



OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Thursday 15 September 2016

Session 5



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PUBLIC PETITIONS COMMITTEE
3rd Meeting 2016, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Angus MacDonald (Falkirk East) (SNP)

COMMITTEE MEMBERS

*Maurice Corry (West Scotland) (Con)

*Rona Mackay (Strathkelvin and Bearsden) (SNP)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Mairi Campbell-Jack (Quakers in Scotland)

Karen Gordon

Peter Gregson (Kids not Suits)

Rhianna Louise (ForcesWatch)

Catherine Matheson

Emma Sangster (ForcesWatch)

CLERK TO THE COMMITTEE

Catherine Fergusson

LOCATION

The David Livingstone Room (CR6)

Scottish Parliament

Public Petitions Committee

Thursday 15 September 2016

[The Convener opened the meeting at 09:15]

New Petitions

The Convener (Johann Lamont): I welcome everyone to this meeting of the Public Petitions Committee. There is only one item on today's agenda, which is consideration of new petitions. We will be considering a total of nine petitions.

The first six petitions will be considered without taking evidence from the petitioners. I will invite members to comment on each petition in turn and suggest any action that we should take in response to the issues that are raised.

Schools and Roads (Regional Collaboration by Councils) (PE1606)

The Convener: Petition PE1606 is on forcing Scottish councils to collaborate regionally on schools and roads. The petition is the first of three to be considered today that have been lodged by Peter Gregson on behalf of Kids not Suits. It calls on the Scottish Government to allocate funding to local authorities in a way that encourages them to share services, particularly in relation to schools and roads. Members will note that shared services were considered by the Local Government and Regeneration Committee in the previous session. The petitioner has provided additional information in advance of our consideration today.

Do members have any comments on the petition and what actions the committee might take?

Brian Whittle (South Scotland) (Con): I was under the impression that a lot of local councils already collaborate. I know that, in my constituency, certain services collaborate. I do not like the word "forcing", to be honest. It is a bit emotive.

Rona Mackay (Strathkelvin and Bearsden) (SNP): I agree with Brian. To force Scottish councils to do anything at this particular time, when cash is strapped, is not a good idea. Some local authorities already share services, so I would be wary of forcing the issue at all.

Angus MacDonald (Falkirk East) (SNP): Attempts have been made in recent years to encourage councils to share services, but they have had limited success. I reckon that there is a strong argument for, for example, shared directors

of education and there is certainly an appetite in Government to decentralise the management of education. However, it seems that primary legislation would be required to get that through, so I would be keen to hear the Scottish Government's views on that before we take a decision on the petition.

Maurice Corry (West Scotland) (Con): I suggest that we also write to the Convention of Scottish Local Authorities for its opinion.

The Convener: It would be useful to know from COSLA what progress has been made on sharing services, and we should write to the Scottish Government to find out where we are in relation to public sector reform. We might also want to write to the convener of the Local Government and Communities Committee to ask if it is going to be looking at the issue. Angus MacDonald made an interesting point about education, and the Education and Skills Committee is looking at proposals to devolve power down to schools. We know that some local authorities do not have a director of education any longer; they have bulked up those directors' responsibilities, so I wonder how discrete services manage through all that shared services work. That might be a useful way of going forward.

As there are no other suggestions, I thank the petitioner for the petition.

Congestion Charging (Scottish Cities) (PE1607)

The Convener: PE1607 is on congestion charging in major Scottish cities. It is the second of Mr Gregson's petitions and it calls for legislation to introduce congestion charging in major Scottish cities. The petitioner has provided a further written submission in support of his petition.

I am keen to hear comment from members but I note that there has been some discussion in the past couple of days about congestion in Glasgow. I was in Parliament when there was an attempt to get congestion charging in Edinburgh. It was done by referendum and to say that it was controversial at the time would be pretty accurate. The petition addresses the question of whether congestion charging is a good thing and, if it is, whether it is feasible to do it through a referendum or whether it is possible to give local authorities the power to make the decision without a referendum or consultation. I am happy to hear people's views.

Brian Whittle: My initial reaction is that I am against it. We would all like to see a dramatic reduction in traffic in our city centres, for health reasons if nothing else, but there are other ways of doing that, which we should explore. My gut feeling is not to have a congestion charge. It is massively unpopular in London. In the petition

documents, it says that it has been very successful. I am not convinced that that is true.

The Convener: I am not sure whether we know how massively unpopular it is in London. I have heard that people have accepted it—they have come to terms with it. There was certainly a great deal of controversy when it was implemented. It might be worth checking that out.

Brian Whittle: How would we do that? Could we write to the mayor of London?

The Convener: We could do that. We could also ask the Scottish Government and local authorities for their views. The petition seems to focus on whether, given that congestion charging is a means of addressing emissions and so on, we have a power that no one will use because it is not doable.

Rona Mackay: According to the committee papers, legislation already exists; it is just not being used widely. My understanding is that it is really up to local authorities to implement congestion charging if they want to. The petitioner suggests that local authorities should not have to consult prior to introducing a charge. I think that that would be very unpopular.

Maurice Corry: It is very much a matter for local authorities to deal with. They have the ability to introduce a congestion charge anyway. There would be a standard traffic regulation order and a consultation period. The mechanisms are all there.

The Convener: Would it be worth writing to COSLA to ask why, in its view, the power is not being used? Clearly, there are issues of congestion in some of our cities.

Maurice Corry: That is a fair comment. I would support that.

Angus MacDonald: Four local authorities are in a stand-alone group. If we are going to write to COSLA, it might be an idea to write to them, too.

The Convener: That is a fair point. I do not know how much congestion charging is required in certain bits of Argyll and Bute, so we can leave it to the clerks to decide which would be the most appropriate authorities to write to. Is that agreed?

Members *indicated agreement.*

Wholly Owned National Private Pharmaceuticals (PE1608)

The Convener: PE1608 is on wholly owned national private pharmaceuticals. The petition has been lodged by Martin Keatings and calls on the Scottish Government to create, own and operate a medical manufacturing research facility in Scotland that focuses on producing medicines that meet the needs of Scotland's population. I am

interested in people's views on the petition and what actions we might take.

Brian Whittle: There is an interesting financial question here. Could we create a pharmaceutical company in Scotland that had the financial muscle to create some of the medicines that we use regularly?

The Convener: There is an issue of cost.

Maurice Corry: Absolutely. I attended a meeting on drugs and medicines in one of the committee rooms the other night. It is an extremely expensive operation and I do not think that it is incumbent on the Government to set up a nationalised business. The pharmaceutical companies are there and ready to do the work. However, I suggest that we ask for the views of industry bodies such as the British Generic Manufacturers Association and the Association of the British Pharmaceutical Industry.

The Convener: Is that agreed?

Angus MacDonald: It is certainly agreed. Having read the briefing on the petition, I note that there is no mention of the issue of state aid with regard to such a venture. I have been told more times than I care to remember about the number of good ideas that have been shot down over the issue of state aid. Of course, state aid might not apply post-Brexit, so it might not be an issue for the petition, but it would be good to get further information on whether it would be.

The Convener: I think that it is such a fascinating issue that it would be interesting even to just get a briefing from the clerks about the complexity of the area.

Rona Mackay: It is a huge, complicated area.

The Convener: I can understand the petitioner's motives in trying to find a way of getting medicines as cheaply and effectively as possible. However, it is quite a complex area. It would be worth writing to the Scottish Government because it will have an understanding of the issue of state aid and a view on it. The Government might even have had a look at the option that the petition proposes and decided not to go there because it is so complex. I would imagine that even just managing the transition to the process that the petition proposes would be hugely difficult.

I suggest that we write to the Scottish Government and the pharmaceutical organisations, as suggested. Is that agreed?

Members *indicated agreement.*

NHS Scotland Treatments (PE1609)

The Convener: PE1609, by Robert Marks, calls on the Scottish Government to refuse treatment to

national health service patients for illnesses and conditions that are self-inflicted. Members have a Scottish Parliament information centre briefing and a note by the clerk, which set out some background to the issues that are relevant to the petition. Do members have comments on how we take the petition forward?

Brian Whittle: I understand where the petition is coming from and I have heard this argument before, but in modern society there is no room for refusing treatment to anybody, no matter what. Is the point of the NHS not that people get treatment free at the point of contact? In addition, who would make the kind of decision that the petitioner seeks? It would create a mess and involve arguments about people playing judge, jury and executioner. That is certainly not something that I would like to pass on to any of our NHS staff.

