vision of the quality that exists out there, what the issues are—the very good questions that you and your colleagues have asked today—and how we can continue to convey that vision. I think that that will be done through the board.

Brian Whittle: We live in a world of artificial intelligence and digital technology, and I think that health and social care in Scotland is finally waking up to the potentially huge impact that new technology can have on the way in which we deliver services. How is the Care Inspectorate developing its digital technology offer?

Jackie Irvine: You will have seen from our written submission that we were very pleased to get funding to take forward a new information technology platform for our service. We have a very outdated legacy system that is not joined up, with apps and different bits that do not necessarily speak to one another. They are a risk because, if they fall down, we lose all our tools and our information. We have done a huge piece of work on preventing cyberattacks and so on.

We have good governance around our digital platform. One of our board members chairs the digital approval group. We also have a project group. We have had a Scottish Government gateway assessment to make sure that the project is progressing—as you know, such projects do not happen overnight.

We have already presented an AI paper to our board and to partners that sit on the project board. Our approach is that we need to be progressive and we need a platform that is fit for the future, so we are keen to explore AI opportunities within that. On the other hand, we also need to be robust about any AI functionality that we bring in.

We see huge potential benefits. We have talked a lot today about data and how we learn from complaints and notifications about where the risks are. The big advantage of our digital platform

coming in is that it means that inspectors will be able to see everything about a care service on one page, whereas currently, they have to look for it manually, which is not only very time consuming but how things might be missed. Another benefit—I hope that AI will help with this—is that providers will have access, through that platform and our website, to the information that they need to submit to us, so that process should be smoother. Also, families and relatives will be able to see that information. We felt that AI is in the early stages, but we want to step up now, because otherwise we will lose opportunities. We will look for expertise out there as we develop things.

Brian Whittle: One of the main reasons why the implementation of AI stalls relates to cascading it and encouraging its adoption both by your own people and by services. How are you making sure that that cascading is in place and that adoption is maximised?

Jackie Irvine: We produced a fairly in-depth document on the potential of AI early on in the process—we did that last year—and shared it with our board and with the project board, which need to be confident that we are going down the right track with it. Thereafter, I would say we have been taking it easy so that people understand not only the potential, but that there will be robust protection. For example, in our cyber work, we have identified that people may be adopting apps that are not secure, and we do a lot of reviewing so that we are not putting ourselves at risk.

Bringing in a new digital platform, not just the AI element, can be quite unsettling for the workforce because it means doing things differently. AI will encompassed in that work. We also did a survey. I cannot remember what we called it, but it was a digital assessment of our workforce so that we know what training and development we need to put in place before we launch the new platform.

Brian Whittle: I want to ask about that. You put forward your ask for funding for a new digital platform—it was good to hear about that. However, you need about the same amount again for cascading, adoption and training the workforce.

Jackie Irvine: That was part of our business case. Importantly, what came out very positively in our gateway assessment was that we are using our workforce—the people who do the job every day—to inform us about what they need. That is taking time, but the approach is achieving a balance between just delivering something and telling staff that they have to use it, and having them inform the process.

We also have built something into the end of the process. Once the platform is ready to go live, we will continue to have support from the provider for six months to work out any fixes. If things do not

go well or need to be adjusted, we will have that six-month gap at the end, which is important. Most of those costs were built into the bid.

Brian Whittle: How will you evaluate the impact of the technology?

Jackie Irvine: First, it will no longer be a manual system. The technology will allow us to produce data more effectively, more efficiently and more quickly, so we will be able to look at how much time we can take off those tasks. MSPs, Government sponsors and provider bodies often ask for data, and that process will become much slicker. We will probably do an evaluation with inspectors of how different the system is for them, and how much time can be taken off tasks.

The technology will also allow us to take a much more thorough and in-depth look at how long our inspections take and how much time we spend on different aspects of an inspection. That sort of information should all be within the platform.

Brian Whittle: My final question on this topic is about interoperability and compatibility with other services. In health and social care, interoperability across all platforms will be key as we go forward and develop the platforms and the technology. How are you making sure that that is happening?

Jackie Irvine: That was not just part of the bid when we were making the case but a clear part of the remit when we appointed the provider. The platform must be flexible enough to achieve that interoperability in future. It is about looking around the corner and being fit for the future. It will not happen automatically, but the flexibility will be there.

10:15

Sandesh Gulhane: I declare an interest as a practising national health service general practitioner.

In 2022, Kevin Mitchell highlighted the need for clear governance and accountability in social care while, in May 2025, Jackie Irvine noted:

“The statutory framework is dispersed across various pieces of legislation making governance arrangements complex.”

Would the Care Reform (Scotland) Bill, which comes before the Parliament today, have provided a great opportunity to bring all these frameworks together and allow guidance to be simplified for you?

Jackie Irvine: The bill will, with the inclusion of Anne’s law, give us greater opportunities with regard to visiting, and we look forward to working with that. Our position is that we will provide assurance and oversight based on outcomes, no matter what the structure is. We are flexible in that

respect, and our main aim will continue to be a focus on outcomes for people and on ensuring that their rights are realised, regardless of the structure. We already have that legislation in place for ourselves through the Public Services Reform (Scotland) Act 2010 and the Public Bodies (Joint Working) (Scotland) Act 2014.

Sandesh Gulhane: Okay. I am just surprised—you just said that this was complex and difficult for you and now you say that it is all fine.

Jackie Irvine: I am not sure what you are referring to. I cannot see the script in front of you with regard to what I said and in what context, so it would probably be helpful if you shared that. I am happy to come back to you on that.

Sandesh Gulhane: Okay—that is fine.

Would the Care Inspectorate benefit from having any additional powers or authority?

Jackie Irvine: The prospect of our having additional powers has already been considered. At the moment, we would need to issue a notice of improvement before we could move to enforcement through the sheriff court, and the potential proposal is that we go straight to enforcement without that improvement notice, although providers would still have a right of appeal.

Our enforcement actions have gone up slightly, but they are not as significant as I think people out there think that they are, simply because of that improvement angle and the need to sustain services. We are very conscious of our communities needing services and of demand rising, in some respects, and getting more complex, and, instead of moving very quickly to enforcement, we always go in with that improvement angle to see whether we can help the service provider improve what they are doing and keep them relevant and sustained. However, in circumstances where we saw a high risk to life or impact on services, we would go to enforcement.

Sandesh Gulhane: Absolutely, and we would expect a stepwise process. However, you have said that there are some powers that you would like to have, and there is an amendment to the Care Reform (Scotland) Bill that seeks to get you more powers. Do you feel that that would be helpful or a hindrance to you?

Kevin Mitchell: From my recollection of what is in the bill, I think that it would be helpful. First, I must stress that enforcement is a last resort; we would much rather support the service to improve, because if we are talking about, say, a care home for elderly people, the nearest alternative might be many miles away or off an island.

With that caveat, what we have found frustrating is that the bar for us to close a service—which is that it must pose a serious risk to life—is very high. Even when we have absolutely clear and strong evidence that that bar has been reached, enforcement can sometimes take a long time.

Our biggest frustration is with improvement notices. When we serve an improvement notice, the legislation requires us to give the service sufficient time to make the improvement. The time that we allow has to be relative to the task that we set, and if services meet the requirements of the improvement notice, as they often do, the notice is discharged. However, we often see standards start to slip again after a little while, and we are back into that up-and-down cycle.

What is also frustrating is that, in court procedures, we cannot cite the evidence of the previous improvement notice. We therefore believe that it would be better to have sustained improvement as an element of any notice, so that if a service improves after receiving an improvement notice but then goes downhill again, we can act more quickly. I believe that an amendment to the legislation that allowed us to move to immediate cancellation without an improvement notice would achieve that aim. We would use such a provision very sparingly and as a last resort, but, from my understanding of the bill, it would allow us to take action more quickly in those kinds of frustrating circumstances.

After all, we are dealing with people and this is in the territory of seriously poor care. We need to be able to act in the way that we would all want to act if the people involved were our loved ones—we only want for others what we would want for ourselves or our loved ones. Therefore, we welcome what has been proposed if that is the means of achieving it. I stress again that it would be a last resort and used sparingly, but if we reached the serious risk to life bar, I would have no hesitation in using it.

