



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 18 March 2014

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PUBLIC PETITIONS COMMITTEE
6th Meeting 2014, Session 4

CONVENER

*David Stewart (Highlands and Islands) (Lab)

DEPUTY CONVENER

*Chic Brodie (South Scotland) (SNP)

COMMITTEE MEMBERS

*Jackson Carlaw (West Scotland) (Con)

Angus MacDonald (Falkirk East) (SNP)

Anne McTaggart (Glasgow) (Lab)

*David Torrance (Kirkcaldy) (SNP)

*John Wilson (Central Scotland) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Sean Clerkin

Jim Eadie (Edinburgh Southern) (SNP) (Committee Substitute)

Iain MacInnes (Glasgow Against ATOS)

Jane Plumb (Group B Strep Support)

Jackie Watt

CLERK TO THE COMMITTEE

Anne Peat

LOCATION

Committee Room 6

Scottish Parliament

Public Petitions Committee

Tuesday 18 March 2014

[The Convener *opened the meeting at 10:04*]

New Petitions

Group B Streptococcus in Pregnancy (PE1505)

The Convener (David Stewart): Ladies and gentlemen, I welcome you all to the sixth meeting in 2014 of the Public Petitions Committee. As always, I ask members and people in the gallery to switch off any mobile phones or electronic equipment, which interfere with our sound system.

Apologies have been received from Angus MacDonald, and Jim Eadie is attending as a substitute. Good morning, Mr Eadie—I am glad that you could join us this morning.

Agenda item 1 is consideration of two new petitions. As previously agreed, the committee will take evidence from the petitioners in each case. The first petition is PE1505, by Jackie Watt, on awareness of group B streptococcus in pregnancy and infants. Members have a note by the clerk, the Scottish Parliament information centre briefing and a copy of the petition.

I welcome the petitioner, Jackie Watt, and Jane Plumb, who is the chief executive of Group B Strep Support. I invite Ms Watt to make a short presentation of around five minutes to set the context for the petition, after which we will move to questions.

Jackie Watt: The petition is personal, as I lost my granddaughter at 20 days from the late onset of group B strep infection. At the time that my granddaughter passed, my daughter was told that, if there were 1,000 pregnant women in Glasgow, about 800 would be carrying the infection at the time of birth, and it was just someone's luck if their baby contracted it.

None of us knew what group B strep was. After researching it and getting information from different sources, I found out that it is a bacterium that is present in the vagina of about one in four women—not in eight out of 10 women, as my daughter Nicole was told—and that some babies get it and others do not. If women are given a reliable test between weeks 35 and 37 of pregnancy, the result is good at predicting whether the mum is carrying group B strep before she gives birth. If she is, she can be given antibiotics in

labour that dramatically reduce the risk of the baby getting group B strep infection.

Information about group B strep should be given to all pregnant women as a routine part of their antenatal care. I understand that the standard swab test that is used by the national health service will miss two out of every five carriers. Every pregnant woman should have the opportunity to have the reliable test for carrying group B strep. The proper test should be available from the NHS in Scotland and, until it is, pregnant women should be given advice on how to get tested privately. No information is given to expectant mums in Scotland at present, and there is no Scottish support group to provide people with the relevant information.

The Convener: Thank you for making your statement, Jackie. Jane Plumb should feel free to answer any questions or add any comments. I have a couple of questions, and I will then ask my colleagues to come in.

In reading the background to your interesting petition, I note that the United Kingdom screening committee has ruled against the introduction of routine screening for GBS. What is your view on that?

Jane Plumb (Group B Strep Support): We were very disappointed with the screening committee's decision back in 2012, because the evidence clearly shows that, if—as Jackie said—women are screened late in pregnancy and antibiotics are offered in labour to women who are carrying group B strep, that is hugely effective in reducing the incidence of such infections in babies.

We can see that effect in other countries, where research has shown clearly that in the countries that have introduced screening and have taken a snapshot of the situation before and after its introduction, the incidence of infection has plummeted. The figures range from a drop of around 71 per cent in France to a fall of approximately 86 per cent in Spain and the US.

A lot of other people were disappointed at the national screening committee's decision, and it received more than 200 comments as part of its consultation process. Significantly, more than 90 per cent of those comments were in favour of screening, so it is not just our group that is disappointed.

Scotland is not bound by what the national screening committee decides for the UK. From looking at the data that has been published so far, it appears that the rate of infection is higher in Scotland than it is elsewhere in the UK. On top of that, the incidence in Scotland has increased: since the study that was done in 2000, the incidence has more than doubled. There is a real

argument for examining the data in a Scottish context and making a decision based on the population here.

The Convener: That is a very good answer. You have predicted my next question, as I was going to point out that the Scottish Government is, of course, not bound by the UK national screening committee's decisions—although, in fairness, successive Governments have taken on board the screening committee's expertise, and it has at least three representatives from Scotland.

The screening committee says that there is "insufficient evidence" of any benefits. Do you see that as a call for further and more in-depth studies rather than an acceptance that screening itself does not work?