Rona Mackay: That is my view as well. Determining causation is the big issue. The petitioner cites the examples of smoking and drinking alcohol, but it can be argued that they are addictions and therefore illnesses. In that case, why should people not be treated if smoking or drinking caused subsequent illness? The road that the petition proposes is not one that I would want to go down.

Maurice Corry: I agree with that point. I also think that there are mental health issues behind what the petitioner describes, and the ethos of the NHS and the medical profession is to help all those who need it.

The Convener: At the same time, though, we expect the NHS and others to promote the idea of healthy living, wellbeing and prevention.

Brian Whittle: That is definitely the way we need to go for the future. The way forward is certainly not punishing people.

The Convener: There are circumstances in which people are refused, presumably for clinical reasons, treatment or an operation until they have taken some action such as losing weight.

Rona Mackay: That is done for safety reasons and for the person's health.

The Convener: Do we want to take the petition forward?

Brian Whittle: I would not suggest that we take it forward, to be honest.

Rona Mackay: I am not in favour of taking it forward.

Maurice Corry: I am not in favour of taking it forward.

Angus MacDonald: I would have been keen to seek the Scottish Government's views rather than close the petition right away, but if the committee

feels that we should do that, I am happy to go along with that decision.

The Convener: One option would be to write to the Scottish Government and ask whether it has considered the health questions that the petition raises and, if so, what its definitive position on them is and what public health programme it has to address those questions.

Angus MacDonald: I think that it is worth getting the Government's views.

09:30

Brian Whittle: How would we frame the question? If we ask whether treatment should be refused, I think that we know what answer will come back. However, if we frame the question around the other avenues that are available to help people with alcohol or smoking addictions, I am okay with that.

The Convener: I think that what is behind the petition is the idea that we are wasting NHS resources, and the proposal in the petition is one way of addressing that. If people get to the point where they become ill because of addictions or poor lifestyles, that is a burden on the health service, but there are other ways of addressing that rather than simply refusing them treatment. I would be interested to know how the Scottish Government sees its role in terms of early action, prevention and early intervention. Is that agreed?

Members indicated agreement.

A75 (Upgrade) (PE1610)

The Convener: PE1610, by Matt Halliday, calls on the Scottish Government to upgrade the entire A75 to dual carriageway. We have a note on the petition and a background briefing. The briefing material notes that a transport summit was held recently in Dumfries and Galloway. Do members have comments on the petition and the actions that they may wish to take?

Brian Whittle: I was at that summit.

The Convener: Who was there?

Brian Whittle: There were lots of people—

The Convener: Was it hosted by the Scottish Government?

Brian Whittle: Yes. Humza Yousaf and the Deputy First Minister chaired the meeting. As well as local MSPs, there were representatives from the councils and the ferry ports. It was a very well-attended meeting—there were certainly in excess of 100 people there—and there was a very good discussion about the long-standing issue of the A75. The point was made that it is part of the euro

route from the west coast of Scotland all the way down to Barcelona—

The Convener: We should not be talking about Barcelona this week. [*Laughter.*]

Brian Whittle: I will not mention the number seven.

The A75 is the only part of that route that is not dual carriageway. It is used heavily by articulated lorries—I think that heavy goods vehicles coming off the ferries make up about 25 per cent of the traffic—and it is a major route to the south and north for goods coming into the country.

The meeting was positive about dualling the A75 and nobody spoke against it, but it was left as a discussion by the chair.

The Convener: Where are we on commitments by the Scottish Government?

Brian Whittle: There was no commitment to dual the A75, but there was a commitment to look into it.

Having heard the evidence across the board and especially given the presence of the third busiest port in Britain and the fact that a lot of money is being spent down south on infrastructure around ports, it seems to me that an upgrade to the road is long overdue. It was implied that, without it, there is a danger that we will lose some of the traffic through the port. Most people were in favour of having the road dualled. It is understandable that the Government would not commit to that at the meeting, but there was a commitment to look at it seriously.

The Convener: Are there any other comments?

Maurice Corry: I support what Brian Whittle said.

Rona Mackay: I also support what Brian Whittle said. The A75 is clearly a crucial road and it is certainly worthy of our inquiring as to the position on an upgrade.

Maurice Corry: Absolutely. The road connects us not only to the south and Barcelona but across to Newcastle and into Holland. It is an important artery and, having been a user of it for many years, I absolutely support it.

Angus MacDonald: The E18 also travels into Scandinavia. I have been on it over there quite a bit, and it seems that we are the poor relations with the A75 section of that route. There is certainly room for improvement.

The Convener: I think that we can agree that the issue is important and that we should write to the Scottish Government to seek its views on the petition, perhaps a follow-up from the summit, and

even the timetable for making a decision on whether it will upgrade the A75. Is that agreed?

Members *indicated agreement.*

Adult Consensual Incest (PE1614)

The Convener: PE1614 is on adult consensual incest. The petition is similar to a previous petition that was lodged by the same petitioner, which was considered and closed by our predecessor committee at its meeting on 26 January 2016. That committee closed that petition on the basis that

“the Scottish Law Commission undertook a report on this issue as recently as 2007 and concluded that the majority view at the time ‘favoured retaining the offence’ and ‘the current definition’.—[*Official Report, Public Petitions Committee, 26 January 2016; c 33.*]

Do members have any comments to make on the petition and actions that they may wish to take?

Brian Whittle: We should close the petition.

Rona Mackay: I am very much in favour of closing it.

Maurice Corry: I am, too. We should close it.

Angus MacDonald: I totally agree. We should close it under rule 15.7 of the standing orders.

The Convener: Okay. We agree to close the petition.

We will have a short suspension before we hear evidence on the remaining three new petitions on the agenda.

09:36

Meeting suspended.

09:37

On resuming—

Whistleblowing in the NHS (PE1605)

The Convener: PE1605 is on whistleblowing in the national health service—a safer way to report mismanagement and bullying. The petition was lodged by Peter Gregson, on behalf of Kids not Suits. The committee has received correspondence from Accountability Scotland in support of the petition, and Mr Gregson has provided additional information in advance of his appearance before us.

I welcome Peter Gregson to the meeting. Thank you for attending and for the additional information that you have provided. You have the opportunity to make a brief opening statement on your petition, after which we will move to questions from the committee. The opening statement and the questions and answers should be kept focused

and succinct. That will ensure that we are able to explore relevant points and that we have time to do the same for the remaining petitions on our agenda. People will be aware that our time is strictly confined. We have to finish by half past 11, as we are not able to sit at the same time as the Parliament plenary session.

I ask Mr Gregson to make an opening statement.

Peter Gregson (Kids not Suits): I come to the committee as a taxpayer who pays for public services. I was last before the committee three years ago, and I also talked about whistleblowing then. I was trying to get councils to implement whistleblowing policies. At that time, I had just been fired by the City of Edinburgh Council for gross misconduct. I had blown the whistle. I worked in housing, and I had written to a councillor about the head of schools leading the Mortonhall inquiry. That was outside my job; I wrote to the councillor as a ratepayer. The councillor happened to know that I worked at the council, so they sent the letter to my boss, and I was immediately suspended. Thereafter, the council treated me as a whistleblower, although I maintain to this day that I was not really a whistleblower—I was just a concerned and unhappy ratepayer.

At the same time, I had done other things—I had asked the Unison annual general meeting to agree to a motion about implementing a whistleblower hotline at the council and, in my own time, I had campaigned against the closure of Castlebrae high school. However, I did not know why I had been suspended. All that I knew was that I had done something wrong.

Like most public sector bodies, a council has a huge influence on our lives. I was banned from going to my son's school, libraries and anywhere that the City of Edinburgh Council owned without seeking permission. All those who work in the public sector consume services as taxpayers but, if they fall foul of their employer, their right to those services is compromised.

The law allows the employer to do as it wishes in employment matters, so the council was able to trawl the internet for filth about me and to use BT and public funding to do that. That is what any public sector employer can do. The council found that I had written an email to a Miami foundation in which I had compared the council's actions to those in a US film called "The Corporation".

It is pertinent to any reflection on whistleblowing to note that, when they are threatened, big organisations respond in a psychopathic manner. They lack empathy, emotions and conscience and they have no guilt. They often have a history of victimising others. The body acts as it chooses, has few constraints and is unable to learn from

mistakes. Those are all characteristics of a psychopath.

The trawl found the email and I was fired four months later.

The Convener: Will you focus on your petition, which deals with whistleblowing in the NHS?

