



OFFICIAL REPORT
AITHISG OIFIGEIL

Health, Social Care and Sport Committee

Tuesday 30 May 2023

Session 6



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HEALTH, SOCIAL CARE AND SPORT COMMITTEE

19th Meeting 2023, Session 6

CONVENER

*Clare Haughey (Rutherglen) (SNP)

DEPUTY CONVENER

*Paul Sweeney (Glasgow) (Lab)

COMMITTEE MEMBERS

*Stephanie Callaghan (Uddingston and Bellshill) (SNP)

*Sandesh Gulhane (Glasgow) (Con)

*Emma Harper (South Scotland) (SNP)

*Gillian Mackay (Central Scotland) (Green)

*Carol Mochan (South Scotland) (Lab)

*David Torrance (Kirkcaldy) (SNP)

*Evelyn Tweed (Stirling) (SNP)

Tess White (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Kim Atkinson (Scottish Sports Association)

David Ferguson (Observatory for Sport in Scotland)

Flora Jackson (Public Health Scotland)

Maureen McGonigle (Scottish Women in Sport)

Robin McNaught (State Hospitals Board for Scotland)

Sue Webber (Lothian) (Con) (Committee Substitute)

Ailsa Wyllie (sportscotland)

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament
Health, Social Care and Sport
Committee

Tuesday 30 May 2023

[The Convener opened the meeting at 09:00]

Decision on Taking Business in
Private

The Convener (Clare Haughey): Good morning, and welcome to the 19th meeting in 2023 of the Health, Social Care and Sport Committee. I have received apologies from Tess White, and Sue Webber joins us as her substitute.

Under our first agenda item, we will decide whether to take items 5 to 8 in private. Do members agree to take those items in private?

Members indicated agreement.

Female Participation in Sport and
Physical Activity

09:00

The Convener: Under our second agenda item, we will continue our inquiry into female participation in sport and physical activity. Today, we will take evidence from witnesses representing sports and public health organisations about broader issues that affect female participation in sport and physical activity. I welcome Kim Atkinson, who is the chief executive officer of the Scottish Sports Association; David Ferguson, who is the chief executive of the Observatory for Sport in Scotland; Flora Jackson, who is the health improvement manager at Public Health Scotland; Maureen McGonigle, who is the chief executive officer of Scottish Women in Sport, who joins us online; and Ailsa Wyllie, who is the lead manager at sportscotland.

We will move straight to questions. Lack of funding for women's and girls' sport, particularly compared with funding for men's and boys' elite sport, was identified as a challenge by many of the respondents to the committee's call for evidence. That lack of funding relates to pay for athletes, sponsorship and prize money. What are the main challenges that affect funding and opportunities for women and girls in sport and physical activity, and how could they be overcome?

Kim Atkinson (Scottish Sports Association): Good morning. It is really nice to see you all.

I put on the record the thanks of the Scottish Sports Association's members for the committee's visit. I know that a number of committee members took part in the visit, which was really well received and involved an open and positive conversation. I give a huge thanks to the committee and the clerking team for making that visit happen.

My starting point is to think about why we consider sport to be an investment, not a cost. That was one of the key phrases that came up when I previously gave evidence to the committee. At the moment, sport is seen as a cost. If there is one thing that I want the witnesses to convince you and all your colleagues of, it is that sport needs to be seen more as an investment. Cultural change is required.

First of all, sport is fun. It benefits our physical health, our mental health, our social health, our educational attainment and our ability to form friendships and develop skills—let alone the fact that it leads to a 30 per cent reduction in all causes of mortality and enhances wellbeing by 30 per cent. If I had a magic wand and only one tool

was needed, we would all bite your hand off for it. However, it exists—it is called sport and physical activity.

That should be the starting point in every respect, but it is even more important given that we are talking about an area in which women's health is poorer and that there are poorer levels of participation among women and young girls. Flora Jackson will be the expert on that issue.

I am sure that colleagues will touch on other aspects, but we can think about funding at national level and local level. At national level, most funding is annual. That is true across the voluntary sector, including for our members, which are the governing bodies of various sports in Scotland. The funding is often part of a longer-term agreement, but it is received annually, because the investment in sportscotland—the national agency—is annual. Sportscotland has its hands tied in that regard; it can say only that organisations will get one year's funding. In all the committee's evidence sessions, there have been tremendously positive examples of programmes, initiatives and systems that are making a phenomenal difference for women and girls, but a lot of that project funding is annual. Organisations therefore have to try to recruit, retain, motivate and get engaged staff who might be on one-year contracts. Even if they are on longer-term contracts, the funding is annual so, in reality, there is only limited certainty.

We are also talking about supporting volunteers. Volunteers are not free, and the 200,000 people who volunteer in sport in Scotland are supported by a small staff. There is an enormous need for long-term funding and core funding to allow us to recruit and retain the incredibly strong staff that we have across sport and physical activity in Scotland, and to ensure that there is consistency in the programmes, in delivery and in the support for volunteers. That is true across the whole voluntary sector—I am sure that the committee will have heard that from others—but it is especially true for our members. The caveat for them is that sportscotland also has to get that funding in order that providing such funding will appeal to it, too.

That is one of the biggest challenges for local authorities—I am sure that the committee will have heard that from other witnesses. Ninety per cent of investment in sport in Scotland goes through local authorities, but I question whether that 90 per cent of investment in sport actually goes into sport. Local authorities are facing incredibly difficult times—none of us makes any bones about that.

The same is true of the trust model. If the committee has heard from trusts, you will know that they have been saying that they have difficult decisions to make. They are getting less and less money from their local authority partners, and they

are saying that the only way for them to make ends meet is to increase prices. Who does that cost fall on? It falls on participants. Who are the people who participate least? It is those who are from the most deprived backgrounds. There is no accident in all that. We need to have a different conversation about local funding and how we change the dynamic.

The Convener: Does anyone else want to comment?

David Ferguson (Observatory for Sport in Scotland): Yes. I thank everybody for taking the time to look at the issue, which the observatory has been looking at for a number of years. There is no doubt but that we face very serious challenges with poverty and inequality and the difficulties that those make for people to access sport activity, which was not the case 30 or 40 years ago in Scotland.

On the question around funding, I will ask my colleagues from Public Health Scotland and sportscotland to come in in a minute, because they are involved in setting funding. I echo Kim Atkinson on what the research tells us, which is that, over the past 20 years, there has been a continual reduction in the funding of sport and physical activity. As Kim has stated, local authority budgets have been tightened. The provision of sport and physical activity is non-statutory—you are looking at “satisfactory provision” and words such as that. There is no compelling request of local authorities to look after sport and physical activity, so when their budgets are ring fenced and pulled tight, it is the budgets of sport and physical activity and culture that get tightened. For the past 20 years, the funding has reduced year on year, as I have said.

If we consider girls and women, in particular, we are already aware that, in Scotland, poverty and inequalities are the biggest barriers to their sport activity. If you are a girl or woman living in an area of poverty, that multiplies the barriers to taking part in sport. If you have a disability, the barriers to taking part are greater again. Those are the people who are struggling.

We have councils that have massive lists of facilities that they can no longer run because of the pressure of the past 10 to 20 years from reducing budgets. Most of the facilities that are on their lists for closure over the next two to three years are in deprived areas, because, although football can be large, the facilities in those areas cannot charge £50 a month for memberships, because they will not sell. People are struggling to afford to take part in swimming pool activities. Areas of deprivation are suffering most, because it is the facilities in those areas that will close. For people in those areas, it is harder to get active.

I am sure that we will come on to talk about girls and women later in the session. When we talk about funding, it is the funding that has been taken out of local communities that has made it harder and harder for people across society to be able to take part in sport. I will hand over to Flora Jackson and her colleagues, who will tell you more about funding.

Flora Jackson (Public Health Scotland): Thank you so much for the opportunity to share with you some evidence from the health perspective. I echo some of what our colleagues have already shared with the committee.

I am mindful of the notion that we have in legislation—the title of the act has escaped me—“adequate” provision of leisure, which is extremely dated. That adequate provision is now in decline, and the use of the word “adequate” is so open to interpretation that not one of us is particularly clear about what exactly it means. Perhaps we need to think more clearly in the future about what we actually mean by “adequate provision”. What would adequate provision look like in Scotland, particularly when we want to achieve an increase in physical activity across the population and to reap the benefits from shifting people from inactive to active? I would certainly be happy to take part in some of those discussions if they were to happen.

If you look at the evidence on what we do with our funding, you will see that the World Health Organization global action plan for physical activity and the International Society for Physical Activity and Health make a very clear case that where we have public funds, we should first and foremost prioritise those for people who are inactive. They also make the case that we need to ensure that we have opportunities that engage people in such a way that allows those who are active to maintain activity. It is very much a twofold ask; the inactive—

The Convener: I am sorry to interrupt, but you seem to be going down a different path. I am asking specifically about women and girls as opposed to the general population. How can we make sure that funding is there for women and girls’ participation in sport?

Flora Jackson: Indeed. My point is that if we take that universal approach, we need to ensure that we identify that provision and target it at people who are particularly inactive, which is predominantly girls and women. From the age of 7, males are more active, which continues throughout the life course. I am sure that you all know that, which is why you are here today. I encourage targeting of our resources at those who require them most, which in this context is girls and women.

The Convener: We move on, and I will bring in Ailsa Wyllie. The committee took evidence from various broadcasters and print media, and we heard about the lack of coverage of women’s sports. To what extent does media coverage impact on funding for women’s sport and on opportunities—opportunities that women’s sport perhaps does not get to access to that elite men’s sport does? Do you want to pick that up, Ailsa?

Ailsa Wyllie (sportscotland): Good morning, everyone. Sportscotland is the national agency for sport, and I will reference the funding element from our perspective. Sportscotland invests in and supports the infrastructure of sports. Our work is very much around supporting the workforce, which drives up participation from the grass roots all the way through to performance sport.

I will make a couple of points on that. We invest in the sportscotland institute of sport to support our athletes who are performing in the Olympic games and Commonwealth games, not in professional sport, which is where we see a lot of differences in funding and prize money and so on. It is very much about the athletes who are competing in the Olympics and Commonwealth games at the high end.

More females than males—females were 52 per cent of the total—represented Scotland at the most recent Commonwealth games, in Birmingham. We do not have a role in professional sport in relation to the prize money for females who participate at the elite level. Our work is about investing in the sporting pathway. In that regard, we measure the outputs rather than investment against areas, and we absolutely recognise that there is inequality in participation. We also recognise the on-going funding pressures on local authorities and local budgets.

With regard to the media, it is obvious, especially in print media, that there is far less coverage of female sport, although that is also completely true across other outlets. Girls and young women growing up have to be able to see positive role models and influencers—that is key. Sportscotland is really passionate about young people having role models, and we want girls and young women growing up to see people in their local communities, local clubs and schools as role models through the various programmes that we offer.

We also need positive role models at the elite athlete stage. I hope that through social media you can see that that is beginning to happen. We have some very good athletes out there speaking up for girls and young women and encouraging them to take part in sport.

The Convener: Does Maureen McGonigle want to come in at this point? I am specifically looking

for views on how media coverage of women's sport can be improved and therefore drive some of the changes that we are talking about, including around easily accessible positive role models, increases in prize money and parity between men's sport and women's sport.

09:15

Maureen McGonigle (Scottish Women in Sport): Thank you for having me; it is nice to be here.

On equal prize money, there is an opportunity there. We have to do a bit of creative thinking and market women in sport much smarter to get the prize money in, because it is really all down to sponsorship, which covers that kind of area.

On the media, I agree that the print press does not cover women's sport unless there is a big event. However, I would also ask how important that coverage is, because we know that women and girls tend to use social media as their outlet—that is where they find out things. They are used to not seeing things in newspapers so they are not looking in them and, unless newspapers buck up their ideas, there will be more losses there. When we look at engaging with young women, we have a look at social media.