Sandesh Gulhane: I want to turn the clock back to Covid-19 and discuss any lessons that you might have learned, especially around inspections and communication, when it comes to how you might respond to another potential pandemic—which, we hear, is between 5 and 25 per cent likely in the next five years.

Kevin Mitchell: Gosh, there is so much learning to be had from the pandemic.

For me, one lesson was the very difficult balance that has to be struck when you are considering risk, particularly with care homes for older people. The risk has to be balanced against rights. Of course, our health and social care standards are underpinned by human rights—quite rightly so—and we understand that there are

plans to have an even stronger rights-based approach. However, there is a tension there, because a care home is not a clinical environment but a home, and we learned that we had to balance the rights of the individual versus the rights of the community within that home and the risk involved versus the right to live a good life, even during a pandemic.

Visiting was very much a feature in that respect, and there were some real challenges to deal with. For example, infection prevention control was a key element of managing the pandemic, and services such as ourselves had not previously worked with the directors of public health in the way that we did during—and, indeed, subsequent to—the pandemic. That was a new partnership, and we developed other new and very valuable partnerships with a range of organisations such as health and social care partnerships. Under the new model, we were meeting regularly during the pandemic with those partnerships to exchange much more meaningful intelligence. We were giving them immediate outcomes from our inspections, which enabled them to provide support that might not otherwise have been provided and, in return, concerns that they might have had from their normal visits to services were being passed to us much more quickly.

We have retained that approach, because it is about good partnership working and good information sharing; indeed, we have talked about systems and the need for those systems to speak to each other. We also learned many things about how we record information, and we are hopeful with regard to the systems that we will get through the digital transformation. We have known—and shown—for a long time now that having the right data and intelligence to make good risk assessments and to be able to deploy inspectors and improvement support at the right time, in the right circumstances and in the right place, can prevent our having to take the strongest enforcement action with a service. Therefore, we need those systems.

We have also taken on board a lot of learning from how we maintained policy files, chronologies and so on during the pandemic. Those things were crucial; indeed, we recently facilitated a two-day session to allow all our managers to reflect on our own learning. There is learning for the sector, too. We continue to reflect on all of it, because we do not want to close our eyes to any opportunities for us or, indeed, services to improve.

We have been working hard to supply the UK and Scottish Covid-19 inquiries with evidence. After all, evidence is not about my view or Jackie Irvine's view; it is the evidence that we gathered during the pandemic, and we are feeding it very comprehensively into those inquiries. Our most

recent statement ran to 200-plus pages and four lever arch files of documents. We are keen to support that learning, and we have not closed our minds to what might come out of the inquiries, whether it be learning for us or for the sector. We have to be a learning organisation, and I think that we are. If it is deemed that we could have done things better, we will learn from that.

Equally, however, some things that we did during the pandemic were very successful. There was, for instance, the flexible response team that we put in place to help services to interpret guidance that was changing almost daily.

There is a lot that I could say. I could speak for hours about this, but I am sure you would not want me to do that at this particular juncture. We are very much taking the learning on board. Even at this stage, five years down the line, we are waiting not only to see what knowledge or support we need to give the inquiries, but to receive their recommendations so that all of us, ultimately, can deal better with anything of a similar nature. There is always room for improvement.

Sandesh Gulhane: We are not the Covid inquiry, so we do not need to go into quite that level of detail.

My final question is about Anne's law and its potential introduction later on today. Will it change the balance for you and allow people to have that family life?

Kevin Mitchell: Edith Macintosh is probably more aligned with this issue than I am, but I can say from my experience during the pandemic that there is absolutely no doubt that we have been strengthening our approach in this respect, even prior to the bill. We have put a lot of effort into working with services to help them to understand what is required.

What was helpful was the inclusion of two new standards in the health and social care standards, which made things very clear. However, that could be termed an interim arrangement, and we now have an opportunity to strengthen the arrangement in legislation to ensure that, in the future, people are not deprived of their right to connections with loved ones.

I suspect that there will still be responsibilities on directors of public health, who are the experts in infection prevention control and will undoubtedly, now and in the future, have a view on what should happen. However, I think that the legislation will give everybody a greater understanding of the need to strike a better balance with regard to risk—that is, the balance between risk and rights that I alluded to earlier and the need for more alignment in that respect. From my understanding of the legislation, it will help to support that balance.

Edith Macintosh: I can add to that, convener, if it is all right to do so.

We are very supportive of Anne's law and we do hope that it will enable a more consistent approach to be taken. In our inspections, we always look at wellbeing, and elements of Anne's law relate to visiting and making meaningful connection. If we make requirements with regard to a service that is not adhering to the standard, we hope that Anne's law will support the process and help to ensure that services step up to the mark and support visiting.

We ask services to complete a self-evaluation tool on visiting that we have developed, and, every time that we are out on an inspection, we look at that element as part of our core assurances. We welcome Anne's law and hope that it will provide extra support to enable people to live a good life, no matter what their situation is.

Sandesh Gulhane: Thank you very much.

The Convener: I thank the witnesses for their attendance and evidence today, and I apologise to colleagues who wanted to come in with further questions.

I will briefly suspend the meeting for a changeover of witnesses.

10:29

Meeting suspended.

10:39

On resuming—

Food Standards Scotland

The Convener: Welcome back. The next item on our agenda is an evidence session with representatives of Food Standards Scotland. I welcome to the committee Heather Kelman, the chair of FSS; Ian McWatt, its deputy chief executive; and Dr Gillian Purdon, the head of healthy diet and nutrition. We will move straight to questions.

Sandesh Gulhane: Good morning. I declare an interest as a practising NHS GP.

I am concerned about the biosecurity of our food, given that only 5 per cent of live animal imports are subject to checks although the target is 100 per cent. The Department for Environment, Food and Rural Affairs and the Animal and Plant Health Agency are ill-equipped to handle high-impact diseases such as foot-and-mouth disease and African swine fever. What tools does Food Standards Scotland have with which to improve our biosecurity, and do you agree that food biosecurity matters?

Heather Kelman (Food Standards Scotland): I assure you that we take biosecurity seriously and work closely with our chief veterinarian and others on that front. Yesterday, I participated in a four-nations meeting with the Minister for Agriculture and Connectivity, Jim Fairlie, looking at the issue of the border controls on the west coast, and we have offered to do some intelligence-led gathering to get some evidence on the quantity of risk, not just the theoretical risk. We are looking to do some additional work on that this year.

For more information, I will hand over to Ian McWatt, because he heads our operations division.

Ian McWatt (Food Standards Scotland): I will take your last question first. We absolutely agree that food biosecurity matters. Food Standards Scotland is what we call the central competent authority for food in Scotland. We are the largest employer of official veterinarians and we deploy those staff into approved slaughterhouses. Since European Union exit, we have repeatedly flagged concerns about the number of available qualified veterinary personnel who would ultimately carry out a lot of those checks, as well as food enforcement personnel in local government.

In the past few years, we have changed to having a fully employed veterinary delivery model, which gives us better control over the recruitment, competency and training of those personnel. However, it is a fact that Food Standards Scotland has only two UK official veterinarians in our

employ; the vast majority come from the EU. Thanks to our fully employed model, which is more attractive than the contracted model that is used elsewhere in the UK, we continue to attract staff.

In one sense, we have mitigated some of the elements of the required biosecurity controls. However, we must consider that a lot of the food law delivery sits within local government. We are just about to embark on our Scottish authority food enforcement re-build—SAFER—programme, which is about the rebuilding and reform of the food law delivery landscape in Scotland. We have repeatedly flagged multiple concerns about the fragility of the system and the fact that some elements of the system are not functioning particularly well at the moment. There are risks, but we are mitigating them, working with partners across the UK, and we are looking to embark on a journey of reform over the next three to four years.

Sandesh Gulhane: My final question is about food security. Given the ever-changing landscape in geopolitics, it is important that we secure our own food and resources in Scotland and across the wider UK. However, I have just finished watching “Clarkson’s Farm”, which demonstrated the precarious position of farmers and farming.