Peter Gregson: What I am saying is all relevant. I am trying to explain to the committee the cost of whistleblowing. Unless members understand that cost, they cannot consider the petition. The cost of whistleblowing is paid for by all of us. Do you get my drift? Everybody pays for public services. If those services are not working properly for whatever reason, we all foot the bill. Do you accept that?

The Convener: Your petition offers a series of practical suggestions about whistleblowing that we are keen to focus on now.

Peter Gregson: Okay—you have ruined my speech.

The costs were not just personal; I would say that the process cost about £50,000. That brings me on to the petition. The costs of suspending whistleblowers in the NHS are phenomenal. Jane Hamilton—the doctor who was at the heart of the St John's hospital inquiry—was off work for four or five years, and the cost of employing locums to take her place was £1 million, which is a lot of money.

Whistleblowers lose their jobs, their reputation and their family life—I lost my home and my family. The taxpayer loses, too. I want the committee to consider such costs when it looks at my petition.

I understand that the best way for a public sector employee to raise concerns about inefficiencies or inadequacies in the public sector is to route them through a hotline, where such a mechanism exists, but what the NHS has is a helpline, which more or less tells employees to go back to their manager or to go to a trade union. That is a problem.

Last week, the Northern Ireland Regulation and Quality Improvement Authority, which oversees health and social care, published a review of whistleblowing arrangements—I am holding it up. That review comes to the same conclusion as I did—that the fact that the helpline is getting fewer and fewer calls does not necessarily mean that the service is getting better. NHS Scotland faces compensation claims from staff and patients that amount to £40 million a year, which is a huge amount of money. The staff are in a position to help to cut that cost.

The Northern Ireland publication, which is very interesting, talks about a helpline. I do not think

that the authority has really understood the impact of what we have in Scotland. We have had a helpline for three years, but the level of complaints has gone not up but down. That is not necessarily because the service is getting better.

The authority points to the need to test the silence. It says that, if bodies are getting fewer and fewer complaints, they need to ask why that is. There needs to be some way of testing the silence, but there is none at the moment. A staff survey indicates that only 57 per cent of staff feel comfortable about speaking up if there are problems in the NHS workplace. That means that almost half do not feel comfortable, which is a phenomenal amount. If they are not using the helpline, what is happening?

09:45

There are a number of issues about how we deal with whistleblowing in the public sector. I argue that having a helpline that refers whistleblowers back to management is not the answer. We need a mechanism that takes the concern off the whistleblower's shoulders. When they have lodged their concern, regardless of whether they choose to do it anonymously, it should then go to the decision-making body.

The point of employing a hotline is that it can filter the stuff into major and operational matters. If it is an operational matter—for example, "Such-and-such has a bigger desk than I do," which is more like a grievance or a complaint—it should be dealt with internally by middle management. However, if it is about quality of service, it should go to the board sub-committee that is responsible for overseeing quality. I am thinking of the staff governance sub-committee. Every board has one and it includes non-executive members, who are appointed to oversee how the health board is working. The whistleblowing champions come from within that group, but they do not have the knowledge, because there is no mechanism for them to find out how much whistleblowing is going on, so they cannot act as champions.

The Convener: Thank you very much. You have clarified for me the difference between a hotline and a helpline.

Maurice Corry: Mr Gregson, the first line of the background information states:

"This hotline would build upon existing whistleblowing policies".

Will you clarify your view on policies such as the staff governance standard and the partnership information network?

Peter Gregson: All I know about the partnership arrangement is that there is a group that involves the unions and NHS management in

jointly overseeing the health service in Scotland. I know what the NHS whistleblowing policies look like and I can tell you that the policies that are given to staff give no indication that there is an individual champion to whom concerns can be taken. They mention the national confidential alert line, which is the helpline that I told you about.

In September last year, Paul Gray wrote to all the health boards—I have the letter here—with a number of things that he wanted them to do. We are a year on from that and, if you examine the minutes for the 14 territorial health boards in Scotland, you will find that none of those actions has been taken—well, the boards have appointed the champions, but they have done nothing else. Given that those champions' identities are kept secret, how can they champion anything? My definition of a champion is that they are not a person whom nobody knows of. I can go through the things that Paul Gray said to the boards if you like and point to the things that are not happening. One of the things that he suggested was that there should be a named contact for whistleblowing, but that does not exist.

I cannot completely answer your question because I do not know enough, but I know that what the Government thinks is happening is not what is happening.

Rona Mackay: I was going to ask you about whether the national confidential alert line operates effectively. You pretty much answered that in your opening statement. I take it that you do not think that it does.

Peter Gregson: I lodged a petition to the petitions committee at the City of Edinburgh Council three years ago. That committee went off and said that it would consider it. The corporate management team came back and said that it wanted Public Concern at Work to run a helpline. That was in May 2013. At the same time, the Scotland Patients Association held a conference here in Edinburgh at which, with Dr Kim Holt from Patients First, it identified that the NHS helpline was not working.

That was three years ago, and things have not got any better since. I campaigned hard at that point for the council not to have a helpline. That took a lot of work, and it was only because the *Evening News* got involved and a lot of people wrote to their councillors to say that they wanted a staff hotline rather than a helpline that the council, in the end, agreed to make the change.

The issue is about how to manage risk effectively. When I finally had a meeting with the head of legal at the City of Edinburgh Council, I convinced him that the issue was about the management of risk. He saw the light and agreed

that the council's risk committee could take reports.

A year and a half later, in January of this year, the council published a report saying how effective the hotline has been and how much it has improved efficiency. No one is boasting that the NHS helpline has done that, but the council is now saying—about something that it had initially opposed—that the hotline is a huge boon.

Rona Mackay: This question might be a bit simplistic, but I would be grateful if you could answer it briefly. When people phone the helpline, what happens? What would the outcome be if I were to lift up the phone right now and call the helpline? Who would answer?

Peter Gregson: Public Concern at Work runs the helpline. You would get a call handler who knows what the NHS whistleblowing policy is, because they have it in front of them. They guide the caller through the policy and advise them that the issue would be best addressed internally by their going back to their manager or by going to the union. The helpline publishes its data on the Scottish Government website, so we know that 90 per cent of callers have already been to their manager and been disappointed by the response, yet the helpline tells them to go back there again.

Eventually, if things go very bad, the helpline will get involved in taking the case to Health Improvement Scotland but, over the past three years, there have been only six such cases.

Brian Whittle: You have described the difference between a helpline and a hotline, and your petition seems to suggest that there is lack of confidence in the helpline, whether in relation to confidentiality or outcomes. Why would a hotline make a difference in confidence levels?

Peter Gregson: The hotline is a different beast entirely. When you phone a hotline, the first question is not "Who are you?", but "Which organisation do you work for?" The hotline is concerned about the organisation. After the call handler gets that knowledge, they will then say, "If you choose to, you can remain anonymous, but we will log your call," and they take written notes throughout the conversation of what the caller's concern is. At the end of that, they tell the caller that they will give them a written report of their concern and that they will also pass on that report to the risk committee or whatever body is appointed to take the reports. Therefore, the whistleblower has not been pulled into the nightmare of having to deal with middle management; rather, they have had the weight taken from their shoulders, and that has been given to the hotline, which has then committed to taking the matter to the risk committee, for example. That is what is so utterly different about

a hotline. That experience means that whistleblowers are not frightened of retribution or of being ignored, because the hotline provider has a commitment to keeping the whistleblower informed of progress relating to their concern.

It is a commercial arrangement. Hotlines are commercial organisations, so they only provide the service for money. However, they function very effectively in routing concerns and in managing risk. A hotline is different because there is a single point of contact, through a single number, that any one of the 160,000 people who work in the NHS in Scotland could use. The single number would take the concern and route it to the relevant committee for them. As I said, a hotline takes the weight from the whistleblower's shoulders; they no longer have to carry the burden or fear of retribution and victimisation.

Brian Whittle: At a simple level, you seem to be talking about the culture and how potential complaints have been dealt with. Why can we not adapt the helpline? You seem to be suggesting that we should have a completely new system. Can the helpline not be adapted to cover what you are talking about?

Peter Gregson: The helpline is not set up to take reports. Public Concern at Work's founding principle is that it is not there to route concerns to a committee. It is a different beast entirely. Public Concern at Work is, fundamentally, a charity, whereas hotlines are run by commercial businesses.

