The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

PUBLIC PETITIONS COMMITTEE

Tuesday 15 December 2015

Session 4

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PUBLIC PETITIONS COMMITTEE
22nd Meeting 2015, Session 4

CONVENER

*Michael McMahon (Uddingston and Bellshill) (Lab)

DEPUTY CONVENER

*David Torrance (Kirkcaldy) (SNP)

COMMITTEE MEMBERS

Jackson Carlaw (West Scotland) (Con)
*Kenny MacAskill (Edinburgh Eastern) (SNP)
*Angus MacDonald (Falkirk East) (SNP)
*Hanzala Malik (Glasgow) (Lab)
*John Wilson (Central Scotland) (Ind)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Jackie Baillie (Dumbarton) (Lab)
Graham Campbell (Flag Up Scotland Jamaica)
Daisy Harris
Malcolm Henry (SOS-NHS)
Isabel Lennox (Flag Up Scotland Jamaica)
Catriona MacDonald (SOS-NHS)
Alan MacRae (SOS-NHS)
Wendy Palmer
David Pott (Flag Up Scotland Jamaica)
Mary Scanlon (Highlands and Islands) (Con)
Lisa Willis

CLERK TO THE COMMITTEE

Catherine Fergusson

LOCATION

The Adam Smith Room (CR5)

Scottish Parliament

Public Petitions Committee

Tuesday 15 December 2015

[The Convener opened the meeting at 10:00]

Decision on Taking Business in Private

The Convener (Michael McMahon): Good morning, everyone, and welcome to the 22nd meeting in 2015 of the Public Petitions Committee. I remind everyone to switch off mobile phones, BlackBerrys and other electronic equipment, because they might interfere with the recording system.

The first item of business is a decision on taking business in private. I am looking to the committee to take agenda item 3, on witness expenses, in private. Do members agree?

Members *indicated agreement.*

New Petitions

Healthcare Services (Skye, Lochalsh and South-west Ross) (PE1591)

The Convener: Agenda item 2 is consideration of new petitions, the first of which is PE1591, by Catriona MacDonald, on behalf of SOS-NHS, on the major redesign of healthcare services in Skye, Lochalsh and south-west Ross. Members have a note from the clerk, the petition, a Scottish Parliament information centre briefing and the submissions from the petitioners.

I welcome to the meeting Mary Scanlon MSP, who has a constituency interest in the petition, and the petitioners from SOS-NHS: Catriona MacDonald, Malcolm Henry and Alan MacRae. I invite Mr Henry to speak to the petition. You have five minutes or so, after which we will discuss the issues that you raise. Over to you, Mr Henry.

Malcolm Henry (SOS-NHS): Thank you very much. We are here because NHS Highland is proposing to close both hospitals on Skye and to replace them with a single central hospital. That is a major service change that has been approved by the Cabinet Secretary for Health, Wellbeing and Sport, and we are here to ask for your help in getting that approval reversed.

I think you have all been issued with maps—is that correct? They are there to help illustrate our argument. If you look at the first map, you will see that the area is divided into three by the dotted lines. There is north Skye and Raasay, south Skye and Lochalsh, and south-west Ross. The majority of the population in Skye and Lochalsh live north and west of that line. That is more than 7,600 residents. If we add students, workers and visitors, that can easily double the daily population to more than 15,000. Those are significant figures in the west Highlands and Islands. They might not sound very big to people from the central belt, but Fort William has only around 10,000 residents and Oban has fewer than 9,000, so 7,600 permanent residents and 15,000 people through the day is a lot of people.

Portree is by far the largest settlement in the area, Broadford is about half the size and everywhere else is smaller again. The squiggly line between Portree and Broadford shows the line of the road. The geography of the island means that very few people live along that road, so there are two very distinct areas: north and south.

There are currently two community hospitals—one in Portree and one in Broadford—that serve the whole of Skye and Lochalsh. The geography of the mainland means that the communities in south-west Ross tend to use Dingwall and Inverness hospitals. Typically, only 1 per cent of

admissions to the Skye hospitals come from south-west Ross. NHS Highland is proposing to close both the existing hospitals and to build a new one in Broadford. Portree will be left with nothing but a day clinic.

The second map on the sheet shows the area overlaid on to the central belt to give you a better idea of the distances that are involved in getting to and from the proposed new hospital. Portree to Broadford takes the same time as driving from Falkirk to Uddingston and, for people in the far north and west of Skye, the journey to Broadford is like driving from Kirkcaldy to Uddingston. They are significant distances.

The coloured circles on the first map show that almost everyone in north Skye lives more than 30 minutes away from Broadford by car, and about a quarter of those live more than an hour away. Those travel times assume immediate access to a car in favourable weather conditions, with no tourist traffic; they are the best times that you can make. Public transport between north Skye and Broadford is almost non-existent.

Therefore, centralising hospital services in Broadford means that the majority of the population will find it much harder to use them. Getting to and from hospital for admissions, discharges and visiting will be much more difficult and the certainty of getting medical attention out of hours by turning up at Portree hospital will disappear, leaving people to choose between the lottery of the ambulance service—which has response times of up to 70 minutes—or driving the extra 30 minutes or more to Broadford. Again, that assumes access to a car, which is not the case for a lot of people.

Every part of north Skye features on the Scottish index of multiple deprivation. That accounts for about 10 per cent of the population. Two data zones have deprivation rates of 15 per cent or more. Many of those people are elderly or have chronic health conditions that prevent them from earning, which means that few of them have cars.

Bus services are sparse or non-existent, and taxi services, for the distances involved, are just outrageously expensive, so people rely on the good will of friends and neighbours to get to and from Portree for hospital admissions and discharges, and to visit their sick relatives. Comparatively few people in north Skye routinely make the journey to Broadford, so there are far fewer opportunities to get a lift to and from Broadford hospital. That means that the closure of Portree hospital will exacerbate the effects of the inverse care law: those with the greatest health needs will have the worst access to health services.

One of the seven project investment objectives of NHS Highland's redesign is to

"Improve Access to Services and Care".

The proposed actions will do the exact opposite for more than half the population of Skye and Lochalsh. The disjunction between what the redesign is supposed to deliver and what is actually going to happen is alarming, but it is just one example of NHS Highland's astonishing lack of rigour in the management of the project.

You would expect that the decision on a major service change would be underpinned by hard evidence. You would expect to see numbers showing the current services, how they are used and the current gaps in provision. You would expect to see forecasts showing how the proposed changes will contribute to the objectives of the project. In this case, there is no hard evidence of any sort—no before-and-after numbers—to support the proposals. There are no comparative metrics whatsoever.

Indeed, the only evidence of data gathering that we can find is an informal request, made at very short notice, to NHS statisticians in November 2013. An email from one of the number crunchers is very disturbing. She says that the timescale for information gathering

"is incredibly tight ... and leaves no time for thorough checking or validation and interpretation of the analysis ... there will also be gaps in the information and I have concerns about decisions being made on the basis of quite limited information. This seems a high profile and important piece of work but with an oddly short timescale for information gathering".

One of her colleagues echoed her concerns in two subsequent emails and, after that, the bulk of the data request was abandoned. The only data that were used in the local options appraisal and the public consultation document were some raw numbers about populations and drive times, which are presented in a map format that is really quite misleading.

The report that was approved by the cabinet secretary a year later had references to more raw numbers—things such as current patient activity, bed occupancy and income deprivation—but that is all dumb data. There are no projections, no before-and-after analysis and no numerical evidence of the potential consequences of the proposals.

This major service change has been decided without any measurable assessment of how it will affect clinical outcomes, access to services or the health of our communities. Despite the glaring lack of evidence in support of the proposals, they are being spun by NHS Highland as being wholly positive. Misrepresentation is endemic in everything that it puts out. Words such as

"modernisation", "upgrade" and "improvement" are used again and again, despite the obvious downgrading of access to services for the majority of the population.

The public consultation documents refer throughout to "Portree Hospital" being the spoke to the new hub in Broadford. Nowhere do they admit that the proposed spoke is not a hospital at all but merely a clinic. There are no beds, so it is not a hospital.

The report that recommends the proposals to the cabinet secretary emphasises the results of a survey showing 1,900 people in support. Nowhere is it acknowledged that the survey is an unscientific, self-selecting sample of opinion that was not subjected to any independent audit. The options appraisal information in the report implies that the proposals have statistical validity when, in reality, there was no attempt at systematic gathering and analysis of evidence.

Most bizarrely of all, NHS Highland has repeatedly refused to admit that Portree hospital has been providing out-of-hours accident and emergency triage and treatment since 2004, and has repeatedly failed to acknowledge the value of those services to the communities of north Skye.