It is important, too, to engage with parents because parents do not see the value of young women participating in sport. They see the value of young men participating in sport, so a much stronger support system exists around young boys going into sport than around young girls doing so. For girls, that support system can break down.

Looking at the committee's full agenda, I can see that all those points are interlinked, so I will probably come back with the same answers later.

The Convener: I move to our next theme, with questions from Carol Mochan.

Carol Mochan (South Scotland) (Lab): I am particularly interested in discussing women's and girls' activity at community level, which witnesses have talked a wee bit about. It is so important that people can exercise and take part in activity in their communities. Do models exist out there that work well, in particular for women and girls? Are there examples either from this country or further afield?

Kim Atkinson: That is a great question. Before I come to it, I want to go back briefly to the convener's point.

Flora Jackson made an incredibly important point, which is that if the focus of statutory provision is on "adequate provision". We have already heard in the committee's evidence and the submissions of others that women are looking for

higher standards in facilities, including changing facilities, and that if "adequate" is the benchmark, that standard should be slightly higher for women. That might be no accident and is something of which we need to be aware. Carol Mochan will not be surprised to hear that I will come back to facilities in a moment.

In relation to the media, my question is to ask what is their role. A lot of conversation took place around the commercial outputs—understandably, because the media are businesses—but surely a moral responsibility exists for the media as educators. The chief medical officer's guidelines were reviewed recently—I am sure that Flora Jackson can provide an update, if need be—and only 4 per cent of the population knew the previous CMO's guidelines on how active one has to be to be healthy. My assumption is that the 4 per cent applies to women, as well.

Mothers, for example, are not as active as we need them to be. The key indicator of how physically active a young girl will be is physical activity inspiration—that is, participation by their mother and interest from their father. I go back to the point about the media: it is about coverage, sponsorship and all the things that the convener mentioned, but the media also need to say that we need to inspire men and women to know how they can be parents who will inspire a young girl to be active. I do not want that point to be lost. The role of the media in that is really important.

The challenges relating to community sport will partly be specific to women and girls and partly be systematic and systemic challenges that currently exist in sport. Access to community facilities is one of the largest challenges that sport, and the voluntary sector as a whole, face. The 13,000 existing sports clubs represent one third of the voluntary sector, and are part of two thirds when we add uniformed organisations, youth organisations and organisations to do with culture, the arts and so on. They are saying that the biggest issues that they face are recruitment of volunteers and access to community facilities, both of which are particularly relevant for women. That is a massive challenge, within which use of the school estate is a particular challenge.

Women are sometimes challenged in relation to their confidence in going into facilities that they do not know, and not all women are as confident in sport and physical activity as we would like them to be.

As the committee has heard, there are safety challenges related to accessing facilities, including in relation to late-night travel and whether women are able to take part in active travel as they would like. There is also a specific barrier related to time. That is exacerbated for women, for whom time is more of an issue than it is for men. That applies

especially to women from deprived communities and single mums, who are the least active.

What is the solution? It might be to have a local facility—a facility that women know, that is in their local area, and which is welcoming. A school might seem like a specific solution; we talk a lot about access to the school estate, which is even more relevant in this than it is in other contexts. The last piece of research that was done on that was by sportsScotland in 2014. It showed that although the school estate is open, it is not well used. I know that David Torrance said in a previous committee meeting that that is the nub of the issue. It is an issue for sport in general, but the problem is exacerbated for women.

There is a similar situation with physical education. The importance of role modelling has come up an awful lot, but we are seeing a decline in the number of PE teachers, both peripatetic and permanent. In primary schools in particular, there are fewer PE teachers than there have been, so class teachers are having to do ever more. Children's teachers are, as well as their parents, among their first role models. Do we have enough PE teachers, and enough female PE teachers, who are providing a positive educational experience for young people?

We hope that young people who experience that would leave school thinking, "Doing sport and physical activity is a choice I want to make throughout my life, and I have the competence and can choose the sports and physical activity I'd like to take part in." If we can nail those issues slightly differently, we will be in a slightly different place, where clubs can take up the mantle and coaches and volunteers can work things through.

However, the two limiting factors for many clubs that have waiting lists—female sports clubs are a huge part of that—are access to facilities, and coaches and volunteers to support that.

David Ferguson: I want to pick up on that. The latest Scottish household survey figures, and the most recent research that the OSS did in any depth on the figures, which was in 2019, showed that up to the age of around eight to 10, girls are actually more active than boys in sport and physical activity, although activity levels are very similar and very close. However, from the age of 10, 11 and 12 onwards—we hear different ages for when the decline starts, but there is a transition—the level of activity starts to go down and the decline is steeper for girls than it is for boys, with more girls dropping out of sport.

In Scotland, we have one of the steepest declines in sporting activity among children in Europe. When we discuss what we can do about that in communities, we talk a lot about the general statistics, because that is where the

solution will come from. There is not one simple solution: it is not about going in there and saying, "Let's create this intervention."

The committee has seen some great interventions—for example, what is being done in Dunfermline—and there are a lot of examples all over the country, but they might not be there when you next go to look at them. Many are short term because funding is not available for longer. You might see another example, and think, "Great!", but although it might look brilliant and be bringing in girls and women, which is really good, it will not be funded for the long term.

Many interventions rely on various sources of funding and different pots, because we do not have a national strategic approach to ensuring that there is investment in community sport activity as a key route to health and wellbeing that also has much wider benefits. We looked at a number of models throughout Europe. One thing that the Dutch did to try to address the drop-out rate relates to what Flora Jackson said earlier about focusing on inequalities. It is necessary to focus on where the money goes and what you want to get back from it.

The Dutch decided that they were no longer going to fund sports across communities just randomly, by giving out money and saying, "There you go—as a sport, you're doing a good job." They decided that they would look for real come-back in terms of benefits for health and wellbeing from work that being done in deprived areas. They deliberately targeted girls and women in communities where it was known that the figures were not good enough and drop-out rates were too high, and they asked how to address that.

There are something like 360 municipalities across the Netherlands. The Netherlands Government went into each one and said, "Okay—we're going to bring health and wellbeing, education, sport and business together to look at how we fund sport." The Government has done that only in the past 10 years, so it is a fairly new programme—it is called the national sports agreement. A hockey, football, golf or whatever club will be told that it can carry on but will no longer receive Government funding if it remains, for example, a private club or a club that is just for boys. It can carry on but is told not to come to the Government looking for money for changing rooms, kit or whatever.

If a club in the Netherlands is to receive Government funding in the future, it must tick boxes with regard to ensuring that a good proportion of its activities are for girls and women. The club will know that people might come from deprived backgrounds, so it should ensure that those people are welcome and that activity is affordable, if not free. There will then be help given

through funding to ensure that the facility is looked after and that the club does not have to deal with maintenance. Maintenance and travel are two of the biggest problems for sports clubs because of the huge costs involved. The Dutch Government is saying at national level that it will, in its work with municipalities, ensure that those aspects are looked after, but the clubs must make sure that they tick the boxes on health and wellbeing and on poverty and inequalities so that the Government can get to people who are not active.

I have spoken to politicians and civil servants in the Netherlands about that and asked how it went. The first year or two was really difficult, because lots of football and other sports clubs said, “You’re putting us out of business. We’ve flown the flag—we have great football teams, hockey teams and what have you, but suddenly you’re taking the money away from us.” The key point that the politicians and civil servants made was that there was a very strong Minister of Health, Welfare and Sport who stood by what she had brought in and said that it was really important. The people to whom I spoke said that for a couple of years they caught a lot of flak in the media, but they stuck by what they were doing and are now seeing a difference. Clubs are now asking how to tick the boxes. They are told that being disability friendly is not about putting a ramp at the front of their facility but is about having people with disabilities on their committees and boards, and streaming their programmes. They have seen a real change over recent years.

When it comes to case studies, there are lots of great examples in Scotland, but things are just not joined up in terms of being supported nationally and being properly funded nationally and locally.

Carol Mochan: Thanks for that feedback. How do you see the sports governing bodies feeding in to community sports? Is that something that we do well or that we need to do better?

Ailsa Wyllie: With regard to club and community sport, we invest our money through governing bodies to support them to deliver participation activities. That works hand in hand with our active schools network, which is one of the flagship programmes of sportscotland. It is very much about developing people through sport and delivery of physical activity, and through sport within communities’ ties to local schools. Our network of more than 400 managers and co-ordinators is associated with every school in Scotland. They work on the school-to-community and school-to-club pathways as well.

Across the governing bodies, we ensure that they are embedding equality, diversity and inclusion in their sports. Models are emerging of how they are doing that specifically with regard to girls and young women. Walking netball is an

example; it is a Netball Scotland initiative to encourage girls’ and women’s participation. “Bounce back to netball” and walking netball are both initiatives to draw girls and women back in. We are listening to and learning from the communities that have not been taking part.

Scottish Athletics has the “Community strides” programme, which is a jogscotland initiative. It works very closely with community-based organisations on how to get more girls and women active. That programme is specifically aimed at women from ethnic minority backgrounds. Those are examples from governing bodies.

I also draw on our community sport hub models. We have more than 200 community sport hubs in Scotland that work with clubs in their areas to do exactly what David Ferguson was describing—bringing different sports together to work with each other.

A lot of this goes back to knowledge from research; we know that girls and young women want to be listened to, especially as they are growing up. They want to be consulted and asked what activities they are interested in. The active schools network and one of our national programmes called “Fit for girls” are very much about tackling barriers in order to combat the teenage drop-off in physical activity participation. We know from the figures that there is a steep decline at that age. We are trying to give girls at a younger age, within their own settings in schools and communities, the skills and confidence to participate in sport, so that they have healthier attitudes to participation when they become teenagers. Girls in that group are dropping out of sport because they do not feel confident, so if we can change that attitude at a younger age, that should help girls and women to maintain a healthier approach to physical activity, then they can continue their journey of participation throughout their life stages.

We know that throughout the various life stages of girls and women, including women who are getting older, there are barriers to participation. The key is to consult and to build self-esteem and self-confidence in women and girls. We can do that if we all work together. That is why we need to work with our partner Education Scotland through the school model of PE sport. Physical activity and sport are about working with community groups, listening and being open to consultation.

Carol Mochan: Convener, can I just—

The Convener: Two other members want to ask supplementaries on this theme. Emma Harper will be followed by Sue Webber.

09:30

Emma Harper (South Scotland) (SNP): Good morning, everybody.

I want to pick up on Kim Atkinson's point about availability of facilities. Gillian Martin, our previous convener, used to say that in Iceland they would basically hand the keys of the school over to the kids, because they trusted them just to get on with things and access the facilities. We do not do that sort of thing, but is that something that we should progress? Do you have data on use of the school estate after, say, 4 o'clock in the afternoon? Should we be looking at what other countries do and pursuing the models that they have in place? David Ferguson mentioned what is being done in Denmark, I think, and I have been looking at what the Geena Davis Institute on Gender in Media has been doing in America to encourage young women into sport and athletics. We could look at best practice in other countries; should we pursue that?

Kim Atkinson: I agree 100 per cent that you should. I could not be more supportive of that; it is exactly what should be done. At the end of the day, the irony, as I see it—I apologise if I am oversimplifying things—is that the school estate is a community facility that is run by the local authority with community money on behalf of the community, but the community itself cannot get into it. If that is not a complete irony, I am not sure what is.

There are models that work. I make it clear that this is not just about the indoor school estate; it is also about the outdoor estate. There is a lot of research that shows that when outdoor playing fields and pitches are open people do not break into them. They respect them a little more and there is less vandalism and fewer break-ins, and so on.

As I have said, though, this is about the whole voluntary sector, of which women are a huge part. When we look at the girl guides, the brownies and other uniformed organisations, we see that a huge part of women's physical activity happens within that network.