I would posit that, if the NHS thinks that it needs to change the helpline, it ought to retender, because it will probably get a better price. There is commercial competition; there are a number of hotline providers in Britain. The one that I know the most about provides hotlines for the City of Edinburgh Council and for three health trusts in England. Those health trusts use that provider because it allows staff to route concerns directly to the whistleblowing champion or to the relevant committee. It is a different beast, with a different service and a different way of operating, and it works in a different way, because it is set up to log reports and to take reports to committees.

The Convener: Thank you very much, Mr Gregson. We will now consider and discuss what action we might want to take on the petition. Some suggestions have already been identified. Do members have any comments on how we might want to progress the petition?

Brian Whittle: I would quite like to understand how the hotlines that Mr Gregson is talking about are functioning from their perspective. I do not know how easy that would be to do.

The Convener: We could certainly write to the City of Edinburgh Council and to Salford Royal

NHS Foundation Trust to find out what their view is on the purpose of the hotlines that they use and maybe some of the challenges that they face as well.

Peter Gregson: There are two other trusts—the University Hospital of South Manchester NHS Foundation Trust and Camden and Islington NHS Foundation Trust. I only found out about those yesterday. That makes three trusts in all that might have a view that could be helpful.

The Convener: We could maybe establish how long the hotlines have been working in those other places. The Salford Royal hotline has already been identified, so writing to Salford Royal would be a good starting point for us.

Rona Mackay: Yes, it would.

Maurice Corry: I suggest that we ought to seek the Scottish Government's view on progress in relation to the introduction of the non-exec whistleblowing champions, to find out where we are on that.

The Convener: From the petitioner's point of view, there seems to be a gap between what the Scottish Government thinks is happening and the reality, so it would be worth establishing that.

Maurice Corry: Yes, that is the point.

The Convener: Do we want to write to anybody else?

Maurice Corry: To pick up on a point that Mr Gregson made, we need to seek the views of Public Concern at Work, NHS boards generally, unions and any other stakeholder groups.

Peter Gregson: Can I request that you write to the whistleblowing champions who have been appointed at each NHS board in Scotland? Ideally, you could ask them for a personal view, as they are there because they care about the subject. If you ask them for a view on behalf of the board, it will be quite different from their own reflections.

The Convener: I think that we should write to the NHS boards first to find out what progress they have made and what the purpose is of the whistleblowing champions. I am not sure whether we should be seeking the personal views of the champions at this stage. If there are whistleblowing champions who want to give evidence to the committee, they obviously have the opportunity to do that but, at this stage, I think that we should write to the NHS boards. Is that agreed?

Members indicated agreement.

Peter Gregson: It might be pertinent to seek the views of Sir Robert Francis. The Scottish Government said that it was going to introduce

champions following his report. He might be able to comment.

The Convener: I think that the first stage is to establish whether there is a gap between what the Scottish Government thinks is happening and what is actually happening. Once we have that information, we can reflect further on whether there is a gap between the intention and the reality. That is certainly something that we can look at once that evidence has come in.

Angus MacDonald: This depends on the responses that we get back, but I would be keen to seek the views of the Scottish Government at a later date, once we have reviewed what comes back, on whether it has considered commissioning an independent review on an open and honest reporting culture in the NHS. However, that is for a later date.

The Convener: Let us take the first step of following up with the Scottish Government on whether there is a gap, as there is a suggestion, at the very least, that the Scottish Government's intention and the reality are quite far apart. We also want to write to those other organisations that have an interest. I think that that is what we want to do at this stage. Everyone is in favour of a culture in which people feel safe to whistleblow, and we recognise the complexities of that, but that is something that we would want to look at further. Is that agreed?

Members indicated agreement.

The Convener: I thank Mr Gregson for attending today. It is a petition that we will be coming back to.

I suspend the meeting while we change witnesses.

09:59

Meeting suspended.

10:05

On resuming—

Armed Forces (School Visits) (PE1603)

The Convener: PE1603 is on ensuring greater scrutiny, guidance and consultation on armed forces visits to schools in Scotland. The petition has been lodged on behalf of Quakers in Scotland and ForcesWatch, from which we will take evidence today.

I welcome to the meeting Mairi Campbell-Jack from Quakers in Scotland. I understand that our two witnesses from ForcesWatch are en route so I am happy for us to start with you, given the time constraints. If your colleagues arrive in time, they

can join us. I invite you to make a short opening statement, if you wish, and we will then move to questions from members. Again, it would be helpful if questions and answers were as succinct as possible.

Mairi Campbell-Jack (Quakers in Scotland): Thank you convener. I apologise for the lateness of my colleagues; I believe that they have had some traffic trouble.

The Convener: They have just arrived.

I welcome Emma Sangster and Rhianna Louise from ForcesWatch, who will join Mairi Campbell-Jack in presenting the petition.

Mairi Campbell-Jack: I represent Quakers in Scotland. The Quakers formed in 1652, so we have been around for almost 400 years.

At a very early stage, the peace testimony of Quakers became a central part of their belief and, for many Quakers today, it is still a strong part of their identity. The peace testimony has seen Quakers working on battlefields and in conflict zones across the centuries and around the globe, tending to the injured, comforting the dying and brokering peace.

In the modern day, we have worked in places such as Rwanda on truth and reconciliation, in the Democratic Republic of Congo, and in elections in Burundi to make sure that they are free and fair. The peace testimony is not just people sitting in the warmth and comfort of their own homes, wishing for a better world. Quakers go out and live their peace testimony, sometimes putting their own safety and lives at risk.

Quakers in Scotland are concerned at an increasing militarisation in society since the Iraq war, and we are especially concerned when it comes to the militarisation of our young people in schools.

We believe that there are several issues here. One is child welfare. There is increasing evidence that the younger somebody joins the armed forces, the worse their outcomes are, including death, disability, addiction and poor mental health. There is a concern about informed choice as it appears that often, when the armed forces go into schools, there is no adequate balance. They present a glossy, glamorised and adventurous image of life in the armed forces and that does not take into account the uniqueness of the career, its dangers and the ethical problems that soldiers and other people in the armed forces might face.

Our final concern is about parental choice. It appears that not all parents are informed by the armed forces or the school of the visits, so they do not have an opportunity to discuss the visit with their child, with the school or with the teacher

concerned. Their right to conscientiously object is removed.

The petition is asking for scrutiny and to make transparent and accessible information available to the public. There should be guidance so that teachers and parents know how balance is achieved in the classroom, and there should be consultation so that parents and children can consider and have a voice on the issue.

The Convener: Thank you. We will move to questions.

On your point about parental choice, do you think that, at senior school level, the choice should be exercised by the student rather than the parent?

Mairi Campbell-Jack: We would expect students and parents to talk to each other about the issues. How parents and students want to have that conversation in their own homes is not up to us, but we would hope that, as children get older, they would be able to start their own process of critical thinking about these issues.

The Convener: I am trying to establish that, if somebody is over 16 and therefore able to vote, it should be within their right to determine whether they withdraw from an event in school where the armed forces are present, rather than expecting a decision from the parent.

Mairi Campbell-Jack: I agree with that.

The Convener: The petition says that the armed forces use a narrow definition of recruitment, in that it refers only to the act of signing up. How would you define recruitment and would that definition apply to other organisations? Should all careers-related activities in schools that promote particular careers or organisations be considered to be recruitment?

Mairi Campbell-Jack: We see recruitment as a process rather than an event—like many things in Scotland—and we know from armed forces documents that they see it as a process as well.

Emma Sangster (ForcesWatch): We know from internal armed forces documents that they think that the pre-recruitment interest that they would like to gain in young people takes place over a number of years and that it might be sparked by any one encounter with the armed forces. We of course accept that the actual process of recruitment—of signing on the dotted line, as it were—does not take place in the school. In any case, it needs to involve parents at that final stage. However, we are concerned that a lot of what happens in schools is that pre-recruitment activity. There is certainly quite a bit of evidence from internal Ministry of Defence documents that that is how it views the situation.

The Convener: Is that a process that other organisations go through when they go into schools?

Emma Sangster: We are not experts on what other organisations seek to get out of their activities in schools, but we have done some research on other public service visits to schools. None of the data that we found showed anything like the level of visits that the armed forces make to schools. The fire service goes into schools, but that is to talk about fire safety; it is not particularly to talk about becoming part of the fire service.

The Convener: Yes, but if private companies go into schools to recruit, would you expect there to be some kind of monitoring of what those jobs involve and whether there are ethical questions in their work, too?

Emma Sangster: Yes. The education system should not be seen as a ready catchment for recruits into any industry, because going down any pathway needs a lot of consideration. Of course, it might be an arena where people start to gather information about different career pathways, but it should not be one where they go a significant way down any of those pathways.