We think that the cabinet secretary has been misled by NHS Highland into believing that the proposed redesign will improve our health services. When it comes to access to services, the evidence presented on the maps clearly shows that, for more than half the population, that is clearly not the case. That is the obvious flaw. What else is NHS Highland getting wrong? We do not know and we need to find out.

The cabinet secretary has also been misled into believing that the people of north Skye are broadly in favour of the changes. Our petition, which has more than 4,900 signatures, suggests that the opposite is true. That number of signatures is the equivalent of 65 per cent of the population of north-west Skye. That is like 300,000 people in Edinburgh putting their names to a petition.

We want to be clear that we are not campaigning for the status quo. We recognise that the way that healthcare is delivered has to change, but we have to get it right. If we do not get it right and we allow the current proposals to go ahead, the communities in north Skye are going to suffer and health inequality will increase. The campaign is about not just our health services but the future health of our communities.

The petition asks for the establishment of an independent scrutiny panel. We want it to do what NHS Highland has failed to do—to define our medical, health and social care needs, to define the minimum acceptable levels of access to services and to recommend how local services should be delivered. First, however, we need the cabinet secretary to reverse her approval of the major service change. We need her to recognise that there is a lack of evidence in support of NHS Highland's claims that the changes will improve and upgrade services. So far, she has refused to acknowledge that NHS Highland may be guilty of misleading her or that its proposals might be flawed. We are asking for your help to get her to change her mind.

The Convener: Thank you, Mr Henry. I invite Mary Scanlon to make some comments in support of the petition.

Mary Scanlon (Highlands and Islands) (Con): Thank you, convener. I put on the record my thanks to Catriona MacDonald, Malcolm Henry and Alan MacRae, who have travelled a considerable distance to be with us today.

I first met SOS-NHS quite a few months ago when it came along to my surgery in Portree. There were about 15 to 20 people of all ages and from all walks of life, so the group is highly representative of the community. You can also see that today. The fact that the petition has gained 4,900 signatures in a community such as Skye shows the concern, the worry and the uncertainty that people have. The community cares passionately about not just the current services but what will exist for future generations. People feel a responsibility to their children and their children's children.

There was a consultation on hospital provision on Skye that focused on the two remaining hospitals. Quite a few have been closed over the years since I became an MSP. It was thrown out—to be fair, it was very badly handled—and the process was started all over again. Instead of looking only at Skye—I know that you all have maps in front of you—the west coast of Scotland, including Kyle of Lochalsh and south-west Ross, was tagged on. Portree is the centre of Skye, but it was no longer the centre of that huge area.

Malcolm Henry talked about major service change. I was on the Health and Sport Committee for long enough to know that, although people assume that a major service change will involve a great big 800-bed hospital, it need not involve that. The proposal is a major service change for people who live on the Isle of Skye. That is my concern; we assume that a major service change has to involve a huge hospital, but this is a major service change to Skye. I hope that the committee appreciates that; I know that we have our man from the Western Isles here today. To the community, this is a huge, major service change.

I do not think that the consultation has been well done. Malcolm Henry mentioned not having enough information and evidence, but I do not

think that it has been done in a respectful, dignified way in partnership with the community. That is not a lot to ask and it does not cost a lot of money. We just need a bit of common decency, and for the questions that the petitioners ask to be answered, but that has not happened. I would like the proposal to be sent to an independent scrutiny panel. Nicola Sturgeon quite rightly promised that approach where major service change is proposed, and I support that.

The thing that differs from the central belt is that, in an urban area, when there is a category A call for an ambulance, we expect the ambulance to be there in 7 minutes, but that is not the case on Skye. Malcolm Henry mentioned a period of 30 minutes, but the response time can be longer than that. We have had a history of single-manned ambulances there, as well. Although the situation is much better now, it is still a problem.

10:15

There is a lack of rigour, there is no hard evidence and the timescale is very tight. However, the thing that really worries me is that the community is losing its hospital and, although they are all big enough, wise enough and professional enough to know that health services change, they do not know what is coming in its place. They are left with uncertainty. If there had been a bit more respect and working together, that would have been better.

I take the opportunity to highlight what I consider to be a very poor service on Skye—mental health services. There is a problem with those services. While the petitioners are seeking resolution, certainty and information, I am looking for support to be given to mental health services. Sustainable communities for future generations depend not only on having a good local school but on knowing where their nearest NHS services are when they take ill.

We all want the Isle of Skye to continue to prosper—it is a wonderful place to live—and I commend the petitioners. They have not been given the information or assurances that they need, and the community is worried because it has been kept in the dark. When they ask questions, they are not responded to in a helpful way that gives them the information that they need. I hope that the committee takes on board the points that are made today. The fact that 65 per cent of the community have signed the petition highlights the worry and concern that those people have on behalf of others.

The Convener: Thanks very much, Mary. Angus MacDonald will kick off our questions.

Angus MacDonald (Falkirk East) (SNP): Good morning. You mentioned in your opening statement that you are calling for an independent scrutiny panel. As we know, in some cases, the Scottish Government can choose to establish an ISP; however, that is normally in advance of the final decision being made. Has anyone from NHS Highland explained to you why an ISP was not initiated in the first place?

Alan MacRae (SOS-NHS): No. NHS Highland has said to us that it is not its business and that it is up to ministers to call for an ISP. However, in the press—I think that it was three years ago on the BBC—Kate Earnshaw, who works in the operational team up there, stated that NHS Highland might well have to get independent scrutiny of any proposals because it was a very controversial decision-making process. The process has been on-going. I know that big, controversial decisions have been made in Lanarkshire and Galloway that involved ISPs. The issue on Skye goes back 50 years, and it is a controversial decision. It was pretty irresponsible to go through the process without independent scrutiny from the beginning. Although NHS Highland says that it is up to the ministers, it would definitely have a hand in requesting an ISP if it thought that that would help to bring the public with it through the process. However, an ISP was not requested. We asked Garry Coutts directly about that, but he said that NHS Highland did not need one and that it would be up to the Scottish ministers to establish one.

Angus MacDonald: You say that an official is on record accepting the need for an ISP.

Alan MacRae: Yes—they are on record suggesting that there may well be a need for one. That is on the BBC website, in the archive. I can show you that.

Angus MacDonald: That would be helpful.

Moving on to the transport issues, getting down to Broadford from north Skye is clearly an issue. In the Falkirk East constituency that I represent, a new hospital was built within the past 10 years. NHS Forth Valley provided bus services to feed in to the hospital, which is out of the way and not within walking distance of any major settlement. Has NHS Highland offered, or indicated that it would be willing to provide, bus services from north Skye, south Skye, Lochalsh and south-west Ross? Has that been on the table?

Malcolm Henry: No. NHS Highland stated in a document—I cannot remember which one—that it is not in the business of providing transport. When the transport issues were pointed out after the proposals were made public, NHS Highland agreed to set up a transport steering group, which is ostensibly driven by the health board but is chaired by one of our local councillors. I think that we have had representation at three of the

steering group meetings now, at each of which we have seen the same lack of rigour that we have seen in the rest of the process—frankly, it is a joke. No attempt has been made to assess the current requirement for getting from outlying areas of north Skye to Portree, never mind the implications of moving all the services to Broadford.

To answer your question, NHS Highland is not going to offer bus services, and nobody has a clue how things are going to work in the future.

Angus MacDonald: Okay. It seems strange to me that NHS Forth Valley is in the business of providing transport but NHS Highland is not.

Malcolm Henry: You would need to ask NHS Highland about that.

Angus MacDonald: Yes, indeed. I am sure that we might well do that.

Alan MacRae: There are official records of NHS Highland saying frequently that it is not a transport provider. It has made a decision that clearly has transport implications but has offloaded the transport side to others, including Highland Council. There are huge funding implications for that, but NHS Highland is not taking responsibility for it. The transport steering group has been going for a year now, but it has not even assessed the current transport situation, never mind what future requirements might be. It really is a farcical situation.

Angus MacDonald: I would have thought that a transport assessment would have been paramount. Thank you.

Hanzala Malik (Glasgow) (Lab): Good morning. You have mentioned on several occasions that

"the cabinet secretary has been misled".

In my part of town, we call it "lying". Can you give me a couple of factual examples of that, which would allow an ISP to be considered as a serious option?

Malcolm Henry: We consider that the whole report that the cabinet secretary based her decision on was prepared in order to justify a decision that was made at least 10 years ago to centralise hospital services in Broadford. The public consultation and the subsequent report that was approved by the board of NHS Highland and the cabinet secretary were designed to make the decision appear rational.

One way in which the cabinet secretary has been misled is through inclusion of south-west Ross in the catchment area for the new hospital in Broadford. As I said in my presentation, typically, 1 per cent of admissions to the Skye hospitals come from south-west Ross, and all that 1 per cent go to Broadford, with zero per cent going to Portree.