Access is one of the biggest barriers. We have all talked about the huge financial pressures on local authorities. Access to the school estate is difficult; there are planning issues to take into account, but now, more often than not, it is the cost that is the challenge. I have been talking about this over the 13 years in which I have been in this post, and I have to say that I am still not 100 per cent clear what the issue is. Therefore, if there was an ask that we would make of the committee, it would be that the committee, the Local Government, Housing and Planning Committee and the Education, Children and Young People

Committee hold a cross-committee inquiry to find out what the problem is, because I think that none of us knows.

This is a conversation that we have routinely across sport. Why can nobody get into the school estate? Why is it so expensive? What would a different model look like? It is particularly important that women and girls in that environment know why. Kate Joester from Living Streets Scotland highlighted some phenomenal examples of planning for women and said why it is important; I think that that plays into the school estate issue. It is about availability and access, but it is also about cost. It is incredibly challenging.

The last research on the matter was done, I understand, in 2014. It showed that a lot of space that is open it is very rarely used, compared with what could or should be used. We want to understand that a bit better.

Emma Harper: Can I—

The Convener: I am going to move on to Sue Webber.

Sue Webber (Lothian) (Con): My questions are for Ailsa Wyllie and Maureen McGonigle. Ailsa—you talked about the various stages in a woman's life and said that this is not just a matter of teenage drop-off. Maureen has a blog, or website, about—

The Convener: I am sorry, but I think that you have moved on to the next theme. We are still on theme 2.

Sue Webber: Yes, I know. Okay.

We are talking about funded organisations. I know that there are an awful lot of inspiring women in our communities who are setting up businesses to tackle the gap in relation to women not taking part in sport. What are you are doing in that respect? People are not looking for funding; they are looking for access and support. What are you doing to help women who are helping other women in the community to get back into activity?

Ailsa Wyllie: I can pick that up. Various things are going on. With regard to the supporting workforce in the sector in which we invest, we are very much working with our local authority partners and are going hand in hand with community organisations to understand what they bring. We can, from a national point of view, highlight and raise awareness of the issues. We are doing everything that we can do through our social media channels to raise the profile of the matter and to help people's understanding, through role models.

When I talk about role models, I am talking not just about elite athletes but about the role models in our communities. For example, we do a lot of

work on young leaders in sport. When we advertise any of the roles that relate to leadership, bigger numbers of girls and young women from schools and community organisations come forward than numbers of their male counterparts. That work is a big part of what we do. We have themes throughout the year, such as the active girls scheme at sportscotland, and we have worked with the Scottish Government on its Scottish women and girls in sport week. That is about using the positive role models that we have locally. It is not about investment or funding, but about raising awareness of what is being offered and trying to work together to help local authorities to make the connections.

Sandesh Gulhane (Glasgow) (Con): Previous evidence from Kirsty Garrett of Glasgow Life suggested that sports clubs and organisations have good codes of conduct and good governance. I am sure that we agree with that. In fact, all organisations should have that. Do you provide guidance information specifically on what that should look like? I know that every organisation is different, but are there fact sheets that say where people can get help if something happens?

David Ferguson: There are possibly not such sheets. The Observatory for Sport in Scotland's focus is on research and data and what they tell us. We do not provide a fact sheet or guide sheet on where people should go for help. I know that a lot of that information is available: sportscotland provides it, as does the SSA. To follow up on what Ailsa Wylie said—

Sandesh Gulhane: I will pause you there. My question is specific: are there organisations that have that information?

David Ferguson: Yes.

The Convener: We will move to the next theme, which is women's health.

Sue Webber: I will talk about a report that was published by Aberdeen Grammar Rugby club, relating to some of the specific physiological differences in female anatomy. It says that no matter how much women train, they are much more susceptible to brain injury and have less neck muscle mass. If you watch some of the physical sports that we take part in, whether that is football, rugby or hockey, women are expected to perform in the same way as men. However, there is a much greater risk or danger of significant injury when women take the full impact of some activities, such as a tackle or a free hit. What is being done in organisations in order to mitigate the effects of that and to support women who present differently for some of those injuries, as some men do, in order to make sure that we are not causing any unnecessary or unintended harm?

Flora Jackson: I will happily come in. That is probably outwith the remit and scope of the current work of Public Health Scotland. Perhaps colleagues within the institute of sport would be better placed to advise on that, particularly with the sports science expertise that they have. Concussion guidance has been recently developed with some of the health bodies.

Sue Webber: Okay. You can pass it over to someone else.

Ailsa Wylie: To echo that, it is not my area of expertise, but I know that my colleagues in the medics team in the sportscotland institute of sport are working with global organisations and federations across various sports. Flora Jackson mentioned rugby. World Rugby, the global federation for the sport, is looking at the concussion guidelines and the differences between females and males in that respect.

Sue Webber: I do not know whether you know, but I understand that although there is an intention to change the concussion guidelines, they will still be the same irrespective of a person's sex. I am looking to establish whether we need guidance that is specific for the female sex, because we present differently and we have many other things that are going on, such as hormonal changes. Are you aware of anything specific around that?

Ailsa Wylie: I know that the sportscotland institute of sport has set up a female athlete performance group, and it is researching and looking into various agendas within that.

We know that a lot of research is done around injuries to the knee, for example, which shows that anterior cruciate ligament injuries are more predominant in females. Our colleagues from the medical world are looking into that.

Sue Webber: Would Maureen McGonigle like to come in on that?

Maureen McGonigle: Thank you. I appreciate the question, because it is something that we have been thinking about for a long while. For so long, and so often, research has been done on men and is then cut down to size to fit women. However, we know that women's bodies are much more complex and require specific research.

A lot of work has recently been done by a gentleman who is involved in concussion research. It is interesting to see that it is not just about what happens with the impact; the impact can be different depending on whether the woman is menstruating at the time.

Training is also an issue. We have to start an education programme in Scotland to let coaches know how to deal with women—for example, when someone is menstruating or going into menopause. There are still some women out there

in running or training who need to learn how to deal with their bodies. There is a big piece of work to be done there.

The University of the West of Scotland is doing a lot of work in that area, with its staff being involved in a lot of research, some of which is quite innovative. In my view, the situation is that everything seems to be there, but nobody is pulling it together. There is advice and research out there, but it is being done in isolation. We need to look at how we can pull those things together so that everyone can benefit from the knowledge that is gained.

Sue Webber: I certainly recognise the point about ACL injuries, as I am sitting here in pain from decades of hockey.

Again, what are sports governing bodies and organisations doing to help women to take part in sport later in life specifically? We hear that they are pushed out, whether that is through having a family or as a result of work-life pressures—for example, the man still gets to go off to his five-a-side or golf. I am thinking of women being pushed out later in life, in particular during the menopause, when osteoporosis may start to become a challenge.

David Ferguson: On the research bases, it would be helpful if the committee were to make a recommendation on that. As you heard from Maureen McGonigle, there is a lot of research out there but it is all over the place. The Observatory for Sport in Scotland has been trying to change that and to pull everything together.

I would say that we are seeing more such research. I have been coaching girls' hockey for around 12 years, for girls who are aged from 11 to 18, and a lot of my understanding of girls and the challenges that they go through has come from The Well HQ. The committee heard last week from Baz Moffat, who talked a lot about that, and from LEAP Sports Scotland about the work that it does.

I would say that there is now more information out there for young coaches, and for other coaches, than there ever has been, at least as far as I have been aware. For example, there are child safeguarding courses, and sportscotland courses that people can go on. However, although there is more research than there has previously been, it is still an issue. We do not have a lot of research in Scotland, and the OSS is pushing for more of it. We would love it if the committee could support us in that, because we need more of that research.

The Convener: We move to Evelyn Tweed for questions on our next theme, which is leadership, governance and representation.

Evelyn Tweed (Stirling) (SNP): Ailsa Wyllie mentioned that we need strong role models. How do we ensure that we get strong role models coming forward, whether those are athletes, coaches or anyone else who is involved with female sport?

Ailsa Wyllie: I do not think that we have got it cracked yet, which is why we are having these discussions today.

From some of the programmes in which sportscotland has been involved over the years, we know that there is definitely a bigger focus and emphasis on young people and young leaders. We really see the benefit and the impact of the contribution that young people make to sport when we get them involved in opportunities for leadership roles that reflect their areas of interest, and in which they are then role models for others. The saying, "You can't be what you can't see" is so relevant when we are looking at participation in sport among women and girls.

A few of the national programmes that I have spoken about are for school-age children and young people. Overwhelmingly, we get a higher percentage of girls stepping forward to be part of those programmes and take up those roles, which is really positive. We hope that that will have a knock-on effect in years to come, so that those girls have the confidence and the self-esteem to be our future leaders and coaches in the sporting system.

It is critical that they then have the confidence to take those roles, because a lot of the research tells us that women think that they need to meet 100 per cent of the criteria in job adverts, whereas men will go for jobs when they meet 60 per cent of the criteria. Therefore, there is definitely a need to give girls that confidence and raise their self-esteem as they grow up and come through life, so that, when they are at an age where they can take on roles, they will step forward to take them on.

09:45

We also have a female leadership programme, through which we are identifying future leaders in the sporting sector, and we help to invest in them and support places so that they can go through the leadership academy. Again, that is about giving girls and women who are coming through the sporting system more confidence so that, in the future, they aspire to these roles as our future leaders of governing bodies, in chief officer positions.

Kim Atkinson: That is a great question. I saw the great video that you guys watched before one of your other evidence sessions and it raised the interesting question of what a role model is. I am kind of assuming that the interviewees were role

models to the student who made the video, which is amazing. Role models are everywhere. During Scottish women and girls in sports week, I said that I feel incredibly lucky to be in this position, because I see phenomenal role models everywhere I go. The challenge is that people do not get the profile that means that other people actually see them. In the committee evidence sessions, you have seen some tremendous female role models—and male role models who are incredibly supportive of women's sports—so they do exist. That is the first part of the issue.

The second part is working out where they exist and what that could look like. Leadership plays a hugely important role in supporting that, as Ailsa Wyllie was saying. Our governing bodies have done a huge amount of work on bringing more women on to boards, because these are women who have skills and confidence and who are bringing a diversity of thought and perspective but also a passion for women and for accessibility and the benefits that that can provide.

I also mentioned PE teachers. They are really strong role models—not just female PE teachers, but male PE teachers who show that support for women. We often come back to the idea of coaches being role models, and there are more male coaches than female coaches. There are more male volunteers than female volunteers in sport, and I suggest that one of the underlying issues is time. One of the main reasons that people give for not volunteering is that they do not have time, and the people who are least active are, again, single mothers in deprived areas and women more generally. I imagine that that is no accident.

Therefore, one of our big questions is: how do you give people time? Where do people spend most of their time? For a lot of people, that is at work. I think that we discussed that with the committee during the last inquiry. We said that we were pushing the idea of a wellbeing employer. What is a wellbeing employer? It might be someone who gives their employees a four-day working week. I know that you have raised that before, Gillian Mackay, and it is something that we have discussed. It is about being an employer who gives their staff time to be physically active and to volunteer. That would benefit everybody, but I would like to think that the people who might benefit from it the most are women.

Eilidh Paterson from Scottish Student Sport gave some great evidence about the fact that more women than men are members of student clubs, but then they go into working environments where they work 9 to 5 or there is not that same flexibility, and women also go into more caring roles. We create systems that make it difficult for people to be as active as they would like to be.

Maybe we would have more female coaches and female volunteers as role models if women had time, so let us not make cost a barrier to giving that time. Let us make employers think that, actually, that also helps people's wellbeing. At a time of a really difficult recruitment market, that might make it easier for employers to recruit and retain staff. Therefore, that is a huge part of the issue.