The Convener: So you would be concerned more generally about careers fairs in schools where companies come in and talk about what they do.

Emma Sangster: Many of those are about opening up options for young people. The armed forces are a little different, because people can sign up at 16 and commit to a long period of service of up to six years, which is quite different from any other career. Also, there are the unique risks of an armed forces career. That needs extra consideration, and it is one of the things that the Welsh Government noted in particular. The unique nature of an armed forces career sets it aside from other employers in that respect.

Angus MacDonald: I note that you are concerned that schools in deprived areas are being targeted, although you say that there is not a straightforward link between the number of visits and levels of deprivation. The petition states that 83 per cent of state secondary schools have been visited compared with 50 per cent of independent secondary schools. A total number of visits is also provided for state schools, but do you have a total number of visits to independent secondary schools?

Emma Sangster: Yes, we have that figure, but I do not have it to hand. It was clear from the data set that we looked at that the visits to independent schools were just a fraction of the total number of visits and that far fewer of those schools were visited. In those two years, there was not a single recorded visit by the Army to an independent

school. The visits to independent schools were all from the RAF or the navy, and the Army just visited state secondary schools.

10:15

Angus MacDonald: If you have that breakdown of figures, that would be great.

Emma Sangster: I can provide you with that.

Maurice Corry: Convener, I would like to declare that I had a visit to my office from Mr Jim White, an independent researcher, on that subject.

The location of armed forces careers offices is significant. Could you expand on that and say something about how that significance is demonstrated by evidence of career-related activities in schools?

Mairi Campbell-Jack: I think that ForcesWatch would be better at answering that question. It will be able to give you more information.

Emma Sangster: We found that certain local authority areas were visited more than others. If you look at the geographic range of visits, you see that there is a focus on the central belt and up towards Aberdeen and, at the time of the collection of data that we were looking at, that is where a lot of the armed forces careers offices were located. When we look at which schools are visited more than others, important factors include the location of the offices where regiments are based, where there might be a lot of armed forces families living, and where there might be other employment related to the armed forces. Perhaps one significant factor is the relationship that, over time, a school has built up with the armed forces or that the armed forces have built up with a school. That would also enable more visits to take place.

Maurice Corry: Scotland is unique in many ways for its regimental traditions and regimental families. In many parts of Scotland, there are unique ties with local regiments—more so than in other parts of the United Kingdom. Have you considered that and built it into some of your research?

Emma Sangster: We understand that that is particular to Scotland, but that does not undermine our concerns about how visits should be conducted and what guidance should be given to schools regarding those visits.

Maurice Corry: I am just thinking from the point of view of the families of the children who come forward and declare an interest in being recruited. Therefore, there is an external interest, which is very important for you to consider.

Brian Whittle: Has a comparison been made with the number of visits that are made by any

other employer, be it public or private sector, or by other uniformed services such as the police, the fire service or the ambulance service?

Emma Sangster: As I said, we tried to get data through freedom of information about the number of visits from other public services, and we found that the armed forces visit schools at a significantly higher rate. We have not done a huge amount of further research into that area. We wanted to explore whether other public services visit schools to that degree and we can confidently say that they do not. I do not think that they are resourced in the same way that would allow them to visit schools at that rate. The armed forces put quite a bit of funding in that direction.

Mairi Campbell-Jack: We would also argue that comparing other public sector employers with the Army is not comparing like with like. One of our points is that the Army provides a job that is unique in its dangers and in the ethical questions around it. Although there are other jobs that are dangerous, such as being a fireman or a paramedic, which involve putting yourself at risk and going into risky situations, it is quite easy to quit those jobs, but that is not the case with the Army. We think that the Army needs to be treated differently from other employers and that its uniqueness should be recognised.

Brian Whittle: Is there any evidence, including from elsewhere in the United Kingdom, that visits to schools have a tangible impact on the number of young people joining the armed forces, or is the information gathering that the petition asks for part of being able to make that assessment?

Emma Sangster: We do not have particular information on whether young people in a school that is visited more often than others are more likely to join the Army. We know that more than 2,500 people under the age of 18 join the armed forces every year, and their decision to do so will have been precipitated by the armed forces having contact with those young people at some point, but we have not looked at that direct relationship. Not so much in Scotland but elsewhere in the UK, there are cadet forces in schools. That is being expanded, particularly in England and Wales. People's involvement in the cadets is perhaps more of a direct link with a later decision to join the armed forces.

Mairi Campbell-Jack: We started doing the research for this petition and gathering information though FOIs in early 2015, but we found it incredibly difficult to get hold of information. Some of the armed forces' information about visits to schools was in the form of handwritten notes. In other cases, personnel had changed or had left the armed forces and the information that we required was not available. In another case, a computer system had changed. All of that resulted

in there being massive holes in the information that we could get. It is hard for people to have reliable information on what is happening in schools. That is one of the reasons why we believe that we need accessible information that the public can look up.

Emma Sangster: I would reiterate that. Having done a lot of the data analysis myself, I know about the difficulties of getting hold of the data and then using it. That is one of the issues that we think it is important to address.

Another element that is more recent and which we do not have much information on but which we think needs exploring concerns the involvement of Capita, the private company that has the recruitment contract with the MOD. Part of that involves working in education to interest young people in enlisting in the armed forces. You could say that the armed forces have a number of interests in going into schools, such as informing young people about what they do and imparting knowledge to young people, but Capita's single remit is to provide recruits. We do not know the extent to which the outreach team in Capita visits schools but, obviously, if it is visiting schools, its longer-term aim in doing so is to increase recruitment. We therefore think that there should be more transparency around and research into the role of Capita in this process.

Rona Mackay: Your petition talks about the need for a balanced view to be presented by the armed forces. What do you think the chances are of that happening?

Mairi Campbell-Jack: There are some questions around balance and who should provide that balance. It might be best if the class teacher provided balance after the visit, or if the school could provide balance by also having peace organisations come into the school to talk to children—there are some great organisations out there, such as Veterans for Peace and PeaceJam.

Our other concern is not so much about what the teachers and schools are doing, but about the presentations that the armed forces give, which seem to be quite glossy, glamorous and exciting. We know that young people's cognitive development means that they are not as good as older people at assessing long-term risk to themselves, and there is a risk that the armed forces will create a rather rose-tinted view of what that life is actually like.

There are questions around who would be best at providing balance, and how organisations such as Quakers in Scotland can support schools, teachers and local authorities in providing balance.

Rona Mackay: Are you saying that the armed forces do not give a balanced view when they do the presentations?

Mairi Campbell-Jack: We do not believe that they do.

Rona Mackay: I have a wee follow-up on that. Do you know what the pupils' views are when they see those presentations?

Mairi Campbell-Jack: Probably in most of Scotland the views will be very mixed. Some people will probably welcome the presentation and others might feel very neutral. We know from Quaker children that they have been left feeling very uncomfortable in the classroom. Sometimes they have been given no alternative but to attend, which has been very difficult for them. It would be great to have the plurality of views recognised.

The Convener: In terms of balance, the implication seems to be that the armed forces are in favour of war and the peace organisations are in favour of peace.

Mairi Campbell-Jack: Peace organisations are not necessarily in favour of peace—they are in favour of critical thinking around conflict issues, and would work with children to encourage that critical thinking. We feel that that does not come through when it is just an armed forces visit.

The Convener: I presume that if the armed forces talk about peacekeeping work through the United Nations, then the children are not seeing their work through just one prism.

Mairi Campbell-Jack: We are not aware of armed forces visits that focus on peacekeeping work.

Rhianna Louise (ForcesWatch): Besides peacekeeping, there is also peace-building and conflict transformation. There is a whole realm of material out there about conflict transformation that is not widely available to children in schools. If the armed forces are going in to talk about military responses to conflict, children should be made aware that there are other responses—for example, that diplomacy is also an option.

The information that is given to young people, even on the armed forces website, does not talk about conflict very much at all. It talks about other things such as skills development and exciting sports activities such as scuba diving. The actual combat is not really mentioned. It would be misleading to say that the armed forces talk about conflict itself very much when they go into schools.

Brian Whittle: Education is a precursor to a career path. I have a simple question. Do you oppose the idea that joining the armed forces is a reputable career path to go down?

Mairi Campbell-Jack: We oppose the fact that children are recruited into our armed forces.

The Convener: I am sorry: do you define a 16-year-old as a child?

