



OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Wednesday 25 November 2020

Session 5



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PUBLIC PETITIONS COMMITTEE

20th Meeting 2020, Session 5

CONVENER

*Johann Lamont (Glasgow) (Lab)

DEPUTY CONVENER

*Gail Ross (Caithness, Sutherland and Ross) (SNP)

COMMITTEE MEMBERS

*Maurice Corry (West Scotland) (Con)

*Tom Mason (North East Scotland) (Con)

*David Torrance (Kirkcaldy) (SNP)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Dr Gareth Clegg (Resuscitation Research Group)

David McColgan (British Heart Foundation Scotland)

Stuart McMillan (Greenock and Inverclyde) (SNP)

Steven Short (Scottish Ambulance Service)

CLERK TO THE COMMITTEE

Lynn Russell

LOCATION

Virtual Meeting

Scottish Parliament

Public Petitions Committee

Wednesday 25 November 2020

[The Convener opened the meeting at 09:30]

Continued Petitions

Public Access Defibrillators (PE1707)

The Convener (Johann Lamont): Good morning, and welcome to this virtual meeting of the Public Petitions Committee.

The first item on our agenda today is consideration of continued petitions. The first petition is PE1707, on public access defibrillators, which was lodged by Kathleen Orr. The petition calls on the Scottish Parliament to introduce a requirement for all new builds or newly renovated or repurposed buildings with a floor space of over 7,500m² to have a public access defibrillator put on to the exterior of the building for public use, and for the PADs to be officially registered.

At the most recent consideration of the petition, the committee agreed to hold a round-table evidence session. That was originally arranged for March but was delayed due to the Covid-19 pandemic. The evidence session will go ahead today but on a smaller scale due to the meeting being held virtually.

I am pleased to welcome Steven Short, clinical effectiveness lead for out-of-hospital cardiac arrest at the Scottish Ambulance Service; David McColgan, senior policy and public affairs manager at the British Heart Foundation Scotland; and Dr Gareth Clegg, senior clinical lecturer at the University of Edinburgh and member of the Resuscitation Research Group. We also have with us today Stuart McMillan MSP, who has joined us for the consideration of the petition. Stuart will read out a statement on behalf of the petitioner before we begin the evidence session.

Stuart McMillan (Greenock and Inverclyde) (SNP): Thank you very much. Good morning, everyone. The statement that I am about to read out is from Kathleen Orr.

"I would just like to add to my statement that I have worked really hard on keeping Jayden's name alive and while keeping another child alive. I really feel that by making places have a defibrillator, they will be keeping themselves and others safe. I know I myself that when I see a place with a defibrillator, I feel a lot safer. It is important to have signs to say you have one and where it is located can also help the public if they ever need to use one. Since I last sat with you and told you how much this means to me there has now been a song made and it is active on iTunes. An advert has also been made and I am

waiting to launch that. Jayden's Rainbow is my family, John my husband, Kerri my daughter, Declan my son and myself. On saying this it is mostly done by myself and Kerri. As you may understand my husband, John, works and has to do so for us all so he does not have much time to put in. My son Declan is still not ready to take part in much at all and likes to stay in the background. He is still hurting and it hurts him to see me work so hard at a passion that I will never stop at. All I ask is that you try get into my head and see the way I am thinking. My son was gone in a second. A young life gone in a blink of an eye and I know that is a well-known saying and you would have heard someone say it before, but that is what really happened to me. Think the way I do please, fire extinguishers are law. Why? Because they can save a life, many in fact. It is the same with a Defibrillator. It can save a life in the blink of an eye. Thank you."

The Convener: Thank you very much, Stuart. I think that we all agree that that is a very powerful statement and we appreciate just how difficult it is for the family to deal with such a tragedy, but to be so determined to help others. We very much appreciate that and recognise the challenge that we have to rise to in relation to these issues.

Most of the questions will be open for all witnesses to answer. If you wish to respond to a question please type R in the comment box and I will then invite you to respond in turn. There may be a few specific questions that will be directed to a certain witness. If any of the other witnesses wish to come in on one of those questions, again type R in the comments.

The petition asks for a requirement for all new-build or newly renovated or repurposed buildings with a floor space of more than 7,500m² to have a public access defibrillator fitted to the exterior of the building. Do you agree with the suggestion, and if not, how should it be determined where PADs are positioned? We will start with Steven Short and then I will bring in David McColgan.

Steven Short (Scottish Ambulance Service): Good morning, everyone, and thank you for inviting me along today. Mrs Orr has raised a very reasonable point in the petition. Many of the cardiac arrests that happen in the public environment happen in higher footfall areas. A larger building with higher footfall has a greater likelihood of a cardiac arrest happening, and so a greater likelihood of a publicly available defibrillator adding significantly to the chance of survival. The simple answer is yes, I do agree.

The Convener: Who should be responsible for deciding where PADs are positioned?

Steven Short: The key about a publicly available defib, or a PAD as we call them, is that it needs to be accessible 24/7. Studies from around the world show us that if it is not accessible because it is locked inside a building, for example, the risk is that it is not available somewhere between 50 per cent and 60 per cent of the time. Obviously, because of where they are, busier

spaces can have higher footfall outside the building outwith those times. The defibrillator being available 24/7 on the outer aspect of any building would be the most sensible advice to follow in that circumstance.

Responsibility for them would be the owner of the defibrillator—we call them the PAD guardian. They can ensure that things like batteries and the pads that are in them that you stick to the chest—not the PADS as in the defib—are all in date, rescue ready, and in keeping with the system that we use to register defibrillators in Scotland.

The Convener: Thank you very much. Does David McColgan want to respond?

David McColgan (British Heart Foundation Scotland): Thank you very much for inviting us to the meeting today and a huge thank you to Kathleen and the Orr family for all the work they are doing in bringing the issue to Parliament.

The British Heart Foundation has submitted some written evidence, which is available on the Parliament's website. We do not support the key point of petition regarding every new or refurbished building of more than 7,500m² having an externally fitted PAD. There are a number of reasons for that, one of which is that we believe it would exacerbate health inequalities around a possible cardiac arrest. In some areas of Scotland—Glasgow, Edinburgh, Dundee—there will be a major increase in the number of buildings of that size. If we were to go to somewhere like Wick or the island communities, however, we would probably not see many buildings of that size. We have concerns about that.

The principle of the petition is absolutely right: more public access defibrillators are a good thing. However, we need to take a strategic approach, especially when public funds might be invested or where there are legal requirements on individuals. Two key points are needed to allow us to take that strategic approach. First, we do not know where every defib in Scotland is. If we were to think about Sauchiehall Street in Glasgow, we might end up putting 15 or 20 defibs on there because of the size of the buildings, but if we were to go out to Rutherglen or Hyndland, there might not be any defibs there. A lot of international studies have shown that with defib placement, we end up with over provision in areas with lower incidents of cardiac arrest, and under provision in less remote areas.

Secondly, Scotland does not have a publicly accessible registry of where cardiac arrests happen so people cannot make strategic decisions to put defibrillators in the right places.

As I said, we do not have those things, but major work is being done in Scotland. The British Heart Foundation, Microsoft and the Scottish

Ambulance Service have been working on the circuit and the national defibrillator network, which we hope will be able to map where the defibs are in Scotland, and allow the ambulance service to direct people to their nearest one. Gareth Clegg will probably speak to it in a moment, but the Resuscitation Research Group over at the University of Edinburgh has been working on a PAD placement project that marks where cardiac arrests are and where PADs need to go.

Although we do not support the 7,500m² provision, the conversation is really important to the understanding of how the Government, local authorities and other organisations play a role in deciding where to place defibs. Kathleen Orr's point is absolutely right that more defibs will give people an opportunity to use them and save lives. We welcome the petition but we want to hear more conversation rather than just the 7,500m² provision that is in the petition.

The Convener: Thank you. In your submission, you noted that you were undertaking to gather national evidence on the subject. Has that work been completed?

David McColgan: That is Dr Clegg and Dr Clyde's project as funded by Scottish Government at the Resuscitation Research Group. Gareth Clegg will speak to that.

The Convener: Are you not involved in that work?

David McColgan: No, the British Heart Foundation has not been involved. That is very much Dr Clegg's territory and I will leave it to him to speak to that.

The Convener: Thanks very much. In that case, I ask Dr Clegg to respond to my first question, and to speak to where we are with the research.

Dr Gareth Clegg (Resuscitation Research Group): Just to clarify the landscape a little bit, I am here today with three hats on. One is as an emergency medicine doctor in Edinburgh. I have worked in cardiac arrest for a couple of decades now, and during the past five years I have chaired a group to deliver Scotland's strategy for survival of cardiac arrest. Steven Short and David McColgan are with that group, and we are trying to deliver a joined-up strategy for improving survival after cardiac arrest across the country. It is important to highlight that because the strategy is multifaceted, and public access defibrillators is only one component of it. It would be wrong to think that PADs by themselves would solve the problem of cardiac arrest, but they are an important part.

In answer to the question, allow me to make two or three important points. One is that public access defibs are not as applicable in all parts of

the country. Fixed public access defibs stuck on the side of a building tend to work well in areas of high population density, but they are not so good for rural populations. Where people live more spread out, public access defibs are too far apart and they do not work very well. We need other solutions for that; we need responders with defibs, and other ways of getting a defib to a patient.

It is undoubtedly the case that, when defibs are used by people who have been familiarised with them, survival from cardiac arrest is hugely increased. In casinos and airports, for example, studies have shown survival of up to 70 per cent. I am sure that the committee is aware that the national average for survival, in Scotland is currently around 10 per cent.

09:45

The question is how do we deploy PADs so as to make them as effective as possible. I think that the petition's top-down approach to encouraging defib use is to be encouraged. I say that because we have done some work on where cardiac arrests happen in Scotland. We looked at seven years' worth of data and we know where the hotspots are for cardiac arrest. We also know where public access defibrillators are currently positioned, and David McColgan makes a good point when he says that there is a mismatch between where the defibs are and where the cardiac arrests are. Currently, about 5 per cent of all cardiac arrests happen within 100m—the working distance, if you like—of a defib.

If we took all the defibrillators that are in Scotland and we spread them out using a data-driven approach to where they are most likely to be used, we would cover nearer 50 per cent of cardiac arrests.

That tells me is that the current approach of a bottom-up strategy for placing defibs is not working. If we allow people to get defibs and put them wherever they want, we will not cover cardiac arrests. The general public or the philanthropists who buy them and put them on buildings do not live in the places where cardiac arrests happen. There needs to be some kind of top-down influence on that.

Steven Short makes a good point that there are more cardiac arrests areas of high footfall, which tend to be in bigger buildings, but not entirely. The majority of cardiac arrests happen in homes. Cardiac arrests that are more likely to be successfully resuscitated happen in the community in non-residential areas. For that reason, encouraging the use of defibs in larger buildings will be a good thing.

There is another important component to this that has not yet been aired, and that is the culture

around cardiac arrest. Out-of-hospital cardiac arrest is a significant public health problem; it is not a rare event. There are about 60 to 70 cardiac arrests where resuscitation is attempted every week in Scotland, and there are probably two or three times that many calls to the ambulance service for cardiac arrest. At 60 or 70 arrests a week, they are not exceedingly rare, but survival is very low, partly because people do not call for help, they do not do bystander cardiopulmonary resuscitation, and they do not use a defib, even when one is available.

There is a pressing need to change the culture around cardiac arrest and I think the visibility of defibs on and around public buildings will help to do that by making people more aware that defibs are a thing, that they should be used, and that it is the normal and right thing to do to take bystander action if someone collapses near you and they are not breathing and not conscious.