There have been a few referrals to Broadford for out-patient stuff. Lochcarron, for example, is closer to Broadford than it is to Dingwall, so there is some support in south-west Ross for the proposals. However, if a person from there is going to be an in-patient, they do not want to be in Broadford—they want to be in Dingwall or Inverness, for lots of reasons. There is no way that people anywhere in south-west Ross who are in need of acute emergency care will go to Broadford for that; they will either call an ambulance that will take them to Raigmore or they will get in the car and go to Dingwall or Raigmore because that is just the way the geography works. That is just one example of how the cabinet secretary has been misled, but Alan MacRae probably has more.

Alan MacRae: I point the committee to the last paragraph in the Scottish Parliament information centre briefing, which mentions that Shona Robison said that the board

"made a decision based on what it thought was the best available evidence."—[*Official Report*, 10 June 2015; c 13.]

The Scottish Government approved the proposals in good faith—I am not questioning its good faith. However, the response to a freedom of information request that Malcolm Henry quoted, which I do not think the committee has seen yet, says:

"Due to the tight timescale there will also be gaps in the information and I have concerns about decisions being made on the basis of quite limited information."

That is from the public health department in NHS Highland; they are the guys who provide the statistics. This is not some external person who has a beef with NHS Highland, but NHS Highland's own people saying that they did not have confidence in the statistics that they had provided because the work was done in such a "tight timescale". That was for the options appraisal, in which the specific decision was made. That is a perfect example.

Did NHS Highland know about that? Yes, it did—I have email confirmation of that. NHS Highland knew that its public health department had said that it did not have all the information, because it had been given only a few days. The department said that it could get some of the information, but it could not verify it or look at it rigorously. I also have written confirmation of that in emails.

Hanzala Malik: Could those emails be shared with the committee so that we can let the cabinet secretary know about that as part of our findings? If the cabinet secretary has been lied to or misled—or whatever polite language one wants to use—that is not on.

Alan MacRae: Absolutely. We will make everything available. We did not want to load you with information prior to the meeting. We will furnish the committee with the emails.

Hanzala Malik: Thank you.

David Torrance (Kirkcaldy) (SNP): Our briefing paper states:

"Overall the Scottish Health Council was satisfied that NHS Highland had followed the guidance on involving local people in its consultations."

Why do you feel that the consultation was flawed?

Alan MacRae: To be honest, there is a problem with how the Scottish health council oversees such matters. That is quite a fundamental point. We are not trying to take on the Scottish health council as well, but the fact is that it goes through such consultations on a parallel path and becomes part of what is happening in them. There are issues with elements of the Scottish health council's report. For example, it says in black and white that it believes that the spread of meetings was equitable throughout the place, which is simply factually incorrect. I believe that the Scottish health council asked NHS Highland what the situation was and the board told it something that was simply incorrect.

I am not saying that I do not value the Scottish health council's input, but there are major flaws in it. For example, there were 2,500 responses to the consultation—by the way, that is half the number of signatures that we have, even though we did not have the resources to put something through every letterbox in the entire area—but almost 20 per cent of the responses had no address on them. It is statistically bonkers to take those into account, because there could be somebody sitting in a house ticking boxes and putting them all through. That is from the board's own records.

Secondly, the return from the area in which the new hospital is going to be sited was 10 percentage points greater than the return from the north of the island. That figure is statistically very significant. In essence, the return from the area was double that from the north—10 per cent of responses came from the north and 20 per cent from the other area. That is a major difference in numbers of people who returned the consultation documents.

10:30

We are not suggesting that we know where any new hospital should go or even whether there should be a new one. We are suggesting that there have been flaws in the process and that there is enough reasonable doubt about the process, the information and the clinical consensus that an ISP would be the best way forward.

Malcolm Henry: I will chip in as well. I do not understand how something as technical as deciding how health services are to be delivered in Skye and Lochalsh—in fact, anywhere—can be informed largely by public consultation. The public are ignorant of what should be there—of the clinical needs and the transport needs, for example. We have ideas, but we do not know.

There is no hard evidence behind the decision. The consultation process did not provide any before-and-after figures or anything that says, "This is what you have just now, these are the gaps in provision, this is what we are proposing and this is how what we are proposing will affect the services." All there is is, "Do you think that the single hospital should be in Broadford, Portree or somewhere else?" That is it, basically; there is a lot of waffle and no evidence. Our main objection is to such weight having been given to the consultation.

Catriona MacDonald (SOS-NHS): I have a couple of specific comments on the consultation. One is that the majority of people, particularly in the north of Skye, believed that the decision had already been made. Indeed, it was reported in the local press before the questionnaire went out that the decision had been made.

Secondly, the questionnaire was biased. In going through the questionnaire, you got to a point at which you were being given a choice about the preferred site for the hospital; there were several sites in the Broadford area. The design of the questionnaire was such that, if the majority of answers were from people from the Broadford area—they were—it would appear that the overwhelming majority of people supported Broadford as the preferred site.

Alan MacRae: I am afraid that I have something else to add. I know that written evidence is very important here. As part of the freedom of information request that exposed the fact that NHS Highland did not have enough evidence even to base a decision on, I put in a request regarding the concurrent proposal in Badenoch and Strathspey.

What should happen is that the operational team puts in a formal request to the public health team that asks for statistics to support its decision-making process. As you well know, public consultation should not be second-guessed, but there is a suspicion on Skye that the decision had been made up to a decade ago, and that the statistics have all been moving towards proving that decision.

The following quotation is from the Badenoch and Strathspey team, which was trying to make a

similar decision about where to site a new hospital. This point is key: it was written prior to that decision being made.

"Either as part of one of these maps or separately would it be possible to somehow show the population centres as a percentage of the overall B&S population? We are wanting to show that Aviemore is the fairest place to have the new facility."

Aviemore may well be the fairest place to have the new facility—I do not know; I am no expert on that—but the fact that they asked for that information in order to prove a decision that they wanted to make is—I am sorry—actually scandalous.

The Convener: You are entitled to your opinion.

John Wilson (Central Scotland) (Ind): The SPICe briefing paper refers to the Scottish health council, which as my colleague David Torrance said, was satisfied overall with the work that had been done. The paper also made reference to the Scottish health council's report having

"identified some areas of good practice",

and it then used the phrase

"together with some 'learning points'".

What do you think the learning points are, in relation to the work that was carried out?

I am concerned that both Mr Henry and Mr MacRae have said that you are under the impression that the decision to site the hospital in Broadford was made "a decade ago". You are now saying that the health board tried to get the facts to fit the decision rather the decision to fit the facts.

Malcolm Henry: The health board failed even in that; you are quite right. I do not know what the Scottish health council's findings were about what was missing from the consultation. However, I suggest that it was missing a lot of statistics. I am sorry—I do not know what the Scottish health council's findings were so I am not sure what it felt NHS Highland could learn from that. Clearly, if you ask us, NHS Highland could learn an awful lot from it.

Catriona MacDonald: Similarly, I cannot comment because I do not know what the learning points were. I know that that was part of the report.

However, with respect, the Scottish health council is there as an observer. We were all part of the consultations. We were given a questionnaire that asked, "Was there a presentation of the facts?" "Did you get a chance to ask questions?" "Was the meeting conducted well?" If you tick all the boxes and say that you did get a chance to ask questions and so on, it sounds as though the consultation was carried out in the right way. However, when you look at some of the detail, you see that the consultation report lists a number of issues that were raised by local people—for example, the concern that Mary Scanlon expressed so clearly about the reduction in service provision.

NHS Highland wrote down all the issues that we raised and it has given responses, so again the Scottish health council could say that the consultation was done very well. However, you need to consider what the responses actually were. We expressed our concern about services for older people, given that we have an increasingly ageing and frail population and that local services are already extremely stretched. When we raised that concern, the response was that NHS Highland was going to improve community services and care at home, which would lead to a reduction in the need for in-patient beds and mean that people would be in hospital for shorter periods. I do not know whether committee members find that to be a reassuring answer; we find it to be glossing over the truth.

John Wilson: That goes back to how the facts are presented. Facts can be presented, but not all the facts need to be on the table. What I am picking up from the petitioners is that the survey that was carried out alluded only to possible sites for the hospital in one particular area—the Broadford area—rather than looking at the whole of the service that is provided in the area and at what exactly would best suit the residents of the whole area. The point of view was, "We've made a decision: we want one major centre and we will have a clinic elsewhere." At issue is whether all the facts were presented. The committee must assess whether all the facts were presented to allow people to make meaningful contributions to the consultation by the health board.

Alan MacRae: Yes. One point to make about the consultation is that what was happening in Portree was always described in documentation as an "upgrade". It is many things, but closing a hospital is not an "upgrade" of facilities.