Mairi Campbell-Jack: Legally, anyone under 18 is a child.

The Convener: We have moved to a point at which 16-year-olds are now recognised as young adults who have a vote.

Mairi Campbell-Jack: Yes, they do, and I personally welcome the fact that young people are being involved more and more in public life. However, the transition from childhood to adulthood does not happen on someone's birthday—it is a very slow process. We think that the very last part of that process should be someone choosing a job in which they may end up dying themselves or taking the life of another person, the impact of which should not be underestimated.

The Convener: Who would you see as being responsible for overseeing the collection of data and ensuring its rigour in terms of understanding what is happening in our schools? How was the question addressed in Wales?

Mairi Campbell-Jack: That is a really good question. Obviously schools and local authorities are under a lot of pressure, and teachers in the classroom are also under a lot of stress. We do not necessarily understand the way in which each individual local authority works and how that could fit in with their work, which is one reason why we would welcome an inquiry to open up discussion and debate around the issue.

Maurice Corry: Ms Campbell-Jack talked about Capita being a recruitment organisation for the armed forces. Do you have any research information from it on the visits? You talked about bits of paper being written on by the Army, but surely if Capita runs recruitment, you have information from it.

10:30

Mairi Campbell-Jack: I will pass that one over to Emma Sangster.

Emma Sangster: As a private company, Capita is not covered by freedom of information legislation, so it is even more difficult to get information about how it conducts its contract with the Ministry of Defence.

Maurice Corry: Have you spoken to it?

Emma Sangster: The information that we have has come via the MOD—

Maurice Corry: No. Have you spoken to Capita?

Emma Sangster: No. We have not spoken directly to Capita, but we would like to pursue that.

Maurice Corry: That is where the information will be.

Emma Sangster: We hope so. I think that a Scottish Parliament inquiry would open the doors for that information to be forthcoming. That would be very helpful.

Maurice Corry: Obviously, you have talked about armed forces visits, but it should be remembered that defence manufacturers such as British Aerospace look for modern apprentices, and that Lockheed Martin and various other organisations visit schools. Have you researched the frequency of their visits to schools?

Emma Sangster: We focused particularly on the armed forces. We are aware that there are developing relationships of that kind between education and industry, particularly for older children in the education system. Some of those things are very new, and we are looking at them, but we have not done substantial research into that.

Maurice Corry: Do you agree that you should look at that?

Emma Sangster: Yes. We are looking at the university technical colleges in England, which are really founded on partnerships with local industry, including the defence industry and the armed forces, in some areas.

Maurice Corry: Would you say that, at the moment, your case is rather narrow and not really broad, and that it just concentrates on the uniformed element?

Mairi Campbell-Jack: Yes. Part of the reason is that we are very small organisations that have part-time staff only. We do not have the kind of budgets that the MOD and Lockheed Martin, for example, have to put resources into the matter. It has taken us a year and a half of work to get here. There are lots of things that we would love to be able to do, but unfortunately resources and time do not always make that possible for us.

The Convener: As there are no other questions, I thank the witnesses very much for their evidence. There is an awful lot of stuff in that. We can have a think about what we want to do.

There has been a long-held concern that poverty is possibly the greatest recruiting sergeant to the Army. We would be very concerned if communities were targeted in that way.

My sense is that you are looking for transparency about what is happening and what the protections are. There is a more general issue about our wanting to know that when private companies or whoever go into a school, they do not promise the earth and encourage people to make choices that are not fully informed.

It is an interesting issue to try to get more information on. Do members have views?

Brian Whittle: I do not know what the modern Army recruitment process is when young men or women walk through the door to look to join it, so I would like to understand that a bit better. Obviously, there has been a general reduction in the armed forces in the country. I am unaware of how many people knock on the door, how many are accepted, and what the process is. I would like to know that.

Rona Mackay: I think that, in my local authority, the issue went to a vote at council, and the council decided not to allow it. Local authorities seem to have some autonomy in the matter. Have the witnesses gone round local authorities?

Emma Sangster: Yes, we have. We contacted every local authority in Scotland, and 26 responded. The information shows quite a varying picture. Some authorities do not particularly recognise the issues, while others have done more to give guidance to schools. The approach is not uniform. A lot of local authorities said that they leave it up to headteachers to decide.

Rona Mackay: A lot of buck passing is going on.

Emma Sangster: Yes—or there is a lack of clarity about where responsibility for the issue lies, because it falls within the careers service side of things as well as within education. A lot of different agencies can be involved. Where does responsibility lie?

The Convener: We would be interested in knowing what the Scottish Government's view is. I can see that individual schools in some localities where there is a strong connection to the Army might be very keen for such visits, but other areas will have less of a connection. Should we also contact local authorities or should we just approach COSLA at this stage and ask for its view? We would also want to contact the Army careers service in order to get its response to the petition. Are there any other suggestions?

Rona Mackay: You could widen out the approach to parent councils and so on, but maybe that is for further down the line. As you say, in the initial stages, perhaps we should just approach the Government and local authorities through COSLA.

The Convener: There is also Skills Development Scotland, which develops the careers approach in schools.

Brian Whittle: I would definitely like to understand how a school decides what presentations from which organisations it will allow. Would we contact the Educational Institute of Scotland and the Scottish Secondary Teachers Association in that regard?

The Convener: I am not sure whether the unions have a view at this stage. The briefing note

suggests a number of organisations that we should contact, including the Children and Young People's Commissioner Scotland and the Scottish Youth Parliament. We can perhaps expand that list, in consultation with the clerks.

At this point, we are trying to get a sense of people's views on the dilemma: on the one hand, particular communities are being targeted; on the other hand, we recognise that there would be good employment outcomes for some young people. Indeed, we have seen some young people make an active choice to go into the armed forces. We need to know what the safeguards are and the extent to which particular communities are being targeted. Would that be fair? Do members agree to that approach?

Members *indicated agreement.*

The Convener: Thank you very much for your attendance. We will await the responses to our correspondence and keep you in touch with how the matter will be progressed thereafter.

Mairi Campbell-Jack: Thank you very much for your time.

10:37

Meeting suspended.

10:41

On resuming—

Deaths by Suicide (Inquests) (PE1604)

The Convener: The final petition today is PE1604, on inquests for all deaths by suicide in Scotland. The petition has been lodged by Catherine Matheson, from whom we will take evidence. She is accompanied by her daughter, Karen Gordon. Welcome to the meeting; I thank you both for being here. Catherine, I invite you to make a short opening statement, if you wish.

Catherine Matheson: The reason why we are here is that we do not believe that the current system serves the best interests of the relatives of those who die by suicide when they are in the community under compulsory treatment orders. The fatal accident inquiry system was reviewed last year and, in our opinion, a valuable opportunity to include such deaths was lost. Deaths by suicide while in NHS care under those orders in the community could have been covered by that review but they were not, although deaths in the prison system were. Fatal accident inquiries are now mandatory for all deaths in the prison system, but if you are out in the community and you die by suicide, it is really up to the NHS how it investigates the way that you died and the circumstances leading up to your death.

I will give you a bit of personal background. My son was ill for many years with schizophrenia. His final hospital admission was from March 2010 to April 2012. While he was in hospital, his illness took a severe turn. He did things that he had not done before, such as trying to severely damage himself. For a whole year, we were told, "He's not suicidal." He wrote final notes to us while he was in hospital. We were given them by the procurator fiscal six months after he died, when she found them in his files, yet the consultant was saying, "Your son's not suicidal."

Eventually, we complained. We said, "This can't go on. My son's harming himself and swallowing objects." He was referred for surgery twice to have objects removed and we were still told that he was not suicidal. When we wrote to complain, the consultant was allowed to handle the complaint against him. He wrote back to me and said that perfectly sane people do these things.

After that year, my son was sectioned and transferred to Carseview, where I discovered that his medical records were totally incorrect. I corrected the records and was told that the corrections would stay with the records. That did not happen. Eventually, he was released on a compulsory community treatment order. He cancelled numerous appointments that we did not know about. One of the reasons why he was on the order was so that he would engage with the services and in that way they could ensure that he was staying well and safe in the community. Despite his cancelling those appointments and being anxious in the weeks leading up to his death, no one took any notice. No one did anything.

10:45

On the day that he died, he cancelled an appointment with the Scottish Association for Mental Health, which was supporting him. He left a message on the answering machine. SAMH reported that to his psychiatric nurse, who did nothing, again. I got home at 10 to 5 and found him hanging from his loft. On that day, he had been to his GP practice but his prescription for a drug called Orphenadrine, which was to stop his anxiety and restlessness in his limbs, was not available even though he had been promised the day before that it would be.