We need a top-down approach, and we need to change the culture around cardiac arrest. For those reasons, I think something similar to the proposal that is on the table would be a good thing to look at. There would have to be nuance around it and there would have to be training, of course. People in buildings where the defibs are located would need to know what they are and what they are for and so on. It is not just a matter of putting the defibs out there, but I think this will be a good thing.

To come to your second question on the research funded by the Scottish Government to look at public access defibs. As I say, we have taken seven years' worth of data, we have worked with a group in the University of Toronto and international leaders who have done this kind of work, and we have prepared figures that are currently under review for publication, and which will form a report to the Scottish Government that we anticipate submitting before the end of the year.

The Convener: Thank you very much, that is really helpful. In the context of defibrillators, is there a role for broader first aid training? The committee has looked at that before. How do you make the link between providing the defibrillator and people having the confidence to use it and other first aid measures? Dr Clegg?

Dr Clegg: I am sorry—I did not realise that the question was aimed at me. Are you asking whether we should be trying to increase first aid training generally in the community?

The Convener: I am wondering whether, from what you said, there might be a false comfort zone if we provide defibrillators but do not do the other things that you talked about, although the stuff at the top is really important.

Dr Clegg: That is an excellent point. I think, if I understand you correctly, that you are saying that it is not enough just to have the PADs out there, and that people need to be willing to use them. That is absolutely true.

The crucial thing is, as I said right at the beginning, that you cannot take PADs out of the context of the rest of what is commonly called the chain of survival. There are four elements to that: people need to recognise that there has been a cardiac arrest and phone the Ambulance Service for help; they need to do CPR; they need to use a PAD if there is one available; and then the cavalry arrives and there is post-resuscitation care by the Scottish Ambulance Service then hospital. The first three elements are crucial. It is a culture thing: it needs to be the case that people believe that using a defibrillator is the right thing to do when there has been a cardiac arrest—just as throwing a life preserver is the right thing to do when someone is in trouble in the water, and reaching for a fire extinguisher is the right thing to do when there is a fire.

David McColgan and Steven Short are both part of a wider organisation called Save a Life for Scotland, which is co-ordinated by my research group. It includes all the emergency services and a lot of third sector organisations, right down to small community-responder groups. Over the past five years we have changed some of the culture around cardiac arrest. Bystander CPR rates were at about 40 per cent when we started and are now at about 64 per cent. That is part of the journey that we need to be on, as is putting PADs on walls. You are absolutely right to say that, in isolation, putting PADs devices on buildings is not enough. I think that we need to have them on buildings, nonetheless.

The Convener: Thank you very much for that. I will bring in David McColgan then Steven Short for views on people having confidence to use a defibrillator.

David McColgan: I will pick up on Gareth Clegg's point. We know from national evidence that just placing PADs around a community does not encourage people to use them. About 85 per cent of people claim that they are too scared to use one because they do not know how they work. About 84 per cent of people say that they would be too scared to use a PAD in case they hurt the person. An education programme is needed.

Also, as Gareth pointed out, the partnership of Save a Life for Scotland, the Government's out-of-hospital cardiac arrest strategy and public access defibrillators are part of a chain. This is about people understanding how, in the community, to enact a part of that chain for resuscitation—calling 999, starting CPR and using a PAD, if one is available.

The BHF has a community defibrillator programme through which we part fund defibrillators for communities. When a defibrillator is received through that programme, the community also receives ten CPR mannequins and must commit to supporting the community to learn CPR. Fundamentally, the chain of survival is only as strong as its weakest link. If someone has a cardiac arrest and we all go looking for a defibrillator, that person's chance of survival will massively decrease. If individuals begin CPR while the Ambulance Service directs someone to the nearest defib, the chain of survival will work far more effectively.

Proliferation of defibs is great, and their being visible is amazing, but we need to understand that they are still quite scary pieces of equipment for many people. If we can demystify and demedicalise them, we will have a greater chance of increasing their use when a cardiac arrest occurs.

The Convener: Thank you. Steven—do you want to say something about the context for your work?

Steven Short: I agree with everything that Gareth Clegg and David McColgan have said so far. The United Kingdom picture and the international picture are fairly consistent. In parts of the world that have been making good progress on cardiac arrest, as we have in Scotland, we see an increase in bystander CPR rates, but it does not follow that we see an increase in use of PADs. That is about the things that David McColgan and Gareth Clegg mentioned.

We need a blended approach. We can learn from parts of the world—Denmark and Melbourne in Australia are excellent examples—where the blended approach was taken. That is not just about training in CPR; it is about increasing training in use of automated external defibrillators and making them more visible, as is suggested in the petition, and ensuring that they are registered, as we are already doing. I highlight again, as the other two witnesses have, that the blended approach and increased awareness are key. There is more to do than just making PADs visible.

The Convener: Thank you. Stuart McMillan wants to come in.

Stuart McMillan: I just want to make a point regarding visibility of and access to PADs. If people see more of them in their communities, surely a knock-on effect will be that that will help to reduce fear of using the machines. I accept the points about training and people's confidence in utilising the machines, which Kathleen Orr previously touched on in the committee, but people seeing more of the machines would certainly help by reducing angst about potentially

using a machine, and would reduce people's perception that they will cause damage rather than save a life.

The Convener: Thank you very much. That might be something that we will come back to when we hear more from our witnesses. I call Maurice Corry.

Maurice Corry (West Scotland) (Con): Good morning, panel. I thank the petitioner for lodging this very important petition. I will start with Steven Short. The petition calls for the PADs to be registered with the Scottish Ambulance Service and notes that if a PAD is not registered, the 999 call handler is unable to direct callers to it. Do you agree that PADs should be registered? Should the Scottish Ambulance Service be responsible for a register that might include non-public PADs also being registered.

Steven Short: We have, as David McColgan mentioned in answer to the first question, a registry of defibrillators called the Circuit. It is a collaboration between the Scottish Ambulance Service, other ambulance services in the UK and the British Heart Foundation, and has the goal of all publicly available defibrillators in Scotland being registered. When a caller in Scotland phones 999 and does not get through to Scotland's call centre, we have piggyback services to which our calls go at times of high demand. That information on PADs is available to them, too, through the Circuit.

The register of defibs is hugely important. It is a blended armoury, if you like. If there is someone else there with the caller, the call handler can direct that person to the defibrillator for use on the patient who is in cardiac arrest. Obviously, if there is only one caller, the focus should be on doing high-quality CPR and not interrupting that. We have that system in place already and it is active.

We have about 3,000 automatic external defibrillators on the register. The challenge is in that we do not know what we do not know, so obviously the guardian of the AED needs to register it with us. We expect that there are many out there that are not on our system, but that we hope are still available and the community knows about them. Does that answer your question?

Maurice Corry: Yes, it does. However, David McColgan said that by no means are all PADS registered, so there is a gap. I presume that that gap will be filled through Microsoft, the BHF and the Scottish Ambulance Service bringing together information. I hope that there will be 100 per cent registering of all PADs and other defibs in Scotland.

I would like Dr Clegg to comment on Steven Short's answers and to answer my question.

10:00

Dr Clegg: I agree with Steven Short. It is self-evident that if people do not know where a defib is they cannot use it, so defibs need to be well signposted to the people in the locality. If a device is visible to the Scottish Ambulance Service, it can make that device available to a bystander on the phone who does not know where the nearest defib is. It is absolutely crucial that the Ambulance Service, which co-ordinates responses to cardiac arrest, can do that. Let us remember that after cardiac arrest, every minute in which the patient is not receiving any kind of resuscitation reduces their chance of survival by 10 per cent. After cardiac arrest, the chance to intervene lasts literally 5 minutes. There is no time for people to go and find a defib, so it is crucial that they are registered with the Ambulance Service.

I will make the important point that defibs' batteries have a shelf-life. Defibs need to be tested and checked monthly and to be in working order, and that information must be relayed to the Ambulance Service. About 40 per cent of defibs in the community that the service knows about are not available for use because that information is not available. That is so important; if a defib has a flat battery and the service sends a bystander to bring it to the patient to use, the defib essentially just gets in the way and will reduce a patient's chance of survival. It is crucial not only that defibs are known about but are checked and are in good working order. That sometimes gets lost in the conversation.

Maurice Corry: Are you saying that the register should include just those that are active and in 100 per cent working order?

Dr Clegg: Yes. That is really important. There have been incidents in which folk have been sent to, or have been aware of, a defib and when they have gone to collect it it has not worked. They have a four-year battery; it is not an onerous task to keep them in working order, but it needs to be done.

Maurice Corry: I come back to Steven Short. Is it possible to include information about batteries in the register?

Steven Short: Yes—that information is already included. The way the Circuit's registry is set up is such that the PADs' guardians give us updated information that automatically keeps the PAD on the system. [*Inaudible.*—means that PAD is visible to call handlers and then the guardian of the PAD is given repeated requests to update the information for us, as a safety net for all the issues that Dr Clegg mentioned.

Maurice Corry: Thank you. Finally, how would the register fit in with the British Heart Foundation's national defibrillator network?

David McColgan: The register that we call the Circuit and the national defibrillator network are the same thing, they have just developed names over time. I suppose that the Circuit is the PR marketing name for the national defibrillator network. As Steven Short and Gareth Clegg said, when we developed the national defibrillator network, Scottish Ambulance Service was one of the vanguard sites. We worked with it and West Midlands Ambulance Service University NHS Foundation Trust to make sure that all the required functionality was there.

To make the point that Gareth Clegg also made, I note that we do not want ambulance services to send people to defibrillators that we do not know do not work. There is built-in functionality such that guardians of a defib are regularly reminded to check the battery and to check the consumables including the razor, scissors and pads. If the defib is not functioning, it will be hidden from the call centre, which will not send anyone to it until it is functioning again. The best example is when a defibrillator has just been used on a possible cardiac arrest; it would be removed from the system because we know that we need to order new pads and check it. That is all built in.

The point on registration is really interesting. Currently in Scotland and across the UK, no one is compelled to register their public access defibrillator on the network, so we only have on the register defibrillators that people have willingly registered. Anas Sarwar MSP has a proposal for a members' bill on mandatory registration of public access defibrillators, which would mean that if a community group was to raise funds for one, it would be required to register it with the Ambulance Service. I understand that the consultation has garnered considerable support and that Anas will publish the results soon.

Registration and readiness are really important. We know that in places that already use such systems—Copenhagen is a great example—it has created a community. The point that Gareth Clegg made was that people understand what defibs are; they recognise them in the street and feel comfortable around them. They are not things on a wall that people might be scared of. That plays a big part in the whole system.

Maurice Corry: First responder groups are obviously key, as are the Scottish Ambulance Service and the British Heart Foundation, and I presume that you involve those groups in the planning.

David McColgan: Yes—100 per cent. Fundamentally, an organisation such as the British Heart Foundation can have the greatest ambitions, but individuals on the ground will be the ones who drive change. Trossachs Search and Rescue Team is hugely influential. East Neuk First

Responders in Fife involves key individuals many of whom not only register the defibs in their community but act as the guardians to them, so they do the checks. As Gareth Clegg and Steven Short have alluded to, people from those groups will often be the first on the scene when the ambulance service is called about a possible cardiac arrest. They are critical to the process.

Dr Clegg: I have a couple of quick points.

To pick up on that previous comment, we should bear in mind that all the community first responder groups in Scotland are co-ordinated by the Scottish Ambulance Service, so they are trained, accredited and activated by the Ambulance Service. The ambulance service is very integrated in their activity.