Jane Plumb: The national screening committee has looked at data from other countries, and unfortunately feels that it is not the best possible evidence.

As I am sure the committee knows, the national screening committee likes randomised controlled trials, but it is clear that the opportunity to do such trials has effectively been lost because there is so much evidence that screening works. Although more evidence would be great, we could wait forever for perfect evidence and we would not get there. There is already evidence from other countries that screening works, and the way forward with regard to better evidence would probably involve introducing a pilot study and saying, "Let's do this and see the effect that it has."

Jim Eadie (Edinburgh Southern) (SNP): I thank the witnesses, particularly Ms Watt for her personal testimony. Which other countries have adopted screening? You mentioned Spain, France and the United States. How many countries around the world have adopted screening?

Jane Plumb: Nineteen developed countries.

Jim Eadie: It is clear that no price can be put on the health of women and babies, but have you done any work to suggest what the cost would be of introducing screening in Scotland or in the UK?

Jane Plumb: No, I have not looked at how much it would cost to introduce. There have been cost benefit analyses done for the UK, all of which have said that it would be more cost effective to screen than to use the risk-based approach. I gave the committee some information packs—

The Convener: Yes, we have got them.

Jane Plumb: Two of the research papers in the pack, by Kaambwa and Colbourn, include the cost benefit analyses.

Jim Eadie: Would you consider undertaking or commissioning some work on costing the proposal?

Jane Plumb: It would be useful to look at the situation in Scotland, because those studies both looked at the estimated UK incidence rather than the higher incidence that seems to exist in Scotland.

The Convener: Would it be within the competence of an individual Scottish university to pick up that research work, particularly if it got funding to explore the matter in a bit more detail in a Scottish context?

Jane Plumb: I do not know enough about the Scottish universities' research programmes to be confident in answering that question.

Jackson Carlaw (West Scotland) (Con): Returning to the convener's earlier point about the national screening committee, I note from the SPICe briefing the improvement that has taken place in various countries around the world as a result of screening. The national screening committee said that

"there is insufficient evidence to demonstrate that the benefits to be gained from screening all pregnant women and treating those carrying the organism with intravenous antibiotics during labour would outweigh the harms."

I have not been briefed on what the harms might be. In exploring or responding to the screening committee's position, have you been able to establish what the anticipated harms might be? Is that something of a mystery?

Jane Plumb: The national screening committee set out that view in its huge report on the matter. There are very real concerns about antibiotic resistance developing, and about major allergic reactions among pregnant women to antibiotics that are used in labour. There are concerns that giving women antibiotics during labour may have an long-term impact on babies. Those seem to be the key concerns, plus the concern about medicalising labour.

10:15

Having said all that, my personal view is that a healthy baby outweighs whether we are medicalising labour. Also, on the antibiotic resistance issue, the drug of choice is penicillin, to which group B strep—or pretty much anything else—is not resistant. It has a good track record. On the concerns about anaphylaxis and major allergic reactions, some research is being done at the moment to try to establish the risk for such reactions specifically in relation to group B strep.

There have been cases in which mums have had major allergic reactions as a result of antibiotics being given for caesarean sections, but

those are different antibiotics so we cannot necessarily say that because that has happened in that situation, it will happen in a different situation. The evidence from other countries is that the benefit outweighs the risk.

Jackson Carlaw: That is helpful. Presumably the incidence or prevalence of the potential harms that you have just identified will have manifested themselves in the 19 countries that are undertaking the screening and proactive intervention ahead of birth. Do you know what the incidence or prevalence has proved to be?

Jane Plumb: There is very little data published on that, which makes one assume that the incidence or prevalence must be very small because research papers are not being published.

Jackson Carlaw: So is it your summation that the expectation that there could be potential harms is an unquantified assertion that is not necessarily drawn from the experience of the countries where screening is now being offered, as opposed to a concern that is borne out by the facts around the availability of treatment in those countries?

Jane Plumb: Yes. There has been a conflation of the risks that appear as a result of antibiotics that are given for other reasons, such as antibiotics given over the long term during pregnancy, where there are greater concerns about antibiotic resistance, rather than a focus on the short, sharp doses of antibiotics—typically penicillin—that are given in labour for the specific purpose of preventing group B strep infections. People have looked at what has happened in other areas with other antibiotics that have been given in different ways and for different durations. I have not seen any research that shows that those results are also true for the specific intervention that we are talking about.

Jackson Carlaw: Thank you.

Chic Brodie (South Scotland) (SNP): I have a question about the risk assessment. Looking at the information that has been provided, in the current situation where there is no total screening, I do not understand how one determines which women should be screened and which women should not be screened. How is that determined?

Jane Plumb: The UK national screening committee is the body that sets whether there is screening. In the absence of any screening programme, it is a question of individual clinicians making an assessment for a specific pregnant woman and deciding whether, in that clinician's professional judgment, they would wish to test—

Chic Brodie: On that point about professional judgment, what routine do the clinicians go through to decide on who will be screened and who will not be? Can you help me on that?