What has happened to our farmers in the 10 years of Food Standards Scotland’s existence? Do you feel that they are under increasing threat now, and is there anything that you can do to try to protect them?

10:45

Heather Kelman: My first point is that farmers are outwith our function—we deal with the food end. However, that does not prevent us from meeting regularly with NFU Scotland to talk about areas of common interest, one of which is the guaranteed supply of as much fresh and local food as possible in Scotland. I believe that, next week, we will meet some of its policy leads to consider the food chain and the interaction between our two organisations in relation to areas in which we share a common agenda. However, in the main, the work around farmers sits with the farming and rural directorate and the agriculture and environment directorate.

I do not know whether that is quite the answer that you were looking for. Is there anything specific that you would like me to talk about?

Sandesh Gulhane: I accept that you deal with the food end, but, obviously, food comes from somewhere—that is, from farms. That is what I had in mind. I was thinking about the entire supply chain.

Heather Kelman: That is why we will meet NFU Scotland’s newly appointed head of policy on the

supply chain next week to talk through that issue. We take over at the farm gate on the animal welfare side, and we work closely with Scottish Government officials on food security and food sustainability. Geoff Ogle sits on the short-life food security and supply task force to make sure that we have input into that. Looking at the quantity and quality of food that is available is vitally important from a nutritional point of view, because, obviously, we want as much as possible of the quantity of fruit and vegetables that we consume to be grown in Scotland. However, our role in food production is less on the farming side than on the food manufacturing side.

Ian McWatt: The complexity of our food supply chain has crystallised, particularly since Brexit and Covid. I am sure that committee members will be aware that a number of on-going incidents have impacted that supply chain, mainly concerning cybersecurity elements, some challenges around which are currently being investigated. There is a principle intersect between Food Standards Scotland and our Scottish Government colleagues in that regard. A lot of our time and investment will go into engaging with providers, retailers and wholesalers to ensure that some sense of priority is given to the supply of food and food security in general.

The most recent incident, which was widely publicised, has meant that a lot of the focus has been on ensuring supply to lifeline stores, particularly in remote areas that do not have much choice about where they procure their food supply. As I said, it is an increasingly complex landscape.

Dr Gillian Purdon (Food Standards Scotland): I would just highlight that the forthcoming good food nation plan will give us an opportunity to consider the food system as a whole and to develop more of a co-ordinating role in that space.

Heather Kelman: One more thing—our food crime and incidents unit will provide information to farmers on crime that might affect the food chain and how to protect themselves against it. We try to give support around food crime and the bad players side of things, too.

Emma Harper: Good morning. I have a quick question. Did Brexit make sanitary and phytosanitary checks more complicated—worse, basically—for companies that export food from this country?

Heather Kelman: I will let Ian take that question, as he is the expert on that area.

Ian McWatt: It is a good question. Heather mentioned our food crime unit. We do not have any direct evidence that things have definitely got worse from a food fraud perspective. However, there has been a challenge in relation to the

number of qualified, competent and skilled people who have been available to undertake the checks that are required. There has also been a bit of a moveable feast in relation to the deadlines for certain border controls to come into place, which were continually shifted.

Of course, there was little time to prepare for the introduction of certification requirements and little opportunity to ensure that we had sufficient people on the ground to certify and do the checks that were required. If you were to look at it through that lens, you could come to the conclusion that there was increased risk, but we do not have any clear evidence that that has materialised in the incident space.

Paul Sweeney (Glasgow) (Lab): I invite our witnesses to reflect on where they would like Food Standards Scotland to be in 2035, when it will celebrate its 20th anniversary.

Heather Kelman: I believe that we have had a very good first 10 years and that, as an organisation, we have matured well. As part of the work on our next strategy, we want to benchmark ourselves against world standards and look at how we could improve our performance against the measures in the “WHO Global Strategy for Food Safety 2022-2030”. We are doing a lot of work to look at what is being done internationally to get a benchmark for how we could improve.

We want to have a system of food law enforcement that is based on digital evidence and information and is intelligence based. We want to be world leading by having an efficient system that enables and supports businesses to provide safe, nutritious and healthy food.

All of us here would love food and dietary health prevention to be far more on the front line when it comes to how we feed our nation. We want to have a very strong food environment that ensures that everyone, regardless of their income or their background, can access affordable food, so we need to look very closely at the food environment that we operate in Scotland.

Looking ahead, we want to see improvements in access to healthy, nutritious food and in digitalisation, to enable businesses to work proficiently and efficiently in providing good, high-quality food and meeting safety standards. We also want to ensure that our activity is strongly evidence based. Sadly, some of our budget restrictions have meant that we have had to reduce the amount of research that we do, and we would like to build that back up in some areas. Another wish for the board is that we will be able to rebuild our gathering of evidence and production of reports for the Government.

Paul Sweeney: Does anyone else have any other thoughts?

The Convener: We are straying into the questions that David Torrance is about to ask.

Paul Sweeney: I apologise.

David Torrance: Good morning. How would you assess the performance of Food Standards Scotland to date in relation to each of the five priority outcomes that were set in the strategy for 2021 to 2026?

Heather Kelman: I will be the first to admit that it has been a difficult few years in that we had Brexit and Covid in that five-year period. We have tried to stay very focused on our main function.

When we have done a review of the priorities that we can achieve, we have gone back to our original functions as a regulator, a public health body and a representative of consumer interest, and I believe that we have done very well in most of those areas. For example, our food crime unit is becoming an internationally recognised expert in the area of food crime and intelligence gathering on food crime.

We are about to launch our SAFER—Scottish authority food enforcement re-build—programme, which will involve looking at digitalisation and an evidence-based approach. That will involve modernising the system to ensure that, in the future, we can protect the public with high-quality standards by enabling local authorities to carry out fewer in-person inspections but to gather more intelligence on which to base their visits and enforce food law. We have done a lot of preparatory work for that.

Gillian, would you like to talk about some of the achievements on the nutrition side?

Dr Purdon: Yes, I would be happy to do that. A key thing for us is that our surveillance capability has improved significantly over that time. I can give you a couple of examples of what we have managed to achieve. For a long time, we have supported the use of digital tools to collect dietary information. We are unique in the UK in having integrated the Intake24 system within the health survey. We can use that tool to look at diet and to link that with information about health outcomes that are collected as part of that survey. It is the same tool that is used in the national diet and nutrition survey. That allows us to compare across the nations. That is unique.

We have commissioned our own bespoke surveys in areas where we have had data evidence gaps, such as a survey of children's diets. It was well over 10 years since we had had a dietary survey of children, but we now have evidence to assess nutrition across the organisation. We have also developed consumer-facing tools to support the "Eatwell Guide", which demonstrates what a healthy diet looks like. To

help consumers to make changes to their lifestyles and their diets, we have a tool called "Eat Well, Your Way", which is available on our website. That is another key aspect.

In addition, we have tools for teachers and teaching resources available on our website. There is a link-up there. Because all those things have been developed over the past 10 years, there are many different ways in which we can help the population to have a healthier diet.

Ian McWatt: To add to the commentary on how well you think that we have done, with the resource that we have been provided with, we are punching above our weight. We are a small organisation that is now recognised internationally. We have gained a lot of attention, and many visitors come here to see how we do things.

However, we could certainly do better. We are one of the few organisations to have had a flat-line budget since we were vested in 2015, which is a real-terms cut of in excess of 20 per cent. You will no longer see Food Standards Scotland actively campaigning in the way that we used to, and there are plenty of messages that we would like to amplify, but until our budget allows us to do that again, we will need to seek new and novel ways of getting our message across that do not cost any money, such as by using social media and so on.

There is a sense of us punching above our weight. You need only look at examples such as the recently publicised tea fraud case in Scotland, in which a successful conviction was secured. We have a small team of four investigators who find something under every stone that they turn over. However, we are now having to actively throttle back, because we do not have the resource to turn over the stones that we think could be turned over.