The main point that I want to make, which has been raised indirectly in the conversation so far, is that the petition in essence tries to move the balance of responsibility for public-access defibs in the community away from its being solely the responsibility of philanthropists, community groups or charitable organisations to do something locally, and towards the Scottish Government to influence the situation from the top down. That is an important component.

It would be a mistake to put the burden of responsibility for things such as the registration of defibs on to individual philanthropists. It is a really good idea that all the defibs are registered—that is absolutely fundamental—but if we are going to use a legal instrument to try to make that happen, it should be in the context of health and safety in companies and as part of regulatory requirements, and the burden should not be on individuals and charities who are trying to do their best for their local communities.

To reiterate what I said earlier, defibs have been around for a long time; the chain of survival has been around for 30 years. We have tried to change the culture around cardiac arrest and get defibs in the right place for a very long time. Community groups and charities, including the British Heart Foundation, have tried to do that, but the data that we are about to publish shows that they have failed, as we currently cover 5 per cent of cardiac arrests. My strong view is that we need some kind of top-down approach to strengthen where we put defibs and how we register them.

We have talked about Denmark, which has turned round its rate of survival from cardiac arrests significantly in the current decade. Denmark has done that by using a range of approaches, including compulsory CPR training when people get their driving licence and at school. There have also been a lot of bottom-up initiatives. It needs to be both, rather than either/or.

The Convener: Stuart McMillan wants to come back in.

Stuart McMillan: I want to touch on a couple of the points that have been raised.

I am aware that Kathleen Orr and the Jayden's Rainbow campaign ensure that any defibs that are put into the wider Inverclyde community are registered, and Kathleen checks them every two weeks to ensure that they are operational. She also hammers home the message to the hosts of the machines that they should check them regularly. The point that we have heard about the importance of the defibs and ensuring that they are operational is well made.

On the issue regarding the location, Kathleen Orr and Jayden's Rainbow have undertaken a joint piece of work with the University of Edinburgh to map out the hot spots in Inverclyde. Therefore, the machines are being placed in target areas—that is the main focus, rather than taking a wider approach. The witnesses might want to know about that activity taking place in Inverclyde and talk to others about it. Just placing a defib in any location might not be fully beneficial for some communities.

David Torrance (Kirkcaldy) (SNP): As we have heard, 85 per cent of the population are not confident in using public access defibrillators. How can we increase confidence in members of the public to use PADs when they need to do so?

David McColgan: That is a really important question. As Gareth Clegg said, international evidence has given us a range of examples. In some parts of the world, people have to learn CPR and first aid before they get a driving licence, or that is compulsory in school. In England, CPR training and early life-saving skills are now mandatory in the school curriculum. In Scotland, that is not possible due to the curriculum for excellence, but the British Heart Foundation's nation of life-savers campaign gained the commitment from every local authority to ensure that CPR training and life-saving skills are taught in schools.

The BHF's nation of life-savers programme covers CPR and defib use. As Gareth Clegg alluded to, we need to ensure that when we teach CPR, we also teach the second part of the chain of survival, which is around defib use. It is about familiarisation and the opportunity to see a defib in action. There are training defibs that do not deliver any shocks but show people the process. That demystifies and demedicalises the use of a defib. Too many of us in Scotland still remember "ER" and the big pads being rubbed together, and that gives everyone a bit of a fright. Actually, those devices talk people through the whole process from start to finish, which is fantastic.

The work that the Scottish Ambulance Service does with communities is really important, and the Save a Life for Scotland partnership has been absolutely instrumental. For example, it has worked with butchers. Nearly every high street in Scotland has a butcher on it, and they are now all trained in CPR and the use of a defib to respond to anything that might happen. The British Heart Foundation has had a partnership with a range of organisations that are located on high streets, such as Santander bank and Barclays, through which we trained staff in CPR and defib use. Three days after one of our first training sessions with Barclays, somebody from one of its branches went out and saved someone on the high street.

We need to take a multitude of approaches to training people. Members will know that, through movements such as the scouts and the Boys Brigade, there is an opportunity to create a culture, as Gareth Clegg referred to. It is about having a culture of people saying, "I want to help, I can help and I am willing to help." We need to try to touch on all the points in people's lives when they have an opportunity to learn such things. The solution is not to throw it all on to schools, because schools already have loads to teach. We have a range of organisations, such as the uniformed youth groups, that want to help out. It is about changing the culture in Scotland.

10:15

David Torrance: You mentioned youth organisations, which are good at training for first aid and CPR, but how do we reach a broader audience to give them that confidence? Should the Scottish Government have a national campaign, or should it be left to individual charities?

Dr Clegg: The Scottish Government has a national campaign: Save a Life for Scotland, which has been running for five years. As I said, all the major third sector groups with an interest in improving survival after cardiac arrest are part of it. One option would be for the Scottish Government to inject more funding into Save a Life for Scotland, which would be an effective way of getting the message out.

To state the obvious, one mechanism for increasing public awareness of and willingness to use defibrillators would be to make them compulsory in non-residential buildings as part of a health and safety risk assessment, and for familiarity with CPR and defibrillator use to become part of health and safety training, as is the case with fire extinguishers. The analogy with fire extinguishers was made in the opening comments and, although it is not perfect, it is strong. The Regulatory Reform (Fire Safety) Order 2005 was introduced in the UK at a time when there were 470 fire-related deaths in the UK every year.

There are currently around 27,000 cardiac arrest-related deaths in the UK every year, so it would not be unreasonable to make public access defibs as ubiquitous and familiar to the public as fire extinguishers are.

Of course, the cost of defibs has always been a hurdle, because they have historically been very expensive pieces of kit, at about £1,200 each. More recently, several groups across the world, including one in England, are on the brink of manufacturing them for about £200 each, which will bring them in line with industrial-sized fire extinguishers. It is worth reflecting on the parallel between defibs and fire extinguishers, as we begin to think about how we make defibs more available and familiar to the public.

The Convener: I say to Stuart McMillan that I will afford him an opportunity at the end to make comments. That is really just to manage the time. I will let him come back in at the end to sum up from his perspective on behalf of his constituent.

Maurice Corry has a follow-up question.

Maurice Corry: It is just a very quick one, for Dr Clegg. Are you saying that the Scottish Government or UK Government could consider including under health and safety legislation a requirement to have defibrillators in buildings, as we already have with fire extinguishers? For example, that could be done for factories under the Factories Act 1961.

Dr Clegg: Yes. A strong case can be made for the life-saving potential of defibrillators being at least equal to that of fire extinguishers. One mechanism for improving the safety of the public and improving the familiarity with and understanding of defibs among the public would be to include them in the health and safety legislation for non-residential buildings.

David Torrance: David McColgan mentioned that training should not be compulsory in schools. Are there any other thoughts on that? A young person who is trained in CPR and the use of defibrillators will be confident about that throughout their life, whereas older people find it more difficult to accept such training. I just wonder why it should not be compulsory in schools.

David McColgan: There are many examples where CPR training and defib use is compulsory. One of the really interesting things that the British Heart Foundation felt regarding training in schools was that everyone in Scotland attends school at some point, whether they are from an affluent community or a poorer one. We know that some routes to training are more accessible for those who are from affluent communities.

Gareth Clegg will be much better at communicating this than I am, but we know that

out-of-hospital cardiac arrests are more likely to happen in poorer communities in Scotland, which is where people are less likely to receive CPR from a bystander. That might have changed thanks to the work that Save a Life for Scotland has done. For us, the schools campaign was important. You are right that young people are ambitious and willing and are really keen to get involved; it is a fun break from maths and English to learn CPR.

Another interesting thing about schools is that there is a conveyor belt of new classes every year. We think that it equates to 55,000 to 60,000 kids a year being trained in CPR—that would be a secondary 4 cohort. Therefore, within 10 years, we would have half a million people in Scotland who are CPR trained and defib ready. That is why schools are really important.

However, it is also important to recognise that schools are not the only place. Workplaces are really important, too. Gareth Clegg might be able to say more about this, but I am sure that NHS Borders was the first national health service board in Scotland to train all non-clinical staff in CPR and defib use. The NHS is one of the biggest, if not the biggest, employer in Scotland. If all administrators and staff attached to it were trained, that would be a massive cohort of people who would go back into communities ready to perform CPR if and when an out-of-hospital cardiac arrest happens.

Dr Clegg: David McColgan is absolutely right. I have two points on that. First, out-of-hospital cardiac arrest is a condition that disproportionately affects the poorer communities in Scotland. My group has produced the national cardiac arrest report, which shows that people living in SIMD 1 communities—the poorest 20 per cent of the country—are twice as likely to have a cardiac arrest as those in SIMD 5 and 30 per cent less likely to survive to discharge from hospital, and that they tend to be six or seven years younger when they have a cardiac arrest. Anything that we do to try to solve the problem that is more accessible to affluent communities, such as raising money to buy defibs autonomously, will potentially increase the gap between the more well off and the less well off.

Secondly, I agree with David McColgan's comments about training in schools. It is important to remember the multiplier effect, which has been seen across the world. It means that, if you train a school child, particularly a primary school-aged child, in CPR or the use of a defib, they will go home and communicate with their care givers, such as their parents and grandparents. Studies in international literature show that, if you train one child in CPR, the average number of people who learn CPR is 2.5 or 2.7, and the average age of the person learning CPR is 50. Therefore, one

mechanism for reaching middle-aged men, who are difficult to communicate with, is to train their kids at school in how to do CPR and use a defib.

Steven Short: Gareth Clegg has just stolen the point that I was about to make about the multiplier effect. I add a point about the word “confidence”, which has come up repeatedly today. We know that one of the biggest barriers to CPR or using a defib is that members of the public are afraid of causing harm or making things worse, and it all comes back to confidence. As well as the multiplier effect, there are the other things that children can do for their parents and grandparents, and whoever else they are around who are older than them, which is their willingness to pass on information. That can help with confidence and is really important.

Tom Mason (North East Scotland) (Con): I would like to focus on some practical issues. Many of the PADs are installed inside buildings or in locked cabinets and are therefore only available during business hours. This, of course, keeps them in good order. How can we ensure that PADs are installed and are available 24 hours a day around the country? If they are installed outside and are liable to damage, how do we ensure that they all continue to be in working order and that somebody takes responsibility for them?

Steven Short: It comes back to some of the points made by Mrs Orr within the petition. You are absolutely right: a significant majority of the PADs that are registered with us are not available 24/7 because they are in buildings that are not open 24/7, so the premise of the petition that PADs should be on the outside of a building, within a case, is really important.

In terms of safety, we do not have a big issue with PADs being stolen or wilfully vandalised. I am not going to say that it never happens, because it does happen on occasion. However, I think that the key to this is public awareness. When people understand why they are there and what they are for, particularly when you target that awareness towards young people through the programmes in schools, that is the most successful way of making sure that they are not tampered with or damaged.

However, the issue of availability is a really important one and we would certainly encourage putting PADs within cabinets on the outer aspect of buildings.

When people ask our advice, we encourage them to put the PADs in an unlocked cabinet. We understand, though, that they are expensive pieces of kit and the guardians get nervous about that. To provide some reassurance, within the circuit system—the defib registry—if there is a locked cabinet, the guardian will give us that information and the code to the cabinet is

available to a call handler when they identify that PAD, so they can pass on that information to the caller.

The Convener: Thank you. David McColgan, do you want to add anything to that?

David McColgan: All the points that Steven Short has made are valid. I would come back to a point that Gareth Clegg made earlier. A lot of this comes down to national—or even regional—leadership and direction. Inverclyde is a good example; the Ambulance Service already provides a lot of advice there about the placement or purchasing of defibs. If we can proliferate that example so that such advice is more readily available, that would be great.

