



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Public Petitions Committee

**Wednesday 10 February 2021**

**Session 5**



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Pàrlamaid na h-Alba

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## **PUBLIC PETITIONS COMMITTEE**

### **3<sup>rd</sup> Meeting 2021, 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:**

Jackson Carlaw (Eastwood) (Con)

Neil Findlay (Lothian) (Lab)

John Scott (Ayr) (Con)

#### **CLERK TO THE COMMITTEE**

Lynn Russell

#### **LOCATION**

Virtual Meeting



# Scottish Parliament

## Public Petitions Committee

*Wednesday 10 February 2021*

*[The Convener opened the meeting at 09:30]*

### Continued Petitions

#### Polypropylene Mesh Medical Devices (PE1517)

**The Convener (Johann Lamont):** Good morning. I welcome everyone to the third meeting of the Public Petitions Committee in 2021. This meeting is being held virtually. I will be participating via audio only, but the rest of the members will be visible.

The only item on our agenda today is consideration of continued petitions. The first petition is PE1517, which was lodged by Elaine Holmes and Olive McIlroy on behalf of the Scottish mesh survivors hear our voice campaign.

I welcome Jackson Carlaw and Neil Findlay. I understand that John Scott, who has had an interest in the petition in the past, may be joining us, but he has not joined us so far.

The petition calls on the Scottish Government to suspend the use of polypropylene transvaginal mesh procedures; to initiate a public inquiry and/or comprehensive independent research to evaluate the safety of mesh devices using all evidence available, including evidence from around the world; to introduce mandatory reporting of all adverse incidents by health professionals; to set up a Scottish transvaginal mesh implant register, with a view to linking it up with national and international registers; to introduce fully informed consent uniformly throughout Scotland's health boards; and to write to the Medicines and Healthcare products Regulatory Agency, asking it to reclassify TVM devices with heightened alert status to reflect on-going concerns worldwide.

The petition was last considered in October 2020, when we took evidence from Dr Dionysios Veronikis. Since that evidence session, we have received submissions from the Cabinet Secretary for Health and Sport, the chief medical officer, the Royal College of Obstetricians and Gynaecologists, and the petitioners. In their submissions, the cabinet secretary and the chief medical officer highlight actions that the Scottish Government is taking to work with mesh-injured women to improve the national specialist service; establish close working relationships with the equivalent services that are being developed by

NHS England; consider what further steps can be taken to provide additional options for patients, including referral outside the national health service; and take a proposal to the United Kingdom medical education reference group, which is the first step in the current process for submitting proposals for a General Medical Council-regulated credential with respect to mesh removal surgery.

In their submission, the petitioners reiterate that they do not believe that there is a safe and proven treatment route in Scotland. As such, they are calling on the Scottish Government to fund women so that they can travel to the United States to be treated by a surgeon they trust and choose, if that is their wish. The petitioners also call for the Scottish Government to refund the small number of women who have already paid life savings to attend surgeons in the United States.

Since the publication of our papers, we have received a submission from Dr Wael Agur, which notes that he has helped to develop the West of Scotland pelvic mesh complications pathway. He describes that care pathway as the most comprehensive for mesh-injured women in Scotland and states that it is being considered by Government officials for national use. He also states that, for most deeply embedded mesh devices, other than vertical retropubic mesh devices, he does not expect members of the mesh multidisciplinary team to be confident that the surgical skills are adequate for total device removal, in a safe and effective manner, in Scotland. He believes that, until the service builds expertise and trust in this area, a funded out-of-country referral pathway to the US or to England should be put in place for women who wish to use it.

We have looked at the petition previously in some detail. I will invite our visitor MSPs to make their contributions before I ask committee members to reflect on what we should do with the petition.

**Jackson Carlaw (Eastwood) (Con):** The petition has both international and national significance. I understand that it has been running since the previous session of Parliament, when I was a member of the Public Petitions Committee. Looking at the petition, I can see that many of the requests in it have subsequently been responded to, if still not to the satisfaction of the women concerned. However, the health secretary in the current session of Parliament is set to retire.

This matter has huge international significance and some key areas, which I accept could be the subject of a subsequent petition in due course, still remain to be resolved, not least the request of the women to have their treatment carried out in the

United States by Dr Veronikis, from whom we heard compelling testimony in October 2020.

I recall, from when I was a member of the committee, a precedent with a petition that was promoted by Gil Paterson over two or three parliamentary sessions in respect of the St Margaret of Scotland hospice in Clydebank. The committee felt that it would be wise to keep the petition open to ensure that many of the things that had been suggested would happen did happen and that there was an opportunity in the subsequent session to ensure that the commitments that had been received in the previous session would still be actively pursued by the Government of the day.

Although I accept that there has been a lot of progress with the petition, I very much hope that the committee will agree to keep it live to allow Parliament in the next session to consider it afresh and, with a whole session ahead, to dictate the correct course of action.

**The Convener:** Thank you very much. I welcome John Scott, who has now joined us, but I will call on Neil Findlay first.

**Neil Findlay (Lothian) (Lab):** Frankly, the petition came forward out of the exasperation of the Scottish mesh campaigners. Working with them over the years, we tried every parliamentary and campaigning trick in the book to advance the cause and bring about a ban on mesh, and when that was exhausted, my office advised the group to lodge the petition. I thank Tommy Kane, who worked with me at that time, for the work that he put into the petition, along with the Scottish mesh survivors group. I think that that was the right move, because it was only as a result of taking the petition forward that we had the very moving—I would say electrifying—moment at the committee meeting, which the convener at the time, David Stewart described as one of the most emotional meetings that he had been at, when in a room packed with women and their families, we saw the suspension being announced. That suspension was only a temporary measure and is only there because the health secretary at the time, Alex Neil, announced it and Jeane Freeman continued it.

There is no legislation in place to enforce the suspension and that is one of the key criteria of the petition, so I think that we should continue with the petition. We need a permanent ban. We know that the medical establishment has a strong desire to start implanting mesh again. Many of the people who recommended mesh implants for women in the first place, which have caused so much harm, believe that nothing wrong was done. They believe in this product. They think that it was the right move and they would do it again tomorrow, the day after, and the day after that.

The petition asked for a ban, but we have a temporary suspension. The petition asked for a public inquiry, but there has not been one. The petition asked for mandatory reporting, but there are questions over whether that has been adhered to. The petition asked for a mesh register—has that been introduced and is it working? The petition asked for informed consent and reclassification and, subsequently, campaigners have asked for things such as the opportunity to travel abroad for treatment from someone whose skills they have confidence in and trust.

At the moment, a so-called specialist mesh centre is being established in Glasgow that will be staffed by the very people who recommended the implementation of the mesh in the first place and who told patients that it was a 20-minute procedure that was the gold standard in treatment and would be life changing. Yes, it was life changing—devastatingly life changing—but that is what they were told by surgeons and consultants, some of whom will be running this new mesh centre. Would you go to that centre if the people running it were the ones who recommended the implantation in the first place? There are genuine concerns about whether the centre will be a waste of money and whether anyone will have confidence in it and go there for treatment.

At the moment, we have a very significant issue. Women have been told by surgeons in Scotland that they have had a full mesh removal, only to find out later that that is not so and that they still have mesh in their bodies. That has been proved by some of the women travelling to the US, having crowdfunded, used their life savings, sold possessions or whatever to fund their trips, and finding out that they still had mesh in them, despite being told that it had all been removed.

The Canadian Government has paid for more than 100 of its citizens to travel to the US for treatment by Dr Veronikis, and I think that we should have the same thing here now.

Finally, many of the women have gone through every hoop possible to get the treatment that they want and have got nowhere with it. They have applied for treatment outwith the UK and the Government has said that it would look at that, but they have not had any positive reply to say that that would happen.

My plea is to keep the petition open. So many question marks remain. I hope that the committee will take the petition forward in the next session, because some of us are departing the stage.

**The Convener:** I call John Scott.

**John Scott (Ayr) (Con):** Thank you, convener, and I apologise for my late arrival.

I want to complement what has been said by Jackson Carlaw and Neil Findlay and will begin by saying that I, too, think that the petition should be kept live. I very much welcome the work of the committee. I was one of the people who drew attention to the problem very early on in this debacle—it can be described in no other way—and I welcome the work of Jackson Carlaw, Neil Findlay and Alex Neil, who have carried the torch and banner in a particularly strong and worthwhile way.

One also has to congratulate the survivors on their forbearance. I agree with Jackson Carlaw and Neil Findlay that the petition should be kept live, for the reasons that they have already stated.

I also think that there should be an inquiry of some sort. I am not certain about what sort, but I think that there should be an inquiry because, as Neil Findlay has pointed out, there are still doctors who believe that mesh implantation is a solution and there are also doctors who do not agree, so there is dubiety about the situation. That should be bottomed out and clearer guidelines should be established. I, like others perhaps, am aware of women having travelled to America because they cannot get treatment in this country and I very much regret the pain and suffering that these women have had to go through. If treatment for the removal of mesh is not available in this country, a fund should be established at either UK level or Scottish level for women to travel to America for treatment and to get the mesh removed where appropriate. It is unreasonable that women are left in pain, discomfort and worse, through no fault of their own.

I would like to see the matter resolved and therefore I think that it is imperative that the petition is kept live into the next session. In the meantime, I congratulate and thank others who have done a great deal of work on this.