Another factor is men being positive role models. They are half the population and they are an incredibly important part of addressing the issue. I know that that has been raised with the committee and that there have been discussions about Andy Murray, but there will be other incredibly strong role models who are saying, "Actually, my mum was an incredibly positive influence." Whether they happen to be as cracking a coach as Judy Murray is a different question, but men are incredibly important role models.

We need to provide people with time but we also need to talk about where we are profiling these role models. Each year, during Scottish women and girls in sport week, we do a bit of work on profiling amazing women who are doing amazing things in sport. We will share that with the committee, if that is helpful, but we made some videos of women who have received honours through sport recently—incredible women who have changed access rights in Scotland. One of the things across sport and physical activity that we would probably all be most proud of is the fact that we have world-leading access rights. There were some really strong women who drove that forward, and they are continuing to do that in many different spaces, but where are we championing them? Within our communities and in life generally we need to talk them up more, which is where the media need to play a strong role.

Those role models exist and we want more of them, but we also need to make it a place that is comfortable so that people think, "If I'm a role model to one person in what I do, that works." How can we make it easier for people to find those role models that will inspire them?

Maureen McGonigle: I would like to pick up on what Kim Atkinson said about working with boards to bring in diversity. David Ferguson will back up the fact that our research from a couple of years ago shows that that is not the case. I have not seen major improvements in the past couple of years, and it is really important that we look at that.

Part of the statement in the report—which is on our website—says that some governing bodies do not see the benefit of diversity on their boards, which is shocking. A lot of the issues that we will discuss today could be helped by having much more diverse and inclusive boards that understand

the issues and that are there when decisions are made to ensure that everyone gets a fair crack at the whip. That is really important.

We continue to fund sports that do not have diverse boards. If we have the strength to change things—financial strength—we have to use that for benefit, because until we get diversity and inclusion on the boards we will not solve the problem.

Based on that report, we are working with the Scottish Association for Mental Health on a women in sports leadership course. We did a pilot scheme for three months and we worked with young people on it; it is for young people, by young people. Our research on the scheme showed that the top two major issues were self-confidence and mental health. We have to build young women up before we can build up role models, because giving young women the title of role model puts a burden on their shoulders. We need to start working collectively to create an army of young women who are fit, healthy and confident, and it has to come from the top, because if those at the top get the culture right and that emanates down, we will see a change. However, until that happens, I am not sure that we will.

Evelyn Tweed: Can I come back in on that point?

The Convener: Yes, but very briefly because other people want to come in.

Evelyn Tweed: Okay. Does anybody else wants to come in on what Maureen McGonigle said about diversity and making sure that it goes wider? What are organisations doing about targets, action plans and ensuring that we have diversity? Kim Atkinson, you are nodding.

Kim Atkinson: I am, because that is a tremendously important point.

I slightly disagree with Maureen, although I agree that diversity is important. We work with governing bodies through our on board for sport programme—it is the only programme that exists in that space in the voluntary sector, with the support that sportscotland provides. As part of that work, we do an annual survey of our members. The average ratio on boards is 35 per cent female to 65 per cent male. The aspiration is for a 50:50 ratio, but the average size of a sports board is nine, so unless we cut somebody in half, a 50:50 ratio is quite difficult to achieve. Usually, sports governing bodies carry one vacancy at any time, so 35 per cent female to 65 per cent male is actually a pretty good split, and it represents where they are. Yes, the ratio could be 35 per cent male to 65 per cent female, but we were in a position a number of years ago when the current ratios were not the case. Governing bodies are

treating that as incredibly important and are very passionate about it.

I absolutely agree with Maureen's point about confidence. I do not agree with quotas and targets and I feel incredibly passionate about that. My first board role was on the sportscotland board when I was 22, so women in governance is something that I have been very passionate about for a very long time, but it takes confidence to put yourself forward and it takes a little bit of time to build that confidence up; throwing women into those positions is not helpful.

Our on board for sport programme tries to identify women who have enthusiasm to be on a board. We talk with them and discuss what they want to be and where we could match them with somebody—we are looking at setting up a buddying and mentoring scheme. There are opportunities for women to get involved, but—exactly as Ailsa Wyllie said—women say: “Gosh! I have nothing to offer.” I had a conversation exactly like that last week, with a phenomenal woman who is very senior in a number of strong, high-profile businesses and she said, “What would I have to offer?” That is a very female question. I said, “Are you kidding? All of our governing bodies would bite their hands off to have you!” She said again that she was not sure what she would have to offer, so I asked whether she would like to have a conversation with somebody, told her that I was happy to be there with her and suggested some of the questions that she might need to ask. We need to work to provide women with confidence and we are doing work on that across the sector. Quotas will not be helpful; they will push things back.

We are running two sessions on developing confidence and skills next week, which is volunteers week. We are doing one with the Scottish Government and one with the financial sector to tell people how they can volunteer, how they can get involved in boards and to tell them the many ways that they can do that, because that is key.

The Convener: I am going to bring in David Torrance.

David Torrance (Kirkcaldy) (SNP): Maureen McGonigle wants to come in.

Maureen McGonigle: If I could add one point, the governing bodies have to ensure that the space into which they are bringing women is a welcoming one. Normally, they take them in to tick a box. It then becomes very difficult, women leave and it breeds the thought process of, “I'm not welcome there, why would I bother, I am a busy woman.” We need to look at those things a lot more clearly and make sure that the space is welcoming for women.

David Torrance: Good morning to the panel. I have spent the morning looking at your social media sites—your Twitter and Facebook accounts—and the number of followers that you have. Social media is probably a passion of mine because, no matter what we do, it is the easiest way to communicate with anybody now and to encourage young women into sport and leadership roles, especially with TikTok.

In her very first statement to the committee, Ailsa Wyllie touched on the topic of influencers. What are you as governing bodies doing to use influencers and sites such as TikTok to connect with young women out there and encourage them into sport?

Ailsa Wyllie: I am not an expert in social media, but we know the importance of influencers and realistic influencers for our girls and young women.

A lot of the social media that sportscotland puts out across our channels is driven by consultation with our young people. We have a national young people's sport panel, which has 20 young people on it. Of those who are on it for the current two-year period, 14 are female. I echo my previous points and note that we are seeing a lot of girls stepping forward from our schools and communities in Scotland to take on those roles.

Our young people's sport panel hosts our sports hour every month. At the beginning of every month—the first Monday of the month—we go out on Twitter for an hour and talk about current sporting issues around physical activity and sport. Again, the young people are feeding back to us that they want to be the role models who are out there, and so when we give them that confidence and speak to them and listen to them, it builds them up so that they can then showcase to other young people what they could be doing in that regard.

From the performance point of view, we also see female athletes such as Hannah Miley and Eilish McColgan stepping forward. There are Scottish female athletes out there who are performing on the world stage and talking about a lot of the challenging issues, which are barriers, that girls and young women face throughout their lives. For example, they are speaking about periods and the fact that that really challenges them when they are competing internationally. That is a positive move in the right direction.

We have not got it right at the moment. We know the power of social media, and we can see that it will become only more and more prominent through the years. We therefore need to take that area seriously. Based on our experience, involving young people in what is going out on the channels is certainly a step in the right direction.

The Convener: We move to the theme of inequalities. Gillian Mackay will lead on questions.

Gillian Mackay (Central Scotland) (Green): Good morning to the panel.

The point has been made that we need to increase the visibility of disabled women in sports. How can that be achieved with regard to women with hidden disabilities, including people with mental health conditions?

I will pick on Kim Atkinson first.

Kim Atkinson: Briefly, on David Torrance's point about social media and influencers, I am very rudely going to turn the tables and say that the first week in October is women and girls in sport week and that you will all be getting an invitation from us—as will every MSP—to make a video about why sport and physical activity are important to you and why they are important for women and girls.

I invite each member of the committee—if that is okay, convener—to support that. You are all influencers. I bet that you all have an awful lot of social media followers. I am not joking—I think that that is incredibly important. The most-watched videos that we have made at the SSA—we are a staff of six, so there are not a lot of us—are one about a physically active woman being a role model to her daughter and one about a father who is the role model for his daughter. That is perhaps food for thought.

On disabilities, I am delighted that the committee called in—absolutely rightly so—Lynne Glenn from Scottish Disability Sport. That organisation does an amazing amount of amazing and award-winning work in trying to move that agenda forward and in a very small space, by which I mean on a small budget. I know that the message that it continually puts forward is about inclusion, and rightly so, but we have to be quite specific about it.

When we say that it is about everyone, the fact that disability is part of that is sometimes lost. I think that we need to have a specific focus. You are right about what people would or would not regard as a disability, which is a challenge. However, Scottish Disability Sport has an inclusion model—we need to work to the guidance that that provides. The model, as well as support, is provided across all governing bodies, and it indicates how things can be more inclusive, how games can be adapted and why PE is so important.

10:00

It took SDS longer than anyone would have hoped to embed its award-winning training programme in every education provider and to get

everyone to take part in its award-winning disability inclusion training. That training will make sure that every PE teacher knows how to support someone who has a disability as they go into schools, first as teachers and then as PE teachers. Everyone who has been on that course says that they are a better teacher—not a better PE teacher, but a better teacher overall—as a result. It took a long time for the organisation to get that course rolled out. It was difficult to get support from partners, but what it has done is incredible.

We now need to look at what that means for health professionals. If we are working with the education sector successfully, we could say to health professionals, “You’re seeing someone with a disability, whatever that may be. Here are ways that they could be active and get involved in sports. Here are some community avenues and opportunities they could benefit from.”

I could not be more supportive of the incredible work that Scottish Disability Sport does; more power to its elbow. It is doing great work with the get out get active programme in Tayside—I think that that was referred to in one of the evidence papers, which said that we needed to provide more support to the organisation so that it can roll that out. Although we talk about sport and physical activity changing lives, Scottish Disability Sport talks about sport and physical activity saving lives. That is the level of its importance.

Gillian Mackay: Absolutely. We also encourage sporting figures to be more open about stress, anxiety and depression; we have come a long way in that. People who have those mental health conditions may not necessarily come under Scottish Disability Sport’s remit, but will participate in organised sport and other physical activity. How do we better support people who have specific diagnoses? I am thinking in particular of people who have bipolar disorders, schizophrenia or personality disorders, about which there is less understanding and awareness. How do we ensure that those people are welcome in sport and that they are understood by their team mates, coaches and others in order to ensure that they can get the best support out of what they are doing? David Ferguson is nodding, so I will go to him.

David Ferguson: I agree with everything that you have said. As I said earlier, I am a coach and have been for around 30 years for young people at different levels. For the past 12 years, I have coached girls. I have two girls of my own—that is often the way that you get brought into coaching. I know that sportscotland does a lot around that, so I will hand over to Ailsa Wyllie to speak about that.

However, speaking as someone who has been involved in sport for a long time, I do not think that there is enough recognition across the Scottish

Parliament or the Scottish Government of the value of sport and physical activity for mental health. I have heard a lot of discussion about treatment for mental health, yet there has been such a decline in extracurricular sports, drama and music. To those of us who work with children and young people, it is not a surprise that children, and particularly teenagers, are really struggling with their mental health and are under pressure, because we have taken away an awful lot of the things that help them to escape the pressure of the classroom or their studies. A lot of that has gone.

I work with girls all the time and I have discussions with them about their mental health, to the extent that they are happy to talk to me about it. I think that, as coaches, it is really important that we educate ourselves about how to do that and that we allow ourselves to do it. Parents, particularly mothers, regularly—every season—say to me, “I have not seen my daughter in such a happy place as when she comes off the bus, having had a trip away on a Saturday morning to play hockey. She is not on her phone all morning and she is not bothered about social media. She comes back and has had a real escape. I have not seen her like that for months, if not years. When I see her, she says that she is fine and goes into her room. I do not see her for hours.”

Sport provides something that I think that we have taken for granted. We really need the help of politicians and others in Scotland to start to put it at the centre of mental health and wellbeing.