A lot of employers will purchase a defib to be held within their building for the staff. If they have 300 or 400 staff, they may want a defib to be centrally located. If we can encourage such organisations to also think about the issue in terms of corporate social responsibility, they may purchase another one to put on the outside of the building. That was one of the frustrations that we felt at the British Heart Foundation when the Scottish Government invested in defibrillators for dental surgeries, because dental surgeries tend to be open 9 to 5, and if you have a cardiac arrest on the high street at 6 o'clock, chances are that you are not going to get the defib out of the surgery. However, I think that it is about understanding and awareness, and it is about communication and guidance on where to place the defibs.

The debate on whether to lock the cabinets will forever exist. From a British Heart Foundation perspective, we prefer them to be unlocked because they are much easier to access. However, the circuit has that function built in, so if you wish to use a locked cabinet, we know that the Ambulance Service has the code and you can access it when you get there.

A lot of work has been done on this, but some form of national leadership and direction on the placement and siting of defibs would be really welcome.

The Convener: Thank you. Dr Clegg?

Dr Clegg: Three quick things: first, I agree with David McColgan that national coordination on where we put defibs is really important. I am glad to see that the information that we gave to St Andrew's First Aid about Inverclyde has been actioned and that that information has guided the placement of the defibs there. That was essentially a test case. However, is the intelligence that we can provide from the data actionable? It sounds as though it is actionable.

10:30

Secondly, on the back of Steven Short's comments, the only defib that I am aware of that has been stolen three times from the same location is the one outside St Andrew's House, but I think that that is an unusual set of circumstances, and generally it is rare that defibs are stolen.

Thirdly, I want to finish with a story from Craigmillar in Edinburgh. If you live in Edinburgh, you will know that it is one of the less salubrious areas. They had a cardiac arrest in a community centre and they raised money as a community to buy a defib, which they put on the outside of the building. As Steven said earlier, the community ownership of that defib is absolutely crucial. It will not be stolen or vandalised because the community view it as their defib, which is there for the benefit of the residents of their community. I think that a member of the Scottish Government was there to declare the defib in use, and one of the local residents said, "Look, we often have a lot of bad press in Edinburgh and a bad reputation, but this defib on the wall is a clear signal that the lives of the people in this community matter."

It is important to keep sight of the fact that public access defibs are lifesaving pieces of equipment but they are also symbols. They remind us about what to do in the case of a cardiac arrest and they also remind us that those in the community are looking out for each other and will take action in a time of need.

The Convener: Thank you for that. Tom Mason, do you want to ask anything further?

Tom Mason: I have just one further query that needs exploring. Will technology—wi-fi, 5G, the internet of things and so on—help in terms of looking after the defib locations, registering defibs, checking whether they are in service and whether the batteries are up to scratch and so on? Is there a forward view on that?

The Convener: I do not know who wants to answer that. Basically, will modern technology address some of those questions? Would David McColgan like to go first?

David McColgan: I will leave this to Gareth Clegg because he will know the answer to this, but I think that the short answer is yes.

The Convener: Good, we like short answers. Dr Clegg?

Dr Clegg: David McColgan is entirely right; the short answer is yes. Such defibs already exist. At a pilot project in the north-east, in Grampian, where first responders are using high-tech defibs with built-in wi-fi, the defibs can send regular signals back to base to say that the adhesive pads are still in date, the battery is still working and so on. Of course, the big barrier is cost. Those units

cost about £1,200 to £1,800 per unit, whereas the basic bargain basement version—what a defib would look like if Aldi made it—is about £200. Cost would be the only impediment at the moment. However, looking to the future, technology could certainly make all that stuff a lot easier to do.

The Convener: Thank you. Steven Short wants to come in.

Steven Short: The manufacturers of these PADs are acutely aware of that issue as well and I think that resolving that issue is something that they are actively striving to achieve, because they understand that the easier it is to maintain public access defibs, the better it is for the community. It is encouraging that we have industry buy-in on that.

The Convener: Thank you very much for that. I move now to Gail Ross.

Gail Ross (Caithness, Sutherland and Ross) (SNP): Thank you. Good morning, panel—thank you for your evidence so far. I was interested to hear about the open cabinet/closed cabinet debate. Obviously, as was said, we would prefer it if they were all open and easily accessible.

The fact that there has not been a lot of vandalism is really welcome but, as with everything, the more of them you put around and the better known they become, the more vandalism there might be. My first question is for Steven Short. In terms of the code system, I think that you said that the paramedics and the first responders would have that code. When a call is made to 999 and the caller is directed to the nearest defib, are they also given a code for the cabinet? Is that available to the member of the public who phones?

Steven Short: Yes. Just to clarify, our responders who are tasked to an event—whether that be our own front-line crews or first responders—would not have the code, because they would have their own defibrillators with them so they would not require a publicly available one.

When the guardian registers a PAD on the circuit, part of the questionnaire that they fill in will include whether it is in a locked or unlocked cabinet. If it is in a locked cabinet, they tell us what the code is. That is on the system and appears automatically on the call handler's screen within ambulance control so that they can tell the caller what that code is.

Gail Ross: That is another good example of why all the PADs should be registered, because if you have one that was bought by a charity and they have not realised that it should be registered, nobody would have the code.

Steven Short: Also, we would not know about it. Our call handler, in that context, would not be

able to signpost a caller to it because we would not know that it was there. This is a bit anecdotal, but what you tend to find in that context is that the community know that it is there and they know how to get access to it. As David McColgan, Gareth Clegg and I have alluded to, if there is community ownership of that piece of equipment, they are fully aware of it. We try to engage with communities at that early stage and say that that is why we do not want PADs to be locked away. However, they cost a lot of money, so I understand why it makes people nervous.

Gail Ross: Going back to the charities that raise money for defibs, they may be a bit nervous; it may be that they do not keep up to date with health checks, batteries and so on because they do not have somebody who wants to take on that responsibility. It is a huge responsibility to keep defibs up to date, because they basically save lives. What advice could come from the manufacturers so that people know exactly what they have to do? Is that happening already?

Steven Short: Yes, to a point it is. Through the OHCA strategy delivery group that Gareth Clegg chairs, and with some support from the British Heart Foundation, we continually engage with the industry on that issue and ask it to come up with solutions. One obvious example could be that if you buy a defibrillator in Scotland, whoever sells you the defib has to make you aware of how to register it. That could be a simple solution. There is early work going on in that area but we do not have a solution yet.

In terms of guardian anxiety, when you first register your PAD with the circuit, it is an up-front system. It is clear what the expectation is for the guardian in relation to the public access defib. The information is easy to understand and it is given in a supportive way, which is important.

Gail Ross: Was it David McColgan who talked about making CPR training compulsory for driving licences and in schools? Given the autonomy of local authority education departments, it is obviously very difficult for the Scottish Government to mandate anything in schools, but I wonder whether the British Heart Foundation has had any input into the personal and social education—PSE—review that is happening, to see whether something could be included in that subject in schools.

David McColgan: Yes. In 2018, we launched a national lifesavers campaign, working with individual local authorities. We spoke to the Scottish Government, and it was clear that there was no ability to mandate because of the autonomy of education through curriculum for excellence. We spoke to all 32 local authorities, and all 32 local authorities signed up to the campaign. Many of them have already enacted

both statements through their full council meetings and have put programmes in place. We should recognise that, pre-2018, a lot of local authorities were already doing that. For example, North Lanarkshire Council had CPR training in all of its schools already, but other local authorities had none.

It is interesting that, when it comes to teaching CPR through schools, local authorities take a myriad of approaches. Some schools use physical education as the mechanism to teach CPR, whereas some schools use biology. Other schools use personal social education, and in some schools it is just led by individuals within the school. At a school in Edinburgh, the librarian was really passionate about CPR.

The challenge around teaching CPR in schools is that we cannot mandate it in Scotland—that is just not possible—and we must recognise that there will be regional and school-specific cultures around it. A good example is Blairgowrie high school. At the end of the summer term every year, the whole school is taught CPR in a week. Theoretically, someone who stays until the sixth year will have been taught CPR six times. It is about the culture in each school and what each local authority and region wants to do.

That is the beauty of the campaign and the programme that we put forward—it did not mandate that a school had to use BHF programmes or that the training had to be done by a charity; it could be done in partnership with the local first responder group or through a save a life for Scotland partnership. I think that success in CPR training and defib awareness often comes from providing a platform whereby people can choose what suits them, rather than by mandating how it must be done. That is certainly where we have seen success across Scotland.

The Deputy Convener (Gail Ross): Thank you. That is everything from me, but I have had a message to say that the convener has been disconnected, so I am going to take over convening the meeting.

We have come to the end of our proposed questions. Do any members have any additional questions, or is there anything else that members would like to follow up?

The convener had promised to let Stuart McMillan MSP back in, so I will give you a chance to wind up on behalf of the petitioners.

Stuart McMillan: Thank you very much. I will make a couple of points that I think would be extremely helpful for colleagues.

Dr Clegg referred back to Kathleen Orr's opening comments regarding fire extinguishers, and I fully support those comments. I think that

considering the health and safety legislation for non-residential buildings would be extremely useful and positive going forward.

The Jayden's Rainbow campaign is training people to use the machines that are put out into the community. The hosts are trained on them, but a wider training campaign has been taking place, as well as the promotion of the locations where the defibs have been placed in the community. I just wanted to make sure that people were aware of that.

In Inverclyde, CPR and first aid training are very much promoted, certainly within schools but also among the public, and the training is undertaken by a variety of organisations including Heartstart Inverclyde.

I think that the top-down approach is very useful and helpful, but it can also be quite limiting. National campaigning can do only so much; local events in our communities always send a stronger and more powerful message, and they have a stronger resonance with the population. Dr Clegg's comments regarding Craigmillar highlight that. I know that, in Inverclyde, if there was solely a national campaign about the utilisation and the number of defibs in the community, that would go only so far. You need public ownership and responsibility. Craigmillar is one example of that, and, in Inverclyde, the Jayden's Rainbow campaign resonated with many more people in the community. Instead of there being a top-down approach, it has to be done in partnership with local organisations and our local communities.

10:45

Kathleen Orr would like to invite the witnesses and the committee to come to Inverclyde to meet the Jayden's Rainbow campaign and to see what progress has been made on access to defibs and local training. She would also like to publicly thank St Andrew's First Aid for its assistance and for the donation of 30 defib machines for the Inverclyde community.

The Deputy Convener: Thank you, Stuart, and thanks for reading out the statement at the start, on behalf of the petitioner. It was very powerful.

I am going to go back quickly to the panel. At the start of the session, we mentioned a member's bill that is proposed by Anas Sarwar. We have not seen the detail of that bill, because the consultation has just closed and we are waiting to see the responses. I will come to you one at a time—just a yes or no answer will do. Do you agree with the general principles of the member's bill that Anas Sarwar is bringing forward?

David McColgan: You have put me on the spot. When a defibrillator is designed to be publicly

accessible, it would be helpful if it were required to be registered with the ambulance service. In that way, it could be used if there was an out-of-hospital cardiac arrest in the area.

Steven Short: I have some anxieties about the bill, if I am honest. I worry that, if people are doing something in a well-meaning way, adding legislation to that might actually put them off doing the good work that they are doing.

The Deputy Convener: That is an interesting point.

Dr Clegg: I strongly support the idea that we should encourage registration of all public-access defibrillators; otherwise, they are not very useful. However, I have real concerns about using legislation to enforce that. I think that it may have unintended negative consequences.

The Deputy Convener: Thank you. Like all bills, it will be thoroughly scrutinised by the committees and then by the Parliament itself. If Anas Sarwar does lodge it, you will all have a chance to feed into that process.