Jane Plumb: I am not aware of anything in the Royal College of Obstetricians and Gynaecologists' group B strep guideline that recommends a situation in which a woman should be tested as opposed to screened. The guideline says that all pregnant women should not be routinely screened for group B strep, but it does not define any situations when a woman should be tested. That is possibly because in 2003, when the guideline was first written, and in 2012 when it was updated, the standard test that was used to identify group B strep was not good for that specific purpose.

Chic Brodie: One of the papers in the pack that you provided to the committee states:

"The current strategy of risk-factor-based screening is not cost-effective compared with screening based on culture".

Can you expand on what that means?

Jane Plumb: The current recommendation from the Royal College of Obstetricians and Gynaecologists is that clinicians should use a risk-based strategy so that if certain situations arise during pregnancy, labour and delivery, they should prompt a health professional to offer the mum antibiotics in labour. That is the risk-based strategy. The culture strategy is when we test women late in pregnancy using a group B strep-specific test. Based on the result of that—

Chic Brodie: The enriched culture medium test.

Jane Plumb: The ECM test—perfect. Based on the result of that, we would offer mum antibiotics in labour. There is plenty of research, including UK research, that shows that many babies who develop the group B strep infection do not have any recognised risk factors when they are born. The risk-based strategy will therefore never identify them. The antibiotics will be good at minimising the risk to babies only where one or more of the risk factors is present.

Chic Brodie: One of the papers in your pack refers to an enrichment broth and the ECM test. It states that the ECM test is not widely available in NHS hospitals but may be purchased privately by post for a fee of approximately £35. Is that the cost of the test?

Jane Plumb: That is what the private laboratories that offer a postal service for the ECM test charge for the whole thing when a mum phones up or emails to ask for a group B strep test. We are very careful about the organisations that are listed on the charity's website. We ensure that they do only the right test. A mum will phone up, get the test sent out and send back her payment with her swabs. It is correct that the cost is £35.

John Wilson (Central Scotland) (SNP): If an expectant mother goes through the private screening process, pays the £35, gets the result and then presents it to her midwife or general practitioner, how responsive is the NHS to such results? If the guidelines say that there should not be universal screening but individuals pay £35 for an individual screening and then present the results to a hospital where they are being treated, does the hospital take on board those results, or does it apply the standard recommendation and say that its practice is not to do any follow-up work on such tests?

Jane Plumb: Different hospitals might have different policies. The recommendation from the Royal College of Obstetricians and Gynaecologists and from the National Institute for Health and Care Excellence is that where group B strep has been detected during the current pregnancy, a mum should be offered antibiotics in labour.

John Wilson: That happens when the infection has been detected. However, if a woman has taken the private route and paid the £35, do hospitals accept the results of that testing and then carry out the antibiotic treatment?

Jane Plumb: The charity hears that the vast majority do that. The guidelines do not refer to group B strep being detected through an NHS test; they refer only to its detection in the current pregnancy from a vaginal swab, urine sample or whatever.

John Wilson: To my mind, that tends to fly in the face of the position that the petition is requesting be changed. If the national recommendation is that there should not be a standard test for pregnant mothers but the hospitals will treat those who have the results of a private ECM test, that clearly shows that there is a need for such tests.

My other question is on high-risk and low-risk pregnant mothers. How do we define those, given the circumstances that we are talking about? Are there definitions for those categories?

Jane Plumb: If one or more of the risk factors is present, that is usually defined as higher risk; I prefer that term to describing it as high risk. When none of the risk factors is present, that is low risk. However, you have highlighted an illogicality in the Royal College of Obstetricians and Gynaecologists' current guidelines because they state that pregnant women should not be routinely screened while also saying that action should be taken if an infection is found.

John Wilson: It is not a case of it being found; it is that if someone provides evidence of infection, it is treated. Such evidence will come from the private route, but I am trying to look at another

aspect. Without routine testing, only those who are aware that a test can be done privately and who can afford to pay for it are likely to receive the necessary treatment from the NHS to combat any risk.

Jane Plumb: Group B strep will be detected in some pregnant women by general, non-specific swab tests, if they are done. They are not very reliable, because a lot of carriers will be missed, but they will find about half of them. Clearly, the issue with that is not the half of women who are found to be carrying group B strep but the half of women carrying group B strep who are told that there is nothing to worry about. However, I take your point that the current situation is inequitable.

John Wilson: Another issue that arises is whether the NHS testing is sufficient. If you are saying that the ECM tests that are carried out privately by the organisations recommended on your website are potentially more accurate than the NHS tests, would it not be proportionate to say that there should be a standardised testing method to ensure that no one is missed? You indicated that up to 50 per cent of those who are tested in the NHS are told that there is no problem but that the reality is that there is a problem.

Jane Plumb: Yes. What used to be the Health Protection Agency and is now Public Health England has what is called the standard for microbiological investigations; SMI B 58, which is referred to in one of the papers in the pack, describes the right method for looking for group B strep, which is the ECM method. Given that the guidelines were put together in 2006, I find it surprising that only a handful of NHS trusts make that test available for their health professionals to request.