David Torrance: Looking to the future, what changes will be made in the strategy for 2026 to 2031? What consultation will take place with stakeholders to inform those changes?

Heather Kelman: That is a very timely question, because we will discuss that issue at next week's board meeting. The public consultation for our new strategy will take place from August to September. As I said earlier, the chief executive and I did an assessment of the "WHO Global Strategy for Food Safety 2022-2030", and we have identified the areas in which we feel that we must improve, some of which I have a note of. We have been looking very closely at consumer protection again. We want to up our science and evidence base; to evolve and reform the regulatory landscape; to provide an effective public service for the people of Scotland; and to ensure that we deliver effective, efficient, inclusive and consulted-on services.

In addition, in our next strategy, we will include more on sustainability and climate change so that we have more of a strategic commitment to the requirements to improve the sustainable environment. If anybody is interested, I would be happy to share that analysis of how we compare in relation to the work that is being undertaken worldwide.

As I said, the public consultation will run from 1 August until 12 September. Stakeholders will be emailed with a link that will enable them to complete the consultation, and a reminder will be sent halfway through the consultation period. We will share the consultation directly with local authorities through our monthly enforcement report, to allow them to comment, and we will put a live link to the consultation on social media.

In our regular meetings with stakeholders—we have many such meetings with the Food and Drink Federation Scotland, Scotland Food & Drink and other bodies such as Quality Meat Scotland—we will advise them that the consultation is live and will invite them to comment. We will also share the consultation with MSPs and Scottish MPs at Westminster. Throughout the period for which the consultation is live, we will monitor the completion rate and the type of organisations that complete it, and we will target areas that we feel are underrepresented in the process so that we can have confidence in the robustness of our consultation.

David Torrance: Thank you. I have no further questions.

11:00

Patrick Harvie: Good morning to the witnesses. Heather Kelman was just talking about the issues that will be included in the consultation on the development of the new strategy, and I was very pleased to hear the commitment that there will be greater emphasis on climate and sustainability. Those issues were mentioned a bit in the previous strategy, but not at a very specific level. How much autonomy does Food Standards Scotland have to set a direction of travel on that?

You will be aware that the Climate Change Committee—the independent advisory body to both Governments on climate—has recently set out its advice on how to meet carbon budgets for the rest of the journey to net zero. There are specific conclusions for agriculture—clearly, there has to be a link between food production and the consumption of food. There is a huge overlap between more sustainable food and healthier food, yet that advice is already getting some reactionary pushback.

The Scottish Government's climate plan will not be produced in time for you to consult on your

strategy for 2026 to 2031. The scrutiny in Parliament of the draft climate plan is likely to run right up until the end of this parliamentary session; it may not even be completed until after next year's election, in the new parliamentary session. How do you intend to give effect to the very clear conclusions of the Climate Change Committee report about food in the absence of a Scottish Government climate change plan having been published and adopted?

Heather Kelman: Thank you, that is a good question. In relation to the work that the board has looked at, there is little impact we could have internally within FSS, as we are a very small organisation and we have a proportionately small carbon footprint. However, we can influence—rather than direct—the whole environment of food production and the food environment. Our role is to advise Scottish ministers on policies to improve diet and health. Although our competence lies within Scotland, we also take that advice beyond Scotland, to the UK Government, to make sure that our interests are represented UK wide.

Gillian can comment on some of the work that we have looked at, in terms of the advice that we have given to the Climate Change Committee and the research that we have done, which looks into some of the recommendations and the impact that they might have on population health. There is a direct correlation between some of the recommendations and the state of our nation's health, and one of our priorities is to protect public health.

Evidence has shown that reliance on voluntary approaches is insufficient to address the scale of the challenge. More debate on appropriate mandatory actions is necessary, and we will continue to call for that. We have recommended that the UK Government prioritise several actions within its reserved competence, which might help us with further fiscal measures.

We know that following the “Eatwell Guide” would significantly reduce the carbon footprint associated with diet and health in this country. To achieve that, we need support from the UK Government on things such as advertising and market restrictions on a high-fat, high-salt and high-sugar diet, mandatory reporting on food and drink sales data so that we know what areas need to improve—if we know what is being sold, we can influence it—and further fiscal measures such as the sugar tax, but going into other areas where we want to see improvement in terms of achieving what is in the “Eatwell Guide”. Given that we know that following the “Eatwell Guide” would contribute to a significant reduction in the emissions that are associated with what we eat in this country, it would be a good place to start, rather than looking

to change the dietary advice, which might then affect the health of the population.

Dr Purdon: There are a couple of points to highlight. We are undergoing a review of the Scottish dietary goals, and part of the review is about looking at the data supporting health improvement. The goals are set with that predominantly in mind but also considering sustainability. The results of that review will be published towards the end of this year. That is one way in which we are addressing these issues.

We have also looked at the adherence of the Scottish population to the Climate Change Committee's recommendations. We have done an analysis of adults' dietary intakes, and we have also recently done an analysis of children's dietary intakes. We are passing on that advice to the minister very soon.

If we were to adhere to existing recommendations for adults on red and red processed meat—for example, if high consumers reduced their consumption to recommended maximums—that would achieve a 16 per cent reduction in the eating of meat and it would go a long way to achieving some of those recommendations, or certainly the first stage of them.

However, we need to be really careful. Analysis has shown that, at a population level, our diet is really poor. Approximately 1 per cent of the population—or even less—meet the “Eatwell Guide” recommendations or the Scottish dietary goals recommendations.

If we start to change things by reducing meat consumption, for example, that can have a negative impact in terms of micronutrient status. It is possible to reduce meat consumption, with good replacements, and still have a healthy diet. However, because our diets are currently so poor, there is a risk in doing so. Therefore, we need to look at the totality of the diet and improve it and move to achieving more of those goals and recommendations.

Patrick Harvie: I appreciate that but, in short, will the consultation on the 2026 to 2031 strategy consider how to implement the recommendations from the CCC?

Dr Purdon: That will certainly be part of the considerations.

Heather Kelman: Yes, that will be part of the considerations. We have a bit more evidence to gather. We know that the recommendations on red meat could be implemented and nutritional competence could be maintained, but the problem is that it would require more complex menu planning and eating patterns for our population and it might affect people's ability to afford to eat a

healthy diet. We need to understand that aspect better before we do that, because we do not want to compromise public health over emissions. We are hoping that, by following the “Eatwell Guide” as a whole, there is a compromise whereby we can reduce emissions that are associated with more discretionary foods and products—the high-fat, high-salt and high-sugar diet. If we, as a nation, could reduce our commitment to eating discretionary foods, we would be able to reduce the carbon emissions associated with food production and food consumption in Scotland.

It is a difficult balance. We are totally on board—we are all absolutely committed to looking at sustainability—but we are in a difficult situation, as there is evidence that there may be adverse dietary implications for our population, particularly for our children and young people, which would not be good for the economy or for public health. We need to balance that with looking at where dietary advice has real traction to make improvements in carbon emissions without affecting people's health and wellbeing. That was included in our evidence to the Climate Change Committee, which we submitted a year ago.

Dr Purdon: Another thing to highlight is that the Climate Change Committee recommendations are for a reduction in meat and dairy, but dairy has a lot of protective elements to it. We have to be careful, from a dietary perspective, about what we agree to and where we should be more cautious. I think that that is why the Government has partially accepted those Climate Change Committee recommendations. It is for the Government to do the risk management and to link actions to that. This goes right across the food chain, and the food system needs to be looked at. It is quite challenging and difficult. We have found that, even in reviewing the Scottish dietary goals, the number of different parts of Government that we need to liaise with as part of that process means that it can be quite complicated. It is not something that we should shy away from, but there are a lot of complexities and different things to balance while doing so.

Patrick Harvie: I can feel the convener's impatience with me even through Zoom, so I will resist the temptation to carry on with this topic. However, it clearly needs further consideration in the future.

The Convener: Thank you, Mr Harvie.