Now that we have heard the evidence, I ask members for any comments or suggestions for action.

Tom Mason: The evidence that we have heard this morning is very interesting. It is clear that there is work to be done to co-ordinate everything, and I think that some leadership is necessary to make sure that it happens. If a members' bill is coming, it might focus attention on the issues to some extent. There seem to be various views as to what should be done, but I think that a bill will focus minds in one direction and get a sensible outcome from the whole process.

Maurice Corry: Steven Short raised an interesting point about not wishing to dilute the enthusiasm of our local communities in supporting the placement of defibrillators. I think that that is important, and it is just a question of getting the balance right. As Tom Mason alluded, there are several parts to this egg, shall we say, and we need to make sure that it is all the good parts that we take forward. I think that Anas Sarwar's proposed bill will be very interesting in concentrating our minds on the issue. The information that we have gathered from our esteemed panel today has been extremely helpful, and I think that it highlights the very important points that we need to address.

I was very interested in what Dr Clegg said about factory spaces. Having run factories in the UK, I understand that fully, and I think that defibrillators should be in the Factories Act 1961, along with fire safety equipment. That is the point I would like to make; otherwise, I have no more to say, thank you.

David Torrance: Given the sheer weight of evidence that we have received this morning, I really would like to take this discussion to another committee meeting, so that we can look at all of the evidence together and discuss in what direction the committee would like to go.

The Deputy Convener: Our convener is back, so it would be remiss of me not to ask for her opinion on what we should do.

Johann Lamont (Glasgow) (Lab): My apologies. I hope that you can hear me now. I just wanted to say that I found the evidence really powerful. We had a petition on St Andrew's First Aid, on the importance of giving young people, in particular, the tools to be able to deal with something in their community. The evidence—which was true then and has been emphasised today—that someone is disproportionately likely to have cardiac arrest in a poorer community and disproportionately unlikely to have somebody there who is able to help them is very powerful.

I was struck very strongly by the issue of leadership and how getting this right can make a practical difference to people's lives. I do think there is a role for the Scottish Government.

I was also struck by the comparison that was made with fire extinguishers. It makes perfect sense to me that we should learn how to use defibrillators. I suspect that the committee does not have enough time to bring in a minister before the Parliament rises, but I certainly think we will want to get a response from the minister on the evidence that we have heard today about leadership and about the importance of that coming from the top down. I think that that is what is behind the petition. There are things that can be done at a local level and there are things that can be driven at a policy level, and I think that we should do that.

To reiterate the point that I made at the beginning of the session, we recognise the strength of the petition and, from the evidence that we have heard today, why it is so important. I would certainly want the committee to hold on until we get a response from the Scottish Government, particularly around the challenges that are put to it by the evidence. Thank you, deputy convener.

The Deputy Convener: Thank you, convener. So, we are agreed to write to the minister, to follow up on the evidence that we have heard today. It is a shame that we cannot get the minister in for an evidence session, but, as the convener has pointed out, we are very time limited now, so we will have to take written evidence instead.

On that note, I thank our witnesses for coming today. Your evidence—as always—will be invaluable in deciding where we go now. I also thank Stuart McMillan MSP for representing the

petitioner, and I thank the petitioner for the very kind invitation to go and see how the programme has been working. I am sure that we would all love to go to Inverclyde. The committee's time is really wrapped up until the end of the parliamentary session, but that does not prevent individual members from going to see the very valuable work that has been done.

I am going to pause now, for a break, and we will come back at 11 o'clock. Thank you, everybody.

10:54

Meeting suspended.

11:00

On resuming—

Multiple Births (Support for Families) (PE1683)

The Convener: The second continued petition for consideration is PE1683, on support for families with multiple births, which was lodged by Jennifer Edmonstone. The petition calls on the Scottish Government to provide better financial and non-financial support for multiple-birth families.

We last considered the petition at our meeting on 17 September, when the committee took evidence from the Minister for Children and Young People, Maree Todd. During the session, the minister reiterated the measures that the Scottish Government has put in place to support vulnerable and low-income families. However, she stated that the Scottish Government does not see families who have twins or triplets as always being vulnerable. Although the minister confirmed that the Scottish Government had not undertaken direct research to further its understanding of the impact of multiple births on families, she indicated that the Scottish Government could work with Twins Trust to develop research. Following that meeting, the petitioner stated in correspondence with the clerks that she was pleased to hear that Maree Todd agreed to work with Twins Trust in order to undertake research into the area and asked what progress is being made on that.

The minister said that she did not see families with twins or triplets as always being vulnerable, but I do not think that that is the argument behind the petition. The argument is that there are particular things that come with multiple births that should be recognised in the support given to families. I will be interested in what other members think, but I would be keen to hear from the minister on the question of research and whether that can be pursued.

Tom Mason: We are still short of information from the minister and we should certainly write to her to get information on what research is possible and on whether the Government has really talked properly to Twins Trust. We should establish what discretion is available to local government, so we should keep the petition open at the moment.

David Torrance: I agree with my colleague. We should write to the Minister for Children and Young People to see exactly where the Government is with Twins Trust, what work has been commissioned and what research has been done.

Maurice Corry: Being a father of twins, I understand multiple-birth issues. I certainly agree with my colleagues about writing to the minister, and we should also write to the Convention of Scottish Local Authorities.

The Convener: I will bring in Gail Ross.

Gail Ross: Thanks, convener. It is good to have you back.

I agree. We should write to the minister to seek an update on the on-going work with Twins Trust.

I noted a wee bit of a discrepancy. We could write to COSLA to ask what discretion local authorities have to provide day care to two-year-olds, but there is a missing period of time to consider. You can take maternity leave for two years, but you would not get paid for all of it. You would have nine months to a year of paid maternity leave, then you would have another year before you might get a discretionary place in a local authority. That could be a really quite expensive year if you used a childminder.

I do not know what the answer is to that and I do not know who we can ask. If the Government has stated that there is no support for families with multiple births in that situation, I suppose that we are where we are. However, I would like that issue to be included in the letter to the minister, to see whether there is anything at all that can be done about that year. I agree that we should write to the minister and COSLA.

The Convener: The petitioner makes the point that, for a family who might have planned for a baby and worked out what the childcare will be, if they have multiples they are more likely to have to give up work or maybe reduce their hours and so on. I did not feel that the minister was getting that bit. It was as if she recognised that there was a disadvantage, but not that other things come into play for families who increasingly are having to strike a balance with regard to their income. We would want to flag that up, because the petitioner made that point herself.

The general consensus is that the issue remains one in which we have an interest. We want to check how the research and the work with Twins

Trust has been progressed, and we want to raise the question of the impact of multiple births on family income and capacity to work. We should also to write to COSLA to ask how it sees discretion being used.

That is agreed, as there is a clear consensus.

Soul and Conscience Letters (PE1712)

The Convener: The next continued petition, on soul and conscience letters, was lodged by Laura Hunter. It calls on the Scottish Government to review the use of soul and conscience letters in criminal proceedings and to produce guidance on their use for the courts and general practitioner practices, including guidance on alternatives to court appearances if an accused person is deemed unfit to attend in person.

Since our last consideration of the petition in September 2020, the committee has received a written submission from the General Medical Council Scotland. It explains that when providing a soul and conscience letter,

“a doctor has an obligation both to their patient and to the court.”

GMC Scotland further explains that when writing a soul and conscience letter, doctors must ensure as much as possible that the report that they provide

“is not false or misleading”,

that it is correct, and that it does not deliberately leave out anything relevant. Letters must also be restricted

“to areas in which they have direct experience or relevant knowledge”.

Doctors must

“make sure any opinion they include is balanced, and be prepared to explain the facts or assumptions on which they are based.”

It is a really interesting petition. The direct experience of the petitioner is quite strong, and there seems to be a sense that perhaps there is a way of avoiding court by getting one of these letters. I feel reassured that people are aware of the issue.

I am struck by what the British Medical Association said, which was that there needs to be a simple procedure. They are quite happy for it to be changed and they did not want it to be overly bureaucratic. I thought that that was thought provoking.

I am interested to see what members think and whether there is anything further that we can do. The petition has afforded a good opportunity for the issue to be flagged up to the relevant organisations.

David Torrance: From the information that we received, especially from the General Medical Council, we can see that support and guidance are available to doctors who write the soul and conscience letters. The British Medical Association Scotland and the Scottish Government have indicated that no concerns have been raised about guidance on writing soul and conscience letters. I am quite happy to close the petition under rule 15.7 of the standing orders.

Maurice Corry: I agree with my colleague. I think that we should close the petition under rule 15.7 of the standing orders, on the basis that information is available and no concerns have been raised with the British Medical Association or the Scottish Government. Guidance from the General Medical Council is available to assist doctors in writing soul and conscience letters, and it is up to them to follow it if and when they have to write such letters. The overriding issue is it is in the hands of the courts and the legal powers to make the final decision. I suggest that we close the petition on that basis.

Gail Ross: David Torrance and Maurice Corry have covered everything. In your opening comments, convener, you were right to say that the petition has brought the issue to the attention of the relevant organisations. I, too, am happy to close the petition.

Tom Mason: I agree with my colleagues. We should close the petition, given that we have assurances from the General Medical Council, the British Medical Association and so on.

The Convener: The committee agrees to close the petition, but we recognise that it is important to give people confidence in the way that the system operates. We hope that the petitioner recognises that the petition has shone a light on organisations' responsibilities in that regard.

In closing the petition, I thank the petitioner very much for engaging with the committee. They are, of course, able to bring a petition back on the same terms in the new parliamentary session if they feel that the matter had not been progressed sufficiently. There is clear consensus that it is an important issue, and we have been able, through the petition, to encourage the relevant organisations to think about it.

Water Poverty (PE1793)

The Convener: PE1793, on alleviation of water poverty, was lodged by Gordon Walker. The petition calls on the Scottish Government to remove water and sewerage charges from all households in Scotland that are on a low income or on benefits. Since our last consideration of the petition in September 2020, the committee has received written submissions from the Convention

of Scottish Local Authorities, Citizens Advice Scotland and the petitioner, which are summarised in our meeting papers.

It is an interesting petition and we got interesting responses, particularly from Citizens Advice Scotland. There is a lack of awareness of the disconnect between the council tax and water and sewerage charges, about which people can be unaware when planning their budgets. With bills due to increase over the next period, that is clearly of concern. I am interested in members views.

Maurice Corry: This issue came up in the years when I was a councillor on Argyll and Bute council. Citizens Advice Scotland raised very interesting points in relation to communications and the separation of water and sewerage charges, amending the legislation, and the basic financial support for low-income households. At this stage, we need to gather some more information.

COSLA has had consultations, and we know that councils respond sympathetically. I know from experience that they go quite far to help constituents in certain circumstances. Nevertheless, we should write to the Scottish Government to seek its views on the points that Citizens Advice Scotland raised in its submission. We should take it from there before we come to a final conclusion.

Gail Ross: I would agree with Maurice Corry. The evidence that we have received in advance of this meeting has given us a lot more clarity about what is payable and what is discountable. It was good to see in the evidence that, during the past month, councils have been exercising case-by-case discretion over the deferring of council tax and water charges. Maurice Corry is absolutely right: we need to write to the Scottish Government, and I think that the Citizens Advice Scotland proposals need a further airing. I would agree with that course of action.

Tom Mason: I agree with my colleagues. We need information from the Scottish Government on the matter. There is always confusion about water services and general public misunderstanding about what is a benefit and what is not. It is very confusing, so we need to write to the Scottish Government to seek more information.