Ailsa Wyllie: Our vision is to have an active Scotland where everyone benefits from sport. Our commitment to inclusion underpins everything that we do.

On how we are realising that and bringing it to life, we are working with a range of national partners, some of which—such as Scottish Disability Sports and the Scottish Association for Mental Health—have appeared before the committee. We are in the process of developing a partnership with Enable Scotland, which is about getting more people with a disability into the workplace.

Those partnerships bring an understanding of the issues and barriers that are faced by people with disabilities. We are working on training programmes to upskill our workforce and to raise the profile and awareness of the various issues that are faced by people in taking part.

I will describe what some of that means in real terms. For example, through our active schools network, we had a bespoke SDS inclusive practice programme designed, which is a training programme to upskill our workforce so that they better understand how they can be more inclusive

in how they go about organising and co-ordinating activities locally.

We are aware that, as David Ferguson pointed out, coaches are now the front-facing people: they are the ones who are listening to and hearing from young people themselves, who are talking about a lot of these issues. The upskilling of the workforce—not just the professional invested posts, but our voluntary network of coaches—is absolutely key, and we are working with our partners in and around the training that we can put on for our staff.

Gillian Mackay: I will come back on that briefly, convener—

The Convener: Maureen McGonigle wants to come in, so I will let her in first.

Maureen McGonigle: Recent research from Women in Sport on Covid—I am sorry that I had to bring up the C-word—says that

“teenage girls are experiencing worrying mental health issues and report being less happy, more anxious and increasingly dissatisfied with their appearance”,

and that the pandemic has, in many instances, simply

“amplified these issues”.

That is something that we have not discussed today, although I am sure that you have discussed it many times. The subject of unseen health issues is very important, and we should maybe delve into it more deeply in the future.

Kim Atkinson: On that specific point, I suggest three actions. First, while a mandated two hours or two periods of PE is fab, it does not apply to secondary 5 or 6. At what is arguably the most stressful point in any child’s life—and again, a key drop-off point for women—they do not have the mandated hours of PE. Addressing that would be one action.

Secondly, there seems to be a paradox in that we talk about equality underpinning everything that we do—we say that, because it is absolutely right, and it is true—but we measure on numbers. We say, “How many coaches, or members, have you got?” or “How many people were at that session?” Some of the people who face the challenges that Gillian Mackay talked about might need a bit more time and encouragement through a different pathway. If we are measuring based on numbers, we cannot underpin that with a focus on equalities.

Sport needs to change structurally, and that requires a conversation with Government about changing what we measure to ensure that we are able to focus on equalities, and not saying, “But we also need to work on numbers.”

The third part concerns mental health—exactly as you say, convener; I know that it is a passion of yours. Sport and physical activity have an impact across every national outcome, and every sustainable development goal, that I can think of. However, if we look at the relevant national outcome, we see that it is about health and sport, and if we look at the detail, it is simply about health. The SSA, on behalf of our members, will be responding to the current consultation on that to say that what we want—we would very much welcome the committee’s support on this—is a new national outcome that is about sport and physical activity, because of the contribution that that makes.

If wellbeing is at the heart of the national performance framework, as it says it is, is there another activity that supports physical, mental and social wellbeing more than sport and physical activity? That will be our submission on behalf of members, and we would very much welcome the committee’s support on that.

That would provide somewhere where we can say that people, and women and girls, being physically active is everybody’s responsibility, and something for which everybody is accountable in a different way.

Gillian Mackay: That is great, thank you.

Paul Sweeney (Glasgow) (Lab): David Ferguson, you touched on the issue of the data picture in Scotland. Do you, and the other witnesses, believe that that picture is sufficient to measure female participation in sport? Is the data in a form that is collected centrally and collated and analysed? Is there any opportunity to further improve that? Are we making informed decisions? How does the data look to you, and how could it be improved?

David Ferguson: The Observatory for Sport in Scotland was created in 2016 because of the huge void in data and research happening in Scotland around sport and physical activity, and the linking of that to wider health and wellbeing issues. It is not about looking at how many people are taking part in sport—although, as Kim Atkinson mentioned, that is how it is monitored in Scotland. We know that a lot of the figures on participation from sports governing bodies—this is not to be critical of them—are nonsense figures, because a lot of those bodies are having to guess and look how many people come to festivals or so on. Those bodies are looking into tightening up and improving the data, but that is how sportscotland monitors. It asks questions such as, “How many children have you got?” “How many coaches have you got?” or “How many people have been through?”, so a lot of the figures are not very accurate.

Proper research on sport is not being carried out. We have the Scottish household survey and the Scottish health survey, but other countries have national sports surveys to help them properly understand exactly how many people are taking part, who those people are and how regular or irregular that participation is. They look at things such as the barriers to activity and what the main issues are.

To answer your question, then: no—we are nowhere near having the amount of data and insight, from quantitative and qualitative research, that we need and that many other countries rely on. A lot of the surveys that you see and quotes that you hear are from organisations such as Women in Sport and Sport England, and they use English data, or UK data with heavily English cohorts. We really need a significant improvement in the funding of research and data collection in Scotland. There is no doubt about that.

Paul Sweeney: Thanks. Maureen McGonigle, I think that you were nodding. Do you want to offer your view, or are you just agreeing?

Maureen McGonigle: I am nodding in agreement with David Ferguson. I think it is important to understand where we are, and a lot of the information that we get comes from Women in Sport. I second what David is saying.

Paul Sweeney: Are there any further comments?

Kim Atkinson: There is a question about data and a question about monitoring. There is an old adage that you measure what you value, and you value what you measure.

Flora Jackson will be closest to the Scottish household survey and the Scottish health survey parts of this, but I will say that there is an evidence base and there is what we are trying to prove.

Governing bodies and others that are in receipt of public funding are rightly accountable for public funding—I make no bones about that, and no one will complain about that. However, we monitor and measure everything to the millionth degree, to the point that at times I worry that we are focusing more on monitoring and measuring than we are on delivery. We have to tick so many sets of boxes to say that we have this and that particular data. I am not saying that we do not need data, but we should be clear on what we are monitoring and why.

Significant rationalisation could be done. Also, if we are talking about valuing the benefits of sport and physical activity—we have had this conversation with our members—we should ask every person who is a member of a sports club or a member of a gym four questions: “Do you feel physically better because you have been active?”,

“Do you feel in a better mental health space because you have been active?”, “Did you learn any new skills or develop any confidence?” and “Did you make any friends?” If that is what we are measuring, let us have a conversation about that. If everybody measured those same things, we might get to a different place.

We still need to understand the demographics of the people who are participating, because that is how we identify gaps and understand what we need to do differently, but we monitor things to death sometimes. Considering the small amounts of money that some governing bodies and clubs get—and this would be true across the whole voluntary sector—the amount that is being used for monitoring and measurement takes away from their actual delivery.

There is a fine balance to be struck, but I think there is a need to rationalise what it is that we are valuing. Let us measure what we value and not have to measure everything to death.

Paul Sweeney: That is a helpful point about balance.

I also want to touch on an issue that has been raised with previous panels about barriers to women accessing sport at elite level and the pathways for that access. Do you have any examples of women facing those barriers? The examples that have been cited are mainly about the ability to maintain an income that enables the person to participate and to sustain their participation at an elite level. Are there any good models or exemplars from one sport that could be carried over into other sports? Do you have any insights into how we can capture best practice in that regard?

Ailsa Wylie: The sportscotland institute of sport is the programme that looks after and funds our athletes who are on the performance pathway. It is for people in team sports or individual sports who are looking to achieve on the Olympic or Commonwealth games stage. Its funding is spread equally across the male and female athletes who are coming through.

Governing bodies and our clubs help to support the regional performance pathway. When a young person is going down a specific sport pathway in a local authority, there are various stages where they might be picked up by a regional team or a regional approach that supports them at the local authority level. There are many models of sports governing bodies supporting younger athletes who are on that pathway. Scottish Rugby and Scottish Hockey, for example, have teams from age-group level, and those teams feed into the elite international athletes.

I will jump back very quickly to the data side of things—obviously, sportscotland is responsible for

collection and collation of the data across all of our funded and invested programmes. We monitor and collect data and information through the active schools programme, our community sport hubs and governing bodies.

10:15

One part of that is the numbers and figures, which help us to see where we are and give us that national picture. For instance, we know that more than 100,000 girls and young women were active within the active schools programme over the past full year that we collected the data.

There is more that we can do to bring the data from all of our different programmes together in order to see where not just girls are active but where everyone is active across the invested areas. A huge part of what we are thinking about is educating our workforce to understand and use the data to make better decisions. We are really passionate about the sharing and learning aspect. It is about not only having the information but people being able to look at the data in their local context when they get that report back in order to address inequalities at the local level. We want people to look at the figures from a local community perspective and understand what changes they can make, whether that is in the next year or the coming term, to help to address what they see through the figures that they are getting. Sharing and learning about the impact, which is the qualitative information that goes alongside the numbers, is hugely important. We are showcasing the good practice examples, and people can see and learn from other things that are working within their communities.

Paul Sweeney: Do we need to do more to feed that back, particularly to local authorities? It seems to me that a lot of decisions are end-of-year financial decisions because, in order to balance a budget, there is a menu of pretty painful decisions that have to be made. Those decisions are not necessarily well informed about whether cutting something to save £X is pushing the problem somewhere else in the system, which might cause exclusion from sport and, therefore, mental health and physical health impacts. Is that something that we need to improve in Scotland?

Ailsa Wyllie: Yes—there are always improvements to be made in and around that, and we absolutely recognise the landscape that our partners are working in at the moment. We are supporting and protecting the workforces where we can, and an absolute priority of sportscotland is protection of the investment in our current workforces, so that we have the people on the ground who are able to deliver. However, I agree that we could do more.

The Convener: Stephanie Callaghan has a brief supplementary question on that issue.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): We spoke earlier about how single mothers are least likely to get involved in sport, how mothers put their children first and how the situation would be better if only women had more time. How do we ensure that women make it a priority to look after their physical and mental health by getting involved in sport and activities? Perhaps the pregnancy and postnatal periods are an opportunity to do that.

Lots of mums prioritise their children and go to breastfeeding groups and toddlers groups, so why are we not looking at them going to activities and sports groups as well? We need to get the message out to those parents that, if they keep themselves active and get involved in sports, that will be a huge benefit for their children. Is that an area that we should be looking to develop, so that we can bring through the next generation of young people? That question goes first to David Ferguson. It would also be good to hear from Flora Jackson, and I can see Kim Atkinson nodding.

David Ferguson: That is a really good point. When I first got involved with the OSS, one of the interesting things that I came across was a bit of research that shows that mothers are the most important role models in relation to whether children—girls and boys—take up sport. I have now seen that research done several times in different countries and it always says the same thing, so I tend to believe it. Where there is a mother in the household who will take that child to sport, that child is more likely to be involved in sport and physical activity for the rest of their life. Lots of research shows the mother to be the most important individual. Therefore, obviously, it is about helping mothers.

We have discovered that, with that decline over the past 20 years, we have a generation of parents who have never been involved in sport. Mothers ask me interesting questions about children having butterflies in their tummy before going to their sports; they say, "I'll keep them off, because they're obviously sick." When I first had that conversation, I was quite taken aback. Now, I expect it and say, "It's just butterflies; it's just nerves." As soon as the mothers know that, they are happy to send the child to the sport and it is not a problem, so the children go and take part.

We see some really good examples of mother and toddler clubs that are now going out walking. The OSS sees a group of mothers going on a walk and doing something active with their babies as sport. The important thing is that there is support. I know that the committee is looking for ideas and interventions that it can get on the back of, so that members can hear about things that could be

introduced. A lot of what you will hear today will come back to the fact that it is about the facilities and the opportunities to take part in sport.