I am trying to build for you a picture of how various elements were involved in the lead-up to my son's death by suicide. None of those elements has been satisfactorily examined for the sake of improving the system. Nothing that I do or say will bring back my son, my daughter's brother or my grandson's dad, but the fact is that the only way we can improve the system is by getting a

process that can properly investigate the things that are going wrong.

NHS Tayside can decide for itself what kind of reports it does. Initially, it did a significant clinical event analysis—or SCEA—report, but it did not involve us, the GP practice or the mental health officer in that. In the first instance, I had to contact it and ask what it would do. It did not have any standard procedures in place.

When my son died, the procurator fiscal sent me a letter saying, “We are very sorry to hear of the death of your son. This is what will now happen”. The NHS had nothing like that. When I asked about that, it said that it had to update its Datix system or some such thing. The NHS did a report that covered the last six months of my son’s life but, even though it was kind of the same thing, it did not include the two years when he was in hospital but out on leave. He was under their care for two and a half years.

The NHS said that it would do a report, but because of the time that it was taking, I was advised by the Scotland Patients Association to talk to a solicitor. I talked to a solicitor, who got me a report by an independent expert. The NHS said, “Now that you’ve talked to a solicitor, we’re not doing any report on your son’s death. We’re finished here.” You might say, “Well, fair enough—you went to a solicitor,” but the independent report was all that we wanted. Our legal action stopped there. We could not afford to go any further and we did not want any more; we just wanted somebody to tell us what had happened. We knew that what had happened in my son’s case was not right, but we wanted a proper expert opinion. Once we had that, the NHS was able to say, “Well, we’re not doing this any more.”

For its own purposes, the NHS should be doing a complete report on anyone who dies by suicide while under its care in the community, so that it can review its systems and see what it could do better in the future and what perhaps should not have happened. It should do that for its purposes and not just for ours. It was within its power to say that it would do a report or not do a report.

The NHS produced an independent report for the procurator fiscal that in our opinion was an absolute whitewash—you have probably heard that before from many relatives of people who have died by suicide. The report listed all the appointments that my son had cancelled and said, “Well, that’s okay—he cancelled appointments. There was nothing we could have done.” The whole purpose of his being in the system was that there was something that they could have done. They should have had him reviewed and asked why he was cancelling appointments, but none of that happened.

My conclusion is that only a proper inquest-type investigation will lead to all the facts being established and that, if such an investigation is chaired by a truly independent body such as, perhaps, the Mental Welfare Commission for Scotland, it should lead to improvements in care and perhaps even save lives, which is what we all want. I do not want anyone else to go through what our family has been through.

The Convener: I appreciate just how difficult it is to have to talk about your son. On behalf of the committee, thank you very much for that opening statement. The most powerful point that you make for the committee is about how we make sure that the same thing does not happen to someone else and that lessons are learned. If systems can be put in place to avoid such distress in future, that would be an important aim for the committee.

I was not aware of this issue, but was the distinction between your son’s treatment in hospital and in the community the thing that actually caused the problem? There was a breakdown in communication and there was not the same close monitoring of how he was.

Catherine Matheson: There should have been closer monitoring. After he died, I put together all the pieces of the jigsaw of what happened to him that day. I found out about him not getting his prescription from the GP and that he had cancelled an appointment with SAMH. I spoke to SAMH and was told that, when someone cancels an appointment, it has a duty to let the community psychiatric nurse, or whoever is in charge of the person’s care, know about that. The CPN did not seem to have that duty. If my son missed three or six appointments—he missed loads of appointments—there was nothing to trigger a response and to say, “This is appointment number 3 and SAMH has told us, so we will phone him.” That could have been just a two-minute phone call to say, “What’s gone wrong with you today—are you all right?”

The Convener: Is a risk assessment carried out when somebody moves from the hospital setting into the community but is still under the care of the hospital? Obviously, SAMH has a procedure, but are there other procedures for monitoring somebody in the community when they are still under the care of the hospital?

Catherine Matheson: The psychiatric nurse was the lead person. The way that the system worked—it was more of a system than procedures—was that the people who were supporting my son reported to her. We attended a meeting after the first SCEA had been done and we were told that the CPN was autonomous, but we said that she was not autonomous; she was leading a team that was supposed to be caring for this person. The sad thing is that that woman was

at my son's funeral and she was really upset. It would have been better for staff to have had a certain agreed procedure set out so that, if someone missed three appointments, they were called in or phoned up. Had there been some procedure, the CPN would have been safe in knowing that she had done everything that she could.

The Convener: I suppose that the purpose of an inquest would be to identify the kinds of issues that caused death and then lessons could be learned around changing procedure.

Catherine Matheson: It would be rather more than issues that can cause death; it would be about how to keep that person safer in the community. Is it by procedures? As we discovered when I researched the issue, this has happened before. The NHS has been criticised by the Scottish Public Services Ombudsman for not responding when someone cancelled appointments. If that is still happening, it is up to the NHS to look at why. If the NHS is not willing to do that, there needs to be an independent body involved or even a meeting like this about someone's death, where the GP, the mental health officer and everybody who was involved with the patient is represented to talk honestly about what went wrong and what they could do better.

Brian Whittle: We are looking for the outcome that you hope to achieve. I would like to clarify your position. You are not specifically pointing the finger at NHS staff; the issue is more the procedures that they use. Is that correct?

Catherine Matheson: Yes, that is correct.

Brian Whittle: Ultimately, then, is it your goal to have those procedures reviewed?

Catherine Matheson: Yes, and where there are not procedures, to have procedures put in place.

Brian Whittle: Thank you.

Rona Mackay: Please do not try to answer this question if you feel that you cannot. In your view, what is the difference between a fatal accident inquiry and the kind of inquiry that you want?

Catherine Matheson: A fatal accident inquiry has a wide scope that could cover the case of someone's actions leading to the unfortunate death of another. That is how I view my son's suicide—someone's actions or inactions led to his death. I suppose we would have been not satisfied, but appeased if we had had a fatal accident inquiry. As I said, it is about having a meeting where everybody involved has to attend the meeting to say what went wrong.

Maurice Corry: Thank you for your evidence, Mrs Matheson. You are calling for an independent

inquest system. How could families be involved in that?

Catherine Matheson: We should be invited, along with everyone else, to give our view of what happened. I thought that I was leaving my son safe that day because he had a meeting with the support worker at 11.30. The last time that he contacted me was 11.38, and that was the last that anyone heard from him. He would have been at that meeting had he not cancelled it.

I want to be sure that people like me can go away for a day. I went away for one day, and I could not leave him in safe hands for that one day. I want to be sure that people can be assured that, yes, he is still not regarded as being well but he is on a compulsory treatment order that makes sure that he is engaging with the services and that they are engaging with him.

Maurice Corry: Did they have daily check-ups on him?

Catherine Matheson: It was not daily, but I was there. I was keeping a very close eye on him. There was one day that I could not be there and they should have been there, but that did not happen.

Angus MacDonald: The Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Act 2016 was passed in the previous session of Parliament. You may or may not be aware that there are three stages for each bill that goes through Parliament. Stage 2 is where amendments are put forward at the committee that is dealing with the bill; and at stage 3, the bill goes to the whole Parliament and every member has an opportunity to submit an amendment. At stage 2 of the Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Bill, amendments were proposed that would have required fatal accident inquiries to be held for the death of anyone in mental health detention. Those amendments were overturned at stage 3 amid concerns that such a system would distress family members and stigmatise those with mental health conditions. What is your view on that?

Catherine Matheson: That is not a view that I have heard expressed by any family that has lost anyone to suicide. Anyone who loses someone to suicide just wants answers. The only way that they can get answers is by a system such as I propose, where everyone is sitting round the table. If relatives would be too distressed, there should perhaps be an option to say that they do not have to attend if they do not want to. Bear in mind that the kind of inquiry that I propose is not just for relatives but to save lives, because people commit suicide every day. There are two suicides a day in Scotland and I do not think that that rate has decreased over the years. I think that the reason

you outlined was not a valid reason at all for rejecting the amendments that you described.

The Convener: I am interested in what happened as soon as you went to a solicitor, because the NHS stepped back. Was its argument that, because you were going down that route, there was a possibility that you were going to end up in conflict with the NHS over compensation or whatever? Did you get a sense that that was reason why the NHS stepped back?