David Torrance: I am happy to agree with my colleagues on the course of action.

The Convener: Again, there is clearly a consensus. We recognise that there is an issue and we would want to see the Scottish Government's response to the series of points that Citizens Advice Scotland made. There is certainly an interesting question around local authorities, whose funding is going to be under phenomenal pressure, with regard to the programme of increased water charges. How will that be

managed and how do we make sure that people who are in need are supported in the way that has been identified?

The committee agrees that we are going to write to the Scottish Government and ask for its response to the Citizens Advice Scotland submission. I think that there was a suggestion that we might want to write to COSLA, but I will check that. We might want to flag up the petition to COSLA again. Certainly, in the first instance, we will write to Scottish Government.

Public Service Employees (Remuneration) (PE1808)

The Convener: PE1808 is on remuneration of vital public service employees. The petition, which was lodged by Gerald Seenan, calls on the Scottish Government to substantially increase the remuneration of vital public service employees, especially national health service and community care staff.

When we last considered the petition in September, we agreed to write to the Scottish Government, the GMB union, the Scottish Trades Union Congress and Unison. Submissions have been received from the Scottish Government and Unison, and those are summarised in the clerk's note.

The petition raises a number of issues. It is about whom we value, and what we have learned to value during the pandemic. It is also about the care sector as a whole and the importance of its different parts, with staff working in the community and in people's homes as well as in care homes and the NHS. At a time when everyone's income and work feels very fragile, that is an important area for us to consider.

Gail Ross: You are absolutely right, convener. When we last considered the petition, we mentioned the issue of whom we should value.

It was good to see that the Cabinet Secretary for Finance has agreed to open the pay settlement; I would be interested to know how that is going. I know that the petitioner has a specific ask, which is an uplift for the sector. Would that be done through national collective bargaining? Are there different sectors within the overall sector? I know that different pay grades apply across the sector. How does that fit in with a national collective bargaining scale? Is that being looked at? If so, how is it being progressed? If not, why not? What are the barriers?

We could correspond further with the Scottish Government to pursue some of the petitioner's asks and some of the issues that Unison has raised.

Tom Mason: Budgets will be quite tight in the future. We need to acknowledge the commitment of NHS workers and others during the on-going situation over the past year. Of course, the situation may continue—we are not out of the woods on any of this yet. It would be good to progress the clarification of procedures so that we are clear about what is going on and what issues are being considered, which will give us a much broader picture of the scope for movement. Writing to the Government would be a key exercise.

David Torrance: I agree with my colleagues that we should write to the Scottish Government to seek its views on national collective bargaining. It is important that everybody who has been working in a very important role throughout the pandemic receives the pay that they require for the job that they do; I have always said that. I would be interested to hear the Scottish Government's views on that.

Maurice Corry: I declare an interest, as one of my daughters works in the community care sector. I entirely agree with my colleagues that we need to seek the Scottish Government's views. This is a big national issue, which involves sectoral collective bargaining for the whole care sector, and I, along with my colleagues, commend the suggestion that we write to the Scottish Government about it.

The Convener: There is an issue in respect of local government putting out contracts to the private sector and whether that is done sustainably with the living wage policy in place. There is a question around whether that policy is being funded through those contracts, and I would be interested to know whether the Scottish Government is looking at that. It is one thing to have a policy in place, but if there is no funding behind it and costs are driven out into the system, that brings its own series of pressures.

I think that we agree that we want to write to the Scottish Government on the question of national collective bargaining for the care sector, and to what extent the Government is, in funding local government, aware of the need to ensure that local government is able to develop contracts that mean that people are properly paid.

Sports Ombudsman (PE1811)

The Convener: PE1811, on an independent sports ombudsman, which was lodged by Ken White, calls on the Scottish Parliament to urge the Scottish Government to establish an independent sports ombudsman in order to provide a duty of care to all participants, coaches, officials, support staff, volunteers and clubs to ensure that all are treated fairly and without prejudice, and to review

and arbitrate on disputes with Scottish governing bodies.

Since we last considered the petition in September, we have received a submission from the Minister for Public Health, Sport and Wellbeing and two submissions from the petitioner. In his submission, the minister notes that he is

“confident that all ... SGBs ... have transparent policies and procedures in place to ensure that all members of the SGB and associated clubs are treated fairly and equally.”

He advises that

“The Scottish Government want to see a fair and transparent sporting system in Scotland”

and that he

“would be happy to give due consideration to any proposals brought forward with those intentions.”

This is another interesting petition. As I said during our previous consideration, there are, as we speak, on-going investigations into some areas of sport where people who have participated at the very highest levels have complained about the way that they have been treated. We need reassurances. As with our famous youth football petition, we need to ensure that when young people go into sport, their needs and interests are protected and they are not bullied, and that people who volunteer feel that they are properly engaged with.

I was surprised at the minister’s strong position in saying that he had confidence that all governing bodies “have transparent policies” in place. As the petition makes clear, it is one thing to have transparent policies, but whether they are implemented is another issue. We should certainly do a little more with regard to the petition. As with the youth football petition, it might at first seem that there is nothing to see here. However, we need to feel a bit more confident in exploring these matters, because the question of safeguarding is so important.

I will call on members for comment—I remind them to pause briefly to allow their microphones to be switched on before they speak. We will start with Tom Mason.

Tom Mason: We are short of information on the views of the Scottish Sports Association on the matter. There seems to be a gap—it might be a perceived gap, but we have to be sure that we have the complete information before we think about closing the petition. The way forward, in my view, is to write the Scottish Sports Association for its views on the various issues that the petition raises.

David Torrance: I declare an interest, as Ken White is one of my constituents and I have been dealing with the club in question with regard to the issues it has had with the governing body. I do not

share the minister’s confidence that the sports governing bodies are transparent in implementing their policies.

The Scottish Government’s submission states that the minister

“would be happy to give due consideration to any proposals brought forward with those intentions.”

It is important that an independent sports ombudsman is provided to cover all sports clubs. One could say that, with an ombudsman in place, the issues that were dealt with in the youth football petition, which was discussed in Parliament last week, would not have arisen. Another example is the petition concerning Scottish Gymnastics and all the problems that have been experienced there. Would that have happened if there had been an independent sports ombudsman for people to go to?

In a lot of cases, some of the governing bodies wash over the complaints and hide behind them. The petition raises an important issue, and I would like the committee to write to the SSA to see how it feels about that.

Maurice Corry: I thank the petitioner for lodging the petition, which is very interesting. The committee has learned a lot from the youth football petition, which we have been dealing with very recently.

I fully agree with David Torrance that the situations with youth football and gymnastics would probably not have arisen had an independent sports ombudsman been in place. I want us to write to the Scottish Sports Association to seek its views on the action that the petition calls for and, in particular, to ask it to identify where the gaps that the petitioner highlights are to be found.

Gail Ross: I find myself agreeing with the petitioner in some respects. The petitioner’s second submission, on their issues with the complaints officer, was powerful. I agree with my colleagues that we should write to the Scottish Sports Association to seek its views.

The Convener: There is a question to be asked regarding whether the solution that the petitioner identifies is the right one. In writing to the Scottish Sports Association, we would want to flag up the question: if not that solution, then what? I was struck by the petitioner’s comment that if the complaints officer does not agree with a complaint, there is no further recourse, and there is a sense that matters are not resolved. That is our general concern, and we would hope that the Scottish Government is paying attention to the questions that we are pursuing. In this instance, we agree that we can see an issue, and we are wondering what the solution is. We hope that writing to the

Scottish Sports Association will inform our thinking on that.

Government Contracts (30-day Supply Chain Payments) (PE1824)

The Convener: The final continued petition today is PE1824, on 30-day supply chain payments for Government work. The petition, which was lodged by Bill Alexander, calls on the Scottish Government to ensure that the 30-day supply chain payment policy is being complied with.

Since we last considered the petition in October, we have received submissions from the Scottish Government and the Auditor General for Scotland. The Scottish Government advises that it plans to establish

“a national framework agreement ... for Civil Engineering Works and Associated Services”.

It anticipates that:

“the framework will become operational in summer 2021 and ... will be available to public bodies from across the Scottish public sector and they will be obliged to implement the monthly reporting requirements upon contractors.”

The Auditor General states that he

“will also ask the auditors of Transport Scotland, as a major procurer of construction contracts, to consider the scope for additional audit work in payment performance as part of their 2020/21 audit planning.”

He goes on to say:

“Depending on their findings, I will consider whether wider audit activity in this area is warranted.”

The Economy, Energy and Fair Work Committee has heard evidence on the key role of public procurement in the Scottish economy and has agreed to carry out post-legislative scrutiny of the Procurement Reform (Scotland) Act 2014. The committee launched a call for views on Friday 9 October 2020, and the deadline for submitting evidence is 18 December 2020.

Jackie Baillie MSP has given her apologies for this item; she attended committee for the first occasion on which the petition was considered, but she is unable to be with us today because of other parliamentary commitments. She poses the question whether, if you do not check whether your policy is actually being delivered, it is a meaningful policy at all. I am summarising her words—the sense is that it is one thing to have something in place as good practice, but you need to check whether that is actually adhered to.

11:30

It may be that we cannot do anything further on the matter, but we could perhaps write to the Economy, Energy and Fair Work Committee and

highlight the issues that the petition raises. It would not be terribly valuable for us to refer the petition to that committee, simply because of the procedure around what would happen at the end of the parliamentary year. Nonetheless, I would hope that it could be considered as part of that committee's important work in the area. I will call on members for their views, starting with David Torrance.

David Torrance: Given the Scottish Government's work on the matter, including the framework that will come into force next summer, and the reassurance from the Auditor General on the issues with procurement that have been raised, I am happy for us to close the petition under rule 15.7 of standing orders.

However, as the convener suggested, I would like us to write to the Economy, Energy and Fair Work Committee to highlight the issues that the petition raises so that they can be considered as part of that committee's post-legislative scrutiny work.

Maurice Corry: Again, I endorse what the convener and David Torrance have said. I am sufficiently happy for us to close the petition under rule 15.7 of standing orders, on the basis that the Auditor General will task the auditors of Transport Scotland with considering the initial audit work on payment performance as part of their audit in 2021.

I am also keen to involve the Economy, Energy and Fair Work committee, as the convener suggested, to highlight the issues. Those issues are too important for us to let them go, especially given the issues that businesses—small and medium-sized enterprises in particular—and the economy as a whole will experience as we come out of the Covid pandemic.

I would wish a note to be sent to the EEFW Committee, but we should close the petition on the basis that the two Government bodies are looking into the matter and will carry out an audit.

Gail Ross: I agree with those suggestions. Maurice Corry makes a valuable point that it is now more important than ever to ensure that small and medium-sized businesses are remunerated in a timely manner for the work that they carry out.

Yet again—we see this issue quite often in petitions—there is a disconnect between a policy and how it works in practice. I agree that our committee has taken the petition as far as we can, but it would be sensible for us to send a note to the EEFW Committee, which has been doing some work on these issues.

Apart from that, we need to close the petition. Nonetheless, I thank the petitioner for raising a

really interesting subject that has thrown up quite a few different issues for us to look at.

Tom Mason: My colleagues have raised all the relevant points. I agree that we should close the petition, but we should involve the EEFW committee to ensure that the issues and the gaps—should there be any—continue to be looked at during the economic crisis that we are currently going through.

The Convener: There is a consensus that we should close the petition. The issues have been highlighted to the Auditor General and to the Scottish Government. The question of the gaps is important, and we agree that we will write to the Economy, Energy and Fair Work Committee in the hope that the issues can be considered as part of its post-legislative work.