Malcolm Henry: In response to Mr Wilson and Mr Malik, I say that one of the key areas in which everybody has been misled—the consultation process was very much at fault in that respect—is the closure of Portree hospital. What that closure means is that there will be no medical personnel in Portree on duty 24/7, 365 days a year, as there have been for the past 50 years in Portree. NHS Highland will tell you that there is no change, and that our out-of-hours care is exactly the same as it has been since 2004. However, we have all used the out-of-hours service in the past 10 years, and we can tell you categorically that there has been a change.

There are three routes to out-of-hours care. You can dial NHS 24, which means typically a two-hour

wait before talking to a nurse, who will then do their best to carry out a diagnosis blind, based on the testimony of someone on the end of a phone who has no medical expertise. You can also dial 999 for the ambulance service. In north Skye the response time ranges from zero minutes to 70 minutes; the time may be zero minutes for somebody in Portree, where the ambulance is based, but it will be 70 minutes if the ambulance is on its way back from Inverness. The average is 16 minutes; we could not get an answer for the median, but it must be around the 35-minute mark. If people who are ill have to wait for 35 minutes for someone to diagnose them and tell them what is wrong, that is quite scary.

Until recently we have had a third route, which is to drive the person to Portree hospital at any time of the day or night, where at the very least a nurse will say, "Oh, this is serious" and get on the phone directly to the rural practitioner in Broadford, who can deal with the situation appropriately. That is the most certain and quickest way of getting help, but it has already been taken away from us.

The NHS board has disciplined the nurses—well, it has not disciplined them, but it has demanded that the nurses in the hospital lock the doors at night, and people are being turned away. The removal of that route at night means—I have worked it out—a 73 per cent reduction in the service that we have had to date, by having the service available only between 8 in the morning and 6 at night. How anybody can call that "modernisation", "improvement" or "an upgrade", I really do not know.

If you are looking for examples of misrepresentation, that is a fundamental one. NHS Highland managers have sat in meetings with us, and we have been shouted down by them. They say, "That's not the case—that's not how it works." We all know exactly how it works, because we use the service.

Mary Scanlon: I have a small point. I share the concerns about the Scottish health council and, to be honest, I have been disappointed with its approach. I feel that it goes through a tick-box exercise without any real understanding of what is happening locally.

Catriona MacDonald said that she was asked whether she had a chance to ask a question. People have been asking questions for years; the problem is that they have not had answers. The Scottish health council is very good at saying, "Can you ask a question?" and "Has there been a public display?" The answers will be yes, and asking questions is great, but if people are not getting the answers to help them to understand what health services they will have in the future, that is difficult.

Alan MacRae mentioned a parallel consultation in Badenoch and Strathspey that involved the hospital in Grantown-on-Spey and St Vincent's hospital in Kingussie. That consultation was undertaken in a much better way than the consultation on Skye was. To be fair, all credit goes to a local general practitioner, Boyd Peters, who led the consultation. He went out to the communities, and people trusted him and knew that what he was saying would actually happen.

The petitioners might want to confirm this, but I understand that no GP in the north of Skye was willing to take the lead in the same way as Boyd Peters did in Badenoch and Strathspey. That is unfortunate and is why the issue has been left to the petitioners.

10:45

Alan MacRae: That is a good point about the involvement of doctors. One of our main arguments is that there is a lack of clinical consensus on the way forward. We have reams of evidence—again, I can give it to the committee after the meeting—that show that doctors on Skye disagree quite intensely about the process and where the hospital should be. More than that, there is disagreement among people outwith the process. That is a key point, because if we do not have clinical consensus, it is difficult to take something forward without independent scrutiny.

A senior physician—Dr Calum MacRae, who is an associate professor of cardiology at Harvard—has said:

> "I am sure that any physician would fully support efforts to move care to the community, but there are some emergencies that can only be dealt with in an appropriately staffed inpatient unit. Without such a unit, optimally located, acute care in Skye and Lochalsh will be a source of substantial liability and long term economic disadvantage."

Professor Derek Bell, who is president of the Royal College of Physicians in Edinburgh, said that there were obvious patient safety issues and a lack of conformity to basic clinical standards in the proposals. They are serious people and they have a major issue with the clinical side of this. Professor Bell is one of the world's foremost experts on acute medicine. He is a very accomplished man, and he has a problem with the way in which services are being designed in this case.

The Convener: Before I pull the discussion to a conclusion, I will comment on your reference to clinicians. In your opening statement, there was little mention of clinicians' support for the decision. When Alan MacRae referenced the decision that was taken some time ago in Lanarkshire, my mind was cast back to the discussion about service changes there. You talked about people trying to get facts and figures to justify a decision after it

had been made. That was reminiscent of what transpired in Lanarkshire 10 years ago, but there are one or two major differences.

In Lanarkshire, the health board and clinicians had identified a problem—the health board's inability to retain clinicians. The expectation was that, unless a transformational change was brought about, the health board would not be able to maintain the levels of consultants and staff in accident and emergency units. More than 80 per cent of staff and clinicians supported that position, yet the decision that was ratified to address the problem was overturned. Here we are, 10 years on, and the predicted problem has transpired in Lanarkshire. In fact, the number of consultant vacancies is greater than had been predicted 10 years ago.

That decision was based on identifying a problem and trying to find a solution. The difference in your situation seems to be that there is no evidence that clinicians have identified the problem and are seeking a solution.

Malcolm Henry: That is not wholly correct. For quite some time, there has been a desire among some clinicians in Skye to have a central hospital, because they believe that that will make it easier to provide care. However, if it is suggested that the central hospital should be in Broadford, for example, all the clinicians say that there will be a need for nursing care beds at the other end of the island. The position would be the same if the decision was to put the central hospital in Portree.

There is also out-of-hours acute care. If we got all the clinicians together in a room, they would all say that they have concerns about the model in which people get acute care out of hours only from NHS 24 or 999. The population are used to driving to the hospital because they know that that is the way to get help. There is some support for the central hospital concept among clinicians, but they have concerns about how services will fit around that.

The Convener: I am trying to bring the discussion to a conclusion and to identify what we are asking for. The first thing is to ask the Scottish Government whether it will look again at the decision. Given what you said, I think that we also need to look at NHS Highland's operational decisions to see how it reached its conclusion.

Malcolm Henry: I can tell you exactly how NHS Highland arrived at its conclusion: it is in serious financial trouble—if you ask Mary Scanlon, she will tell you all about it. We need only look at the proceedings of the Public Audit Committee to see that NHS Highland is looking for ways to reduce its operating costs. As far as I can see, that is the main driving force—that is the problem that NHS Highland has identified and which it is trying to solve. It has not identified a clinical problem or a problem with service provision; it has identified a financial problem, and this is one of the ways in which it is trying to solve that.

The Convener: That is the point that I was making earlier. In your opening statement, you referred to a lot of statistics and analysis of figures. There was little mention of clinical imperatives for the decision, which seems to have been about number crunching. We have to investigate whether that is what has driven the move. That is why I referred to Lanarkshire. The driving force behind the proposed change in Lanarkshire was that staff and clinicians said that there was a problem that needed to be addressed—that was clinician led. Ultimately, the Scottish Government reversed the decision that was made in Lanarkshire. In this case, we have a decision that is based on finance.

Malcolm Henry: There is also the fact that Broadford hospital is 100 years old and, by all accounts, is no longer fit for purpose. It is really hard to make it work for modern medicine, so it has got to the stage where it needs to be replaced.

Alan MacRae: The history of hospitals on Skye is interesting. There were five hospitals, all of which were paid for with benevolent funding. The first hospital that was paid for with public money, and which was optimally located, was Portree hospital, which was opened 50 years ago. It was located in Portree because that is the main demographic centre and there was a gap in provision there.

There used to be a maternity hospital right up in the north, in Uig. It was not optimally sited—it was put there because so-and-so said, "Here's some money. Build a hospital there," which is how these things used to be done.

It is important that public money is used optimally. The statistics are important, because we have to consider where the best place is to offer services going forward. I do not want to second guess anything, but what the health board has done is quite unusual—it has chosen quite a spurious geographical area and said that there is a bit that is quite central.

The Convener: We need to investigate why the board arrived at that decision.

Alan MacRae: Precisely—we do. It goes back at least a decade.

The Convener: There are two aspects on which I will see whether we can get agreement among colleagues. We need to ask the cabinet secretary whether she is prepared to review the decision and we need to ask questions about the decision-making process in NHS Highland. Do members

agree to take that approach? We can ask questions on that basis.

Hanzala Malik: I think that an ISP is on the cards. Given the amount of misrepresentation—I will try to keep my words politically correct—that there has been, based on what the petitioners are claiming, an ISP would be a positive way forward that could address some of the issues that are being raised. If Nicola Sturgeon, who is now the First Minister, made commitments, I am sure that she would want to honour them. She needs to get the right information and an ISP would be a good source for such information.