Some politicians have told me that the problem is that girls and women do not want to do sport. Do not fall into that trap. My experience and the research tell us that that is not the case. You will be amazed by how many people—even women who say that they are not sporty and do not want to do sport—will take up a sporting activity that is put on in their environment if it is easy, affordable, safe and has a focus on fun. I am sure that, in the past, Mr Gulhane will have encouraged patients to do something and they will have got involved in it, made a quick turn around and said that they quite enjoyed it. The key is about ensuring that the opportunity is there.

On what you said about mother and toddler clubs, it would help if this country had a stronger focus on the health and wellbeing outcome of sport, from the top to the bottom, and if we held councils and others accountable for the health and wellbeing benefits of sport. That means holding them accountable not just for putting sport on, but for ensuring that we address inequalities and poverty. I go back to the example that I used earlier about the Dutch, who have gone down the road of saying that they will give funding only if they can see evidence of those benefits. If we did that, we would see clubs, groups and societies making more of an effort to put activities on alongside mother and toddler groups or whatever kind of club they are running.

Do not make the mistake of thinking that mums do not want to do sport. They want to do it, but in a fun and safe environment. That is what we have heard from the research. We need to create the opportunities.

The Convener: I am sorry, but we need to move on to our last theme because we only have about eight minutes left. I ask people to keep the questions and answers short, so that we can get as much information as possible.

Sandesh Gulhane: In one of your previous answers, you said that you have data that shows that 100,000 women participate in sport. What is the ethnic breakdown of that data?

Ailsa Wyllie: It depends what dataset we are looking at. We are aware that we need to do more on that. In the past, we did not gather data that was as widespread as we could have, but we recognise the importance of that and we are working with our partners on it.

Sandesh Gulhane: Do you collect data on ethnicity?

Ailsa Wyllie: Yes, we are now gathering that data through our active schools programme and governing body information. In the past, we did not, but we recognise the importance of doing so

and we are currently trying to get that right with our partners.

Sandesh Gulhane: To increase participation in the future, we need to know what is going wrong at the moment and what the problems are. That is the whole point of having everyone here. I feel that there is a big difference, even within girls' and women's sport, with people's ethnic backgrounds because, culturally, that makes a difference. David Ferguson spoke about having a safe space in a person's area. That is very important, so ethnicity data is vital. As you are now collecting that data, what do you think that you will do differently to try to get people from different ethnic backgrounds to play sport?

Ailsa Wyllie: We are considering quite a number of things. In Scotland, we are engaging in a new partnership with Sporting Equals, which is a United Kingdom-wide race discrimination charity, to further our understanding of the barriers to participation. We want to understand the barriers in Scotland, rather than take information and data from elsewhere in the UK. That partnership will help with training and raising awareness and understanding and, as I said, it will help us to understand all the barriers that people face that stop them participating. It is about understanding the reasons why and what is not available for them where they live, so that they can participate.

We want our workforces to look at and understand that key area. It comes back to local need. Across the whole sporting system, from the grass roots through to club sport and performance sport, we want to understand where the barriers are and what the figures are, so that we can learn about who is not participating and approach it in communities by putting things on in the right places so that people can attend and participate.

Sandesh Gulhane: Fantastic.

Kim Atkinson, in your submission, you spoke about

“a lack of both in-depth and longitudinal research in Scotland over the past 20 years.”

We have heard from David Ferguson and Ailsa Wyllie that some work is being done in that regard. Who should the responsibility for collecting the data fall on? Should it be the Scottish Government, or should it be organisations such as sportscotland and clubs?

Kim Atkinson: That is an area in which we all play our part, and it goes beyond sport and physical activity. Let us be clear that we are talking about a budget—Ailsa Wyllie can confirm this—of £30 million, which is not huge given what we are trying to do. I argue that nothing else with such a small budget impacts on more people.

I think that everybody is keen to play their part. We require to be succinct about the information that we need, what we will try to do with it and how we will hold it so that it can be meaningfully assessed and reviewed. There is also a need to explain to people why it is important. When I am on a phone call to open an account or something like that, I often make the joke, “Do you want my blood group next?” Everyone requires a lot of data, and we as a society perhaps need to be open and transparent about what data we are gathering and why. It is exactly as Ailsa Wyllie said: we want the data because we want to make things better, to improve, to understand and to break down barriers. However, a lot of people are reluctant to give data, which makes things quite hard. A standard response is often to say, “I prefer not to say”.

We all have a role to play in working on that and moving things forward. Our governing bodies are working really hard on the issue, but there is a systems part behind that as well. A lot of governing bodies have no staff and are run by volunteers. That is not an excuse, but it makes things quite challenging. In addition, there is no information technology infrastructure behind such organisations to provide support. However, all of us working collectively makes that a little bit easier.

One of the key questions is with regard to local authorities. Earlier, the point was made about their accountability, given that they provide 90 per cent of investment in sport. We are talking about community sport. Local authorities are the big players here, guys. What are they being held accountable for? What are we challenging councillors on? Trusts are in incredibly difficult positions but doing really good jobs. We need to be asking the councillors and the councils different questions. The issue of accountability is a key question that I would be asking of them.

If I can just comment very briefly on Stephanie Callaghan’s question, if you told parents—

Sandesh Gulhane: I am sorry—I will just pause you there. I am asking specific questions.

I will stay with Kim Atkinson when I ask my next question. David Ferguson spoke about how women and girls want to participate in sport. In your submission, Kim, you said that there is a gender gap by the age of 17 and 18, which is widening. By the time that girls reach that age, about 30 per cent

“describe themselves as ‘sporty’, compared with 58% of boys”.

You then say that the gap continues to widen into people’s 30s and 40s. What can be done about that? How can we address that gap? How can we get more participation?

We all talk about sport, but, as a general practitioner, I just want people to be more active. David Ferguson made the same point earlier. That is the first step and then, if a person becomes more active, they might do sport. The issue for me is that people become more active. How can we do that?

Kim Atkinson: We did not put in a submission, so I am not sure whose figures those were; they were somebody else’s. However, I am very happy to talk to the point. Perhaps you would rather speak to the person who wrote that. I would be happy either way.

Sandesh Gulhane: I am happy for you to answer.

Kim Atkinson: Fine. It is about providing broad opportunity. I am passionate about sport and physical activity, and I genuinely believe that there is something out there for everybody. However, that varies by life stage and the time that people have. We know that the key indicator of life expectancy is how physically active you are. That speaks to Stephanie Callaghan’s point about mothers. If you want to live a longer life to see your kids—and maybe your grandkids—grow old, you will want to take part in physical activity.

It is about people having opportunities to be active in whatever way they would choose. Colleagues have made points with regard to people being informed about whatever activity they would like to be informed about. Colleagues have also spoken about the barriers throughout the discussion. It is about making sure that those opportunities exist locally. The challenge, which David Ferguson mentioned, is about facilities. If people cannot get into facilities, and there are not enough people to volunteer as coaches or as volunteers, those are barriers to anybody being active but it is more prevalent for women.

There needs to be breadth in opportunities—that is, there needs to be a number of activities, somewhere for people to go and people to make that happen. Those are massive areas that we are facing across sport.

The Convener: Thank you very much. Unfortunately, we have run out of time and have come to the end of this session. I thank the witnesses for their contributions as well as those who put in submissions to the inquiry and gave additional information.

10:29

Meeting suspended.

10:40

On resuming—

Scrutiny of NHS Boards (State Hospitals Board for Scotland)

The Convener: Our next agenda item is further scrutiny of NHS boards. Today, we will take evidence from the State Hospitals Board for Scotland. I welcome Robin McNaught, director of finance and e-health at the State Hospitals Board for Scotland, who joins us remotely.

We will move straight to questions. Sandesh Gulhane will ask the first questions.

Sandesh Gulhane: I thank Robin McNaught for joining us. My first question is about translators. When it comes to mental health, being able to talk to a doctor, a psychiatrist or a nurse is obviously vital, but if someone does not speak the language, that is almost impossible. The Mental Welfare Commission for Scotland has said that access to translators might not be as good as we hope for. How are you addressing that issue?

Robin McNaught (State Hospitals Board for Scotland): We are moving forward with that through two separate streams. First, we are looking to increase availability of recognised translators for the languages with which we currently have issues in relation to patients on site. That is to ensure that we are not reliant solely on one translator and that we have back-up options available if somebody happens to be unavailable.

The second element that we are looking at relates to information technology systems. That is part of a broader exercise, but we have had some early success in our initial work in relation to automatic written or verbal translation through screens. That is part of a much more extensive digital inclusion programme, which is in the early stages of evaluation. We expect that the project could run for between three and five years overall, but an early element of it will involve providing a translation facility through a tablet or mobile device, because we have seen that that works successfully elsewhere. The technology is still developing—it is developing rapidly—but we want to be able to take advantage of it.

Sandesh Gulhane: That is fantastic. That system could be used throughout the NHS once it has been developed appropriately.

I want to ask about patients who are told that they can move to less secure units. A number of patients are eligible to be transferred, but those transfers have been delayed. What barriers do you face in moving patients to less secure areas?

Robin McNaught: The main barrier is simply the availability of beds in medium-secure areas. If

patients are held in our premises for longer than we would like them to be, that restricts the potential movement of other patients. Staff resources need to be focused on dealing with those patients when, given the other staffing pressures, we would perhaps like those staff resources to be spread more widely or prioritised elsewhere. The main obstruction is the availability of beds.

Sandesh Gulhane: Is the issue that there is a lack of physical beds, or is it that there is a lack of staff to staff those areas?

Robin McNaught: My understanding is that the issue is the availability of physical beds in other sites.

Sandesh Gulhane: My final question is about patients who are with you but have no real need to be with you. They are there because they have been for an assessment or review and there is no indication of how long they will be with you. What are you doing to move those patients along? Is it about the availability of beds and the ability to move people into different areas?

10:45

Robin McNaught: The clinical teams work extensively with the other facilities daily to assess and forecast availability and when transfers can take place. Neither ourselves nor the other sites wish to be in a situation in which patients are not able to move on when they ideally would, so it is key that we make sure that the time that is spent with patients, the facilities that are available to them and the activities that can be undertaken when they are moving around our site are tailored appropriately so that they do not find themselves excessively restricted compared to patients who are with us on a longer-term basis.

The Convener: One of the other recommendations in the Mental Welfare Commission's report, which Sandesh Gulhane talked about, was that managers should ensure that patients and carers have the opportunity to attend or participate in MDT meetings. Can you update the committee on the progress that the state hospital has made on that recommendation?

Robin McNaught: Yes. It is and has always been recognised that it is important for the patient to be at the multidisciplinary team meetings. There was inevitably a slight issue with patients attending physically as we came through the Covid period. When Covid struck we made quick progress, compared to some other places, in bringing in automated ways of communicating internally and with the outside world, but there was still a bit of a delay with patients being able to engage with their clinical teams remotely if they

could not meet in person on site. There was a bit of a dip in attendance during that time.

The Mental Welfare Commission's visits to us were in November 2021 and, later on, in September or October 2022.

The Convener: They were actually in August 2020 and November 2021.

Robin McNaught: Okay. Attendance at those meetings has been improving since then. One important aspect is that extensive targets and measures are controlled through what we call our performance workbook, and one of those targets is attendance at the care programme approach meetings. That has shown an improvement in recent months and we will continue to focus closely on it. The performance workbook effectively links our corporate objectives to our delivery plan, key performance indicators and equality outcomes, and through all of those aspects we will make sure that that—

The Convener: I am sorry, but can I drag you back to the answer that I was looking for? You have explained what has happened with in-patients, but I am asking about participation of carers at MDT meetings.