John Wilson: Thank you very much.

The Convener: Unfortunately, we are a bit short of time. However, I want to ask Jane Plumb for some advice on possible next steps, given that the petition deals with quite a technical area. Do you feel that there would be further mileage in the committee dealing with the UK national screening committee? For example, would it be worth this committee meeting the screening committee to raise the petition's points directly with it?

Jane Plumb: I think that conversations are always useful. I think that the national screening committee will next review its recommendations for the UK as a whole in 2015-16. Perhaps that will be the time to have a direct conversation with it.

The Convener: Would it be useful for us to write to the Scottish Government to ensure that information is routinely given to expectant mothers, if that is not already done? What is your perception? Jackie Watt may be more familiar with

that. Is enough information given to expectant mothers in Scotland?

10:30

Jackie Watt: No. It is very hard to find information. When we spoke to paediatric doctors and consultants who had cared for my granddaughter, they did not have any information—any handouts or anything—that they could give us. Lately, they printed off something from Jane Plumb's website and sent it to us. There is nothing out there—there are no surgeries. At maternity units, there is nothing to make people aware of group B strep; there are no leaflets or signs that describe the symptoms.

The Convener: There seems to be a gap. If the committee agrees, we could write to the Scottish Government to raise awareness, so that expectant mothers are given more information. Would that be a useful course of action?

Jackie Watt: Yes.

Jane Plumb: The committee writing to the Scottish Government would be great. We wrote recently and we received a couple of responses. I have printed off copies, which I will share with you, if I may.

The Convener: If you could leave them, that would be very helpful.

Jane Plumb: I will do that.

You mentioned asking the Scottish Government to give out information. A little bit of information is included in a booklet that is given to all pregnant women, but information needs to be given proactively. If information is going to be given, how will that be done? Will people be told that if they want to be tested for group B strep, the only route is private, or will they be told that if they are going to be tested, in Scotland we will ensure that they are offered the proper test for the job?

There would also be mileage in asking the Scottish Government to review the screening situation, specifically for the Scottish population.

The Convener: The next step is that the committee goes into summation mode, in which we stop asking questions and decide on our next steps. You have both given us some very helpful signposts to what the next steps should be. This is a technical issue, which has terrible outcomes, as Jackie Watt graphically described.

We need to take on board what Jane Plumb and Jackie Watt suggested and write to the Scottish Government, to flag up the issue and see whether better information can be given to expectant mothers.

I take the point that 2015-16 will be a crucial period for the national screening committee. We could meet a representative of that committee, either by teleconference, videoconference or in person, perhaps at the end of this year, which would fit in nicely with its 2015-16 programme.

Chic Brodie: I agree in general with that and I agree with Jane Plumb's last comment. Having conversations is not a bad idea—they are always helpful—but with the numbers and, I suspect, the costs that we are talking about we might ask the Scottish Government whether it would seriously consider extending screening to all those who are pregnant.

The Convener: Sure. Perhaps that would need some more Scottish-specific research.

Jackson Carlaw: I would like to write to the national screening committee to pursue the issue of potential harms that it identified and ask whether it has quantified them in any meaningful sense.

Unusually—I hope that this is in order—I would like to write to the American College of Obstetricians and Gynaecologists, which introduced advice in 1996, or the Centers for Disease Control and Prevention, in the US, which has applied a policy for a period that is long enough for the harms that were identified in our evidence to have manifested themselves in a quantifiable way. It would be useful for us to have that information, if only to use to some effect at a later stage, were we to meet the national screening committee to discuss the matter further.

The Convener: That is very good advice. I ask other members for their views.

John Wilson: I agree that we should write to the Scottish Government. I am looking at some of the figures, which are UK figures. I assume that we do not have a breakdown of Scotland-specific figures.

Jane Plumb: They are in the pack.

John Wilson: We received the pack just before the meeting started, so we have not had the chance to read through it.

Jane Plumb: The incidence in Scotland of early onset cases, which are potentially preventable, is 0.47 cases per 1,000 live births. In England, Wales and Northern Ireland in 2012 the combined figure was 0.36.

John Wilson: So the incidence in Scotland is higher than it is in the rest of the UK.

Jane Plumb: That is voluntarily reported data; it is not a notifiable disease. An enhanced surveillance study was done in 2000-01. At that point, the rate per 1,000 live births in Scotland was

0.21. The number has more than doubled—or the data has more than doubled—since then.

John Wilson: As I said, it would be worth while to write to the Scottish Government. The figures that Ms Plumb provided are useful, but given that the disease is non-reportable, it would be useful to ask the Scottish Government whether it would consider making it reportable, so that we could get accurate figures.

I would also like to ask the Scottish Government for its position on expectant mothers requesting testing. I accept that expectant mothers can pay £35 for private testing, but not every expectant mother could do that and not everyone is aware of the test's availability. We should find out whether the Scottish Government would consider a policy change to ensure that every woman who requested the test had the opportunity for their request to be carried out.