In addition, we can highlight to the petitioner that they may wish to engage with the EEFW Committee on that work, as there will be an opportunity for them to make a submission. In agreeing to close the petition, we recognise just how important the issue of late payment can be for small businesses, as it can sometimes result in companies going to the wall. It is important that the public sector leads the way in this area and uses best practice.

We thank the petitioner for their engagement in the process and encourage them to follow the EEFW Committee's work on the matter.

New Petitions

First-time Buyers (Financial Support) (PE1827)

11:35

The Convener: Item 2 is consideration of new petitions. The first new petition is PE1827, on support for first time buyers in areas with higher house inflation. The petition, which was lodged by Chloe Bird, calls on the Scottish Parliament to urge the Scottish Government to increase the help-to-buy threshold to £250,000 and extend the deadline for the first home fund.

Members will recall that the committee agreed to seek views from the Scottish Government on all new petitions in advance, before they are formally considered. Despite repeated requests for the information, however, the Scottish Government has not been forthcoming with its views on the petition.

I found the material on the petition interesting, because there is always a balance to be struck between supporting first-time buyers and recognising the challenges that particular groups face. Many young people are unable to accumulate the capital to put down a deposit, even if they could afford to buy a house. There is a question about why the threshold was reduced in order to ensure that the support was more targeted, but there are also arguments in the other direction.

It is a shame that we have not heard from the Scottish Government on the petition, because work has clearly been done in the area over a long period, but there are questions about the extent to which the intervention supports first-time buyers. Do members have comments or suggestions for action?

Maurice Corry: It is an interesting petition and, as you say, convener, the information on it is quite eye-opening. I return to a comment that I made on the previous petition that we considered. We are in very difficult economic times and I think that the matter needs to be looked at again. We must extract some information and views from the Scottish Government. I think that we should write to the Minister for Local Government, Housing and Planning to seek his views and ask whether he will take the action that is called for in the petition.

I thank the petitioner for lodging the petition. I am father to young people who are on the threshold and are looking to buy their first home or somehow acquire the money for the deposit by saving it, and I know how jolly difficult it is. I certainly believe that we need to look deeper into

the matter and I recommend that we write to the minister in the first instance.

Gail Ross: I found the petition very interesting, too. I was interested to read the information in the paper by the Scottish Parliament information centre about how the help to buy started out and the threshold, how it was brought down, and the fact that we are now looking at affordable homes being the driver.

I agree that we should write to the minister to get the Scottish Government's views on the petition. I read in the papers that, in England, there is a capped scheme based on different areas. I found that really interesting, because I come from a rural area where houses are infinitely more affordable than they are even in Inverness, but certainly in the bigger cities. A cap of even £200,000 would buy someone a pretty good house up here in Caithness, whereas they would not get as much for their money in the bigger cities, as we have seen. I wonder whether, in our letter, we could ask the Scottish Government whether it has considered doing different things for different areas.

Tom Mason: This is a complicated and difficult area. Like Maurice Corry, I am involved in trying to sort out purchases for my family—for my daughter—and it is very difficult. We need to explore with the Government exactly what is available at present and any possible innovations that could be introduced, because the situation remains difficult.

If local variations could be brought in, as Gail Ross mentioned, that might be suitable. There are great differences between the north-east and the central belt and between rural and urban areas. Those need to be considered and we need to have information on them. We should write to the minister and try to get him to explore the options quite widely and give his views on them.

David Torrance: I fully support my colleagues' suggestion that we write to the Minister for Local Government, Housing and Planning to seek his views.

The Convener: I agree that we should write in the terms that members have described.

The point that Gail Ross made is absolutely right. Even within urban areas, there can be huge discrepancies in property values. In some parts of Glasgow, £200,000 would not buy a two-bedroom flat. I am also interested in how the Government thinks about the balance of spending within support for first-time buyers. There is a point about young people not being able to buy a house and therefore renting, which means that they are in effect paying somebody else's mortgage for them. There are also questions about where else money

is spent on housing, such as on affordable housing for rent.

We will welcome the minister's comments on the issue that the petitioner has flagged up, which is that access to support is not matching the price of properties in some parts of Scotland. We will look forward to a response from the minister in that regard.

Employment Support (Local Authority Boundaries) (PE1828)

The Convener: PE1828, on improving opportunities for employment, which was lodged by Matthew Goundry, calls on the Scottish Parliament to urge the Scottish Government to ensure that people who use welfare-to-work agencies that are funded by Skills Development Scotland can access employment opportunities in any area of the country.

The Scottish Government explains in its submission that employability services that are delivered by local authorities are funded by those local authorities. As a result, they are available only to residents, and there is no obligation on local authorities to widen that scope. As the decision is one for local authorities, the Scottish Government has no jurisdiction, and it states that it is unable to intervene. In his written submission, the petitioner gives his view that he has been denied opportunities based on location, explaining that he needs access to advertised jobs.

I am not sure whether there is more that we can do, but I will be interested to hear members' views. In my view, it is really not sufficient for the Scottish Government to say that this is a matter for local authorities, which it funds, and that there is nothing that it can do. There are clearly Scotland-wide organisations and initiatives, such as the youth job guarantee. I assume that the argument is that the services are best delivered locally. Perhaps the issue is more obvious in the central belt. For example, there is a metropolitan area around Glasgow, and people who are outside Glasgow but close to it might see opportunities that are delivered by Glasgow City Council as natural employment routes for them, with easy travel.

I find the petition interesting, but I am not sure to what extent the issue is something that we can do more about.

Gail Ross: I find the petition interesting and really quite frustrating, because there is a note in it about the petitioner wanting to apply for a job six miles away but being barred from doing that for some reason. Where I come from, in Caithness, people travel miles to get to their work, so I find that bizarre, to say the least.

I also find it frustrating that local authorities do not have a mechanism to signpost people to other local authorities. There are big distances between local authorities and there are journeys of hundreds of miles just within Highland. However, people can live on the cusp of another local authority and be unable to access jobs that are just a couple of miles away. I do not understand why that should be.

For the first time in this committee, I am quite stuck as to where to go with the petition. I think that the petitioner has a valid point. As you said, convener, there are nationwide schemes, and where I live we certainly have voluntary websites that post jobs in other places. As the petitioner points out, a lot of people have been made redundant recently, and they could be looking for employment opportunities elsewhere in Scotland.

I really do not want to close the petition, but I think that we have come up against a wall. That is frustrating, because there probably are things that can be done. I will wait to hear what other members think. I think that the petition deserves more discussion, but I am stuck as to where we could take it.

11:45

Tom Mason: Gail Ross has summed up my thoughts as well. Essentially, the Government has come back with what is, as opposed to what should be. We need to explore the what should be.

If job opportunities are to be restricted purely to the local authority areas that they are in, we will be doomed before we start. Over the next year, a lot of people will be in the position of needing to explore other avenues, and not only within Scotland—it could well be that they have to go elsewhere in the UK to find employment.

We need to explore the petition further. For me, closing it at this stage is not an option. We should go back to the Government and say, “If that’s your answer, what should this person do to obtain a job?” Are they to live off the state for the next year and a half, with universal credit? That would be unsatisfactory. We must not put off young people—or any people—who are seeking jobs, by limiting where they can obtain that employment.

As well as writing to the Government, we should perhaps also ask some other organisations what they believe the solution is.

David Torrance: I am very sympathetic to the petition. I believe that we should write to COSLA, because local authorities are given funding to create jobs in their areas, and a lot of that is done in areas of deprivation. The Scottish Government has already given us its views.

I would not like us to close the petition, but I do not know where we can take it. It would be interesting to hear local authorities’ views, because they create employment in their areas. I know that, if someone is a mile away from a boundary, it can be very difficult for them to take it, but I can see where the local authorities are coming from.

Maurice Corry: I am very interested in the petition. I think that the petitioner has raised a valuable point. I note Tom Mason’s comment that the local authorities should say what should be the case and how should they deal with the issue.

I am slightly staggered because, in my experience, when I was out of work, I got support from the jobcentres in my area and I was not restricted. In fact, they offered to fund me to go down south to a job interview in London. I cannot understand why the petitioner has been prevented from looking for a job. It may be that, at a desk level, somebody has not quite got the message, but I am staggered that that has happened.

We should also write to the Department for Work and Pensions and the jobcentres. We need to get some answers from them because, if that is happening, there is something wrong here. We need more joined-up thinking in local authorities, who should work across their borders. In my experience and that of my family, people that I know and constituents who have gone through this, I have never known anybody to be restricted in this way. Something is not right somewhere.

I also agree with David Torrance that we should write to COSLA.

The Convener: My sense is that the petition is about a slightly different issue, which is how people are supported in terms of employability, training and preparation for access to work, and also how they are supported to apply for jobs. That work will target people who are further from the labour market and people who need a bit more support. I do not think that it is about the DWP; it is about employability agencies at the local level.

I am quite torn about the petition because, certainly in Glasgow, I like to see resources being targeted according to need. It is true that people can still apply for jobs. Part of the problem is that the Scottish Government’s response has been to say, “Well, that’s the way it is—it’s a matter for local authorities, so it’s not a matter for us”, yet it has agencies that fund and deliver a lot of the work. Tom Mason’s characterisation is the right one—that may be the case, but should it be?

I would like us to go back to the Scottish Government and ask it to reflect on our discussion, but also to write to COSLA about how things are managed in this area. Everyone has made the point that we are facing an employment

crisis in the next period and it is essential that, where public money goes in, it is used to the very best effect.

Maurice Corry: On that point, convener, may I expand on what I said before? Skills Development Scotland offers some very good support and help, and I have witnessed that on several occasions in relation to young people in my region. Just to confirm, I note that, in the case that I talked about, support for travel to job opportunities was given by the DWP and jobcentres. In relation to training and skills development, services are in place, but SDS is a national body, so the Scottish Government has responsibility for it, and I think that the Scottish Government has some questions to answer.

The Convener: I think that there is recognition that, in these times, we want to make sure that we are asking the right questions about people's ability to access employment opportunities. There will be rules for reasons, but I think that we as a committee are looking for reassurance, particularly because we are in uncharted waters and people are facing really quite frightening circumstances and feeling a great sense of fragility in their employment.

We agree to write to Scottish Government and to COSLA to reflect the discussion we have had.

Intensive Care Wards (Designated Visitors) (PE1829)

The Convener: The next new petition is PE1829, on allowing a designated visitor into intensive care wards. The petition, which was lodged by Tracy Phillips, calls on the Scottish Government to allow a designated carer or family member into intensive care wards to visit, support and care for their loved ones.

In her submission, the Cabinet Secretary for Health and Sport explained that hospital visiting restrictions were put in place in response to the coronavirus outbreak, but patients could receive visitors from 13 July. The cabinet secretary went on to state that additional visiting restrictions have been reimposed in areas that have had increases in cases, but essential visits have always been permitted. That covers situations such as

"A parent accompanying a child or a birth partner supporting a woman during hospital visits.

- When someone has reached the end of their life.
- When people have a mental health issue such as dementia, autism or a learning disability, and not seeing a loved one would cause distress."

The cabinet secretary further explained that

"guidance makes it clear that other people who are in attendance to support the needs of the person in hospital,

such as a carer/supporter/personal assistant, should not be counted as an additional visitor."

Since the publication of our meeting papers, the petitioner has provided a written submission, which was circulated to members ahead of our meeting. In her submission, she explained that her sister has, sadly, passed away since the publication of the petition. She described how difficult it is when loved ones cannot visit patients who are in an intensive care unit for both the loved ones and—more important—the patients. She also explained the positive impact that face-to-face visits had on her sister in making her happy and allowing her to make clear her wishes.