Robin McNaught: Similarly, carers' participation and attendance are much improved since the restrictions of Covid have been opened up. We worked with carers and provided some of them with remote facilities when we were encouraging engagement at that time. One or two of those carers continue to engage remotely, and there is continuing focus on managing travel to in-person meetings effectively. We are, however, moving towards more in-person meetings in this area and across all areas, and attendance at those has also been improving in the past six months.

The Convener: Thank you very much. I pass to Evelyn Tweed.

Evelyn Tweed: Good morning, Robin. Will you update the committee on the progress that is being made towards opening a high-secure service for women at the state hospital?

Robin McNaught: Yes. A meeting is due to be held fairly shortly with, I believe, our chief executive and our medical director, who are meeting the Minister for Social Care, Mental Wellbeing and Sport and the mental health directorate to discuss the direction of that.

A multidisciplinary team from the state hospital undertook a two-day site visit to the national female high-secure service at the Rampton hospital in England. A small number of patients from Scotland—currently two—are at Rampton. The number has tended to be between none and

three over recent years, and the current average stay is seven years.

The progress in relation to the state hospital is that there are clinical aspects that would need to be addressed on the individual treatment of those patients and a capital aspect. It has been estimated that the revenue cost for the state hospital to manage the clinical side—the teams that would be required and the location of the patients on the site—would be around £2 million, but significant capital investment would be required for us to ensure that the area in which the female patients were held on site was suitably restricted from the remainder of the site.

That is where some of the staffing cost comes for patient movement around the site. When the state hospital was built, just over 10 years ago, it was built on the understanding that it was an all-male facility. Because of the ward structure, capital expenditure would be required to place the female patients in a location that was safe for them, because of the nature of some of our male patients.

Evelyn Tweed: How does it work with the women who are at the facility in England seeing their family and friends?

Robin McNaught: I believe that support is given for families and friends to encourage physical visiting where possible, but I also understand that Rampton hospital has facilities similar to the one that we have to enable our patients to communicate remotely.

Evelyn Tweed: Do you foresee the opening of the new Cornton Vale prison having any impact on the high-secure treatment services for women?

Robin McNaught: It is hard to say, because the future needs are unpredictable. If the facility is deemed to be appropriate from a clinical point of view for any future female patients who require a certain level of treatment, that could assist. However, equally, without a dedicated female high-secure service, which has been initially costed and discussed further for the state hospital, it is likely that a facility such as Rampton would be required for certain female patients. Unfortunately, it is very much down to the individual case. The future service demand in that area is difficult to forecast.

The Convener: I will pass to Sue Webber for questions.

Sue Webber: Sorry, but I am a bit lost, convener.

The Convener: You were going to ask about financial sustainability.

Sue Webber: Thank you very much for drawing my attention to my contribution.

Robin, with the increasing cost pressures to which you alluded in terms of development, how can the State Hospitals Board ensure that it is financially sustainable in the medium and long terms while maintaining patient safety?

Robin McNaught: That is a good question. It is an area in which we feel quite pressured.

In recent years, we have managed our budget sustainably. We have achieved the levels of savings required and we have been able to take forward new spend and new initiatives where the support has been available. However, it is an ongoing cycle. As we get the end of the current year, we are about to approach the sign-off of our year-end accounts, where we will have met our targets for the year. However, as soon as one year is complete, we are already working with budget holders on how to better control next year.

Our current forecast for next year is that we are within the 1 per cent that is permitted, but we are looking at a potential slight overspend in 2023-24, which we would then bring back in the following year. That arises from some one-off costs that we are looking to incur next year, potentially with one or two areas of uncertainty, particularly with regard to energy costs, which are of significant concern not only to ourselves but, I am sure, to many of the other boards.

At this point, we can only estimate what those costs might be, subject to possible price fluctuations and uncertain levels of usage—we do not know how things will be come next winter in terms of needs and the demands on energy. That is a significant cost pressure that we will be looking to manage within our budgets for next year.

The pressure on us is because of that and the resultant level of savings that we will require to achieve in the year, which is quite a bit up on the current year. In contrast to a number of the territorial boards and the other national boards, the specific pressure that we have is that our staff costs are significantly higher as a percentage of our total costs. With that being more than 80 per cent—around 84 per cent—of our costs, it does not leave a huge number of other costs where we can look to make further efficiencies beyond what we have already been doing in recent years.

There has been support in the past two or three years. In the context of national budgets, the level of costs that we are talking about—for example, on the energy side, we are saying that it might be a pressure of an additional £500,000 for us next year—is not a significant amount, but it is a significant element in the context of our total budget. Where certain individual pressures have arisen, we have been successful in getting additional support through. However, the strong

feeling that we are getting from budgetary discussions for 2023-24 is that the national pressures in the coming year will be significantly more than last year, which puts additional pressures on us, including on the infrastructure side of things, where there is a significant amount of work on, such as the backlog maintenance of the site. As I mentioned, the site is more than 10 years old now and it is at the stage where a rolling programme of maintenance is required, which is not insignificant.

We got an additional level of support—just over £400,000—last year, when there was some funding available, and that was of a lot of use to us. However, ironically, not long after that funding was made available, there was a communication asking whether, if the spend was not yet committed, it could be paused because some of the national moneys were being pulled back a little.

To ensure sustainability—we do discuss this at our quarterly meetings with our liaison team—when we know that there are areas of additional pressure coming that have not been highlighted before, our main focus is on bringing those up at the earliest stage possible and discussing any additional funding routes that might be available.

As I said, in some areas, we are looking at sums that are important to us but that are not significant in the context of national budgets. For example, as I mentioned to your colleague a minute ago, a lot of work is required on the digital side of things. There is a significant amount of development that we want to do, particularly for the patient side and digital inclusion. However, we need to set out perhaps a five-year programme to say what funding will be required, because we are looking at spending hundreds of thousands of pounds on IT equipment and additional staffing to manage that side of things.

Our main focus will be on engaging very strongly with individual budget holders and ensuring that all the budget holders are very aware of the pressures and are coming to us with initiatives to take matters forward.

Sue Webber: Robin, with 84 per cent of your budget being used for staffing and workforce costs, you have a very small envelope to try and find efficiency savings. Given the backlog of maintenance that you talked about, will you have to put on hold some of those projects, and what risks does that present to your facility?

11:00

Robin McNaught: I would say that none of the projects that we would be putting on hold at the moment is a priority that would put anything at risk. Those that we were able to bring in towards

the end of last year—with the additional £400,000 that I mentioned—were such that we were able to bring some areas through. It tends to be more about looking a year or two ahead, when certain things are coming to end of life or, if it is the IT side of things, to end-of-life support. We would then make sure that we brought those to the attention of the funding teams.

We have a strong programme through which we prioritise matters in relation to patient safety and risk as the essential spends. Other spend will then flow as funding permits.

Sue Webber: I will ask another quick question. The “Independent Review into the Delivery of Forensic Mental Health Services” recommended

“that the State Hospital introduces charges for the care and treatment of people from Northern Ireland.”

Given the small number of patients from Northern Ireland in the state hospital, will that generate much income? Can you estimate it?

Robin McNaught: At the moment I would say that it will not, on the basis that although we had initial discussions with our colleagues in Northern Ireland, the stage of those discussions is such that our chief exec is referring the matter back to St Andrew’s House for further discussion. We got quite well into discussing matters with them, but they are reverting to what they see as the position when the hospital was established, which was before the time of any of us who are now in management. They state that there was an understanding between Northern Ireland and Scotland that that support would be given without charge. Our chief exec is now picking up with the minister on that position to try and take things forward. That discussion will now need to be taken to a higher level than between our board and our Northern Ireland colleagues. We are making no assumptions of income at the moment.

The Convener: When was that discussion reverted to the Scottish Government and ministers?

Robin McNaught: I am afraid that I do not know the exact time. Our chief exec discussed it at one of our quarterly liaison meetings, which would have been during 2022, but I am afraid that I do not know the exact date.

The Convener: It would be helpful for the committee to have that information, if you would not mind writing to us with it. We would probably look to pursue an update on that.

Emma Harper: Good morning, Robin. I am interested in some of the key performance indicators that the State Hospitals Board for Scotland publishes. When I was on the health committee in the previous parliamentary session, we talked about patients being offered an annual

physical health review. It looks as if the target is 90 per cent but that only 51.78 per cent is being achieved. What actions have been taken to address that specific key performance indicator in relation to the annual physical health review?

Robin McNaught: That has been a strong focus through the clinical teams. I am looking at our current KPIs as reported to the board and I am pleased to see that our last update on the annual physical health review now has it showing up as green in our red, amber and green status indicator. The level has therefore now reached the required target for the teams. Our board expressed concern about that and there was then a focus from the clinical teams to ensure that those reviews were taking place. Again, it was somewhat affected by Covid, but that is now back on track.

Emma Harper: When Professor Lindsay Thomson came to the committee, I asked her about the challenge of overweight and increased body mass index in patients and how to support them to have a healthier weight. Professor Thomson’s said that the on-site hospital shop had made a decision to have 80 per cent healthy foods and 40 per cent unhealthy foods, whereas other places were doing 50:50. That was a goal. At the moment, I am reading about ultra-high processed foods in a book by Chris van Tulleken, in which he talks about the correlation between UHP foods and obesity. How do you support people when activity might not be easy to achieve and groceries are brought in by family members? That issue was highlighted the last time a state hospital representative was here.

Robin McNaught: It is true that that is an issue, and perhaps it has two aspects. There is the on-site shop and families and visitors bringing items in, and there is availability of and participation in activities on site.

With regard to the shop, that policy has continued and the proportion of unhealthy items there is significantly down. We have a supporting healthy choices working group that works closely with patients and the shop to monitor those changes and take the policy forward. The changes have been welcomed and have not caused us any issue at all. Patients have been quite pleased with the new options and the new ranges that are available on site.

The group is also working far more closely with visitors in terms of giving feedback to ensure that what is brought in is more compliant with those changes and that quantities of anything that is perceived to be on the less healthy side are reduced. In most cases, the group is trying to eliminate the high-sugar drinks and so on that some people were trying to bring in.

That team also has a strong focus on the on-site physical activity programme. In fact, about a month ago we had a week with annual sports awards for patients, where we rewarded patients for participating in sporting activities on site. Taking forward things like that is seen as important to get the patients to engage with the trainers and the team in the sports area and to get them participating in as many sports as possible, some of which are new to the patients. They get fairly simple awards, such as certificates, but the patients really got engaged with that and participation levels were up on the previous year, so the awards will form a key part of the programme in the future.

That cannot take away from the fact that BMI is a significant challenge, which is shared with other high-security settings. It is certainly a challenge that we cannot take our eye off.

Emma Harper: Do you measure the activity of individual patients in the state hospital?

Robin McNaught: Yes.

Emma Harper: Okay. I will ask another wee question. We have asked other boards how they will achieve net zero. I am interested to hear what the state hospital is doing to take forward net zero activities.

Robin McNaught: I am pleased to report that we are well on target with that. Over recent years, our estates team has been looking very closely at all the requirements for net zero and building towards it. We are already well ahead of where we intended to be with regard to our targets and have no significant concerns about failing to meet them.

Recently, we have done quite a lot on electric vehicles, with new charging points on site and new electric vehicles in our fleet—moving to electric those vehicles that we use externally and those that just move around the site to deliver goods to various areas.

We had been looking at the potential for installing a wind turbine on land close by. In recent years, that was dismissed on economic grounds, but we are revisiting it because circumstances have changed and some of the costs that were there before are now more manageable—so we will potentially look at that too, although it is much further down the line.

Our estate team reports that the initiatives that it is currently taking forward are on track for what is in our net zero targets. We are very pleased with that performance.

Emma Harper: I will ask one final wee quick question. If someone is transferred to the state hospital and is then relocated to another less secure facility, do you measure that as part of

performance measurement? Is that part of tracking patients' movements?

Robin McNaught: I am sorry—I do not quite understand. Do you mean, as a performance indicator?