David Torrance (Kirkcaldy) (SNP): I am happy for the committee to write to the Scottish Government and to ask the national screening committee to give evidence at the end of the year, because that is vital.

Jim Eadie: I fully endorse and support the constructive suggestions that other members have made.

The Convener: Thank you. Members have made constructive points that will help us to take the issue forward.

I thank our witnesses: our petitioner, Jackie Watt, and Jane Plumb. As you have heard, we will pursue your petition every way that we can and we will keep you up to date with developments. If you have further information, please leave it with the clerks.

10:37

Meeting suspended.

10:39

On resuming—

Commonwealth Games Sponsorship (PE1508)

The Convener: Our second new petition is PE1508, by Sean Clerkin, on Atos as a sponsor for the 2014 Commonwealth games. Members have a note by the clerk and the SPICe briefing on the petition.

I welcome our petitioner—good morning, Mr Clerkin; I am glad that you have come along today—and Iain MacInnes, who is the secretary of the Glasgow against Atos campaign.

Before I invite Mr Clerkin to speak for around five minutes, I clarify for the record that, although the petition obviously raises a matter of legitimate public debate, one of my duties as convener is to ensure that today's evidence session does not stray into irrelevant matters and that this committee is not used as a forum for making gratuitous remarks. That will be a matter of judgment for me. I ask everyone around the table to conduct the discussion in an appropriate way and to ensure that it focuses on the subject matter of the petition and does not stray into issues that are not directly relevant to the petition.

Sean Clerkin: Essentially, we are here to state the fact that 600,000 disabled and sick people in Britain—60,000 in Scotland—have had their sickness and disability benefits taken off them by Atos, through the operation of the work capability assessment. In addition, 2,200 people have died while going through the Atos-administered assessment process. The fact of the matter is that those people either have committed suicide having lost their benefits, or were terminally ill and past the point at which they were fit for work—they died before going back to work. We speak for those victims today—people such as David Barr, who committed suicide by throwing himself off the Forth road bridge; Eleanor Tatton, who died of a brain tumour five weeks after she was declared fit for work; Edward Jacques; Jacqueline Harris; and Iain Hodge. One of the worst cases that I have seen was that of Mark Wood, who lived in David Cameron's constituency in Oxfordshire. When he was found dead by the police, his body weighed five stone. He had starved to death. He had been taken off his benefits by Atos last year.

We believe that Atos are contract killers, profiting from the misery and suffering of the most poor and vulnerable members of our society. Atos has not paid a single penny in corporation tax. Truly, we believe that Atos has been financially raping the poor and the vulnerable. It will denigrate our Commonwealth games if Atos is allowed to be a sponsor, because it is a toxic brand for many people in Scotland.

The Convener: If I can just interrupt, Mr Clerkin. Obviously, we understand the strength of your views, but I ask you to recall my earlier comments and be conscious of the use of language in this session.

Sean Clerkin: Okay, I understand that.

The people of Scotland prize their social democratic beliefs of fairness and social justice. Public opinion in Scotland is appalled at what Atos has been doing to people, and is certainly not in favour of Atos being a sponsor of the Commonwealth games. Public opinion on the issue has been shown by the *Daily Record*, which has run a campaign on the harm that Atos has

done to people and the lives that it has ruined. It has chronicled that no end over the past two years.

We are saying that we are clear that Scottish public opinion is that Atos should be dropped as a sponsor of the Commonwealth games, so that it does not profit from what it has done. It wants to profit by putting itself in front of a Commonwealth games audience of 1.2 billion people. It is not right or fair that it should be allowed to do that, given the harm that it has caused and the terrible things that it has done to the poorest and most vulnerable members of our society.

I repeat that Atos is a toxic brand and that, as many people have stated in Parliament and elsewhere, they are contract killers and corporate criminals. As far as we are concerned, Atos is not fit to grace our Commonwealth games and we, the moral conscience of Scotland, demand that our elected representatives do the right thing and that this committee urge the Scottish Parliament to contact the organising committee to get Atos dropped as a sponsor, because it will forever tarnish the Commonwealth games if it is allowed to be a sponsor.

The Convener: Thank you, Mr Clerkin. Mr MacInnes, if you wish to add something, just catch my eye during our question-and-answer session.

One point of consensus is that, across Scotland, there is widespread support for Glasgow 2014. Getting the Commonwealth games was a great victory for Glasgow and the whole of Scotland.

Press reports have picked up from Government ministers and others that, although they do not condone in any way the welfare reforms that have been pointed out, Atos's work for the Department for Work and Pensions is completely separate from the work that will be carried out if it is a sponsor of the 2014 games. What is your response to that comment?