David Torrance: I would like to see the questionnaire that was sent out. Could we get a copy from NHS Highland? We could always ask the petitioners, as there is no doubt that they will have one.

The Convener: The petitioners have offered to send us other information on the issues that they have raised.

Alan MacRae: We have a lot of written evidence. There is hearsay and stuff that we have in writing that the committee will want to see.

The Convener: It would be helpful if you could provide that to the clerks.

We also need to consider whether to write to the Scottish health council to get its take on what the petitioners have said. Issues have been raised about its scrutiny of the process, which we need to ask it about.

Angus MacDonald: I agree that we should write to the Scottish health council, the Scottish Government and NHS Highland. Can we specifically ask NHS Highland why it has not offered to provide transport from north Skye? Perhaps we should use the example of NHS Forth Valley, which has set a precedent.

The Convener: We will do that and wait to see what responses we get. We will furnish the petitioners with the outcome of the correspondence that we receive and communicate with them at that point. We will progress the petition on that basis.

John Wilson: I have one matter to raise. If we write to the Scottish health council, can we ask for a definition of the learning points?

The Convener: We have that information.

John Wilson: I want to know about the health council's findings on NHS Highland's work on the consultation, because it would be useful to find out whether the learning points related to how the consultation was carried out. Mary Scanlon mentioned the Badenoch and Strathspey consultation exercise. It would be interesting to find out whether some of the learning points were translated into the consultation methods there but not applied in the Skye consultation. If the learning points related to how consultation is carried out, the consultation process in Skye might be deemed to have been flawed.

The Convener: We have access to the learning points—they are before us. However, we could ask whether they were put in place in the Skye consultation. We can establish whether that was the case, but we do not have to establish what the learning points were, because we know them.

John Wilson: Okay.

The Convener: As I said, we will be in touch with the petitioners when we get the responses. I thank the petitioners for travelling so far to speak to us.

Alan MacRae: Thank you very much for discussing the petition.

Malcolm Henry: It is much appreciated.

The Convener: I suspend the meeting for a couple of minutes to allow for a changeover of witnesses.

10:57

Meeting suspended.

10:59

On resuming—

Primary School Playground Supervision (PE1583)

The Convener: Our next item is consideration of petition PE1583, by Lisa Willis, on primary school playground supervision. Members have a note from the clerk, the petition, a SPICe briefing and a submission from the petitioner.

I welcome the petitioner, Lisa Willis. She is accompanied by Wendy Palmer, who has been involved with the petitioner in her campaign. I invite Ms Willis to make some introductory comments, and we will then discuss the issues that you raise.

Lisa Willis: Good morning, everybody. Thank you for inviting us to attend the meeting.

The campaign on keeping our children safe at primary schools in Scotland was born out of concern for the safety of my son, then aged five, who was arriving on school transport to a playground with no adult supervision. After addressing my concerns with the headteacher of the school and latterly with Aberdeenshire Council, I began to explore the views of other parents. I uncovered an issue of nationwide concern, and

that evolved into the petition in front of you all today.

The Scottish Government acknowledges, through guidance and endorsement, a duty on the part of local authorities to take reasonable care for the pupils in their charge, which extends to pupils travelling on school transport. That duty of care is echoed in various pieces of legislation and guidance. However, the word "reasonable" leaves fulfilment of that duty open to considerable variation in practice.

The law expects school staff to take reasonable measures to ensure that children under their control are not exposed to unacceptable risks—at least, those that can be foreseen. The headteacher must see that procedures are in place to identify such risks and control them. That is evidenced by North Ayrshire Council, which, having conducted a thorough risk analysis, requires all primary school playgrounds to be supervised for 15 minutes before school starts.

Similarly, since 1893, teachers have had a duty of care in loco parentis. That means that the teacher stands in place of the parent and is expected to exercise the same standard of care as a reasonably careful parent would. In 1893, a teacher's working environment was not very different from the domestic environment, and the teacher would work with a small number of children. Now, however, things are very different, and teachers are responsible for a large number of children. Although existing legislation stipulates that most primary schools must have playground supervision at break and lunch time, there is no mention of the period before school, when children can arrive up to 20 minutes early, in many cases on dedicated school transport.

Data collated from freedom of information requests highlights that only 17 per cent of the 29 councils that we have contacted have a formal policy in place for supervising pupils in the playground at that time of day, while 43 per cent have a form of recognised practice in place in some but not all of their schools. Other councils argue that they are adequately fulfilling their duty of care towards the safety of pupils by having a member of staff on the premises inside the building for those 20 minutes, while some have stated that the responsibility for children lies with parents until the school bell rings.

For parents who utilise school transport, the lack of legislation highlights a definite gap in the Government's recognition of risk and duty at that particular time of day. Comments received from signatories to the petition and through our Facebook page demonstrate that many parents and carers are not satisfied with the current situation at that time of day. They have shared their concerns with us, quoting a catalogue of incidents, the majority of which relate to bullying and stranger danger. Similarly, as we have evidenced, the incidents that have been recorded by councils include fractures, road-traffic accidents, bites and other forms of bullying and aggression, as well as children actually wandering off the premises. Only 55 per cent of councils responded to a request for that particular information.

Because of the lack of supervision, many parents who do not utilise school transport wait with their children or arrive at the time of the school bell, exacerbating congestion and leading to their children missing out on valuable play time. Discussion has further revealed that a supervision role is often assumed by those parents who choose to remain with their children, and also by older primary 7 pupils. We believe that that is neither an adequate nor a consistent form of support.

Of course, supervision will not prevent all incidents. However, the benefits of supervision go further than safety alone. Recommendation 12 in "Better Behaviour—Better Learning", the report of the discipline task group, encourages authorities and schools to consider promotion of positive behaviour outside the classroom on the basis that it can contribute to better concentration and behaviour in class. Research also suggests that the provision of supervision in the playground in the period before school starts can result in less traffic congestion and an increase in school transport utilisation. That marries well with the aims of the Scottish Government's "Scotland's Road Safety Framework to 2020", which aims to reduce the utilisation of cars from home to school and promote more active travel. Evidence further suggests that reducing parent congestion at that time of day would allow children more opportunity for independent play.

To enable all of that to happen, the law on which local policy is based—namely, the Schools (Safety and Supervision of Pupils) (Scotland) Regulations 1990—needs to be updated to include provision for formal supervision during the 20-minute period before school starts as well as at break times. Councils may be unreceptive to that; indeed, they already cite lack of resources as a barrier. However, five of the 29 councils contacted have already assessed the risk factors and acted on those by implementing formal policy, and they have done so mostly within existing budgets. Other schools have not, because their local authority and, ultimately, legislation does not require them to do so.

Existing legislation recognises the safety risks in primary school playgrounds at break and lunch time and requires appropriate supervision to be in place at those times. We believe that it is therefore

reasonable to suggest that a similar level of support be implemented nationally in the period before the school bell goes, especially for those children arriving via school transport. Local authorities are currently given too much freedom to define their policy, thereby allowing schools to provide inconsistent and often inadequate levels of care for pupils in their charge at that time of day.

Many parents and carers in Scotland do not consider it adequate for schools to provide support from inside the building in order to fulfil their duty to provide reasonable care for children in loco parentis. We ask the committee to consider whether it would be deemed reasonably careful for someone to leave a four-year-old alone at a park or standing alone outside a shop on a busy road while they go in to shop, leaving the child at risk of injury, bullying, abduction or wandering off.

In consideration of the evidence put before you today, we urge you to ensure that legislation recognises the same risk in the 20 minutes prior to the school bell as it does at break and lunch times, and to place a duty on local authorities to make adequate provision for safety of the pupils in their charge by providing formal playground supervision. In the words of a headmaster responding to the petition,

"Pupil safety should be a top priority for all staff and schools. It's time it was made more of a slogan."

The Convener: Thank you for bringing this very interesting petition before us. Do members have any views at the outset on the petition?

John Wilson: Ms Willis, your written submission refers to Glasgow City Council, which does not use teaching staff for that 20-minute period in the morning but instead uses janitorial staff. You referred to teaching staff all the way through your presentation. Would you be content if education authorities used janitorial staff rather than teaching staff for supervision in the playground for those 20 minutes? I can see local authorities having concerns about teachers' time being used for the extra 20 minutes.

Lisa Willis: From the evidence that has been presented to us in responses to freedom of information requests, it is clear that councils that make provision at that time of day are using a number of different resources, such as janitorial staff and support teachers as well as teaching staff and headteachers. I would not have a problem at all if the extra 20 minutes could be the responsibility of janitorial staff. I believe that headteachers have a remit to provide training for those janitors so that they can deal with any eventualities in the playground. That is what I believe Glasgow City Council has done.