Brian Whittle: I will continue it, if you like, Mr Harvie. *[Laughter.]* In your response to his question to you, Gillian Purdon, you highlighted a concern of mine, which is with the blanket message that we eat too much red meat. If we continue with that message, I would be concerned that those who do not eat enough red meat might reduce their meat intake even further. I agree that

eating too much red meat is bad for you, but it is equally true that not eating enough of it is bad for you.

Dr Purdon: I would say that you can have a healthy diet that contains no meat. However, because we, as a population, do not have that diet, more people would be at risk if they were to reduce meat from current levels, shall we say.

As you say, a lot of people eat too much meat and it would be better for their health and their colorectal cancer risk if they were to reduce that amount. What you say is kind of correct, but we can have a healthy diet with no meat in it at all, although we currently do not.

We have seen an overall trend of meat consumption declining over time, and it seems to be reducing further. We are not sure what the reason for that is, but it seems to relate more to cost than it necessarily relates to health factors or messaging. We are not entirely sure why that trend is going in that direction, but that seems to be the direction of travel. We are alive to that, and we must keep monitoring the situation.

The situation is even more apparent when we look at children's diets, particularly the contribution of dairy, because almost all children have some dairy in their diet. If their dairy and meat consumption were to reduce, the impact would be even more accentuated. It is important that we continue to look at that and monitor it.

Brian Whittle: The reality is that Scotland heads the charts on too many of the bad areas. We are the unhealthiest nation in Europe, the most obese nation in Europe, and we have many poor health indicators. Obviously, nutrition plays a big part in that.

We talk about food security, but nutrition security is an issue, too. What role does Food Standards Scotland have in looking at the nutrition of meals that are provided by public services? Let us consider that from a climate change angle. Too much food that is provided by schools and hospitals is imported, and too much of it is made elsewhere and shipped in. What part does the FSS play in monitoring not just the levels of food security, but the levels of nutrition in those meals?

Dr Purdon: Our role sits at the nutrition level. We are involved in setting the regulations for foods that are provided in schools. Such food must meet specific nutrition requirements. Those are aligned with the Scottish dietary goals. Our role is to provide the technical expertise in setting those amounts. It is then up to the local authorities and the schools to procure and provide food that meets those recommendations that support a healthy diet.

We do not have a lot of information or data on that. There may be good opportunities within the good food nation plan to look at that in a bit more detail and to try to shorten some of the food chains and improve procurement. We have been working closely with Government colleagues and Public Health Scotland on the "Eating Out, Eating Well" framework. That is predominantly focused on the public sector, but it will be rolled out more widely. Within that, we can look at some of those elements that you mentioned, such as sustainability and procurement, in terms of where food comes from. However, at the moment, our main role has been in setting the technical specifications rather than being able to answer some of those questions.

Brian Whittle: Do the specific dietary requirements in the public sector framework cover negative elements such as low fat, low sugar and low salt, or does it cover the nutrients that should be part of a diet, such as iodine and magnesium? Do we get into that or is it all about the negative elements?

Dr Purdon: I would not say that it is negative. There are recommendations in "Eating Out, Eating Well." That is a new pilot, and that is where we are at the moment. That includes recommendations such as maximum calories to adhere to. That gives more scope, as long as you are achieving them. There are also principles, which include increasing fibre. That is a positive nutrient. "Eating Out, Eating Well" is perhaps more pragmatic and is designed to be something that can be more applicable across a broader range of different types of businesses. That is where we are with that at the moment.

Yes, there will be recommendations for things such as low fat, because that helps to reduce the calories that are provided. We know that, particularly with some of the home-type foods, the portions are large and the calories tend to be much higher than foods that you would typically eat at home.

That is the approach, which is being piloted. The next stage is to roll that out, and we are waiting for the Government to do that.

11:15

Brian Whittle: Would you agree that schools specifically, but also hospitals, are good battlegrounds, if you like, for developing a better diet? However, more than half of hospital food is thrown out, a high proportion of school food is thrown out and a high proportion of kids do not take up free school meals, so we are failing in that element.

Dr Purdon: We are going in the right direction, though. Portions of fruit and veg must be offered

to children. If we look at dietary intakes, particularly among primary school children, their diets are pretty good. The issue is when children get a bit older—it is when they are in secondary school and in their adolescence that things change. They have more agency and are influenced by the wider food environment, which can encourage them to purchase what is available. That tends to contain high amounts of fat, salt and sugar, and such products are ubiquitous.

We see that happen, and we need to look at that broader environment. In school settings, we are doing a pretty good job. I am less close to the position in hospitals. However, there is a working group on that, and a member of our team sits on it to ensure that the technical elements are nutritionally correct.

Heather Kelman: Obviously, we welcome the good food nation work. Dennis Overton and I have met and will meet quarterly to look at the Scottish food commission's role in ensuring that good food nation plans by local authorities and health boards reflect the standards and guidelines. Between us—the FSS on the technical nutrition side and the commission on the planning side—we would hope to see some real improvements.

On hospitals specifically, we have to look at how long patients are in hospital for and why they are there. There is not quite the same opportunity in our acute hospitals to influence people's intake. We can do that with NHS staff, and there are a lot of them, so that is worth while. However, in schools, you are right: we must use the opportunities that school meals provide to encourage a broader range of healthy foods to be tried, tested and consumed.

Brian Whittle: I have to say that it is very patchy with schools. In relation to hospitals, if you produce the food in Wales and then drive it up the M6, there is a lower likelihood of it being decent.

Finally, what is your assessment of the likelihood of the Scottish Government hitting its target of halving childhood obesity by 2030?

Dr Purdon: It is a challenge. The statistics show that, although there was a bit of a blip around the Covid pandemic, we have seen body weights come back down. It is encouraging that we are not seeing quite such a trajectory in the wrong direction. However, it will be a very big challenge to reverse that. It can be done and it has been done in some places. The Netherlands has had good results in that regard. The issue is that the timeframe is relatively short now, and such things take time, so it will be a challenge. We will have to see. I do not have a crystal ball.

Brian Whittle: Look at what Japan did.

Dr Purdon: There are good examples, as you say, internationally, but there needs to be quite a lot of intervention and lots of levers all being used at the same time.

Heather Kelman: There is a definite challenge, and it is only through positive action that we will have any impact; it will not happen by default. The challenge is too big; it needs everybody to focus on the food environment that children are exposed to and make changes.

Brian Whittle: I will leave it there, convener.

Emma Harper: Good morning. It will not be a surprise to you to hear that I am interested in ultra-processed foods. I know that there is a difference between processed foods and UPFs. I have been following the work of Henry Dimbleby, Dr Chris van Tulleken and Carlos Monteiro in Brazil. Henry Dimbleby spoke at Dynamic Earth in April 2024—I was privileged to be in the audience and it was really interesting to hear him speak.

I want to be clear about what we are talking about. Ultra-processed foods are created using food tech and food science purely for profit. There are issues in this commerciogenic environment where low-cost ingredients are created from fractioning and then recombining, and chemicals are added that are essentially cosmetic to enhance colours and flavours.

Does Food Standards Scotland have a different view now compared with what was outlined in March 2024 on the topic of processed and ultra-processed foods? We are a year on and more research has been done and presented. I would be interested in hearing about that.

Dr Purdon: You are absolutely right. We are keeping a watching brief on the evidence base because it is emerging all the time. The Scientific Advisory Committee on Nutrition published an updated position statement a few months back, which we can send to you. It is not recommending a change at this time, but we are aware that the evidence base could shift, so we are keeping an eye on it.

There is a very large cross-over between ultra-processed foods and foods that are high in fat, salt and sugar. We are not entirely sure of the percentage, but 80 to 90 per cent of ultra-processed foods could be high in fat, salt and sugar. There is a large body of evidence on that. We continue to focus our efforts on reducing foods that are high in fat, salt and sugar, many of which are ultra-processed, as I said.

This may come up later, but food fortification is an example of a means by which industry can enhance foods, which will then almost always be termed ultra-processed. An example is alternatives to milk. A plant-based alternative to

milk will be very poor in terms of nutritional composition compared with cow's milk unless it is fortified, which is when things such as iodine and calcium are put into the product. Those alternatives to milk tend to be consumed in similar ways to cow's milk. For that reason, not all ultra-processing is bad.