10:45

Sean Clerkin: Atos is basically in a £500 million contract with the Westminster Government, as you rightly say, but the work is clearly linked. Atos is an entity that is profiteering from the misery and suffering of hundreds of thousands of people across the UK, and we cannot divorce the Commonwealth games from it and what it has done. Its being a sponsor is morally wrong. We are speaking on behalf of those hundreds of thousands of people and saying that Atos is not fit to grace the Commonwealth games, as it will tarnish their reputation because of the reputation that goes before Atos.

Iain MacInnes (Glasgow Against ATOS): To develop the point that has just been made, Atos

Healthcare and Atos IT Services UK are part of the same group.

On the healthcare aspect, work capability assessments are not done in any way, shape or form that could be regarded as healthcare. Disability groups and their champions have campaigned for decades for disabled people to be part of the workforce and to be seen as fully part of society with their particular barriers taken into account so that those barriers cease to exist as far as possible. We have also seen attempts to deal with that in other ways. For example, there are the Paralympics and the winter Paralympics, which have just been completed.

With Atos Healthcare's relationship with the DWP, we see an arithmetic formula, not attention to healthcare or assisting people with recent healthcare difficulties or particular disabilities to get work or into a work programme that will lead to a real job at a later stage. That is not happening. That is not what David Freud was contracted to do when a previous Labour Government contracted him before he was employed by the current coalition Government. He was contracted to cut the numbers, and an arithmetic formula would do that.

To back up what my colleague said, it is quite obvious that the issues are not separate. Information technology companies work with numbers. The so-called healthcare arm of the organisation is still working with numbers only, not healthcare. Further evidence can be produced to back that up.

The Convener: Thank you for that. I will try to allow as much time as I can to let colleagues come in. I throw the discussion open to their questions.

John Wilson: I have no questions at the moment.

Jackson Carlaw: No questions.

David Torrance: No questions.

Chic Brodie: No questions.

The Convener: As the petitioners probably picked up from our consideration of the previous petition, our job is to ensure that we seek information from as many organisations that have a role and locus as possible. It is clear that the Glasgow 2014 organising committee is the most obvious organisation from which to seek information. It also seems to me that the obvious next step for us is to seek information from the Scottish Government, the Scottish Trades Union Congress—as you know, the STUC has a track record on the issue—Glasgow City Council, Scottish Disability Sport and Atos itself. I ask for the committee's approval for that approach.

Jackson Carlaw: I ask that we write to the DWP, as well.

Iain MacInnes: I have one other point. A plethora of organisations that support people who have disabilities and health problems have shown their opposition to Atos and its activities, and to the policy for which Atos is the front. We are indebted to those organisations, and that should be noted on the record. I just wanted to mention that, and also to say that, if the committee required it, we would be happy to provide an information pack citing some of those organisations and giving more written evidence.

The Convener: Certainly, Mr MacInnes—if you have further information, you can give it to the clerks. The more information that we have on this and any other petition, the more helpful that is. I also flagged up that we are going to write to Scottish Disability Sport, which should pick up on some of the issues.

Sean Clerkin: We put the petition in because we would like the committee to call on the Parliament to ask the organising committee to ask Atos to step down as a sponsor for the Commonwealth games. That is why we are here today—that is what we are calling for. The hundreds of thousands of people who have suffered cannot be divorced from Atos's sponsorship of the Commonwealth games; the issues are clearly linked.

The STUC has been mentioned. It voted last year to have Atos dropped as a sponsor of the Commonwealth games. A whole host of organisations have asked for Atos to be stood down, and that includes the STUC and many trade unions and other organisations.

I find it disappointing that some of our MSPs have decided not to ask any questions or make any points about the petition. That is very disappointing.

The Convener: Just to be clear on the next steps, the normal course of events is for us to write to an organisation to ask for advice. Traditionally, we write to the Scottish Government because we tend to look at devolved issues. We will write to all the organisations that we have mentioned and ask for their views the petition that you have lodged. That follows our normal course of action. We are taking the petition forward and raising it with those organisations, so we are continuing our consideration of it. Once we get feedback from those organisations, we will keep you informed about the results.

We appreciate your coming along today and putting your strong views. There is nothing wrong with having strong views, and you have put your views very strongly and clearly today.

John Wilson has a point.

John Wilson: I am not going to respond to Mr Clerkin's comment about what MSPs should and should not do with petitions.

I suggest that we write to sportscotland, because I think that there is a wider issue here. I know that Mr Clerkin has raised the issue of Atos sponsorship but there is a wider issue of private companies sponsoring sporting events. The Atos issue is particularly relevant because of the work that it is doing on behalf of the DWP on work capability assessments for individuals.

The wider issue is sponsorship for sporting events, and the major event later this year is the Commonwealth games. It is only right that when we write to the organisations that have been named today we get responses from them before the petition is taken forward. Writing to those organisations in the first instance will allow us to get their responses and views so that we can make a decision beyond that.

The Convener: Do members agree with the course that I have described and the organisations that we will write to?

Members indicated agreement.

The Convener: Thank you. Mr Clerkin and Mr MacInnes, we are taking your petition forward and writing to a series of organisations. The Commonwealth games issue is not within DWP's locus but we will ask it for its view on the petition. That was Jackson Carlaw's point.