John Wilson: I just wanted that clarification. As you said, many education authorities will claim, and have claimed, that the reason why they do not provide that service in the morning is down to expense. However, if we can shift the debate slightly to say that there should be supervision in the playground for those 20 minutes, how that supervision is delivered would be up to the headteacher.

Lisa Willis: Yes. The key is the physical supervision, as you said.

Wendy Palmer: It is also important to ensure that staff are appropriately trained to take on that responsibility.

Kenny MacAskill (Edinburgh Eastern) (SNP): What is your definition of "supervision"? Does the person supervising have to be able to see everything all the time? Schools vary in size, layout and geography. Some playgrounds are L-shaped, for example. Does someone have to be there eyeballing the playground, or is your definition a bit wider?

Lisa Willis: The key is recognising that what we propose is not much different from what currently happens at break and lunch time, when at least one member of staff must be physically in the playground. The risks in the period before school, when there is far more traffic around, are as serious if not greater than they are at break and lunch time. Whatever is currently deemed acceptable at break and lunch time would be acceptable to us for the period prior to school starting. Clearly, if there are 90 children scattered here and there at break and lunch time, one person on their own will find it hard to monitor every child. However, the presence of a member of staff acts as a deterrent and, we hope, prevents some incidents from occurring.

The Convener: It seems odd that, when the bell rings, supervision becomes an imperative but prior to that it is down to local decision making or the judgment of the school. We need to ask why that is the case. We can ask what the Scottish Government intends to do to create a safe environment from the minute a child gets to school until they leave.

When would supervision start? Some children might turn up at school 30 minutes early and others might arrive even earlier, depending on when their parents drop them off and head off to do whatever they have to do. How do you determine the appropriate period?

Lisa Willis: That is not for us to decide today. Children arrive at various times, depending on whether they walk, take the bus or are driven. I suppose that it might be argued that formal playground supervision should be in place from the moment when the school transport buses arrive. Exactly when the bus pulls up in the playground will vary from school to school.

We have been led to believe that some councils are fulfilling their duty by having a member of staff inside the building for 20 minutes prior to school starting. We do not know where the reference to 20 minutes comes from; we have not been able to find it. Nonetheless, it has been quoted to me by councils in their responses. It would be interesting to know where it comes from, so perhaps that could be identified by someone.

The Convener: Well, we can ask the question.

Wendy Palmer: Councils such as North Ayrshire Council, when introducing the policy, have obviously done some sort of risk assessment that deemed a particular period to be appropriate. The Scottish Government could investigate whether there should be a guideline for all local authorities.

The Convener: That is a fair point.

Kenny MacAskill: Do you think that training is necessary? There does not appear to be consistent training for lollipop ladies and men. Other than just having an adult present, what action would you expect to be taken?

Wendy Palmer: The expectation of what happens at break and lunch time could be adopted for the time before school starts. That is not unreasonable, given that the same risks are present before school starts; indeed, as Lisa Willis said, because of traffic congestion, the risks are perhaps greater. It would be reasonable to adopt whatever is accepted as the norm for break and lunch time.

Lisa Willis: I presume that it would depend on who was providing the resource. If it was a member of staff, I have no doubt that issues to do with child safety are a fundamental aspect of their teacher training. If the solution was to use janitorial staff, people might not have had such training and might need extra. That is probably not for us to decide here.

11:15

Hanzala Malik: Good morning. Your petition is very good. I agree that there should be supervision in the mornings. I was a councillor, and I know that schools take steps to have their playgrounds covered by members of staff, such as classroom assistants and others, so there has already been training. I do not think that that is an issue. The issue is really about resourcing in the mornings, which currently does not take place. Headteachers are very good people and I am sure that they could find ways of dealing with the challenge.

I am supportive of the petition and am surprised that such supervision is missing. It needs to be part and parcel of schooling. We live in troubled times, and it is absolutely critical that our young are looked over before school starts as well at lunch times and break times. I am very interested in seeing how the Government will try to roll out the approach nationally. We need a policy so that authorities are encouraged to ensure that there is appropriate cover.

The Convener: I, too, have a great deal of sympathy for what the petitioners are asking for, but some of the detail needs to be clarified. As has been said, that can be looked at and analysis can be done. However, the principle of asking for such supervision prior to the school day starting certainly seems to me to be very logical.

Do colleagues think that we should ask various organisations to comment on the issue? The Scottish Government and the Convention of Scottish Local Authorities certainly must do.

David Torrance: COSLA definitely has to.

The Convener: It has been suggested that we write to the Health and Safety Executive in Scotland, the Royal Society for the Prevention of Accidents in Scotland and the Association of Directors of Education in Scotland.

John Wilson: I have another couple of suggestions, convener. We should write to the Educational Institute of Scotland, given that we are talking about teaching staff. We should also write to the GMB and Unison, as those two unions cover janitorial and classroom assistant auxiliary staff in schools. It would be useful to get their views on the issue because, as has been mentioned, the additional responsibilities that may be placed on those staff may require appropriate training for them to be able to carry out supervision to the level that would be expected.

The Convener: There could also potentially be amendments to terms and conditions.

John Wilson: Yes.

The Convener: There are aspects that have to be considered. We can certainly ask for those issues to be considered and see what the responses are.

I thank the petitioners very much for bringing the petition to us and for coming to the meeting. We will get back to you on the responses that we receive, and we will continue to consider the petition once you have had a chance to respond to the responses that we receive.

I suspend the meeting again for a couple of minutes to change over the witnesses.

11:17

Meeting suspended.

11:18

On resuming—

Scotland and Jamaica Relations (PE1585)

The Convener: Our next petition is PE1585, by Isabel Lennox, on behalf of flag up Scotland Jamaica, on Scottish-Jamaican relations. Members have a note from the clerk, the petition, the SPICe briefing and a presentation from the petitioner.

I welcome to the meeting the petitioners from flag up Scotland Jamaica—Isabel Lennox, Graham Campbell and David Pott. Mr Pott will make some comments first, and I will then open up the session for a discussion.

David Pott (Flag Up Scotland Jamaica): I will reintroduce everybody. Isabel Lennox was born and bred in Scotland; I was not. That is one of the reasons why it is important for the Scotland-Jamaica project to have both her and Graham Campbell, who is a Jamaican who has lived in Scotland for 14 years. I am the founder and project leader of flag up Scotland Jamaica.

I begin by quoting Sir Geoff Palmer, the Jamaican professor emeritus at Heriot-Watt University. He has been a great encouragement to us and he paved the way for FUSJ to begin. With regard to the initiative, he has said:

"the establishment of political, economic, cultural, educational and religious partnerships between the governments and institutions of Scotland and those of Jamaica would help both countries, which share a common history, to flourish as friends."

Yesterday, I received this from Anne McLaughlin, the MP for Glasgow North East:

"I fully support the aims of this petition in the name of Flag Up Scotland Jamaica on whose board I serve. It does not call for financial reparations which it would be perfectly entitled to do. Instead it sensibly calls for a change in focus in the relationship between our two countries. In 2014 I co-produced Emancipation Acts, a play that explored the involvement of Scotland in the slave trade and the legacy for both countries.

From the audience reactions I discovered 2 things—first, they, like me, had been largely unaware of the extent of our role in slavery. Secondly and perhaps most pleasing, they WANTED to know and they wanted to put it right.

The people of Scotland seem very open to acknowledging that slavery benefited Scotland and damaged Jamaica. We are fortunate in Scotland that there appears to be little resentment from Jamaicans and the bond between our countries remains strong. The cost to Scotland of doing as the petitioners ask is very little but the value to us and to Jamaica could be immeasurable."

The FUSJ project is still at a formative stage, but we have been encouraged by what has taken place in the 16 months since we started on 1 August last year, during the Commonwealth games. The opening took place at Glasgow Chamber of Commerce. There seems to be some momentum, which is evidenced by some things that have happened in the past year such as schools partnerships and our involvement in the mela.

In the past week, I have received an encouraging report from our rep in Jamaica, Barry Warwick, who had a good meeting with staff from the ministry of education in Jamaica, and they are keen to set up schools partnerships. Also in the past week, the writer and broadcaster Billy Kay has let me know that he is planning a documentary with the BBC about FUSJ for black history month in October next year.

It is important to emphasise that Scotland's ties with Jamaica are older and run deeper than others that are much better known, such as our links with Canada, New Zealand and Malawi. Graham Campbell's surname is one of the most common surnames in Scotland. It is thought that John Campbell, who was involved in the failed Darien experiment and decided not to come back to Scotland but to stay in Jamaica, is the father of the many Campbells in Jamaica.