The committee as a whole expresses our condolences to the petitioner. We recognise how difficult and personal the situation has been to her and her family, and we can only imagine the impact that it has had on them.

The petitioner has highlighted a really important issue that all too many of us are aware of in these very difficult times.

Tom Mason: The issue is very important, and my condolences go to the petitioner. It must be a very sad time for her.

We need to explore the issue a bit further. Writing to NHS Scotland about how consistently the guidance is being applied is important. That would establish exactly what it believes the guidance is and deal with any misguided perceptions in order to ensure that the matter is dealt with in a timely and sensible manner. We certainly cannot continue in the way that we are, which comes through in the news in various places. It is important to write to the NHS.

David Torrance: I agree with Tom Mason. We should write to NHS Scotland to ask how consistently the guidance on visiting is being applied in our hospitals. I do not think that I can add anything else to that.

Maurice Corry: I agree with my colleagues Tom Mason and David Torrance. We should write to NHS Scotland and find out how the guidance is being applied and whether it is being applied consistently throughout the care network.

Gail Ross: I agree with that course of action and have nothing further to add, apart from my sincere thanks to the petitioner. I echo the convener's comments.

The Convener: We recognise that there is an issue and that it has touched a lot of people. The issue is not just the guidance on visiting, but how consistently it is being applied. We agree to write to NHS Scotland about that. I wonder whether, given the circumstances that we are in and even if the guidance says one thing, people at the local level are risk averse as a consequence of the

publicity around the issue. How local care settings are given the confidence to apply the guidance might be an issue. I think that we want to take forward that issue.

I again record our thanks to the petitioner.

Hospitality Venues (Background Music) (PE1831)

The Convener: PE1831 is on ending the ban on background music. The petition, which was lodged by Michael Grieve, calls on the Scottish Government to end the ban on background music in hospitality venues.

The Scottish Government has advised that an expert advisory group is taking forward the task of looking at how guidance can be developed for the hospitality sector for the safe management of low-level background sound. That work is on-going, and the Scottish Government will provide further updates in due course.

Since the publication of our papers, the petitioner has provided a written submission, which was provided to members ahead of our meeting. That submission highlights the results of a report that was prepared in response to the publication of the statutory guidance. The petitioner has stated that that report reflects

“the results of other relevant published studies and”

provides

“a clear indication that well-managed background amplified audio can be safely reintroduced to hospitality settings without increasing the risk of significantly increased vocal effort, or breaching physical distancing requirements.”

I am interested in what other members think about the petition. It is clear that the Scottish Government is doing a bit of work on the issue, but it worries me that that work is very slow and that an expert advisory group will keep looking forward. Where I live, we are not going to hospitality settings at the moment, and we know how badly they have been affected. I have been told anecdotally by people who work in the sector that having no music or background sound means that, in order to avoid being heard, people lean into each other more and are in closer contact with each other. I have also been told that that does not make things quieter, that there is still a lot of noise, and that it is a different kind of noise.

I recognise that an expert advisory group is looking at the issue, but I have not seen evidence that shows that the approach is effective. Maybe we could get that. I am torn on whether we can realistically do anything more about the issue, because it is being considered elsewhere, but I am concerned by the pace at which the Scottish Government is working on it.

12:00

David Torrance: The petitioner's phrase “well-managed” is key. Can it be guaranteed that the sound would be well managed in those circumstances?

The Scottish Government is working on the issue. An expert advisory group is developing guidance for the sector for the safe management of low-level background noise. I know that it has been a wee bit slow to report, but I am quite happy to close the petition under rule 15.7 of the standing orders on the basis that the Scottish Government is doing work in the area and there will be a report back.

Maurice Corry: As David Torrance said and the convener has alluded to, this is a difficult petition. I am torn between two ships. The expert advisory group's work has been delayed by the coronavirus constraints and various restriction levels in areas and, obviously, it has not been able to proceed at pace as it uses discretion. However, I am keen to see the outcome of that work. Maybe the committee could put some pressure on the Government to increase that pace or get the work back on to the rails again. I would want an assurance about that in closing the petition.

To be clear, I think that we should close the petition under rule 15.7 of the standing orders on the basis that we will write to the Scottish Government about the pace of the advisory group's work and ensure that we get confirmation of that to develop guidance for the sector for the safe management of low-level background noise.

The petitioner has quite rightly said:

“Music is vital to mental health and wellbeing”.

Somebody who goes into a place on their own might just want to listen to music while they are having a meal or a drink such as coffee, rather than communicate with other people. As I have said, I would like assurances from the Scottish Government if we are to close the petition.

Gail Ross: I was really interested in the additional evidence that we received after we received our papers. The study raises quite a lot of questions in my mind. The background music is different in different places; it can be quite easy listening, or it can tend to be a little louder. If the Scottish Government brought that back in through regulations, how loud would it be allowed to be? There are a lot of different things to consider, and I think that the working group is looking at all those things.

I, too, am conflicted. I love music, and I love listening to it in different settings and environments, but the action has been taken for a reason. We have never had to do that before, so it is really difficult to know what the right thing to do

is. I am glad that I am not the person who is making the decisions, but I trust that the expert group is looking at all those things. The work could possibly be done a little bit quicker.

Although I am really sympathetic to the point that the petitioner has made, I am happy enough to close the petition and to agree that we should write to the Scottish Government to reiterate all the things that we have discussed and that the petitioner has brought to our attention.

Tom Mason: I agree with Maurice Corry and Gail Ross. We should close the petition, but we need information about whether the scope of the—[*Inaudible.*—]—and that it will be done in a reasonably timely manner to get some fairly early answers. We should close the petition but get assurances on progress.

The Convener: My own feeling is that we should close the petition but highlight to the Scottish Government how much evidence matters in this regard and the impact on the hospitality sector of not being able to have background music. Someone whom I know who works in the sector said to me that going for a meal with no music and hearing only the waiters and serving staff scraping about in the background is a very different experience. People in the hospitality sector have flagged that up.

Again, we are up against parliamentary timetables in our consideration of the petition and, realistically, we would not be able to do more than has been suggested. The Scottish Government is acting as we would want it to in respect of flagging up serious concerns about a policy that has a significant impact. There is a question mark about the health benefits of the policy and the evidence.

We agree to close the petition and to write to the Scottish Government to reflect our discussion. We recognise that the issue is really important, and we give the petitioner the reassurance that it is a live subject in the Parliament and that a number of members have been making the case very strongly. Therefore, the argument will not stop here.

We thank the petitioner for his engagement with the committee.

Public Interest Disclosure Act 1998 (Repeal) (PE1832)

The Convener: The final new petition is PE1832, on repealing the Public Interest Disclosure Act 1998—PIDA—which has been lodged by Jacqueline Shaw. The petition calls on the Scottish Parliament to urge the Scottish Government to request that the UK Government repeals the Public Interest Disclosure Act 1998.

In its submission, the Scottish Government is confident that NHS Scotland's whistleblowing measures build on and go further than the current PIDA legislation and address the requirements that are outlined in the petition. Those measures include the role of non-executive whistleblowing champions, who have a direct escalation route to the Cabinet Secretary for Health and Sport; the new role of independent national whistleblowing officer—INWO—which will be undertaken by the Scottish Public Services Ombudsman; and a confidential advice line, which is available to anyone who works for NHS Scotland to discuss a whistleblowing concern. Concerns can also be raised with Healthcare Improvement Scotland, which has a duty to respond to potential concerns that are raised by NHS staff about patient safety or quality of care within NHS boards.

The issue of whistleblowing and the confidence that people can have in the process is one that we have looked at in the past, and I read the committee papers with interest. I would be interested to hear the views of members, starting with Maurice Corry.

Maurice Corry: This is another petition that falls into two areas. Although the Scottish Government has strengthened the Public Interest Disclosure Act 1998 through additional whistleblowing measures, such as the role of the non-executive whistleblowing champions and the confidential advice line, the petitioner has raised some very valid issues. The petitioner says that no route has been identified directly to the whistleblower, whereas there is a direct escalation route to the health secretary. There is an imbalance there, which I would like to be resolved.

Sir Robert Francis QC has said that the confidential advice line is extremely important, as is the role of an independent assessor. I think that we should give the Government a chance, because the role of the independent national whistleblowing officer is coming into effect in 2021. We need to ensure that that works, but we must give the Government a chance to put it in place.

Therefore, I would be minded to recommend that we close the petition under rule 15.7 of standing orders, but on the basis that we write to the Scottish Government to ensure that the direct escalation route that is available to the health secretary also applies to the whistleblower. I would like that to be done and the independent status of the confidential advice line to be well implemented.

I think that we should close the petition, but we should also write to the Government to ensure that those two aspects are put in place.

The Convener: Thank you for that. I should have flagged up the fact that, since our papers

were published, we have received a written submission from the petitioner, which refutes much of what the Scottish Government says in its submission. I think that that has informed some of the conversation so far.

Gail Ross: The additional evidence was enlightening. It is not the first time that we have had such polarised views on what is happening and the perception of what should be happening.

I think that Maurice Corry is absolutely right. We should flag up the discrepancies that are apparent, but I do not know whether there is anything else that we can do in our role as the Public Petitions Committee.

Having said that, it might well be worth while flagging up in our legacy paper the extra evidence that has been provided so that another committee can look at it in the next session, because a lot of important points have been made that I would not like to see being lost. It is obvious that the petitioner has spent a lot of time on this, and I would like to thank them very much for that.

If there was a way to flag that up in our legacy paper, I would be happy for us to close the petition, on the basis that we also do what Maurice Corry said and again flag up the matter to the health secretary.

The Convener: Thank you. I should say that Tom Mason has had to leave the meeting for another urgent meeting. I want to acknowledge his contributions today.

David Torrance: I agree with my colleagues that, if we close the petition under rule 15.7 of standing orders, we should still write to the Scottish Government. I know that measures will be put in place next year, and the petitioner has the opportunity to come back in a year's time if they do not feel that those measures are sufficient.

The Convener: Thank you very much.

I think that the committee is reflecting the dilemma that we face. The petitioner has highlighted concerns about the way in which the new system will be implemented, but we are trying to be honest about whether we can progress the big issues that have been flagged up in the time that we have left between now and next April.

The suggestion has been made that we could flag up the matter by including it in our legacy paper, which would enable thought to be given to where this may go. However, the point that was made about the fact that the petitioner can return with their petition might be the most reassuring one. Because it will be a new session of Parliament, the year's limit would not apply to them, so they would be able to do that. That will, of course, be subject to the amount of time that the Public Petitions Committee is able to give to

any individual petition. We are always wrestling with the balance between considering what we have in front of us and recognising that there are other people who have to have their petitions heard, too.

My sense is—members can disagree with me if this is not the case—that we are agreeing to close the petition, but that we will look to our legacy paper as a mechanism for flagging up the issue. We thank the petitioner for their engagement and hope that the fact that they can return to this question in the new session of Parliament gives them some reassurance.

If that is agreed—I see no dissent—I think that we have reached the conclusion of our meeting. I want to thank everybody—in particular, I thank the deputy convener for stepping in when my wi-fi let me down yet again. We have had a really important discussion on a whole range of issues.

I repeat that the willingness of petitioners to bring forward their direct experience has a huge impact on all of us. No matter what our decisions on individual petitions are, I am sure that people recognise that we want to take all of them seriously, because the issues that they deal with have been sufficiently serious for petitioners to bring them to our attention.

I again thank broadcasting and the clerking team for managing a process that is much more complex than it is when we are all in a committee room.

With that, I thank everyone for their attendance and close the meeting.

Meeting closed at 12:14.

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