You mentioned some of the aspects of ultra-processing. We have to say that ultra-processed foods are all safe. These products have gone through all the safety checks that need to be done and they meet the regulations. However, there is quite a big disparity in relation to inequalities. If we took a very hard line on ultra-processed foods, it could mean that people in more deprived areas would find it more difficult to eat healthily. Things such as wholemeal bread that is bought in a supermarket would be deemed ultra-processed, yet we would deem it a healthy food. Tinned baked beans are a similar example. There are many areas where we need to be careful and look not just at the processing but at the nutritional composition as well.

Emma Harper: I am not suggesting a reformulation tax or anything like that, because I know about the challenges for people in areas that are ranked higher in the Scottish index of multiple deprivation, for example. We have heard that kids in the UK are shorter because of the impact of 14 years of imposed austerity, poverty and the challenges with access to healthy, nutritious diets.

I know about fortification, such as the addition of vitamin B12, but my concerns are about emulsifiers, stabilisers, colourings and other additives. I am concerned about all the chemicals such as guar gum, xanthan gum, mango oil and whey powder. Whey was used as a fertiliser for fields, but it is now a product that is used to build the protein that is required in some products.

What can be done to help? Is it a matter of educating people? Is it a matter of restricting what can be displayed at the end of aisles or in front of checkouts? What needs to be done to help to support people to make good choices?

Dr Purdon: You touched on something that would be really helpful. We have recommended that the promotion of foods that are high in fat, salt and sugar be looked at, and we await an announcement from the Government soon on its position on legislating on that. That would go a long way towards tackling the issues because of the intersection that I mentioned between ultra-processed foods and foods that are high in fat, salt and sugar. They are often the same products. That would help to steer consumers away from them.

I always go back to the "Eatwell Guide", which shows the balance of foods that we want people to

eat. If people were able to adhere to that, it would result in them eating fewer processed foods. It would be very difficult to meet those recommendations while eating a lot of processed foods, because many of them contain a lot of salt, let alone the other things that you have highlighted. We could do a lot just by achieving those existing dietary goals.

Ultra-processing is a consideration that is to the fore in the review of the Scottish dietary goals. We are looking at discretionary foods and sustainability, as I mentioned, but we are also looking at ultra-processing to see whether it would be sensible to cover that in the dietary goals. We have considered that in the discussions.

Emma Harper: Should we continue to watch out for the evidence that is coming out from specialists such as Carlos Monteiro in Brazil regarding ultra-processed foods, the chemicals that are added and the enteric substances?

Dr Purdon: Yes. We will continue to have a watching brief on that. The review of the dietary goals, which will be published at the end of the year, will show how we have looked at the evidence base in relation to achieving the goals.

Sandesh Gulhane: On the food science, there is a lot of evidence that ultra-processed foods simply make us eat more. If we take Pringles as an example, we can consider the noise that the can makes, and food is now a lot softer than it used to be. There is an initial crunch and then it disappears. Surely that is something that we need to tackle.

Dr Purdon: You make a very good point. A lot of ultra-processed foods are palatable, which means that people consume more calories more quickly. However, it is difficult to disentangle that from the other characteristics of those foods, such as the fact that they are high in fat, salt and sugar. We are unable to show a specific link, so it is difficult to change the advice on that basis. However, you are right that a lot of ultra-processed foods are designed to be palatable. We just have to keep an eye on the evidence base.

The science has to be robust for us to change dietary guidelines or recommendations. The last time that we did that was back in 2016, when we covered upping fibre and reducing sugar in the recommendations because the evidence base could dictate that. We look at the consensus evidence, which is why we go to the Scientific Advisory Committee on Nutrition and its assessment of risk, but we are also keeping a watching brief as more evidence is published, and we will revisit that. You make a good point.

Elena Whitham: To what extent has FSS been involved in the development of the draft national good food nation plan? In the evidence that you

provided to the committee in 2024, you expressed some concerns about some of the linkages between the actions and the intended outcomes. Are you satisfied that those concerns have been addressed or do some concerns remain?

Dr Purdon: We have linked up very closely with the Scottish Government in the development of those outcomes and indicators, particularly given that, as you may be aware, the dietary goals are part of that suite of indicators. It is about looking at how that is being developed and then baselining the information and reviewing it.

On the diet side, we have had a lot of liaison on what will be in the national plan. That has been tightened up. I am reassured that the Government responded to the feedback that came from the consultation, which included some questions on the robustness of the indicators. I think that we will see that being addressed when the new plan is published.

Elena Whitham: It is really good to hear that you have been able to feed in your concerns and that the linkages are robust in relation to what you expect the draft plan to say.

There was also a bit of worry about where your role stopped and the Scottish Food Commission's role started and how that was going to be managed. Do you feel that there is now a clear division of responsibilities there?

11:30

Heather Kelman: I have had one direct meeting with Dennis Overton and we are waiting for the commissioners to be appointed. We hope that we will then have a joint seminar with the commissioners and our board to make sure that there is no misunderstanding. We have been given support to take action where we can without it costing us extra resources, because we are working tightly on what we can deliver. We are very positive about the ambition to work alongside each other and meet where we need to, but to have clear delineation and not replicate things or have gaps. I am very positive about how we will go forward together.

Elena Whitham: We have heard several times this morning that the resourcing is very tight. Are you satisfied that no extra workload will be added for you, given the resourcing that you have? You described it as being about working in parallel without extra pressure being added.

Heather Kelman: My hope is that we will develop a memorandum of understanding that will explain what access the commission will have to the work that we are already doing, such as the tracking that Gillian Purdon's team does on nutritional standards. There is no reason why that

cannot be shared. It would not cost us more to share it. The commission will have open access to our evidence.

The bottom line is that, if the commission required us to take on additional work, we would look to it to fund that. The board does not have any space within the budget to reprioritise work. We have reprioritised what we do and we have cut our evidence-gathering and research budget as much as we can. We hope that what we currently do will help the commission, but if it has any specific need for us to do more tracking, we would need to look to it to fund that.

Elena Whitham: That is very helpful. We have heard this morning about your wonderful food crime unit and how effective it is. We would not want anything to take away from your ability to do that work. Thank you.

Joe FitzPatrick (Dundee City West) (SNP): I will go back to food fortification—Dr Purdon, you mentioned it in response to Emma Harper's question earlier. I am specifically looking to hear about mandatory fortification. We have had food fortification in a few products in place for a while. Just last year, the mandatory fortification of non-wholemeal wheat with folic acid was introduced. We know that the evidence for that is really strong in reducing incidences of foetal neural tube defects, so it was good that we managed to do that. It took longer than the evidence suggested that it should have taken, but it is good that that was taken forward.

Are there any other areas where we need a mandatory approach? In answering, could you refer to the "Dietary Intake in Scotland's CHildren"—or DISH—report, which found a number of groups, particularly in the 11 to 15-year-old age group, lacking in micronutrients? Do we need a mandatory approach, or is there another way to make sure that young people get the nutrients we know they need?

Dr Purdon: That is a very good question. I will go back to the folic acid example, first, to highlight that it was modelling done by the FSS that was fundamental in pushing that forward. In Scotland, we looked to do it on a single-country basis, but, because of the way that flour milling and so on works, it was not possible to do that, so it is wonderful that it will be mandatory from the end of next year.

There are breads, flours and eggs that are fortified with, I think, iron, calcium and B vitamins. There is a question of whether we should be mandatorily fortifying other things, and it is a difficult question. When we look at diets, we find that there are deficiencies in various different micronutrients, so the decision would be which micronutrient to fortify and how. Many things—

such as breakfast cereals, which children eat a lot of—are voluntarily fortified, and there are limits to what manufacturers can add in, so a lot is done already.

The only other mandation in other countries across the world is iodine, but that does not tend to be a big problem in the UK, so I do not know whether we would want to take it forward in Scotland. Overall, there is probably already enough voluntary fortification in place.

I see a potential risk in the drive away from ultra-processing and towards things like organic. That would mean that we could not fortify food. Therefore, for example, breakfast cereals would become less nutritious, to some extent, because they would not have the additions. We need to be careful: it is not one answer or another, and we need to look at the situation in totality. That is a concern for us and something we will keep an eye on.