09:45

**The Convener:** Thank you very much. There is no doubt about the extent to which the survivors' accounts have had an impact on anyone who has heard what has happened, including current and past members of the Public Petitions Committee and campaigners. I will always remember the evidence sessions when women came and responded and reacted to what they were hearing. I found it very powerful that, in the middle of their own suffering, they were able to make their case and show what had happened. I was also very concerned about what seems to have happened with Dr Veronikis, who was offering to be supportive and helpful and to come here but was treated as if he were applying for a job and had to prove himself. I found that to be disrespectful.

There is much around this issue that has to continue. There are some very focused issues around the question of supporting women to go to America. The question that the committee is wrestling with today is whether this petition, in its current form, allows us the space to drive matters forward, or whether a new petition to be brought in immediately after the new session starts could better allow that focus. I hear the strength of feeling about the importance of the issue continuing to be at the forefront of the Parliament's and the Government's minds. The question is how best to make that happen.

The experience of the women, including throughout the period when the petition has been before the Public Petitions Committee, is that things have been said but not followed through. People feel let down; they do not know the whole story around the review. That lack of confidence and trust is what we are wrestling with. We want to make sure that it continues to have a real focus. The gap between what was said about Dr Veronikis and what was done is one of the issues that I found difficult.

I invite committee members to comment and we will try to come to a conclusion. I will not preclude anybody from coming back in, because I am conscious that this is a very important matter.

**Gail Ross (Caithness, Sutherland and Ross) (SNP):** I know exactly what you mean. I have wrestled with the matter ever since the petition first came to us, when I started on the committee.

I have listened to the debates in chamber. I met some of the women when they came to Parliament and was struck by their bravery and determination to see the matter through to a conclusion. I have absolutely no doubt that there should be some sort of compensation fund. The women need to be given that respect.

I want to thank our three visiting MSPs, whose evidence is very important to us. I agree that it is very difficult now for the women to trust the surgeons in Scotland, and I question whether they will want to participate in the proposed centre. Many have said that they are not happy about it and are not happy with the way the Government included them in discussions. I agree that there has been a complete breakdown of trust.

Dr Veronikis's evidence last year was devastating. We had a very good discussion with him. He is at a loss to understand why the procedure is still being used. Unfortunately, bridges have been burned in relation to getting him over here, so I believe that getting the women over to him is the only possibility that we are left with.

As for how that can happen, convener, I am with you; I do not believe that it should take a petition

for it to happen. It should be happening anyway, but—as the convener asked—can we achieve that through the petition, because the matter is not included in it? We now have to make a difficult decision. Do we keep the petition open in order to address the specific points that have not been addressed? I also agree that a public inquiry should be front and centre.

To close the petition would sound as though we have addressed everything, but we absolutely have not, and we know that. However, if we are going to fight for compensation, or for funding for the women to go to America for the procedures, there will need to be another petition. Should we continue the petition and monitor what the Government has said is happening with the patient safety commissioner, the Health and Social Care Alliance, and so on, or should we close it and ask the petitioners to come back with a more focused petition on a public inquiry and compensation to get them back the money that they have spent—their life savings—on going to America? I think that the latter would be more effective. I look to my committee colleagues for their opinions, but I think that we would get further with a new and more focused petition.

**Maurice Corry (West Scotland) (Con):** I fully agree with most of what my colleague, Gail Ross, has just said. I thank my fellow MSPs—Neil Findlay, Jackson Carlaw and John Scott—who gave some very interesting information. They have been at this for a long time.

I am extremely reluctant to let the matter go and to close the petition, because I fear that the matter will get lost in the ether: out of sight, out of mind. We have gone a long way with the petition. I accept the idea of refocusing with another petition, but there is no reason why we cannot refocus the committee's research and look further and deeper into the processes and issues that have come up in previous evidence and in what we have heard today from our three MSP colleagues.

There should be a fund for mesh survivors to have procedures in the USA. That is important and extremely urgent. We want to remove their poor quality of life and the pain that they have been going through. We need to give them trust in the procedures, and that trust is held in the United States. Dr Veronikis's evidence is very clear; the way that he has been treated by the Scottish Government in relation to his expertise was appalling; the indignity of it was appalling. There should also be a public inquiry.

I am, therefore, reluctant to close the petition, full stop. We can do more; we can be more intelligent in looking at the matter more deeply to get some more mileage out of what we do. We need more evidence on some aspects of the petition.

Those are my points. I am not in favour of closing the petition; I am in favour of keeping it open because my concern is that once it is not seen, it will be forgotten.

**David Torrance (Kirkcaldy) (SNP):** As a member of the Public Petitions Committee in the previous session of Parliament, I am deeply disappointed that the matter has not been resolved by now. We went to the European Parliament to give evidence on mesh implants and we have taken evidence from several cabinet secretaries, who have promised to resolve issues. To all mesh survivors, I can only apologise that the matter has not been resolved and that it has taken so long to achieve anything.

I do not know whether we should close the petition. Like Gail Ross, I think that it might be better if the campaigners came back with a new petition that was focused on exactly the points that need to be resolved now. However, I am open to suggestions from the committee, because this is an extremely difficult petition for anybody on the committee to make a decision about.

**Tom Mason (North East Scotland) (Con):** We have all experienced the evidence that has been given by groups with vested interests in the petition. Medical treatments and the like are all to do with trust, and, when trust breaks down, blame starts to be bandied around. The debate has been marred throughout by the perceived and conflicting self-interests of medical and other advisory groups and organisations leading to attitudes and behaviours that have been quite shocking. There are various issues that have not been resolved. Very little progress has been made because almost everybody's trust has broken down.

If we had another four years of Parliament, the committee could refocus on the key issues, but we do not have that luxury at this moment. We must make sure that the issues are carried forward in some way. If we close the petition at this stage, it will be another two or three years into a new Parliament before the issues can be re-addressed.

My view is that we should keep the petition open in order to carry the issues further, think very clearly about the issues that are still to be resolved and make sure that the new petitions committee, in the new Parliament, focuses on the issues very early in its agenda. Although it would be difficult, because the various women's groups would be left in limbo for a few months, the quickest way to get on and focus would be to keep petition open so that the new Parliament could address it immediately.

**The Convener:** Thank you very much. Neil Findlay wants to come back in.



**Neil Findlay:** I want to advise that there has been zero contact with Dr Veronikis since the cabinet secretary previously commented. I think that the matter could have been resolved—could have been redeemed—but no effort seems to have been made, and that is very disappointing.

The committee can do what it wants, but it could write to the Government, calling for a public inquiry and for a funding scheme to be put in place to allow women to get the surgery. It could also call for a refund scheme. I do not think that any of that would require another petition.

My caution against another petition would be that it takes a lot of energy to go through this process. Many of the women are in physical pain, and many of them do not work because of their condition. Therefore, starting this all again, although I am sure they would do it, would require a lot to get it to the stage we are at today. Also, as the committee knows better than anybody, the process takes a lot of time, and I think we would be going back to square 1.

Continuing the petition and making demands of the Government, or writing to the Government to ask what it is doing about a number of issues, would be a better way to go.

10:00

**Gail Ross:** I totally get where Neil Findlay is coming from. In mentioning a new petition, I absolutely do not want to put these women through anything that repeats what they have already gone through. I completely understand that it takes a lot of time, effort and energy to do something as important as this.

I will take a bit of advice, but, as far as I am aware, we can work on only what the petition asks us to do, and the petition does not mention compensation or a funding scheme. That was the basis of wanting a new petition—it was not to give anybody any more work or to draw it out.

I feel that, if we continue with this petition and write to the Government, we will just get the same answers to the same questions. If we focus it down and are able to ask, “Will you provide a compensation scheme?” in relation to a new petition, the Government will be forced into answering that specific question. That is where I was coming from, but I am happy to take advice on the specifics.

**The Convener:** What we are wrestling with here is not whether we think these women have been treated badly or that there is a great deal more to do. On balance, the committee can see that the argument for holding on to the petition is a strong one. We should recognise the progress that the women have made, that commitments have been

made and that there has been some change, but there is clearly a long way still to go.

I think it is possible to hold on to the petition. The clerks have done a lot of work over a period of time to facilitate and support the petitioners in making progress. We should not think that the only place these issues should be discussed is in the Public Petitions Committee, but the concern is that the rest of the parliamentary process makes it much more difficult to pull people back in to challenge them on what they have said before. We did bring a minister and the chief medical officer in at the time. We and the petitioners had control of that agenda, whereas, if it goes out into the more general parliamentary process—where it will still always be discussed—there will be less control.

I am thinking out loud. My feeling is that we need a new petition in order to pursue with the Government why it is not prepared to have a compensation scheme or to fund people to go to America. That could be done immediately. Although, in the normal run of things, a petitioner would have to wait a year, because of the election it could be done immediately. It might be that we should hold on to the current petition as a bridge into that new petition, so that we are still asking whether the issues about holding a public inquiry and the building of trust are being addressed but have a subsequent petition to focus directly on the serious matter of the lack of confidence that means that, even if the Government does sort it out and gets a centre, women will choose not to use it.

My sense is that there is limited scope for this petition now, that there are new areas that we need to focus on, and that what we are wrestling with is how to hold on to the general momentum while focusing on some specific issues.

A number of members have indicated that they want to come in.