Catherine Matheson: I think that it possibly was, although that was not our intention. All that we wanted was answers and changes to procedures. I used to read the papers and think, "Oh, there's a family that's three or four years down the line and they've still not got answers."

Sadly, we found that that is the way that it works. You go to the procurator fiscal but the NHS really dragged its heels, as it did with Karen; she had to keep emailing them. Time dragged on and on and nothing was happening so I went to the Scotland Patients Association. It put me in touch with its recommended solicitor. All we wanted was answers and improvements.

11:00

Now we have ended up here and, in November, it will be four years since my son died. Earlier this year, we were told that we would not get a fatal accident inquiry. If we had the kind of system that I would like, it would mean that all this could be done very quickly. That should suit the NHS as well because, as time goes on, people who were involved change jobs and move on and although it is not about blaming staff, it is about passing on lessons learned. There could be all new people sitting there thinking, "I didn't know about this case and I didn't know this person." It would be better if it was all sorted out within, say, a six-month period. There should be a meeting at which all facts are established and any improvements that can be made are made.

The Convener: You would like the outcome of that meeting to be recommendations on good practice. Would you see it as identifying staff members who had failed in their duty?

Catherine Matheson: Staff members should give evidence but I do not think that there should be a culture of blame. They should have to be there to give evidence about what actually happened, but there should not be blame.

If procedures are missing, we cannot really say to a staff member, "You didn't do that," because the staff member could think that they were not told that they should be doing it. That is a valid defence. It is not about blaming; it is about learning.

The Convener: Do members have any other questions?

Angus MacDonald: Are you aware of any of the amendments that were made at stage 2 and overturned at stage 3 of the Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Bill being lodged as a result of your specific case?

Catherine Matheson: I was not aware of that. I was dealing with Christian Allard at the time and he certainly did not tell me whether any of them were put through on my behalf.

Angus MacDonald: Okay, thanks.

Catherine Matheson: I will make one more point about the convener's last comment about recommendations. The information that we found from the SPSO said that this had happened already. Recommendations had been made to the NHS about people in the community cancelling appointments. The NHS obviously has not acted on those recommendations. I think that we need something mandatory, which is why I would like an independent person to chair any meeting that investigates the suicide of people who are in the mental health care system. It needs to be mandatory. The recommendations must be time limited and the NHS must show us that procedures are in place by a certain date. It can please itself at the moment. It can choose when or if it is going to do something and I do not think that that is good enough.

The Convener: Thank you. Again, I appreciate your taking the time to give us so many things to think about. There is a whole range of challenging issues there and my sense is that the committee will want to do something more about this. I do not know what sort of suggestions members have.

Brian Whittle: The subject is massively complex with a whole series of people involved in the ultimate tragedy. I need to get an understanding from the trust's perspective of the procedures that it would have had in place when there was a tragic suicide like this. What would the trust usually do? What would its usual process be?

I imagine that we would also have to talk to organisations such as SAMH. I would like to understand where the warning signs are from its perspective. What does it do and how does it follow up? There are so many moving parts and it would have to be picked apart.

Rona Mackay: I agree with my colleague Brian Whittle. We need to find out what uniformity exists among health boards in how they deal with such situations. We should ask the Scottish Government what is in place to deal with such circumstances and whether it is aware of the irregularity in how this case was handled. The entire case must be relayed to the Government so

that it knows exactly what we are talking about, because it is extremely serious.

Maurice Corry: I agree with my colleagues.

The Convener: The petition raises two issues, one of which is how the petitioner ended up in the position where nobody was checking why her son had cancelled appointments and where he was not seen on the day that he died. What things led to that? What is the view of the Scottish Government and health boards on the protections for people who are under hospital care but are out in the community?

A separate issue, which the petitioner has movingly described, concerns the support that is offered to a family once a suicide has happened, so that they know that the situation is being taken seriously and that lessons are being learned. The fatal accident inquiry system is not used in a lot of cases; it is cumbersome and takes a long time. As the petitioner suggested, we should ask whether there is a quicker process that has the same force to get people listening.

Another element is that, when a family cannot get an inquiry, they are forced to take legal advice. As soon as they do that, they become almost a problem for a health board that is to be resisted rather than worked with. It would be really useful for us to explore those big issues.

We want to write to the Scottish Government's health and justice ministers to ask for their reaction and to raise the question of access to justice in such circumstances. Do we want to speak to anybody else? As has been suggested, it might be worth speaking to SAMH and—if we do not already have it—getting a perspective from the Scotland Patients Association on how people can be supported through the process. I feel as if a lot of barriers were put in the petitioner's way and that only her strength of character and determination took her through. I know that similar families in the region that I represent have had to do the same kind of thing.

Would the witnesses like to add anything before we conclude?

Karen Gordon: The one thing that stood out for me from my brother's situation all the time that he was in hospital was that he was constantly trying to commit suicide. The hospital and the NHS failed to recognise that and denied that throughout his care, even though, as my mum said, he had been swallowing objects such as glass and cutlery—anything that he could get his hands on in the hospital. He had to have stuff removed from him because he tried to hang himself in the hospital. However, it was still denied overall that he was trying to commit suicide. The hospital thought that he was just self-harming but, to us, he was

serious. When we look back in hindsight, it has been proven that he was trying to commit suicide.

I do not know whether that failure contributed to the care that my brother received when he was out in the community. I do not know whether the hospital thought that he was okay and that he was not suicidal, so it did not need to follow up with him about appointments and could just put him out there.

The Convener: So the simple assumption—or clinical diagnosis—that he was not suicidal led to other consequences. Is there an issue with families being listened to in the hospital setting?

Catherine Matheson: Definitely.

The Convener: You probably understood and knew your son better than anybody else.

Karen Gordon: Definitely. My brother was in hospital for two years until, all of a sudden, he was allowed to make visits out gradually over a few weeks, after which he was released, and that was it.

Someone would make an appointment to go to see him every few weeks, but he could reject it at will and it was not followed up. When he was released from the hospital, there was no real process of engaging with the family and discussing signs of him being suicidal that we could look out for. I do not know whether hospitals do that when they recognise that someone is suicidal and are assessing whether that person should be released.

Rona Mackay: Approximately how often did the hospital consult you as a family or discuss your brother's situation with you?

Catherine Matheson: I consulted them more than they were willing to consult me. I made sure that I became his named person and got as much information as I could. However, I have heard other parents say that they did not get told anything.

Rona Mackay: Did you instigate the meeting or did they come to you and say that they would like to discuss the situation?

Catherine Matheson: Sometimes I got invited to meetings and sometimes I did not. That was just the way it was. There does not seem to be anything mandatory about it. It is only what the NHS decides that it will or will not do.

Rona Mackay: I presume that, at those meetings, you expressed your view that he was suicidal. Do you feel that you were not listened to?

Catherine Matheson: We were not listened to. We got a letter saying that perfectly sane people do things such as swallow broken glass.

The Convener: The committee is obviously unable to pursue individual cases but your testimony about what is happening in the system is powerful. That is important to us. You said earlier that you did not want anybody else to have to go through what you have gone through. We will write to the Scottish Government, the Scotland Patients Association and SAMH. We will wait for responses and look further into the range of issues. Your proposal for how to solve the problem might not be the solution that is eventually fixed upon, but you have identified the fact that there is a big problem that we will want to address.

Catherine Matheson: Something that underpinned the attitude that my son was not suicidal, although he had written final letters and was seriously damaging himself, is that there were, I think, no beds for him to be sectioned to. That is important. I do not believe that, if an NHS consultant sees all that happening and a surgeon at Ninewells says, "I cannot keep opening him up and stitching him up again. Something will have to be done," the consultant would not think to section him if there was a bed for him to go to. Beds are constantly being reduced and beds in Angus are under threat yet again. In my son's case, there might have been a shortage of beds in the intensive care unit at Carseview, which is why he was not sectioned. However, I do not think that the consultant would admit that.

The Convener: That would come out in an inquiry because you would be able to explore such questions. We want to consider further the mechanism by which you get to ask them.

We will write to the Scottish Government, the Scotland Patients Association and SAMH, but there are a number of issues of general procedure that we will want to explore further. Do members agree to that action?

Members indicated agreement.

The Convener: I thank Catherine Matheson and Karen Gordon for coming along. We really appreciate what they said to us. The points that they made will inform the committee's work on the petition.

That concludes our consideration of petitions today. I thank all members, petitioners and other witnesses for their contributions to the meeting.

Meeting closed at 11:14.

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