Joe FitzPatrick: Do you have any thoughts on why the DISH report showed the specific problem around 11 to 15-year-olds? Is it just because, at that age, kids stop eating cereal and do not get their—

Dr Purdon: There are a few aspects. Partly it is a question of agency. For children of primary school age, there is more parental control over what they are eating: parents and schools will be providing the food. However, in the teenage years—I have two teenagers myself—young people have a lot more agency and ability to forage in the larger food environment, which tends to be flooded with unhealthy items that are attractive, marketed and predominant. That is when we see a difference—as the children get older.

There is also a pronounced difference between the affluent and the deprived areas, particularly among older children. Consumption of sugary soft drinks, for example, is much higher among children living in the more deprived areas. We need to focus on inequalities, as well.

Joe FitzPatrick: That is useful. Thanks very much.

Carol Mochan (South Scotland) (Lab): I will ask about the United Kingdom Internal Market Act 2020. I know that you have commented on it before, but, to help us understand, what do you think the overall impact of the act will be on food standards and consumer protection in Scotland? Have you had any discussion with or made representation to the UK Government, and how has that gone?

Ian McWatt: That is a good question. Food Standards Scotland has already written to the convener for the Constitution, Europe, External

Affairs and Culture Committee on the issue and made it very clear that we are of the view that the internal market act disincentivises genuine consensus building and creates a degree of regulatory uncertainty.

As evidence for that, we have a situation where, for example, the Scottish ministers can decide on policies that the UK secretary of state can, in effect, give a thumbs up or thumbs down to. We have concerns around accountability to the Scottish Parliament, particularly if there is a decision contrary to the Scottish Parliament. There is no mechanism to hold the UK Government to account—there is no override in that respect. We have made our feelings known on that.

On the impact on food safety, there are several key areas where we have seen that there is a potential locus for the internal market act, particularly around issues like single-use plastics, the deposit return scheme, high fat, salt and sugar food and drink restrictions, and the new developments in precision breeding. That narrative goes on. We are seeing—picking up on Gillian Purdon's example of folic acid—that, where there is an opportunity for adherence to good policy making, the requirement for internal market act is nullified to a degree. We do not see the added value or any need for the act because good policy making would provide all the necessary checks and balances—and avoid the situation in which there is added complexity for industry. We have twin streams of communication where business has to engage in duplication with UK Government and the devolved nations.

There is also an issue with having clear guidance on how enforcement takes place. We are very unclear about what to advise enforcement officers in the event of divergence. For example, there may be a divergent element to the approach taken to a food introduced by one country in Great Britain, and at the moment the guidance on enforcement in another country is very unclear.

Carol Mochan: That is very helpful, because I was going to ask how the act works. Perhaps we need to look at the issue and follow up. Thank you.

Heather Kelman: I will quickly add that work being done on sanitary and phytosanitary—SPS—measures gives us an opportunity to look at the issues. It is timely for the Scottish Government to raise the need to look at the act, especially on food. Other industries might not be so keen to revise, but, with the SPS agreement, we can look at the internal market act again.

Paul Sweeney: I know that Food Standards Scotland has had a flat-cash budget settlement from financial year 2022-23 through to the current financial year of £22.7 million. Real-terms erosion

will have an effect. What funding challenges is FSS facing, and what measures are you taking to mitigate them?

Heather Kelman: We have worked very closely with the Scottish Government to look at our current costs. The flat budget goes back to 2015, with the exception of the £7 million that we got for Brexit consequences. It has been a very long 10 years on the same funding. Three years ago, we undertook a prioritisation exercise and cut back on everything that we felt was not core to our purpose. Two years ago, we had a look at business as usual and took steps to make that as efficient as we could. This year, we have not had anywhere to go. We have raised that with Scottish Government health finance and we have shared our books. It has looked at our modelling and our costs, and it recognises that we are looking at a £2.5 million budgetary deficit. The agreement is that we will continue to look at that in year and work to try to find a solution. We are already starting to talk about our budget requirements for next year, so that that is done before the budget statement is provided. We just cannot carry on as we are. Does that answer your question?

Paul Sweeney: Could you develop that a bit further and say what practical action you are taking with the Scottish Government to address that deficit? You mentioned that you are working together. What does that look like in practice?

Heather Kelman: We are meeting monthly with the finance team to review our costs as we go, month by month. Wherever we can, we have committed, like every other Government public body, to look at being as efficient and as effective as we can be. We are committed to finding savings, but where we cannot find them, we will raise that as an overspending issue on an underfunded budget, rather than as an overspend as a result of spending beyond what is absolutely essential.

I have also contacted the minister to talk about our functions and getting a closer match between the functions that we are required to deliver and the money that we have available to spend, so that we can go through that together. That will allow us to be clear that, while we are in this situation of being significantly under pressure for budget, we are focused on the things that the Government requires us to do and that we are not straying into areas of things that we wish to do rather than things that are essential. I am hoping that there will be some common ground where there is a recognition that our costs have gone up substantially this year. Like everybody else, we have struggled this year with rising costs for employers, and I hope that that will be recognised by some in-year resolution to that shortfall.

Paul Sweeney: What you have said is reflected in the external audit that was published in December. Given what you have said about a potential planned overspend, are you confident that the FSS will achieve financial balance in the current financial year?

Heather Kelman: I believe that our staff are very committed to doing what they can to keep our costs as low as possible, and that they have raised the issue as clearly as possible with Government that there are some areas on which we just cannot reduce spend without introducing risk to the food safety system in Scotland. It is therefore really important that, between us, we jointly find funding to meet that gap. I stress that it is a genuine gap. I worked at the NHS for 34 years and I am used to finding efficiency savings and doing prioritisation and reprioritisation exercises, and I genuinely have run out of ideas and suggestions.

Ian Watt has something to add.

11:45

Ian McWatt: In terms of practical examples, Food Standards Scotland has reduced our whole-time equivalent staff numbers by 25 in the past year. The 35-hour working week had an impact, with a reduction in 16 full-time equivalent staff, so there has been an 8.8 per cent decline in a one-year period. Taking the totality of the conversation so far, we have already mentioned that we are a relatively small organisation, but one that has an extremely broad remit, and our food system is under more scrutiny than ever before. This year alone, we are hosting missions from 12 countries to look at our system of food controls, and we have to support that. EU exit has meant that the EU is coming in to look at dairy and at the control system for shellfish. Essentially, we have to prioritise. Heather Kelman mentioned the prioritisation exercise that we undertook a couple of years ago. We are prioritising weekly—almost daily—through the lens of what is affordable and, equally, what presents trading risk and risk to public health. There is absolutely no doubt that the duress that Food Standards Scotland is under is real.

Paul Sweeney: I appreciate your candour. Thank you very much.

The Convener: I will take us back a step to our discussion on the internal market act. In your written evidence to the committee, you raised the potential prospect of precision-bred food and feed products being authorised in England but not elsewhere in GB. Those products would, nonetheless, be placed on the market by virtue of the act. Can you share with the committee some of your concerns about that?

Ian McWatt: It is as simple as the override point: ministers here could consider that proposals for precision-bred products do not meet ministerial expectations here, but the internal market act says that if a product was considered acceptable for laying on the market elsewhere in the UK, that would override Scottish ministers' considerations. For example, despite ministers here being presented with sound evidence to the contrary, with the decision making following that, if an alternative route is taken elsewhere, a very firm thumbs up, thumbs down approach can be taken that would trump any other approach. Before the internal market act, there would have been sound policy discussions at official level that would seek consensus and inform any development of regulation. That approach has now been overridden by the IMA process.

The Convener: You gave the specific example of precision-bred food. Could there be an impact on things such as genetically modified products that the Scottish Government did not want to have for sale in Scotland or food products that we in the Scottish Parliament decided that we did not want to be introduced into the food chain?