**Maurice Corry:** I am moved by Neil Findlay's points about pushing on with the key issues with the Scottish Government, which follow on from my question and my great concern about being out of sight being out of mind.

I agree with you, convener, about the bridging, and I do think that we need to keep the petition open. There is absolutely no reason why that should not be the case. We have to keep the Government's feet to the fire. There is no question about that. Yes, I would welcome a new petition that was focused on the various points that Neil Findlay raised—in particular, a fund to enable mesh survivors to get procedures done in the United States—including the points about restoring trust in the procedure and holding a public inquiry. Those things can be put in a new petition, but let us keep this one open. We need to

keep the Government's feet to the fire and not let there be any question of the issue being out of sight and out of mind. That would not be fair on the survivors, and we owe it to them to do that.

**David Torrance:** Neil Findlay mentioned that it would be time consuming to write a new petition and to bring it to a new Parliament. Could the clerks give the petitioners a hand with that, to get the specific points as accurate as possible, so that we could hold the Government to account?

**The Convener:** It is important to remember that clerks do work with petitioners to make sure that their petitions meet all the criteria, and they would be supportive. However, it would still have to be for the petitioners to do the work, otherwise there would be a blurring of roles. I understand what you mean, and there is plenty of evidence to show how supportive the clerking team has been of petitioners over the years in making sure that they have been able to engage with the process.

**John Scott:** Thank you very much, convener, for letting me come back in. I, too, pay tribute to the work of the clerks over many years, not just on this petition but generally. They are assiduous beyond measure—I agree with you about that.

I think that the petition should be kept open, as you say, as a bridge—a new term, perhaps, but nonetheless an important one—because it might be hard to bring forward a new petition if the rules in the Scottish Government were to change, or anything like that. I very much think that we should keep the petition open. I am also of the view that the Public Petitions Committee should keep control of it. Notwithstanding that, however, a way should be found of bringing it to the attention of the Health and Sport Committee, which could reflect on the matter before the dissolution of Parliament and put it in its legacy document that an inquiry should perhaps be held urgently by the new health committee as an adjunct to the work that has been done by the Public Petitions Committee.

That might be going over old ground, but it might not, because times have moved on. I think there needs to be, at the very least, further pressure put on the Government to do better—to put it at its mildest—than it has done previously and to honour the promises it has made and broken. The Government needs another opportunity to do that.

**The Convener:** My sense is that the significance of the petition and the progress that it has made so far is such that we do not want to let it go. We would not want anybody to think that Parliament believes that the matter is concluded. The issue is not just about funding, although that is important, but about how, over a long period, the gap has grown between what is supposed to

have happened and what has happened. That is my sense of where the committee has got to. We are clear that there is a lot more to be done.

On balance, my view is that the petition should remain with the committee because our agenda is entirely decided by petitioners. We often refer matters to other committees, but when we do that, it becomes for them to decide what priority a petition should be given, which causes anxiety for us. However, I think that we should write to the Health and Sport Committee, as John Scott suggests, to say that the issue remains unresolved and that it is something on which it might want to reflect in its legacy report. It is certainly something that we can reflect on.

We should write to the Cabinet Secretary for Health and Sport to flag up that there are on-going issues about rebuilding confidence and the extent to which the issue is now one of confidence and trust. The Government cannot just recycle its previous response. Saying, “Yes, we could look at out-of-country referrals,” is not quite the same thing as making a commitment to working with Dr Veronikis—there is quite a big gap there. A letter to the cabinet secretary would be useful, and perhaps it could reflect the views that are being presented to us about the need for a substantial inquiry. We know that work has been done elsewhere and it would be useful to know the extent to which the Scottish Government's work relates to that.

I am happy to hear from anybody who feels that we are not doing the right thing, but I think that we agree that we should keep the petition open, with a desire to see progress. It would be for the new Public Petitions Committee to make a decision about how that progress is to be made. Keeping the petition open should not simply become a symbolic thing. There should be a focus on particular areas, and the clerks will make it clear to the petitioners what areas cannot be pursued unless there is another petition. Do we agree that is what we want to do?

**Gail Ross:** Given how important the issue is, and the timescales that we are looking at, if we are going to write to the cabinet secretary, we should definitely mention compensation, funding and the potential to get the women over to America. We should see whether we can get some initial feedback on where the Government is on those specific issues. If we get some feedback, that might show that there does not need to be an additional petition. I would quite like to pop that in there. At the very least, it would give the Scottish Government a view of the intention.

**Tom Mason:** I worry a little about parts of what have been suggested about an inquiry. The danger of inquiries is that they look backwards and can become a blame game. What has been

missing from the process is trust—on all sides. We must make sure that the methods that we use going forward allow for a new view of what is going on and allow that trust to be rebuilt. At the moment, the women are on one side, the surgeons are on another side and Dr Veronikis is on another; they all have their entrenched positions. We must make sure that the atmosphere is positive and forward looking, not looking backwards to assign blame. I hope that there can be a new beginning in the next session of Parliament, whoever is in control.

**The Convener:** People always have to balance the arguments when they look to have a public inquiry. Does an inquiry take resources that could be used in another way? There is always a judgment to be made.

The committee wants people to understand what happened and, as a consequence, make decisions about what should happen in the future. Neil Findlay makes the point that currently there is no ban, but rather a temporary suspension, and I certainly think that that should be the focus of any inquiry. However, that is not necessarily where we want to go now.

There is work being done on the issue. One thing that has been mentioned is the development of a national specialist service. Is there any possibility of that? We should ask the Scottish Government to reiterate its commitment to working with the petitioners and the women who are survivors, in the understanding that doing so will mean that there are questions that need to be answered.

Nobody else wants to come in. We agree to continue the petition and write to the Health and Sport Committee and the cabinet secretary, to flag up the impact of decisions not having been pursued in the way that we would want, and to highlight Neil Findlay's point that women are still suffering and that there are still serious questions about how that suffering was allowed to happen and to what extent Government understands the situation. That is the really serious matter here.

We agree to continue the petition and to write to the cabinet secretary and the Health and Sport Committee. I am mindful of Gail Ross's point that we should be asking for a response from the cabinet secretary on the question of compensation and funding referrals to America. Is that agreed and acceptable?

In that case, I thank our visitor colleagues. We will continue the conversation as we go forward.

## Public Access Defibrillators (PE1707)

10:15

**The Convener:** Petition PE1707, which was lodged by Kathleen Orr, calls on the Scottish Parliament to urge the Scottish Government to introduce a requirement for all new build or newly renovated or repurposed buildings with a floor space of over 7,500m<sup>2</sup> to have a public access defibrillator fitted to the exterior of the building for public use and for the PADs to be officially registered.

When the committee considered the petition previously, we took evidence from stakeholders. Following that session, we wrote to the Minister for Public Health, Sport and Wellbeing. A response has now been received from the minister, as well as a written submission from the petitioner, and those responses are summarised in the clerk's note.

Again, this is an important petition. We know that it emerged from a deeply tragic experience of the petitioner's family. I record my thanks to her for all the work that she and the people around her are doing to make sure that people have more awareness of the issues and to make a difference to people's lives. If we all understand better how to use a defibrillator and where they can be accessed, people will be able to be helped.

The intention behind the petition is very powerful. I note that a lot of work has been done already and there has been huge success in that. The question that we need to consider is whether there is anything further that we can do given that the issues have now been given a lot of focus and attention. The specific request on the size of buildings and so on is not something that people have supported, but there is a member's bill proposal that highlights mandatory registration, which might allow the work to continue.

I invite members to give their views.

**Maurice Corry:** I agree with the points that you have made, convener. From the evidence that we have gathered and the various reports that we have seen, I think that we should now close the petition under rule 15.7 of standing orders on the basis that the majority of the witnesses that we heard from during the evidence session did not agree with the aim of the petition, which is for public access defibrillators to be placed in all new or newly renovated buildings with a floor space of over 7,500m<sup>2</sup>.

Another important factor is that—as you mentioned, convener—a proposal has been lodged in Parliament for a member's bill that would seek the mandatory regulation and registration of automated external defibrillators. I think that we

are in a position where we can safely close the petition, knowing that some progress is being made in the right areas and that there is more focus on them.

**David Torrance:** I support what my colleague Maurice Corry says. I am quite happy to close the petition under rule 15.7 of standing orders because progress has been made and there is a proposed member's bill. More important, those who gave evidence to the committee did not agree with what is called for in the petition.

**Tom Mason:** I agree with my colleagues. We managed to generate a debate around the issue. The petition was not supported by a number of the witnesses and we have the member's bill proposal, so I think that closing the petition is a sensible thing to do at this stage.

**Gail Ross:** I think that there is a wider issue, rather than just that big buildings need a defibrillator. We took quite a lot of evidence from the Scottish Ambulance Service and we heard about training, about first aid in schools and about cabinets being locked after 5 o'clock at night. We really did expand the subject and look quite widely into the whole issue.

I am content with what I have heard. There is on-going work by the Scottish Ambulance Service and there is a member's bill proposal, as has been noted. I hope that that will reach its full conclusion in the short time that we have left in the current session of Parliament.

It was good to see in the evidence from the petitioner that she is happy with the work that has been undertaken in her local area. I would be happy to see that being undertaken nationwide. That is an on-going piece of work, but I am happy that the conversation has at least started. It is becoming more and more of a focus for groups in local areas. I am content to close the petition.