We believe that, on the grounds of consanguinity and the past economic benefit to Scotland, as well as the many historical and cultural links, such as the involvement of a Scotsman and the saltire in the Jamaican flag, we have strong grounds for establishing a creative, interesting and beneficial bilateral partnership between the two nations. There have already been some pointers in that direction, such as the memorandum of understanding between JAMPRO—the Jamaica Promotions Corporation, Glasgow City Council and Glasgow Chamber of Commerce in March 2013.

There is a desire to make progress, but if we are to make real progress, we need to employ at least one person in Scotland and Jamaica to start making things happen. Recently, we had a helpful and inspiring meeting with David Hope-Jones from the Scotland Malawi Partnership, and what we took away from that was the emphasis on positivity. There was not a lot about all the difficulties in Malawi. It is more about a sense of equality and sharing—a sense that Malawi can contribute to Scotland, and Scotland can contribute to Malawi. Many Scottish people have benefited from the Scotland Malawi Partnership.

We perceive a great interest in Jamaica, given all the Scottish people who have been talking about a partnership, who previously had no idea about the close links with Jamaica in terms of the Scottish names there et cetera. We believe that Scottish people can also benefit hugely from engagement with Jamaica; it would certainly not be just a one-way partnership. We believe that the flag up Scotland Jamaica project has the

potential—with the support of the Scottish Government and other partnerships—to deliver similarly positive outcomes for both nations. That is why we are here, and we will be grateful if we can explore ways forward on that with the committee.

The Convener: Thank you for your interesting introduction. I became aware of Scotland's connections with Jamaica some time ago when I listened to a Radio Scotland story on the subject, which struck a chord. We have good relations with a number of nations, but I realised that I was not as familiar as I should have been with our cultural and historical links with them, and particularly Jamaica. Your petition chimes with the perspective that I gained, which was that there are good reasons why we should form stronger links with Jamaica, which is a nation that we already have historical links with.

I am happy to open it up for committee members to ask questions. I think that we should ask how we can deepen and strengthen our links with Jamaica, which you have already started to take forward, Mr Pott. Do members have specific questions or issues that they want to raise?

Angus MacDonald: Good morning, panel. As a MacDonald, I am not sure whether I should support a petition that claims that there are

"more Campbells per square acre in Jamaica than in Scotland."—

[*Laughter*.]

Our briefing on the petition mentions that HM Revenue and Customs figures show that Scottish exports to Jamaica have been worth about £1.5 million per annum over the past five years. There is clearly scope for improvement in that regard. Is it your hope that, if the petition is successful, we will increase international trade between Scotland and Jamaica?

Graham Campbell (Flag Up Scotland Jamaica): Scotland's £1.5 million of exports is about a third of the United Kingdom's exports to Jamaica. Jamaica is number 52 in the table of HMRC receipts for countries that we export to—it is ranked above Israel, Cyprus, Serbia and Bulgaria, for example—so it is quite an important export market for Britain, and Scottish exports make up about a third of what Britain sends there. Jamaica is, therefore, important in that respect, but our exports to it could be massively increased.

Scotland has resources in areas that Jamaica needs, such as construction, engineering, drilling and oil technology. There is a big plan to expand Kingston harbour into a regional superhub for the region between Latin America and north America. The Chinese are involved quite exponentially in the development of oil exploration in Jamaica and the expansion of Kingston harbour. Scottish companies should and could be involved in that, but the region is not seen as a priority area for Scottish companies, which I think is wrong. There could be a big expansion in both directions for Scottish and Jamaican businesses.

The Convener: There is not a lack of interest in that regard. I think that there is agreement among committee members that your petition has struck a chord and that we should take it further. We should certainly ask the Scottish Government to give us its views on the petition and say whether it wants to take the issue forward. I cannot remember whether we still have a cross-party group on the Caribbean. If so, we could contact it about the petition and ask it what links it has that we could use. I think that the petitioners have made the argument quite strongly that there are avenues that are worth pursuing.

Hanzala Malik: I suggest that we find out which councils in Scotland have links with Jamaica. There might be MOUs or twinning agreements that we are not aware of. Councils sometimes make such agreements and then, unfortunately, because of lack of interest, they fall by the wayside. If such agreements already exist, they just need to be reactivated and they can become good vehicles for moving forward, so that is worth considering. We could ask COSLA to make inquiries on our behalf.

11:30

The Convener: Or we could write to individual authorities.

Graham Campbell: Renfrewshire Council was twinned with Jamaica when the 2015 Commonwealth games teams were twinned with local councils, and it did some work with Jamaica. I do not know whether that agreement is still in place, but that is something that we can explore.

The Convener: We could write to each council and find out whether there are hidden connections that we have not yet established.

David Pott: We keep finding new connections. Last year, I discovered that a man named James Johnston from Huntly went to Jamaica as a doctor in the 19th century. He lived all his life in a place called Brown's Town in Jamaica. He was a keen early photographer, and some of the first photographs of Jamaica are by him. He wrote the first tourist guide, "The Jamaican Riviera", which is a wonderful book. Rather unusually, he had the idea that Jamaicans would make good missionaries to Africans, so he went to Africa with a group of Jamaicans and crossed the continent with them. He also wrote a book about that. He was an outstanding figure. Huntly and Brown's

Town are similarly-sized towns with secondary schools and they would have a natural connection.

Bathgate is another interesting example. John Newlands owned plantations in what is now western Kingston, and through the finances from them he established Bathgate Academy and almshouses in the town. Every year, Bathgate holds the Newlands festival, but most people are not aware that the patron of the town made his money from the sugar plantations. We would like to get a Newlands from Jamaica to come over here. There are many Jamaicans with that surname and it would be fascinating to have a Newlands here for the festival and to see whether we can get links between the towns. My colleague who is working in Kingston has found a high school in the area where Newlands had his plantations and is exploring the possibility of a link.

There is a lot of exciting potential for creative and unusual partnerships and we would really like to see those develop. As a very small organisation, we are looking for funding opportunities to employ at least two people in each nation who could give the idea plenty of focus. That is what is needed to get it working really well.

Angus MacDonald: I found the briefing that we received on the petition and the submission from the petitioners fascinating. I knew of the links with Jamaica, but it was very helpful to get more detail. I thank the petitioners for enlightening me on the historical links between Scotland and Jamaica.

The Convener: The country as a whole would benefit. I know from my local area close to Blantyre how beneficial the connection with Malawi has been. The local schools have direct links with schools of similar sizes or have made contact with organisations in Malawi. That could be replicated, given the information that you have brought to us in your very worthwhile petition.

Isabel Lennox (Flag Up Scotland Jamaica): I live in Paisley, which is applying to be UK city of culture 2021. Paisley became enormously wealthy through its production of fabric, which was used in Jamaica. The Jamaica project is a really exciting initiative not only for supporting links across Scotland but for raising Paisley's profile as it goes forward with its bid. We recognise that many Scots have benefited from the Scotland Malawi Partnership and we would love to see that happen for the Jamaica project, too.

The Convener: I absolutely agree with you. There is a lot of support from the committee for the petition. We will write to the organisations that we mentioned and let you know what they tell us. We can discuss that further at some point.

Thank you for coming before us this morning to present your petition.

I will suspend the meeting for a couple of minutes.

11:35

Meeting suspended.

11:36

On resuming—

Pets (Compulsory Scanning) (PE1588)

The Convener: Our next petition is PE1588, by Daisy Harris, on scanning all pets found on Scottish roads. Members have a note from the clerk, the petition and a SPICe briefing. I welcome to the meeting Jackie Baillie MSP, who has a constituency interest in the petition.

First, I ask Daisy Harris to make some opening remarks. I will then give Jackie Baillie the opportunity to comment. Over to you, Ms Harris.

Daisy Harris: Good morning, and thank you for inviting me to attend. I am here to talk about my petition to make microchip scanning of domestic animals recovered from Scottish roads compulsory. I will cover issues such as why I feel the law is important to the public and how it would improve current practice.

From April 2016, it will be compulsory to microchip dogs in Scotland. However, if a dog were to go missing and to be found dead, it would most likely be scanned for a microchip only if the person who receives the body—a highways worker, sanitation worker or a police officer—is an animal lover. Many of those individuals do not even have access to the equipment that is necessary to carry out the procedure. A simple hand-held scanner can be purchased for as little as £40.

The Scottish Government's website quotes Richard Lochhead MSP as saying:

> "In 2014, over 10,000 dogs ... were reunited with their owners as a result of a microchip. This is an impressive figure, but it could be improved on dramatically by ensuring that all dogs are microchipped".

I and my supporters would like to ask how the Government plans—as Mr Lochhead said—to improve dramatically the numbers of reunited dogs if scanning is not a set policy but simply best practice.

