

Child Rights and Wellbeing Screening Sheet for Patient Safety Commissioner Bill

September 2022



Scottish Government
Riaghaltas na h-Alba
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1. Brief Summary

Name the policy, and describe its overall aims. Which National Outcomes does this policy/measure contribute to?

The aim of the legislative proposals are to establish a Patient Safety Commissioner for Scotland (PSC), who will work with patients and members of the public to make improvements to patient safety. This was one of the recommendations in Baroness Cumberlege's *First Do No Harm* report on the safety of medicines and medical devices.

The PSC would have a statutory obligation to focus on:

- promoting and improving patient safety, chiefly by amplifying the patient voice within the patient safety system; and
- promoting better coordination across the patient safety landscape in Scotland.

This is a new Parliamentary office, which is to benefit patients across the whole population of Scotland, regardless of age. This office is not intended to replace existing mechanisms for raising concerns or providing feedback on health services, such as the NHS model complaints handling process, and so the PSC will not deal with individual complaints.

The policy contributes to the following National Outcomes:

- Children and Young People: We grow up loved, **safe** and respected so that we realise our full potential; and
- Health: we are **healthy** and active.

2. What aspects of the policy/measure will affect children and young people up to the age of 18?

The Articles of the UNCRC and the child wellbeing indicators under the Children and Young People (Scotland) Act 2014 apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.

The policy aims to make improvements to the safety of patients and amplify their voice in relation to patient safety regardless of their age. Services aimed specifically at children will be covered by the legislation as well as any other health services. The patient voice includes patients of all ages, including children.

In the spirit of UNCRC the policy applies to every child without discrimination. It also supports articles 3 (best interests of the child), 4 (implementation of the Convention), 6 (life, survival and development), 12 (respect for the views of the child) and 24 (health and health services).

3. What likely impact – direct or indirect – will the policy/measure have on children and young people?

'Direct' impact refers to policies/measures where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care).

'Indirect' impact refers to policies/measures that are not directly aimed at children but will have an impact on them. Examples include: welfare reforms, parental leave, housing supply, or local transport schemes.

The policy aims to make improvements to the safety of patients across health services in general, where these are NHS-delivered, NHS-contracted or independent services. To this end the policy should result in improvements to the health care of children as well as other members of the population of Scotland.

While some population groups, such as the elderly or young people, may have cause to use healthcare services more often, we do not wish to suggest that any particular medical speciality is at risk of safety issues more than any other, and therefore in this respect we consider our policy to apply with equal importance across the population.

Amplifying the voice of the patient also includes patients' families and carers; where a child is not capable of representing their own interests, a family member or carer can do that for them.

It will be for the PSC to ensure that patient safety and the role of the PSC is promoted across all population groups, and the whole population of Scotland has access to the PSC's services and information.

The work of the PSC will be guided by an advisory group, which the PSC will set up, and which will have a membership of 50% patients/public. This will help in amplifying the patient voice and will also ensure patient/public input into the PSC's work.

4. Which groups of children and young people will be affected?

Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, children in rural areas, looked after children, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

The policy aims to make improvements regardless of age, disability, race, religion or belief, sex or sexual orientation.

5. Is a Children's Rights and Wellbeing Impact Assessment required?

Please state if a CRWIA will be carried out or not. Please explain your reasons.

We assess that a full CRWIA is not required. The policy is aimed at the population of Scotland as a whole: any benefits will be for the whole of Scotland regardless of age. We have ensured that representatives of children and young people have been included in consultation for our associate Equalities Impact Assessment.

6. Sign & Date

Policy Lead Signature & Date of Sign Off:	William Wood Quality and Safety Team Leader 7 June 2022
Deputy Director Signature & Date of Sign Off:	Lynne Nicol Deputy Director Planning & Quality 7 June 2022



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