**The Convener:** Gail Ross makes the important point that the evidence that we took highlighted the areas that needed to be addressed, and the petition has been an important point in that discussion being pushed forward. Many groups raise funds, but we want to ensure that, when a defibrillator is bought, it can be used and people are confident about using it. That bigger conversation, which is really important, has been prompted and informed by the petition being in front of us.

In agreeing to close the petition, we commend the petitioner for everything that she has done and the work that I know she will continue to do, as well as the people who have looked to what she has done and are responding in their local communities. It is important that there is recognition—whether it is through Anas Sarwar's bill proposal or through the work of whichever

Government is elected—that people need to know where defibrillators are and that they need to be maintained. We hope that those who have responsibility for progress on the matter will ensure that it is continued.

We thank the petitioner very much for everything that she has done so far and everything that she will, I have no doubt, continue to do.

### **Island Lifeline Ferry Ports (Parking Charges) (PE1722)**

**The Convener:** The next continued petition on our agenda is PE1722, which was lodged by Dr Shiona Ruheann on behalf of Iona and Mull community councils and others. The petition calls on the Scottish Parliament to urge the Scottish Government to island proof transport infrastructure to ensure that public bodies do not charge for parking in car parks at island ferry ports at which there are essential lifeline services, and that any proposed island parking charges are subject to rigorous impact assessment.

At our previous consideration of the petition on 12 November 2020, we took evidence from the Minister for Energy, Connectivity and the Islands. Since that meeting, we have received written evidence from the minister and the petitioner.

As requested by the committee, the minister provided a list of examples of island communities impact assessment work that has been carried out "in the spirit of the Islands (Scotland) Act 2018"

before ICIA's have been formally introduced. He advised that discussions about parking charges at lifeline ferry ports would take place with island authorities' leaders and chief executives at the islands strategic group meeting on 9 December 2020, and that he would provide an update on that. To date, despite repeated requests by the clerks, that information has not been forthcoming.

In correspondence with the clerks, the petitioners have stated that the minister has not yet provided a substantive response on a number of points, including the outcome of discussions on parking charges at the islands strategic group's December meeting. As a consequence, the petitioners "very strongly request" that the committee continues the petition, if necessary into the next parliamentary session.

I express a degree of frustration that we have ended up in this position. I am concerned that provisions in the 2018 act have not been enacted and, as a consequence, big decisions are being made that have an impact on island communities without that impact being thought through. I guess that the issue that is raised in the petition is the most obvious one. Island communities are being charged for car parking to use a lifeline service. I

think that the committee has agreed that that does not make sense.

It is disappointing that we do not have the information that we need to make a decision about what we can do next. I think that we have to continue the petition and write to the minister, but I invite members to give their views.

**David Torrance:** This is a really important petition for island communities. Like you, convener, I think that we need to keep it open, because we do not have the information that we need to make a decision. We should write to the Minister for Energy, Connectivity and the Islands seeking an update on the discussions that took place at the islands strategic group meeting on 9 December 2020. I am extremely disappointed that that information has not been given to the clerks or to the committee. We should continue the petition and write to the minister for an update.

**Tom Mason:** I agree. We do not have the information that we need to make a decision or to close the petition. We should keep the petition open, write to the minister and get the information that we have been asking for.

**Gail Ross:** I absolutely agree with that course of action. We definitely need to know the outcome of that meeting before we can take the petition any further. We should write to the minister.

**Maurice Corry:** I agree that we should keep the petition open, write to the minister and get the information from him.

**The Convener:** There is clear agreement. Our consideration of the petition today has not taken long, but we understand the seriousness and importance of the issue. There is a degree of frustration that we cannot progress the petition today, but we will write to the minister and ask for the information.

### **Allergy Care Legislation (Nurseries and Schools) (PE1775)**

**The Convener:** The next continued petition on our agenda is PE1775, which was lodged by Catrina Drummond. The petition calls on the Scottish Government to introduce legislation that will make the provision of an allergy care policy a statutory requirement for every nursery and school, and to establish appropriate standards for nursery and school staff of medical training, education and care for children with anaphylaxis.

Since our previous consideration of the petition in October 2020, the Deputy First Minister and Cabinet Secretary for Education and Skills has responded to the petitioner's call for the Scottish Government to standardise its guidance and take the lead on training and implementation. The Deputy First Minister states:

“under the National Health Service (Scotland) Act 1978, securing the medical inspection, medical supervision and treatment of children and young people at school is the statutory responsibility of NHS boards.”

He says that, in discharging that duty,

“NHS boards, education authorities, schools and other partners must work collaboratively to implement the guidance”

and provide appropriate levels of training. He reiterates his view that, as a result,

“there are sufficient provisions already in place”

to make clear where responsibility lies.

In her response, the petitioner agrees that the current legislation and guidance are appropriate, but she says that she remains concerned about how they are being implemented. She believes that mandatory training or a step-by-step manual should be introduced.

I think that those are important and pertinent points. If there is a gap between what the legislation and the guidance say and the implementation on the ground, that is a matter of concern. It might be that, in closing the petition—if we agree to close it—we can make precisely those points. There is no doubt that we received a substantial response from the Deputy First Minister, but we could highlight the concern that there continues to be a gap and ask him to reflect on that.

I invite members to give their views.

10:30

**Tom Mason:** I think that we have explored the matter as far as can. As you say, convener, we received substantial information on the standards. If there is an issue with implementation, we should, in closing the petition, write to the minister to indicate clearly that there is a gap. The petitioner could lodge a further petition in due course if the gap is not closed.

**Gail Ross:** This is yet another petition—we see them all the time—on an area where the practical does not live up to the policy. Even the petitioner says that the legislation and the guidance are appropriate. That is all well and good, but there is concern about their implementation.

The subject is such an important one—it is literally a matter of life and death for some people. Guidance and policies are in place, but are schools and educational establishments implementing them properly? I believe that there is a pilot scheme in which the University of Glasgow and NHS Greater Glasgow and Clyde are working with schools to advise on the management of pupils with allergic diseases. It is always good to see a pilot taking place, but it is even better to see

a pilot taking place that is successful and is then rolled out nationally.

Tom Mason is absolutely correct. We have taken the petition as far as it can take it. However, in closing it, I would like us to write to the Deputy First Minister to ask that the Scottish Government engages in the pilot, if it has not already done so, because it is important that that is seen nationwide.

**Maurice Corry:** I agree fully with Gail Ross and my other colleagues. We need to ensure that the scheme that is being piloted—we hope that the results will be positive—will be rolled out to education authorities throughout Scotland. The Government should also ensure, through the education authorities, that periodic checks are carried out in schools to ensure that the policies are being implemented. Headteachers need to fully understand the policies and to ensure that they have trained staff in place. If staff need first aid training on the issues, they should get it immediately. As Gail Ross said, it is a matter of life and death in some cases, and we cannot afford for things to go wrong.

I am happy to close the petition under rule 15.7, notwithstanding the points that I and my colleagues have made.

**David Torrance:** I am happy to agree with my colleagues and close the petition under rule 15.7.

**The Convener:** There is agreement that we should close the petition, but we recognise the fundamental challenge to make sure that people on the ground in schools and elsewhere are confident that there is a policy in place and that they know how to implement it in practice.

We will write to the Deputy First Minister to highlight that point and ask, as Gail Ross suggested, that the Scottish Government engages with the pilot, which sounds really important. I agree that the pilot is something but that we need to learn from it and roll it out. That would give us a lot of confidence.

**Tom Mason:** I have a further point, convener. This is a typical example of an area where central Government constructs all the regulations and things, but implementation is locally based. Councils should be sticking their oar in and making sure that their departments apply the rules and take on board best practice.

**The Convener:** I agree. There is a challenge on all sides. The policy developers need to make sure that they have thought about implementation, and then those who are responsible for implementation need to be supported. There is a much wider and more substantial question about the role of local government in particular, but also other bodies, and whether they are willed the means to deliver

on the policies that have been developed. However, that is perhaps a question for another time.

We agree to close the petition under rule 15.7 of standing orders. We note that there are sufficient standards, provision and guidance for local authorities and so on. However, because of the concern about the gap between policy and implementation, we will write to the Deputy First Minister to raise those points and we will ask him to engage with the pilot that is being progressed.

We thank the petitioner very much for all the work that has been done to highlight this important matter and bring it before us.

### **Large Shops (Closure on New Year's Day) (PE1780)**

**The Convener:** The next petition, PE1780, which was lodged by Stewart Forrest on behalf of the Union of Shop, Distributive and Allied Workers, calls on the Scottish Government to launch a consultation on implementing legislation already in place to ban large shops from opening on new year's day.

Following our consideration of the petition in December 2020, the committee wrote to the Minister for Business, Fair Work and Skills to ask whether the Scottish Government intended to take action to ban large shops from opening on new year's day from 2021. The minister provided a response the following day and has subsequently made another submission, both of which detail why the Scottish Government could not take action to ban large shops from opening on new year's day 2021. The submissions also explain that the minister is engaging directly with unions and retailers about the action that is called for in the petition. The petitioner accepts that legislation was not possible in time for 1 January 2021. Nonetheless, he calls on the Scottish Government to act quickly to ensure that a ban could come into force ahead of new year's day 2022.