Jackson Carlaw: Yes. I would have thought that we could ask for a comment on some of the evidence that we have heard. A number of figures were asserted, and the DWP will have a view and be able to comment on them.

The Convener: I think what Mr Carlaw is suggesting means that we will send a copy of the *Official Report* of the meeting along with the petition and ask for comments. We are continuing your petition and we will keep you up to date. We will write to all the organisations that we have mentioned. When we have their feedback, we will look at the petition again, at which point you will be welcome to come and sit in the gallery. I thank you both for coming along and for making your comments.

Iain MacInnes: This is a Kafkaesque situation: we are sitting here, rather than the people who are most directly affected. Those people live in fear of losing the small amount of money that they have to live on. They give the likes of us information but tell us not to use their names.

The Convener: I appreciate that you are sending us such information and that some of it

will be anonymised. I thank you and your colleagues in the gallery for coming along today.

10:55

Meeting suspended.

10:56

On resuming—

Current Petitions

Whistleblowing in Local Government (PE1488)

The Convener: Agenda item 2 is consideration of four current petitions. The first is PE1488, from Pete Gregson on behalf of Kids not Suits, on whistleblowing in local government. Members will have a note by the clerk and various submissions.

Do members have any questions, comments or views?

Chic Brodie: This is a substantive petition. As far as practices are concerned, we are trying to open the windows and let in some fresh air, and I have made a point in another place about the need for management training with the change in the settlement agreements. I think that the recommendations are appropriate—at least, until we open up all public bodies to full scrutiny of their actions.

John Wilson: Although in its response Audit Scotland says:

“However, Audit Scotland would recommend that all councils comply with the guidance and ensure that robust whistleblowing arrangements are in place”,

it does not outline what powers are in place to deal with councils that do not comply with the guidance. After all, guidance is only guidance. The petitioner has asked what happens when somebody raises a whistleblowing issue and is then dealt with or is seen to be dealt with unfairly by the employer. The issue is the powers that are in place to ensure that guidance will be uniformly applied throughout Scotland.

As a result, there are issues about how we take the petition forward. As we know from other petitions that are before us, people are afraid to come forward because of the actions that employers might take. The fact that, in its response, Unison highlights

“the very limited protection in the legislation”

for individuals who provide information in a way that is deemed whistleblowing clearly indicates that there are wider concerns about cases in which staff feel unable or unwilling to raise issues because of the lack of legal support available to them should an employer decide to take action against them.

11:00

The Convener: John Wilson has made an interesting point about Unison, and I should

declare my interest as a member of that trade union.

In his response, Dave Watson of Unison makes quite an interesting point about an amendment to the Public Interest Disclosure Act 1998 that he says has introduced “a public interest test” and which he is concerned will cause

“further legal uncertainty and discourage whistleblowing.”

John Wilson: The submissions from the Convention of Scottish Local Authorities and Glasgow City Council use almost identical phrases. With regard to the statement in the COSLA submission that

“The policy and practice in this area is a matter for local determination by locally elected politicians”,

I have to say that, like one or two other committee members, I have been a locally elected member, and I am unaware of locally elected members being involved in the day-to-day management of staff. In fact, the advice that I received regularly from senior officers in the local authority that I served on was that the day-to-day management of staff was up to the managers, not the politicians. Politicians are responsible for overseeing policy, but we are not involved in day-to-day management. When I received approaches from individual members of staff about such issues, I was advised that there was a procedure for dealing with those issues via their line managers rather than through elected members.

As I have said, COSLA and Glasgow City Council say almost the same thing about accountability and the relevance of locally elected members in the decision-making structures. I suggest that the committee write back to both organisations to seek clarification on the stage at which elected members become engaged in the whistleblowing process, because my understanding is that individual employment matters are dealt with through line managers and that, under employment legislation, elected members are not line managers per se when it comes to whistleblowing by staff.

Chic Brodie: John Wilson mentioned some of the correspondence that we have received. He is right that our role is to set policy and that the bodies involved—local authorities, for example—carry out those policies and achieve the agreed outcomes.

I am somewhat concerned by the reference in the Scottish Public Sector Ombudsman’s submission to

“Our lack of direct experience in this area”.

I am not suggesting that we get involved in the legalities of settlement agreements and so on, but if the SPSO does not have this kind of experience, it should hurry up and get some. As part of the

landscape of public service, it should at least have an understanding of what is going on.

John Wilson also mentioned the Audit Scotland response, which says:

“The Audit Scotland guidance does not go as far as recommending specific arrangements or processes.”

If the policy is in place, we must ensure that there is—and secure a means whereby there is—some consistency about the processes for securing the interests of those involved and diminish, if not eliminate, the problems that create the need for whistleblowing, or at least eliminate the fear felt by somebody who whistleblows. The same issue has come up in the health service, and major steps have been taken there to deal with the matter.

I also note that the minister’s letter says that local authorities are

“expected to have in place appropriate policies”.