Emma Harper: Yes. I assume that, once someone is admitted to the state hospital, there is the potential for them to be transferred to a less secure facility, as part of their progress. Is that monitored?

Robin McNaught: It is. I am sorry. I did not quite pick up on that at first. I apologise for that.

We also measure whether certain processes are followed each time patients are transferred and whether we have made sure that everything is in place before, during and after those transfers—for example, that appropriate concerns are discussed and that everything is in place with the receiving facility before a transfer takes place.

The Convener: Before I call Sandesh Gulhane, as I asked you a question about it, I put on record that, when I was Minister for Mental Health, I commissioned the independent review of the delivery of forensic mental health services.

Sandesh Gulhane: Emma Harper asked about healthy weight. I am keen to ask about smoking and vaping. What are your rates of those? I ask because rates are very high for people who have mental health issues. In addition, what are you doing to reduce them?

Robin McNaught: We have no smoking or vaping. It is a closed site for patients and staff.

The Convener: It looks as though the state hospital having done so well in that regard has come as a surprise to you.

Sandesh Gulhane: It has.

The Convener: We move to Gillian Mackay for the next theme, on staffing, culture and governance.

Gillian Mackay: Good morning. I imagine that working at the state hospital can differ greatly from working in other health boards. In your opinion, what particular pressures do staff at the state hospital face, how is that likely to affect their wellbeing, and what steps is the board taking to address that?

Robin McNaught: That is a good question. Inevitably, particularly for the nursing and medical staff who work closely with the patients, and given the unpredictable nature of a number of our patients, a significant element of stress can impact on our staff. That is reflected when we monitor the reasons for staff absences. Stress features in those.

Sometimes, regrettably, staff get into incidents with patients—for example when restraint is involved—and occasionally get hurt. Obviously, that is of concern to us. We focus very much on patient wellbeing but also on staff wellbeing. In such instances, there is strong support working with those members of staff during their absence and when they return to work—whether they come back directly into patient contact or into other areas of work first.

11:15

During the Covid period, we set up a dedicated staff wellbeing centre, with a number of staff dealing with that specifically. Although, at the time, there was a feeling that that was being brought in for the Covid period and would not necessarily remain thereafter, we decided to keep it in place and take it forward. That staff wellbeing centre is now a dedicated area where staff can go during certain periods to meet people and have a supportive chat. There are activities available to enable them to relax and switch off a bit. There are periods when there are services available to them—an example is physiotherapy consultations. There has been very good feedback from that in relation to staff wellbeing, and we will continue to keep a focus on that.

That was initiated using a piece of specific funding, but it is an area that we want to focus on as part of our business as usual. In common with other boards, we have found that a number of ways of working and other aspects that have come out of the Covid period are now seen as positive developments, which we want to keep moving forward with. The staff wellbeing centre is certainly one of those.

Gillian Mackay: That is great—thank you.

The committee has focused on recruitment as well as retention. In your submission to the committee, you highlight that

“A key element has been on education around the unique offer TSH can give for the opportunity of a career in forensic mental health care, including continuing training and development.”

You said that that

“is proving to be a successful campaign for newly qualified practitioners, and for students expected to qualify in September 2023 with a growth in applications from social media campaigns.”

Will you say a bit more about the success of that campaign and how you think it could be replicated in other areas of the NHS?

Robin McNaught: That is an interesting question. It is an aspect that is quite new to us. We have had issues with recruitment, which has been a challenge for us over recent years. The

social media side of things is new for us—we have not had a big presence on social media, perhaps for obvious reasons, given the nature of the site and our patients. However, we have used social media increasingly for recruitment. That was based on feedback from new recruits, who told us about the importance of social media. That has been recognised and social media now plays a significant part in our recruitment work.

Another supportive element relates to induction and peer support and how that develops once staff have been recruited, on which we were perhaps not as strong as we could have been in the past. There has been a focus on the development of a peer support network, on the clinical and the non-clinical side of things throughout the organisation. We have delivered training sessions on that in 2023, and we now have a number of staff who are trained as peer support workers, who can provide such dedicated support. That has been seen as being very supportive of the initial recruitment development. I do not know how strong that is in other boards; perhaps that could be looked at.

Gillian Mackay: That is great—thank you.

Paul Sweeney: I want to touch on the fact that the sickness absence rate at the hospital exceeds the 5 per cent target—it is 7.68 per cent. To what do you attribute that? What additional support has been provided to improve the mental health of staff?

Robin McNaught: Yes, the sickness absence rate has risen. It was at that level a little while ago, then it came down. It has gone back up to the level that you mentioned.

We are now looking at some of the cases to get more clarity with regard to the reasons behind them and to try to address and pre-empt what might be causing absences. This is still in its early stages, but someone on our human resources team is focusing purely on that issue to see what has changed in this respect. In some cases, is it just the impact of the return to physical working? Some staff have been working from home for two years, and they have come back to physical working, only to find that things are a bit different and that they have needed a bit of extra time. That has certainly been the case in one or two areas, and it is seen as a potential cause for some of the increase. However, our human resources team is focusing specifically on the issue.

I should point out that the upturn to the current percentage is quite recent, and we need to see how things progress over the next two or three months—say, through the next quarter—and work on that basis. It is slightly frustrating, though, because we had got things down to a good level from the higher level that they were at a few years ago. When the numbers start to creep back up like

this, it becomes a strong focus for us and something that we need to address.

Paul Sweeney: Will you be able to share your findings from your work in this area once the causal factors become more obvious?

Robin McNaught: Yes, I am sure that that can be done.

Paul Sweeney: That would be great.

The Convener: I call Emma Harper for a brief supplementary.

Emma Harper: I will be brief. I want to go back to what you said about induction, orientation and ways of welcoming, developing and retaining new staff. Previously, I was a clinical educator and I was responsible for developing and delivering an induction programme for all new staff. Do you get to work with other boards and see how they are delivering certain programmes? I am talking about training and induction not necessarily for mental health staff but for other practice, too, because it feels, sometimes, that the state hospital is quite separate. What do you think about connecting with other health boards?

Robin McNaught: It is an interesting area, with two aspects that I would highlight. First, I point out that quite a number of staff who have joined our human resources team in recent years have come from other boards and have been able to bring some of their learning and knowledge from those boards with them. At the same time, it is also something that we strongly encourage, and more so in recent years, not just on the staff recruitment and HR side of things but across other areas such as e-health, procurement and so on.

As you have said, ours is a stand-alone site, and we are quite different from other boards. In the past, there might have been a risk of our being faced with something and thinking that we were alone and that we had to work out how to deal with it ourselves, but in the current culture we are really driving towards ensuring that we work as much as possible with other boards and that we are not reinventing something to find a solution that already exists—or, indeed, vice versa. Perhaps we can help other boards, because we feel that we have developed things that could be of use.

The level of collaborative working across the site is significantly higher, too, not just because of service-level agreements and other areas of mutual working but because of the engagement that is happening at senior management and director level and the work that we senior executives are doing with colleagues on other boards or as representatives on national boards, peer groups and so on. We have really pushed that; indeed, we have made it almost a specific target for directors and management to do as

much as they can on a collaborative basis, where that is possible.

The Convener: David Torrance has questions on Covid recovery.

David Torrance: What impact did the Covid-19 pandemic have on patients at the state hospital and their treatment?

Robin McNaught: Just to go back to the previous question, we were perhaps almost unique in the sense that most other boards' service delivery could or had to change during Covid but ours could not. We could not say to the patients, "Right, we need to let you go and we'll see you in two years when this is over." The patients remained on site and their care had to continue, so we had to ensure that we had the staff to provide that care.

In the early stages, there were times when the patients' movements on site were more restricted and they had more time in their rooms, which is not something that we want—we want them to be out of their rooms and as active as possible. However, in the early stages of Covid, their movements were very restricted and they were not able to get around so much, but their treatment continued in the way that it should have continued. The clinical teams faced the issues of masking and so on—from the early days, extensive work was done to ensure that, as quickly as possible, as many staff as possible were fully operational in the patient areas with the appropriate personal protective equipment. That was put into place quickly and, from a clinical perspective, the staff were able to continue to work effectively, as they had been doing beforehand. However, obviously, beyond the direct clinical treatment, the supportive aspects such as activities and so on were much more curtailed until the restrictions eased.

Just before Covid, we were going to implement a new version of our clinical model. The timing was unfortunate, because that had been evaluated and was all set to go ahead just before Covid hit. The new clinical model involves locating the patients in a slightly different manner around the site—for example, patients who are ready for transfer to other sites will be located in one area rather than spread around different hubs and wards, so that they share more common experiences. The new clinical model had to be put on hold during Covid and it is only now being implemented—that got under way a few weeks ago and is currently in progress. Had the new clinical model come in before Covid, that would have had a significant benefit for the patients, but that benefit was delayed by a couple of years because of the pandemic.

The patients were never at risk of not having the appropriate clinical supervision or medication or

anything like that, although physical activity was strongly curtailed during the period. Thankfully, we have been able to get that fully up and running again.

David Torrance: What progress have you made on the 11 recommendations in the report “Forensic Mental Health Services’ Response to the COVID-19 Pandemic”?

Robin McNaught: Progress on those recommendations is on track—that is monitored through our quarterly reporting to our liaison team. The clinical teams are pleased with where they stand on that. The issue is closely monitored through our performance directorate and the board, and we do not have any issues or concerns about those at this stage.

David Torrance: Thank you.

Stephanie Callaghan: I want to go back to the first question that David Torrance asked. Has there been an impact on patient wellbeing as a result of the Covid pandemic? Has the pandemic exacerbated some patients’ problems and made it more difficult for them to have a safe transfer to lower levels of security?

11:30

Robin McNaught: Unfortunately, that is very difficult to assess, because every patient is different. Just like everyone else, patients have been affected in various ways. The important thing is that every patient has an individual care plan and that our clinical teams do not look to treat everybody in a set way, no matter how they present and so on. During the Covid period and after it, where there were any concerns about an individual patient, whether those arose as a result of Covid or before it, as a result of other issues, those were addressed and given the appropriate levels of treatment.

That is our key focus—the clinical teams spend their days making sure that the approach is correct on a patient-by-patient basis. There is a strong focus on our patient partnership group, which has board and senior management involvement. The directors are also engaged in keeping track of what the clinical teams are doing and getting regular feedback.

To be honest, as a non-clinician, it is impossible for me to answer that question, but I am sure that even the clinicians would be hard pushed to say whether certain specific patient issues arose because of Covid or were exacerbated as a result of it. The important thing is that, however the issues have arisen, the patients get the treatment to ensure that they are addressed, and that is very much the focus of our clinical teams.

The Convener: Thank you very much, Robin. The committee looks forward to receiving the follow-up information that you have committed to provide us.

European Union (Withdrawal) Act 2018

Healthcare (International Arrangements) (EU Exit) Regulations 2023

11:31

The Convener: The next item on our agenda is consideration of a notification from the Scottish ministers in relation to the Healthcare (International Arrangements) (EU Exit) Regulations 2023, the purpose of which is to revoke the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 and make provisions to enable the functioning of existing and future reciprocal healthcare agreements. The regulations are a continuation of existing arrangements in relation to reciprocal healthcare agreements.

In this case, there is no statutory requirement for United Kingdom ministers to obtain the consent of the Scottish ministers before making the instrument, which contains provisions that are within devolved competence. In this instance, UK ministers have only an obligation to consult the Scottish ministers, as required by section 5 of the 2019 act. The committee is invited to note the provisions set out in the notification.

As members have no comments, is the committee content to note the provisions set out in the notification?

Members indicated agreement.

The Convener: At our meeting next week, we will undertake further scrutiny of NHS boards and continue our inquiry into female participation in sport and physical activity. That concludes the public part of our meeting.

11:32

Meeting continued in private until 12:06.

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