This is a very important petition. I am probably the only member of the committee who was here when the legislation was passed. It has always disappointed me that the second bit of it was never enacted. When the petition was before the committee last time, we discussed the importance of retail and shop workers and recognised the pressure that they are under when shops are open 24 hours a day, on public holidays and so on. In a pandemic we have seen that even more, along with the abuse that, sadly, they are sometimes subjected to. The idea that we could maybe survive for one day without the shops being open seems like a fairly basic thing.

I am encouraged by the minister's statement that he is working directly with the trade unions

towards addressing this question. I think that it would be possible to close the petition, recognising the commitment, and to emphasise to the petitioner that they can of course come back with a further petition. That would need to be done reasonably early so that we did not again get the argument, "We can't do that because we don't have enough time."

On that basis, my view is that we understand why the petitioner and the union have pushed this case and why they have won the argument, to a large extent, with many groups. There will be some who do not agree, but it will be very important that that dialogue with the Minister for Business, Fair Work and Skills continues.

**Gail Ross:** It is absolutely correct that we need to value all our retail workers. Having worked in retail, I know that the job can be immensely rewarding but also very demanding. Given the minister's reply, I am confident that talks are on-going with all interested parties. That gives me enough comfort for the petition to be closed under rule 15.7 of standing orders. I thank the petitioner and everybody who works in retail for keeping us going.

**Maurice Corry:** I endorse what Gail Ross has said and thank our shop workers and staff—what they have done through a very difficult time has been amazing. I commend them for their hard work, and I commend the hard work and support of their families. I agree with my colleagues about closing the petition under rule 15.7.

**David Torrance:** As someone who believes that our new year tradition has been eroded by the big supermarkets and shops for the sake of profit, I fully support the petition. I believe that shop workers should traditionally have that day off. I am happy to close the petition because progress is being made, but we should write to the petitioner advising them that they can bring a petition back in the new session of Parliament if they feel that progress is not being made fast enough. I am fully supportive of the petition.

**Tom Mason:** Our understanding is that the Government is talking to the unions and retailers generally. My only hope is that, with the pandemic going on, there will be retail left when it comes to next year. Closing the petition is the right thing to do at this stage.

**The Convener:** I think that there is agreement, and recognition that there has been progress on this important issue. On Tom Mason's last point, it will be interesting to see what happens. The pandemic has had an impact in many areas and it is hard to imagine what the world will look like. Whatever happens, I hope that there is sufficient respect for those who have kept the shops open

and that some of the issues that they have had to deal with will be a thing of the past.

Before we consider the next petition, I remind members that if they want to contribute other than when I have called them they should just put an R in the chat box. That would be helpful, and will make sure that I do not miss anyone.

### **Learning Difficulties and Disability Qualifications (PE1789)**

**The Convener:** The next petition, PE1789, which was lodged by James A Mackie on behalf of the 1673 network, calls on the Scottish Government to increase the number of professionals such as speech and language therapists, educational psychologists, physiotherapists, psychiatrists and occupational therapists qualified to assess children and parents with learning disabilities or difficulties and other behavioural problems to reduce the number of children who are taken into care.

The petition was last considered by the committee at its meeting on 9 December 2020. Since then, we have received responses from the Minister for Mental Health and the petitioner. In her submission, the minister provided further detail regarding how the promise will operate. She also outlined the Scottish Government's strategies for addressing the issues that are raised in this petition and the timescales involved. In his response, the petitioner stated that he believes the promise is a delaying tactic and that more resources are needed now.

There has been a lot of recent coverage of the promise. A lot of people are looking at this very closely, and an oversight board has been established. My sense is that the demands of the promise and the work there are pretty deep rooted. They are looking to sort the whole picture, which certainly gives me some comfort.

**Maurice Corry:** I concur with the convener's comments on the petition. I am satisfied that the Scottish Government's promise, which is to be implemented, is deep rooted and seems to be pretty comprehensive. Nevertheless, it is important that we address the needs of our pupils in schools who have learning and behavioural issues.

My wife is a classroom assistant in special educational needs and I understand these problems, but I do not think that we can achieve anything further with the petition. As I said, the minister has outlined the Scottish Government's strategy for addressing the issues associated with children and parents with learning disabilities and difficulties and other behavioural problems. I concur with that, and propose that we close the petition under rule 15.7 of standing orders.

10:45

**David Torrance:** I agree with my colleagues that we should close the petition under rule 15.7 of standing orders. The Scottish Government's commitment to the issue is there for everybody to see, although if it does not progress, the petitioner will have the opportunity in the new session of Parliament to bring back a petition if he does not feel that it is going well enough.

**Tom Mason:** The Government has shown its commitment and has a strategy for dealing with the issue. We have done what we can to deal with it at the moment, therefore we could close the petition, recognising that the petitioner could come back with another petition should the Government not fulfil its promises.

**Gail Ross:** I agree with my colleagues. I have nothing further to add.

**The Convener:** In that case, we are agreed that a very important set of issues is involved and that, driven by people with lived experience of all these challenges, there has been a big step forward by the Government. The test will be for the Government to prove that the promise is not a delaying tactic, but is something very serious. A number of people who have been involved in this want to make sure that it works, and will do their best not to allow it not to. If there are problems, of course a petition could be considered in the future.

We agree to close the petition under rule 15.7 of standing orders. We thank the petitioner very much for engaging with the committee on this important issue.

### **Bereavement Education (PE1820)**

**The Convener:** The next petition, PE1820, which was lodged by Sameena Javed, calls on the Scottish Government to introduce compulsory bereavement education into the school curriculum.

Since the committee's last consideration of the petition, submissions have been received from the Scottish Government and the petitioner. The Scottish Government notes that the Scottish curriculum is designed to allow schools flexibility to decide what to study against the experiences and outcomes. It also details the key priorities for the new national bereavement co-ordinator and says that the co-ordinator will be building on initial engagement through their round-table discussions to formulate recommendations on how to develop a proposal for a curriculum around bereavement.

The petitioner notes that the curriculum is flexible, but their view is that, although schools are encouraged to do their own thing, many schools and councils still choose not to teach children about death and bereavement.

This is an important issue, and we are very grateful to the petitioner for bringing it to our attention. The issue of supporting young people who have experienced bereavement, and who have been through the trauma of all that, is very important. We hope that schools understand that.

A point that has been flagged up here is not just the way in which we respond to a bereavement in trying to support a young person, but young people's own awareness of these issues and understanding of their impact. I am encouraged by the fact that we have a new national bereavement co-ordinator. The challenge lies in ensuring not only that staff members are supported in schools to do the important job of responding to young people who are dealing with bereavement, but that that is part of the on-going discussion around personal and social education.

**David Torrance:** Like you, I feel that the petition has progressed around the issues of bereavement. I am reassured that the national bereavement co-ordinator is undertaking work with schools and with the petitioner directly to develop a curriculum around bereavement, with round-table evidence sessions due to start in January.

I would be happy to close the petition under rule 15.7 of standing orders, because there has been progress around this and curriculum for excellence. It is up to schools to progress their own curriculum and I do not think that we could enforce it on them.

**Tom Mason:** It is good that the petition was brought before us and we have established what is going on. The Government has a strategy and it has instigated a national bereavement co-ordinator and a round-table discussion. We must see what progress is made, so closing the petition is right. The petitioner can submit a further petition should the Government not fulfil its undertakings.

**Gail Ross:** Again, this is an extensive issue. Death and bereavement tend to be subjects that we handle after the event rather than speaking about them openly in day-to-day life. It is up to all of us to be talking to children about the subject.

I was struck by the evidence from Children's Hospices Across Scotland, which addressed teachers' confidence in speaking about things like this. The correct place for such discussion is probably in personal and social education, where such life-and-death situations can be dealt with. As colleagues have said, I think that having a national bereavement co-ordinator is positive. More work needs to be done to get the subject into general conversation rather than dealing with it just when it happens.

I am happy enough that things are being taken forward, but I, too, would suggest that the petitioner could bring back a petition if they do not



believe that sufficient progress has been made. I thank the petitioner for lodging the petition. It is another topic that was not on my radar until the petition was submitted, but it is a very important issue. I will wait to see how it progresses within the curriculum for excellence, but we have taken it as far as we can at the moment. I agree to close the petition under rule 15.7 of standing orders.

**Maurice Corry:** I agree with what my colleagues have said; in particular I agree with Gail Ross. Obviously, it is important to continue the conversation in schools within the curriculum for excellence. I am delighted to hear that the national bereavement co-ordinator is undertaking work with schools and the petitioner directly.

I think that the petitioner needs to keep an eye on progress, but at this point I recommend that we close the petition under rule 15.7 of standing orders.

**The Convener:** There is consensus that we recognise the importance of these issues. We have confidence that the subject is on the Government's radar and we wish the national bereavement co-ordinator well in taking forward this work and building confidence at a local level to ensure that young people can be supported and that the subject is part of the conversation in their lives ahead of any tragedy or bereavement. The issue is important, but we agree to close the petition on those grounds. We thank the petitioner very much for bringing it to our attention.

### **Care Inspectorate (Child Protection Complaints) (PE1836)**

**The Convener:** The next petition, PE1836, which was lodged by James A Mackie, calls on the Scottish Government to expand the remit of the Care Inspectorate to investigate individual child protection complaints.