I received word from a lady who had made an inquiry to West Lothian Council pertaining to the scanning of cats recovered from roads. The council replied by saying that it had one microchip scanner, which was usually kept in the office, and that most cats were not scanned and were instead put in landfill. Some of the cats, depending on who

found them, were stored in a depot for seven days. That seems random and unfair.

I know from personal experience how horribly worrying and heartrending the unexplained disappearance of a pet can be, and I know that I speak for many people when I say that the few seconds that it takes to scan an animal, bearing in mind the closure that it could give to the pet's owners, could mean the difference between someone moving on with their life or being left forever wondering.

Owners of missing pets have been known to spend hours searching for their animals and hundreds of pounds on elaborate campaigns for their safe return. In November 2013, a pensioner searching for a missing border collie called Skye fell into a river in Dumfries and was hospitalised. Skye's owners have camped out for weeks at a time in the hope of catching her and bringing her home, yet they still do not know if she is still out there. If Skye has been killed on a road, her microchip is unlikely to have been scanned.

On behalf of the hundreds of thousands of pet owners in Scotland today, I ask for microchip scanning to be made compulsory. If pets are not scanned, they are not reunited.

The Convener: Thank you very much, Ms Harris. Would Jackie Baillie like to add any comments on the petition?

Jackie Baillie (Dumbarton) (Lab): I think that Daisy Harris has covered everything, but you will never find a politician who can resist an opportunity to say something. I met Daisy at a roving surgery in the town where she lives. She had already started a petition, and she is clearly passionate about and committed to the subject, so I suggested that she bring the petition to the Parliament.

I suppose that I should declare for the record that I have a cat. She is called Smudge and if anything happened to her, I would feel devastated. To not know strikes me as even more difficult for a pet owner.

It is inconsistent that we ask for pets to be microchipped, dogs in particular, but that we do not use that microchip positively to reunite all pets with their families. In England, scanning is compulsory but it is not in Scotland. I do not believe that there is a difference in the level of compassion north and south of the border. We could fix this quite easily and, as the committee has heard, scanning is cheap to do and effective. I hope that the Public Petitions Committee strongly encourages the cabinet secretary to do exactly as Daisy's petition requests.

Thank you, convener.

The Convener: Thank you. Do colleagues have any comments to make?

John Wilson: I want to ask Daisy Harris a question. We refer to the Scottish Government and the work that can be done. Your petition specifically talks about animals that are found dead or alive. Do you know what the current position is with the Scottish Society for the Prevention of Cruelty to Animals and the Dogs Trust? I assume that animals that are found alive are captured by either local authority workers or the police and transferred to the care of another organisation such as the SSPCA, the Dogs Trust or a similar animal welfare organisation. Do those organisations regularly scan the animals that come into their care?

Daisy Harris: Yesterday, I heard of a recent case study about a Yorkshire terrier that was put in the care of the Dogs Trust. It was in their care for seven years and it was not scanned in that time. I do not believe that that organisation has a policy. After the dog was scanned, it was reunited with its owners, but that was seven years after it had been picked up.

John Wilson: I just wanted to get that clarification, particularly for animals that are found alive. That is a very good example. Seven years later, somebody finally decides to scan the animal to find out that there is a registered owner and that they can be reunited with their pet.

That means that we can extend the number of organisations that we can write to and ask for clarification on their current practices.

The Convener: That is a good idea. We need to get as much information as possible because there is a lot of merit in the petition. If other parts of the island can scan, it should be possible to do it here. I can see why it would be of benefit in the way that you have explained. People are feeling unnecessary loss because they cannot trace their pet. There is strong merit in investigating why that is not happening here.

We can ask COSLA what the local authority position is and whether local authorities have guidance on scanning. If Richard Lochhead has identified it as an issue, we should certainly ask the Scottish Government why it has not taken the issue forward. There might be an explanation but it would be interesting to know why the Government has identified the issue but not done anything with it.

It looks as though the petitioner has the committee's agreement to take the petition forward. We will get some responses and send them back to you to see what the view of those other organisations is. We will look forward to seeing your response before we take the matter

forward. Thank you for bringing your petition to the committee.

Daisy Harris: Thank you.

11:43

Meeting suspended.

11:44

On resuming—

Invasive Non-native Species (PE1586)

The Convener: The next petition is PE1586, by James A Mackie, on behalf of Innes community council, on statutory control measures for invasive non-native species. Members have the briefing documents. Are there any comments on the petition?

John Wilson: I have a particular interest in this issue. I have asked questions in the Parliament in the past regarding enforcement with regard to non-native species. There is legislation, as the petitioner quite rightly identifies, but I am not sure that it is being used against landowners to ensure that they perform their duties under that legislation.

On several occasions, I have had dealings with Network Rail, particularly regarding Japanese knotweed in my constituency and region, and it has been quite good about taking action. The difficulty arises with private landowners who fail to act, or developers who decide to go into areas where there is Japanese knotweed and do not take the appropriate action.

I note from the examples in the SPICe briefing that some landowners might realise, when they plan to develop a site, that it would be more expensive to clean up the site than it would be to develop on it. In some cases, they may just go ahead and develop without doing the appropriate environmental clean-up of the site, including the eradication of Japanese knotweed.

I am keen that we should write to the Scottish Government to ask for its views on the matter. It would also be useful for us to write to Scottish Natural Heritage and the Scottish Environment Protection Agency. I know of an incident in which a developer was trying to remove Japanese knotweed from a site but he had not applied for the appropriate environmental licences; there was no guarantee that the materials were being removed to a supervised and authorised site for dumping. When I contacted SEPA on that issue, I was referred to SNH, which then referred me to the environmental services, which then sent me to the police, saying that the police had the enforcement role. It is clear that there is an issue about whose duty it is to enforce the actions that are contained in legislation.

I suggest that we also write to RSPB Scotland and the Scottish Wildlife Trust, which might have information on the matter. I recently visited Baron's Haugh in Motherwell, where the staff are trained in cleaning up Japanese knotweed. It would be useful to find out how they deal with that.

I would like to ask the Scottish Government how many landowners have been prosecuted or reported under the Wildlife and Countryside Act 1981 for failure to treat Japanese knotweed or any other invasive non-native species, and what level of fines have been imposed. My suspicion is that there have not been many prosecutions and that the fines have been very low.

It is up to us all to ensure that we get the message across that it is up to landowners to deal with the issue, and also local authorities. We need to reinforce the message that the issue, particularly of Japanese knotweed and giant hogweed, can be very dangerous and costly to deal with. Japanese knotweed can come up through cement, and it has been reported that Japanese knotweed is coming up through people's houses on some housing developments.

Given that legislation is in place, we need to find out how the Government ensures that that legislation is being applied to landowners throughout Scotland, not only to curtail the spread of non-native species, but to deal with and eradicate them where possible.

The Convener: That was an extensive list of suggestions, which I am sure will help us to investigate the issues fully.

Do members agree with those suggestions?

Members *indicated agreement.*

Scottish Civic Forum (PE1587)

The Convener: PE1587, from Arthur McFarlane, concerns the Scottish Civic Forum. Members have a note from the clerk and a SPICe briefing. Do members have views on the petition?

Kenny MacAskill: I am happy for us to write to the Government. I can probably anticipate the reply, but we should at least do that.

The Convener: We should ask the Government to comment, in the terms of the petitioner's request.

John Wilson: I suggest that we also write to the Scottish Council for Voluntary Organisations. Although it is not the same as the Scottish Civic Forum, it brings together a number of civic and voluntary sector organisations, so it might be useful to ask for its views on the matter. I know

that the Scottish Civic Forum was a concept that was developed in 1998 to mirror what was happening in the Scottish Parliament. However, given the growth of the voluntary sector and the fact that civic society is much wider than the Scottish Civic Forum was, it would be useful to get SCVO's views.

The Convener: Do members agree with the suggested action?

Members *indicated agreement.*

Acupuncturists (Licensing) (PE1590)

The Convener: Our final petition is PE1590, by Nick Pahl, on behalf of the British Acupuncture Council, on licences for acupuncturists. Again, members have a note from the clerk, a SPICe briefing and a submission from the petitioner. Do members have views on the petition?

Kenny MacAskill: I have had acupuncture in connection with physiotherapy and I was surprised to read in our papers that acupuncturists are classified in the same category as other skin piercers. I would welcome our writing to the Scottish Government and COSLA to get to the bottom of the issue. We are not exactly talking apples and pears, but the two services are quite distinct.

The Convener: I would have thought so, too. It would be interesting to hear what the Government and COSLA have to say about it. Do we agree to write in those terms?

Members *indicated agreement.*

The Convener: That completes our consideration of petitions. We agreed to take our next item in private.

11:52

Meeting continued in private until 11:54.

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