Ian McWatt: There are some exemptions in the act that could offer some protection. The general principle is that if a policy has been assessed in line with good policy-making practice, the outcome should be respected as our view. However, if an alternative view is taken by ministers elsewhere and a product is produced or imported and accepted as meeting the standards of a devolved country, it could appear on the market here.

Patrick Harvie: I want to stay with the internal market act. I want to be very clear that I was opposed to the introduction of the internal market act, as were the majority of MSPs. The majority of MSPs support its repeal and I would like to see that, but I am realistic enough to know that the current UK Government does not intend to consider repealing it. We therefore have to make the case for some changes in the review of the IMA that are short of repeal but which respect the democratic will of the Scottish Parliament.

What changes would allay the concerns that you have expressed? For example, the process of IMA exemptions is completely undefined—it is at the discretion of UK ministers. Would the addition of specific exemption criteria address that concern? That is similar to the way that the comparable EU legislation used to work when we were an EU member. Let me give an example. A policy that was intended to achieve a public health outcome could be granted an exemption by virtue of satisfying the criteria, rather than our being left with the current lack of clarity in a system where such issues are simply a matter for the minister of the day to make an individual decision about.

Heather Kelman: That is a good question. In our discussions, the board has said that if we had a preference, we would like the UK frameworks to be the policy method that was used to change food standards or food law in the UK on a four-nations basis, which would make it far easier not just to regulate but to enforce any failures. That would be one change. On exemptions, we would be aiming to see at least what we had under the EU—a written exemption that says that we would be able to protect for public health reasons.

We work very closely with the Food Standards Agency. For example, while not compromising our position that precision breeding is not being taken forward in Scotland, we have tried to influence the FSA through joint working on what is required in secondary legislation and so on, to try to make sure that we are protected as much as possible. We use our policy and science people to try to influence the work that goes on down in London, where that work influences Scottish food. We have been doing that for the past couple of years to try to make sure that we are mitigating as much as possible the steps that are being taken forward in England.

However, we are still left with the problem of products being on the shelves through English law. We cannot enforce English law; we can only enforce Scottish law. Therefore, there is still a gap, which I think is wrong and needs to be addressed through the forthcoming discussions on a SPS agreement. If we are going for dynamic alignment with the EU, we have an opportunity to look at how the internal market act would prevent that from working well and to put in place a new process that would allow us to align more efficiently and effectively on a four-nations basis, where all views and all interests would be considered at one point, and we could then move forward.

Patrick Harvie: Therefore, IMA exemption criteria would be helpful. You were asked earlier whether you have reached out as an agency to the UK Government to set out your position on the IMA. I would frame that question the other way around. The UK Government, in considering the future of the IMA, ought to be reaching out proactively to all public bodies that have a responsibility to look after the public interest, including public health. Has there been proactive engagement, even at official level, with you from the UK Government?

Ian McWatt: Yes, we are engaging well with UK officials, but that still has resulted in the current situation where Scottish law can be disapplied by virtue of the IMA.

It goes back to your previous question. We think that the application of the market access principles should be suspended for goods and that the frameworks approach should be allowed to run its

course. As we have been saying, that would ultimately provide the UK Government with an evidence base, which would allow it to legislate accordingly if that was considered necessary. We are engaging at official level, but you can see where we are at the moment.

Brian Whittle: Dr Purdon, do you agree that one of the simplest things that we could do to tackle this country's significant health and nutrition issues, as well as climate change issues, would be to promote a home-grown, locally produced diet?

Dr Purdon: I do not see any reason why that could not be promoted, but the difficulty with that is how achievable following such a diet would be for the entire population. That is not to say that we would not want to promote such a diet, because a situation in which people are following a home-grown diet would be ideal. However, we need to look at the totality of what is produced. A lot of the food that we eat in this country is imported. Why is that? It is partly because some things cannot grow here, but it is also partly because of what the public want to eat.

There are many complexities around the issue and, in anything that we do, we need to be mindful of inequalities, which is where some of the difficulties are. For example, people living in areas of social deprivation would not find it as easy to adopt such a diet as people in other areas would.

Although I do not have an issue with the suggestion, we have to be careful to make sure that we look at the population as a whole and take measures that improve everybody's diet. We need to take upstream, systemic measures in relation to the food environment to ensure that the food that is produced is more affordable and is available to everybody.

Brian Whittle: I would add that we also export a lot of our food.

Dr Purdon: That is the other side of the coin, and we need to be mindful of that, too.

Emma Harper: Food crime was mentioned earlier. Is it a big problem? What do we need to tell people in Scotland to be aware of? I know there was an issue with fake vodka in Coatbridge last September. How do we help people to identify whether, for example, fake vodka is out there?

Ian McWatt: Happily, the vast majority of the food that we eat is what it says it is and is of a high quality. However, food fraud is prevalent—I mentioned earlier that, sadly, whenever we turn over a stone, based on intelligence leads, we find something. There is no system of control globally that would guarantee that you could prevent criminal actors from subverting the level of control that is in place. Therefore, we have to be active in our development of surveillance, intelligence and

sampling. That is the bit that is under stress at the moment, and we are doing much less than we used to.

We are enjoying some success around the development of the theme of food crime. Before the horse meat scandal, you would never have heard of or thought of food crime, so it is a new issue in that sense. However, we are actively investigating, promoting and developing tools to help us with the issue, such as our food crime risk profiling tool and our food crime hotline. We are doing all that we can, through the channels that we can afford, to promote engagement with those tools. We have been actively engaging with food businesses to allow them to assess what risks they might face and what actions they can take accordingly. I would very much like to be in a position to do more, but we are taking very clear decisions on intelligence leads with regard to what will give us the biggest bang for our buck.

Investigations in this space tend to be complex and involve multiple agencies. With regard to the on-going vodka case, which potentially involves serious and organised crime, we have to be sure that we are taking the appropriate action. That case, and others like it, might not end up being prosecuted under food law—common law can have a much greater sanction, penalty or tariff attached.

We are doing a lot to boost the concept of food crime. We are a thought leader, and our team is currently chairing the global alliance on food crime, and it looks like we have been successful in getting the European Commission's agrifood fraud network to become part of something that we created.

The concern is that we are throttling what we do simply because we do not have the resources to do more. Scottish produce is a world brand, and, as we have seen from the horse meat scandal, in particular, it can be in a very precarious position, as it can be undermined by food fraud and fraudulent actors.

Heather Kelman: We actively encourage whistleblowing, and we used to advertise our Crimestoppers approach that enabled the public or employees in any food business to make a report. We strongly encourage people to do that. It would be good to be able to promote that a bit more again.

We have created tools for businesses to assess their food supply chain for the risk of food crime or fraud. We try to do things to enable businesses to take more responsibility with regard to their food chains.

As Ian McWatt said, we have been surprised by how much food crime we have uncovered. The intelligence team that we employ is incredibly

astute and our enforcement team is excellent. We do our best with a small but effective team.

The Convener: Thank you all for your evidence today. We will now continue with our work in public. If you wish to leave, you are free to do so.

Subordinate Legislation

12:00

Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2025 (SSI 2025/147)

The Convener: The fourth item on our agenda today is consideration of a negative instrument. Regulation 3 of the Health Boards (Membership and Procedure) (Scotland) Regulations 2001 provides that at least one of the persons appointed to be a chairperson or a member of the boards in the Grampian NHS Board, Greater Glasgow and Clyde NHS Board, Lothian NHS Board and Tayside NHS Board must hold a post at a university with a medical or dental school. The purpose of the instrument is to add Fife Health Board to that list. The amendment follows from the University of St Andrews (Degrees in Medicine and Dentistry) Act 2021, which restored to that university, which is situated within the Fife Health Board area, the power to award degrees in medicine and dentistry.

The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 27 May 2025 and made no recommendations in relation to the instrument. No motion to annul has been received in relation to the instrument.

Do members have any comments?

As there are no comments, I propose that the committee makes no recommendation in relation to the instrument. Do members agree?

Members indicated agreement.

The Convener: Thank you. That concludes the public part of our meeting today. At next week's meeting, we will take evidence on welfare and sustainability in Scottish youth football.

12:01

Meeting continued in private until 12:40.

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

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