Since our last consideration of the petition in December 2020, the committee has received submissions from the promise, the Scottish Public Services Ombudsman and the petitioner. The SPSO explains that it can investigate social work and make findings and recommendations about service delivery of processes and procedures. It can also challenge the merits of professional decisions that are made by social workers and others exercising social work functions. It states that, while it considers that improvements could be made, it does not believe that those would lie in increasing the complexity of the accountability structure. Instead, the SPSO believes that the issue should be addressed by improving and adequately resourcing existing systems to ensure that timely and good-quality support is available for children and families and that agencies

collectively improve our approach to information sharing to support systemic improvements.

The promise agrees that Scotland must shift its accountability structures. However, it states that making only this change and adding it on to the existing ineffective system would be insufficient, as what is required is fundamental change in the way that care services are designed, delivered and scrutinised.

In his submission, the petitioner reiterates that, in his experience, the current system does not work in practice.

I am encouraged by the response from the promise and the SPSO and the fact that they think there needs to be a fundamental overhaul. I accept their arguments that adding further complexity to the current system would not be the way to address these deeper problems. I would support closing the petition on those grounds, but we will hear from members first.

**Tom Mason:** It seems that the petitioner had some particularly bad experiences and that the problem is not recognised as being a general one. The Government has a strategy in place. We will not get the petitioner to agree that the Government is doing the right thing. However, unless the Government makes changes, we will have an impasse. The only thing to do is to close the petition and, if things do not improve, the petitioner can submit a further petition in due course.

**Gail Ross:** The Scottish Government does not support the action that the petition calls for, because it believes that it would pose a risk to local accountability and multi-agency working. Existing powers and duties are in place to investigate complaints, and key stakeholders do not support the action. I agree to close the petition under rule 15.7.

**Maurice Corry:** I agree with colleagues about closing the petition but, in doing so, it is important to note that the Government has put in place various systems. We must make sure that those systems work and it is incumbent on the Government to ensure that that happens. At the moment, my view is to close the petition under rule 15.7 of standing orders.

**David Torrance:** Given that the Scottish Government and key stakeholders do not support what is called for in the petition, I am quite happy to close the petition under rule 15.7 of standing orders.

**The Convener:** There is consensus that, while there are clearly issues in the processing systems, which have been acknowledged, there is no agreement on the option that the petitioner has argued for. We agree to close the petition on those grounds under rule 15.7 of standing orders. We

thank the petitioner very much for engaging with the committee.

### Autism Support (PE1837)

**The Convener:** PE1837, which was lodged by Stephen Leighton, calls on the Scottish Government to clarify how autistic people who do not have a learning disability and/or mental disorder can access support and to allocate investment for autism support teams in every local authority or health and social care partnership in Scotland.

Since the committee's last consideration of the petition, we have received written submissions from a large number of stakeholders and people directly affected by the issues raised. Those are summarised in the clerk's note. The majority of the submissions raise concerns about the support services that are available to autistic people, in particular autistic people without a learning disability.

Since the publication of our papers, the clerks have received correspondence from the petitioner, in which he states that the submissions are reflecting heavily on a commissioner role, whereas he would like the focus to remain on the action that is called for in the petition, which is direction on who provides autism support, especially for people who do not have a learning disability or mental health concern, and investment for local autism support teams in every health and social care partnership. The petitioner further states that that approach would use the recommendations of the microsegmentation report to save hundreds of millions of pounds each year.

We are very grateful to all the people who responded to the petition. I think that we are all very aware that the whole question of autism is a very important one. There is a lot of interest in it in Parliament and in the new proposal for a commissioner role.

11:00

The focus of the petition—the petitioner is quite right to highlight this—is that there is a particular group of people who do not feel that they are getting the support that they need because they do not have a learning disability. For me, that question still remains unanswered. We need to think about what the options are for taking the petition forward. It is a question that we hope could continue to be looked at. It may be that this is one where our legacy paper may provide a route forward, but I will be interested in what members have to say.

**Gail Ross:** This is a hugely important petition. The number of people and organisations that have given us evidence has been amazing, and it all

goes along the same thread. To refer to a couple of points that we have in our papers, the autism resources co-ordination hub states that it

“is gravely concerned that Autism Network Scotland has been informed it will no longer receive Scottish Government funding from 2021”,

and there are various other points made about funding, which are quite worrying. Deborah McKenna says:

“There is no quick-fix ... there needs to be a whole-system change in the approach that is taken to autism support.”

This point by the petitioner gets to the crux of the matter:

“Mental health services decline to support because they claim autism is not a mental disorder, they will signpost autistic people to either learning development services or social work services”,

but those services say that they cannot take them on because the Scottish Government has defined autism as a mental disorder. It seems to be going round and round the bushes here, which is just not good enough for these people.

I agree that this is so important that it needs to be in our legacy paper, and I expect the next Public Petitions Committee to be asking the new cabinet secretary to come to the committee about it as a matter of urgency.

**Maurice Corry:** I agree with Gail Ross that we should carry out the actions that have been suggested. I have no further comment.

**David Torrance:** I agree with my colleagues. Because of the number of concerns that have been raised in the evidence that we have taken, I think that we have to keep this petition open. As my colleague says, the committee in the new session should call the cabinet secretary in as soon as possible.

**Tom Mason:** I agree with my colleagues. We have a great deal of information, all of which takes us round in circles. The petition needs to be taken forward into the next session so that some of the issues can be resolved. Certainly, we need evidence from the minister in the new Government as we go forward, so keeping it open is the only thing for us to do at this stage.

**The Convener:** There is a consensus that there is a very strong argument for continuing the petition and including it in our legacy paper to highlight to the successor committee. As Gail Ross outlined, it is frustrating for people that, wherever they are directed to go to get support, they are told that that is not the place they should be. There is a concern that people are therefore falling through the cracks and not getting the support that they need. That issue is a very important part of any discussion about autism

more generally, but the petition is very clear that that is its focus. We are agreeing to continue the petition and include it in our legacy paper for the successor committee, suggesting that evidence should be taken from the new Cabinet Secretary for Health and Sport on the various concerns that have been raised in the written submissions that we have received on the petition.

### **Maternity Models (Remote and Rural Areas) (PE1839)**

**The Convener:** PE1839, which was lodged by Maria Aitken on behalf of Caithness Health Action Team, calls on the Scottish Government to ask all relevant health boards to review their maternity model to ensure that it meets the needs of remote and rural communities.

Since the committee's last consideration of the petition in December 2020, the committee wrote to the Scottish Government to ask when discussions about changes in rural service provision and arrangements for obstetric transfers across Scotland and the development of an in utero transfer risk assessment tool would be concluded.

In its response, the Scottish Government explains that the current priority for health boards is delivery of essential maternity services and managing the impact of Covid-19. Although the development of the in utero transfer risk assessment tool has continued, work on the underpinning protocol has not been able to progress. The Scottish Government is therefore unable to commit to firm timescales for that work, although it is still expected to be a deliverable of its best start programme approach.

The submission also notes the maternity transport group, which has been set up to develop the tools and protocols that are required to ensure that rural and remote staff are supported in their decision to transport pregnant women and that the correct medical expertise is involved.

A late submission has been received from Edward Mountain MSP, in which he suggests that the Scottish Government response would be "cold comfort" to pregnant women who have to be "blue-lighted" to centralised hospitals due to lack of local facilities. He acknowledges that, with the parliamentary session coming to an end, there may be little more that the committee can do with the petition, but he stresses that the problem has not gone away.

Rhoda Grant, who was hoping to attend but is now unable to join us owing to other commitments, has provided the following statement:

"A total of 90 per cent of Caithness women currently give birth in Raigmore hospital, over 100 miles away in Inverness and really that needs to be addressed. There has never been a risk assessment on emergency transfers or

indeed on the journeys south that pregnant women face, sometimes in appalling weather conditions.

A focus group feedback on maternity services in November 2019 found the issue of road and possible ambulance transfer was a huge concern that 'could not be overemphasised'.

There was an overriding opinion that many women were requesting an induction or an elective section in order that they could plan their journey and not have the stress and anxiety of undertaking the journey in an unplanned way while in labour. Transferring women in labour by air to Raigmore and also transferring medical experts into Caithness by air also have their problems, which seem insurmountable at the moment.

The CHAT health campaigners in Caithness, after many years of raising the concerns of parents and their families, are now asking that obstetrics support the community midwife unit based at Caithness general hospital to provide a 21st century experience for maternity services in the far north. This would need to have the equivalent paediatric support, something that appears never to have been considered.

I ask that the committee examine whether obstetric and paediatric support could be put in place at Caithness general hospital and, at the very least, that a risk assessment of emergency transfers takes place."

This is obviously important and a very serious issue. It is probably quite difficult for somebody who lives in a city to understand or recognise the challenge of healthcare in more remote and rural areas. We have arguments about a hospital being moved a couple of miles in one direction or another, which can cause huge concern, but the scale is much greater in rural and remote areas.

I guess that the challenge always is the gap between providing a local service and ensuring that the staff who are there are sufficiently skilled and experienced to be able to deal with emergencies. That is a balance that the health service has to strike every day. I am interested in how other members feel the petition might be taken forward. There is a case for closing the petition, given what has already been said, but we may want to recognise that these are long-standing issues.