They should not be expected to have policies in place—they should already have policies in place. If we are to secure the society and openness of Government that we wish, such scenarios are, frankly, wholly unacceptable.

The Convener: There is a suggestion that we write to the Accounts Commission and Audit Scotland to ask about their scrutiny of local authority whistleblowing policies, and I think that John Wilson also suggested that we write to COSLA and Glasgow City Council.

John Wilson: Yes, convener—to seek clarification on their policies with regard to elected members becoming involved in whistleblowing.

The Convener: I have also been following some correspondence about the whistleblowing commission, whose chairman, Sir Anthony Hooper, has just reported on its work. Do members agree to my writing to the various organisations in the terms that have been suggested?

Members indicated agreement.

Chic Brodie: John Wilson suggested that we ask Glasgow City Council for a response, but I am inclined to ask every council to comment on its policy and processes for eliminating the need for whistleblowing.

The Convener: Are members agreed?

Members indicated agreement.

Local Authority Education Committees (Religious Representation) (PE1498)

The Convener: PE1498, by Colin Emerson on behalf of the Edinburgh Secular Society, is about religious representatives on local authority

education committees. Members will have a note by the clerk and copies of submissions.

I understand that the convener of the Education and Culture Committee is keen to consider both this petition and PE1487. I invite committee members' views. Usually, we try to deal with petitions until they reach the end of the road, but we have allowed petitions to be referred to a committee if it is already considering the issue in question.

David Torrance: I am happy to refer the petition to the Education and Culture Committee.

The Convener: Do members agree?

Members *indicated agreement.*

The Convener: In that case, we will refer the petition to the Education and Culture Committee. It makes sense for it to be considered alongside PE1487.

Self-inflicted and Accidental Deaths (Public Inquiries) (PE1501)

The Convener: PE1501, by Stuart Graham, is on public inquiries into self-inflicted and accidental deaths following a suspicious death investigation. Members will have a note by the clerk and copies of submissions.

I note that the Law Society of Scotland has made a late submission. I should also tell members that Stuart Graham is in the gallery, along with Willie Rennie and Alex Rowley, both of whom have an interest in supporting the petition.

Before I invite members' thoughts, comments and contributions from members, I should say that inviting a panel of witnesses to discuss the general issues raised in the petition, including the ways in which families could be more involved and given access to information, is a sensible suggestion. Clearly, it would be sensible to invite the Crown Office and Procurator Fiscal Service, the Law Society of Scotland, Victim Support Scotland and Police Scotland, but members might have other suggestions.

John Wilson: As we are going to have a panel of witnesses, I think that we should invite Scottish Government representatives to the discussion, rather than just the Crown Office and the Law Society. As the Scottish Government will take forward any recommendation that the committee might make, I want it to be present.

The Convener: Whether the Cabinet Secretary for Justice or a senior official appears will be a matter for the Scottish Government.

Jackson Carlaw: Like other colleagues, I have constituents who would have benefited from the aims underpinning the petition. However, when I

have sought to pursue matters on their behalf as an elected representative, I have found existing practice to be quite robustly defended. Although I certainly support the suggestion of having a panel, I think that, if we are sympathetic to some of the views that might emerge from it, we should be prepared to be robust in pursuing matters. As the committee has found, our challenging the status quo in the legal establishment has not always been met with the appreciation that we might have expected.

The Convener: Thank you for that coded language, Mr Carlaw. Do members agree that we should have a panel that includes the Scottish Government, and are members happy with the individuals and organisations that would be represented?

Members *indicated agreement.*

The Convener: I thank Mr Graham for the petition, which we are actively considering. I also thank Mr Rennie and Mr Rowley for their attendance.

Ecurie Ecosse Cars (PE1502)

The Convener: The final current petition is PE1502, by Shonah Gibbon, which is on saving Ecurie Ecosse cars. Members will have a note by the clerk and copies of submissions.

I suggest that, under rule 15.7 of standing orders, the committee close the petition on the basis that the collection has been sold and that National Museums Scotland and the Scottish Government have outlined the reasons why an attempt was not made to purchase it.

John Wilson: As the member who asked for further information from the Scottish Government and National Museums Scotland, I appreciate the responses that have been given by both institutions.

However, in agreeing to close the petition, I must voice my concern about the distinction that National Museums Scotland has made about what it considers to be culturally significant to Scotland. It has raised issues about not only the cost and the pre-auction valuation of the collection, but where it could store a collection of that nature in the future. A number of galleries throughout Scotland have been created after collections were gifted or purchased, and National Museums Scotland must be aware that it should make every effort to acquire items of national significance for the people of Scotland. However, the responses from the Scottish Government and National Museums Scotland have been useful.

The Convener: Do you wish us to take any action, or did you just want to put that on record?

John Wilson: I just wanted to put those comments on the record.

The Convener: If there are no further comments, do members agree to close the petition?

Members *indicated agreement.*

The Convener: We note Mr Wilson's comments and formally close the petition under rule 15.7.

With that, I close the meeting.

Meeting closed at 11:11.

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