**Maurice Corry:** This is a very important issue, particularly for rural areas. Having been a councillor in Argyll and Bute, and having chaired the health board there, I know full well the problems that we face. For mothers who are expecting babies, it is all about having full confidence in the health services in their local rural area, and knowing that there is a system in place to bring them to a central hub—in the case of Argyll and Bute, Glasgow or the Vale of Leven. Edward Mountain and Rhoda Grant hit the nail on the head in their submissions to the committee with their points of great concern.

The risk assessment tool that the Scottish Government refers to is very important. It is about training in the area, and it is about making sure

that there is a plan B and a plan C for mothers if there is a complication. Having a daughter who is about to have a baby in May, I know from discussions with her that she has one or two concerns, but nevertheless I am sure that she will be fine, God willing.

At this stage, the Government has given us the assurance that a number of workstreams relevant to the petitioner are under way. The discussions about any changes that are needed in rural provision are under way, and the in utero transfer risk assessment tool is being developed. In the current situation, I recommend that we close the petition under rule 15.7 of standing orders, on the basis that the Scottish Government has confirmed the points that I have made and put a number of workstreams in place. I still have one or two concerns, but I think that it is important that we make a point of this in the legacy paper for our rural communities. The petitioner is absolutely encouraged to lodge another petition if she feels that there is no progress or little progress being made. I propose that we close the petition at this stage, for the reasons that I have given.

**David Torrance:** I agree with everything that Maurice Corry has said. I am happy to close the petition under rule 15.7 of standing orders.

**Tom Mason:** The Government has demonstrated there are some workstreams in place to address the issues that are involved with maternity rural services. Difficulties will always arise with services such as maternity in rural areas. There has to be a consensus as to what can and cannot be provided and people must make their choices accordingly. It does not mean to say that we ignore the situation, but some understanding and consensus has to be reached. Provided that we do so on the understanding that those workstreams and discussions should continue, I think that closing the petition is the best that we can do at this stage.

**Gail Ross:** I would have liked to have heard back from the petitioners about the evidence that we received the first time around, but we have not had a submission from them. However, they emailed me and I asked a question about the mental health and wellbeing of expectant mothers in the chamber last week. The Minister for Mental Health replied along the same lines as we have heard about the workstreams, the transport group and the work on best start.

There are a couple of things that I would like to point out in our papers. Edward Mountain suggested that pregnant women have to be blue-lighted from Caithness to Raigmore. The stark choice is between pregnant women being blue-lighted and the baby being blue-lighted once it is born if women who are on a red pathway do not go down to Raigmore but give birth in Caithness.

That is what happened before, when we had obstetrics with no paediatrics in Caithness general hospital. The very difficult decision was made that it was better to try to get women who were classed as being on a red pathway down to Raigmore, so that they would be able to give birth safely and so that the baby was not taken away from the mother as soon as it was born and put in that distressing situation.

11:15

I acknowledge that neither situation is appropriate or indeed desirable for anybody giving birth. Rhoda Grant comments that she is in discussion with a local councillor about how we take this forward. I think that we should note that only 5 per cent of women who gave birth in the year that was focused on took part in that feedback, so it would be good to get a more rounded view of the people who gave birth in Caithness and in Raigmore.

It is not factual to suggest that putting obstetricians and paediatricians in Caithness general hospital has never been considered. The first report on the change from the obstetrician-led unit to a maternity unit looked at putting paediatricians in. As I said in my evidence at the last discussion, we would have needed a team of paediatricians on rotation on call. You cannot have the paediatricians without all the other stuff that comes with it, apparently—I am just telling you what I have been told by the clinicians, and they are the experts. I would love there to be a unit in Caithness that had obstetricians and paediatricians. If there is any way of getting that done, I will support it absolutely.

The fact that NHS Highland has recently committed to building a new maternity unit in Caithness general hospital means that it is committed to seeing more babies being born locally. I think that we should be making sure that other changes are made, if possible, to ensure that that happens. I would fully support another petition that was more focused on the issues that we are facing in Caithness, whether it is to do with emergency transfers or risk assessments or any of the other actions that are being called for by CHAT.

As a committee, we have had quite a lot back from the Scottish Government and the minister, but certainly I have no doubt at all that MSPs from all parties that are delivered in the next session will be following this up. It is an issue that will not go away, but I think that we can agree about certain things. There is a lack of communication still. We need to go forward together to see whether any of these recommendations from the best start group or the transfer group can be taken forward to ensure that more babies are born

locally in Caithness, because that is the aim that everybody aspires to. If we can get that to happen safely, that would be a good thing.

As a committee, I think that we have no choice but to close the petition under rule 15.7, to thank the petitioner and everybody else who has worked on this and to continue to work together to find a solution for everyone.

**The Convener:** This is an interesting area, in which the committee is looking at an issue generally and in terms of policy but there is clearly a very local dimension to it. That is obviously not the remit of the Public Petitions Committee, but it is clearly something that has exercised elected members and certainly we see it across all the parties—or three of them anyway. There has clearly been a huge engagement with the specifics of the issue, and we would hope that it can be addressed in the way that Gail Ross has outlined.

There is agreement that we want to close the petition at this stage. The Scottish Government has identified a number of workstreams that are relevant to the petition and there is an awareness of the issues that the petitioners have highlighted. On that basis, we thank the petitioners for bringing this forward. We are well aware that this is a campaign and an issue that will continue to be discussed in the future. We thank the petitioner for their engagement with us.

### **Racism in Education (PE1840)**

**The Convener:** The next petition, PE1840, which was lodged by Debora Kayembe on behalf of the freedom walk, calls on the Scottish Government to urgently address racism in the Scottish education system by: implementing anti-racist education in the classroom; delivering anti-racist training to all school staff; and recording, monitoring and addressing racist incidents in schools.

Since the committee's most recent consideration of the petition in December 2020, the committee wrote to the Scottish Government seeking its views on the questions raised in the petitioner's submission of 8 December 2020.

A detailed response was received from the Scottish Government outlining the training that is currently offered to educators on racism; it is summarised in the clerk's note. The Scottish Government highlights that the issues raised by the petition cannot be tackled in isolation and that a new programme of work has been initiated and will focus on curriculum reform, diversity in the teaching profession, racism and racist bullying, and professional learning and leadership. The Scottish Government advises that the monitoring and recording of racist incidents is the responsibility of each school and authority, and

that no national guidance is available on the procedures for recording racist incidents. As a result, there is no central monitoring of that data.

In their submission, the petitioner highlights that the Scottish Government submission does not mention training for school communities nor does it mention evaluation of the effectiveness of its programmes. The petitioner also questions why there is a lack of accountability for those who commit racism in the classroom as a hate crime, and why reporting and monitoring data is not mandatory.

As in the past, there was a clear recognition of the importance of the issues that were highlighted in this petition. It raises a question: if you cannot monitor because the data is not gathered centrally, should it be? That could be considered in future. We also recognise that there has been progress, that the Scottish Government has recognised the importance of the issues, and there are certainly detailed initiatives that would address the question. I am interested to hear the views of committee members on this.

**David Torrance:** This is a very important petition. It is sad that we are still having to address these issues in modern-day Scotland, but I am reassured by the detailed evidence that the Scottish Government has given, especially around the new programme of work focused on curriculum reform and diversity in teaching. Education Scotland delivers training at all levels of teaching that supports the development of anti-racism practices, and schools and local authorities have their own procedures for recording racist incidents, either through their own systems or the school management information system. All that helps, but we need to see how it goes, especially the new programme of work. If the petitioner feels that it is not going far enough in being effective, they can bring the petition back to the new session of Parliament. I would close the petition under rule 15.7 of standing orders.

**Tom Mason:** We have had a lot of information about the petition. It is evident that the Government has made some progress in a number of areas. There is still a long way to go, but time will tell whether what it is putting in place is successful. We should close the petition under rule 15.7, but we should write to the cabinet secretary to request that training in anti-racism education for school communities is a top priority as part of the on-going implementation of all the various strategies.

**Gail Ross:** There is a huge amount of evidence from the Scottish Government, which is reassuring to see. I agree with my colleagues that we can now confidently close the petition, but I would also write to the cabinet secretary along those lines.

**Maurice Corry:** I agree with my colleagues. Under rule 15.7, I propose that we close the petition.

**The Convener:** We have a consensus that we recognise the importance of the issues that have been flagged up. The Scottish Government has outlined a programme and given us detail on how that will be taken forward, but we also want to make sure that the continuing concerns of the petitioner about the issue of school communities and anti-racism education is a top priority. We agree to write to the cabinet secretary on that question, but we will close the petition under rule 15.7.

We thank the petitioner for engaging with the committee and recognising that this is such a serious and important issue. It will take a lot of work and effort and serious engagement to make sure that our education system challenges racism wherever it is expressed. Obviously there is an opportunity, if the petitioner so chooses, to return to the committee in the new Parliament.

### **Care Homes (Designated Visitors) (PE1841)**

**The Convener:** The next and final petition, PE1841, which was lodged by Natasha Hamilton on behalf of Care Home Relatives Scotland, calls on the Scottish Government to allow a designated visitor into care homes to support loved ones.

Since the committee's most recent consideration of the petition in December 2020, submissions have been received from the Coalition of Care and Support Providers in Scotland, Scottish Care, Anas Sarwar MSP and the petitioner. The submissions are summarised in the clerk's note.

Since the publication of our papers we have received late submissions from the cross-party group on dementia and Christine Cusack in support of the petition. We have also received a late submission from the Scottish Government. Anas Sarwar has also been in contact to give his apologies. He emphasises, as he does in his submission, that he is keen that we look closely at the petition because, after a year, we need a better solution than the one we are currently using.

Pauline McNeill MSP has also been in contact to express her support for the petition and to say that some of the most devastating cases brought to her by constituents during the pandemic have been from families who find themselves unable to visit loved ones. We also have a submission from Monica Lennon MSP, expressing her support for the campaign.

In its submission, the Scottish Government states that it is committed to supporting further

opportunities for opening up visiting in care homes, emphasising that the recommended restrictions for care homes have been the toughest decisions that ministers have had to make. It notes that the level 4 restrictions announced on 4 January serve as a reminder of the importance of balancing the welfare of residents and allowing people to visit safely, but stresses that the restrictions will not be kept in place any longer than is necessary.

The Scottish Government highlights the progress of the vaccination programme, with 99.7 per cent of residents in older adult care homes and 93 per cent of residents in all care homes having received their first vaccinations as at 9 February 2021. The Scottish Government also advises that the cabinet secretary has met directly with the petitioner and CHRS and has discussed their call for new legislation. The Scottish ministers believe the improvements that are currently under way present the quickest route to progressing visiting, but they have said that they will "explore all options".

This is a very challenging and important petition. We know that petitions in Change.org and so on have accumulated a lot of support, but the campaign for this particular petition has been very strong. In my view, there is quite a gap between the guidance and the reality on the ground. I spoke to one person with a loved one in a care home, and they made two points. First, if it is supposed to keep older people safe, there is no evidence that it has worked, and there does not seem to be the same progress now that the vaccination is in place. Secondly, even when care homes allow visits, there are conditions that to me feel far from what anybody has intended.

11:30

It was described as being like a reptile house, where the carer comes in one side, the loved one comes in the other, but there is large Perspex screen, which is really the same as being outside because you cannot touch each other, or hold hands or give the reassurance that a loved one might want. That does not seem to me to be what was intended by the change in rules around access of a designated visitor to help support the care of a loved one. Care homes might have become risk averse just because of the seriousness of the issues.

In my view, we need to find a way of highlighting to the Government the scale of people's anxiety and distress. In the circumstances, caution is causing a scale of distress that is only imaginable to those of us not in that position. I am interested in what other members have to say on this. We have had a lot of external interest but I note that we welcome back Neil Findlay for this discussion. I

will come to all members, but I will take Neil Findlay first. I will make sure that we all have the opportunity to reflect on what can be done with the petition.

**Neil Findlay:** Thanks to the committee for giving me a bit of time this morning. Care home residents, families and members who have been working on this from the very start of the pandemic have done everything possible. As with the previous petition that I spoke about, they have come to the Public Petitions Committee only because they have tried everything. We have all seen emotive pictures of people outside care homes looking through windows in desperation at their loved ones, trying to have contact with them. I do not think that they brought the petition before the committee lightly.

We have had several meetings with the Cabinet Secretary for Health and Sport. I do not plead with the Government often, but I have pleaded for there to be some progress because the situation is so appalling. Infection prevention and control measures have not been used to facilitate contact; they have been used to prevent it. From the care homes' perspective, having gone through the crisis, when we saw so many people dying—and some of the reported incidents have been truly appalling—I understand why they are taking such a precautionary approach. The advice and guidance from Government has been given repeatedly, but it often bears no relation to the reality on the ground, and many families have not had contact with their loved ones for more than a year.

In my own situation, my mum is in a care home 100 yards from my house. If one of the staff contracts Covid, the home puts in place a whole series of actions that mean that contact completely stops. At the moment, my contact is once on a Friday behind a screen for half an hour. That is not normal contact; that is not normal engagement with your loved ones. I do not criticise the care home one bit, but for people who have family with dementia, when a phone call is of no use and they have not seen the person or been in contact with them for around a year, it must be completely and utterly intolerable. I think these are very serious issues.

The families have done everything possible. We have had a human rights catastrophe in our care home sector, and it is on-going. I believe it is incumbent on the committee to do all it can to get the Government to move on this. We have asked for emergency legislation. I think there would be goodwill across all the political parties in Parliament to make that happen, but there has been resistance to it. For many of us, we think that all along the Government has been sitting it out, waiting on the vaccine and that has taken some

time. My plea is that the committee does all it possibly can to put pressure on the Government to act now, because this has gone on far too long.

**The Convener:** Thank you.

I advise members that Tom Mason has had to leave the meeting. He has another appointment and the meeting has run on longer than we expected because we have been looking at a lot of important and serious issues. Tom has expressed his concern about and support for the petition, recognising the issues himself, but he is unable to contribute further at this point.

**Gail Ross:** It is a heart-breaking situation and a hugely emotional issue. It does not affect me directly, but I have huge sympathy with the many people who must be affected by it. Neil Findlay put his own situation across.

It is an issue where we want our heart to rule our head. We all know that the rules and the guidance have been put in place not to disaffect anyone but to try to keep people safe, but it is frustrating that the very people who need this contact are the very group that are affected most by this horrible virus.

It is an ever-changing situation. At the briefing either yesterday or the day before, I heard Jason Leitch, the national clinical director, say that, now that the first round of vaccines in care homes is nearly complete, updated guidance will be coming out imminently. It will be interesting to see what that guidance is and how care homes implement it—and how they implement it safely.

I would not close the petition just now because it is so important. As I said, the situation is changing all the time. I want to get the updated position from the Scottish Government, because I want to see, before the end of the parliamentary session, where we are—not only us as a committee, but everyone in care homes and their families. It may well be that the petition will continue past the current committee and into the next session; certainly, we should not close it now. We should write to the Government, get the updated position and take it from there.

**Maurice Corry:** I fully agree with Gail Ross. I am a member of the COVID-19 Committee, so I am very live to these issues. She is absolutely right to say that Professor Leitch and the Scottish Government are considering on-going advice for visitors to care homes. They are fully aware of the issues for many people with relations, close or otherwise, in care homes.

I advocate that we keep this important petition open. We need to get an update from Professor Leitch and the Scottish Government on where we are with new advice as that comes out, particularly at this important time, and on an on-going basis. It

is a very difficult situation. We need to think carefully about it for the families and those who visit care homes, and the residents. We also need to bear in mind the need to protect people from the virus and the question of virus being passed on. I propose that we keep the petition open.

**David Torrance:** This is an important petition on the very emotional issue of family members' hearts and their feelings about their loved ones. We need to keep the petition open because we need to see the updated advice from the Government and whether and how the situation will be resolved. Until then, we have to keep the petition open.

**The Convener:** There is a degree of urgency about this. I think that we should write directly to Professor Leitch and the Cabinet Secretary for Health and Sport to say just how urgent we think the situation is. If members do not agree with me, we can discuss that, but we should also emphasise that it is unacceptable to define as changes to access to loved ones in care some of the examples that we have been given. Those cannot be described as any kind of change; a means has simply been devised by which residents are still separated from their designated visitors.

I am not sure whether everybody got this email but I received an email from the person who is responsible for the change.org petition, who made a really powerful point. Often, loved ones go into a care home with the reassurance that they can treat it as their home, but as things changed for the rest of us in our homes when restrictions were lifted, that did not happen in care homes. For me, the concern behind that is that the Government wants to try to manage risk as much as possible, and this is a group for whom risk can be managed in a way that it cannot manage the risk that we all present every time that we go to a shop or whenever lockdown restrictions are reduced a bit.

Simply because groups of people in institutions can be more easily managed, it is important to understand that that should not mean that the difficult issues around those people exercising their rights should not be tackled. I feel strongly that, if we write to Professor Leitch, our messages from this meeting must not be about issuing guidance. The challenge is to issue guidance that makes a difference and a change, and which is not guidance that can be circumvented.

Neil Findlay made a point about the care home that he knows. This is not a criticism of care homes, but people who feel risk averse and hugely responsible need to know that they have been able to do the right thing because the Government has made that very clear to them.

We can see the scale of interest in the petition. The phrase "unprecedented times" has probably been overused in the pandemic, but I think that there is a sense of frustration and distress from families. There is a big gap between saying that we understand that there is a problem and making a specific difference to what people live with every day.

I hope that we can agree to write to the Scottish Government and to Professor Leitch as a matter of urgency, and to ask the Government, and Professor Leitch directly, to address the concerns reflected in the petition and the more general point that something needs to be done about the situation.

It may be that emergency legislation is required. It may be that that will come before Parliament in what is left of the session. However, the judgment will be whether that will deal with the situation faster, because I think that we are agreed that that is what we want to see.

Does any member want to make a further comment? I do not see anyone wanting to do so. In that case, we will continue the petition and to write to the cabinet secretary and Professor Leitch to emphasise the concerns that have been expressed to us and the need for urgency in responding to those concerns, and to say that if guidance is not matched by a real difference in the experience of families, it will have failed. If that is acceptable to members, we will agree to do that.

We thank the petitioners for what they have done. As with so many of our other petitions, we know that the petition has been driven by direct experience. In the middle of a pandemic, it is not easy to campaign when you are dealing with being unable to support your loved ones in the way that you would want and would normally be able to do.

I thank members. In particular, I thank Neil Findlay for attending the meeting and other members who have engaged with the committee today. I also thank the clerking team and the broadcasting team for bearing with my poor connection challenges.

*Meeting closed at 11:45.*



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