OFFICIAL REPORT
AITHISG OIFIGEIL

Public Petitions Committee

Wednesday 24 February 2021

Session 5

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PUBLIC PETITIONS COMMITTEE
5th 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:

Alexander Burnett (Aberdeenshire West) (Con)
Gary Cox (Transport Scotland)
Professor Tom Evans (Scottish Government)
Mairi Gougeon (Minister for Public Health and Sport)
Rhoda Grant (Highlands and Islands) (Lab)
Dr Gill Hawkins (Scottish Government)
Michael Matheson (Cabinet Secretary for Transport, Infrastructure and Connectivity)
Liam McArthur (Orkney Islands) (LD)

CLERK TO THE COMMITTEE

Lynn Russell

LOCATION

Virtual Meeting

Scottish Parliament

Public Petitions Committee

Wednesday 24 February 2021

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

Decision on Taking Business in Private

The Deputy Convener (Gail Ross): Good morning. I welcome everyone to the fifth meeting in 2021 of the Public Petitions Committee. The meeting is being held virtually. The convener is unable to attend the first part of the meeting; she will join us when she is able to.

The first item on our agenda is a decision on whether to take agenda items 3 and 4 in private. Do members agree to take items 3 and 4 in private?

As no member has objected, that is agreed.

Continued Petitions

Tick-borne Diseases (Treatment) (PE1662)

09:30

The Deputy Convener: The second item on our agenda is consideration of continued petitions. The first continued petition, PE1662, which was lodged by Janey Cringean and Lorraine Murray on behalf of Tick-borne Illness Campaign Scotland, calls on the Scottish Parliament to

"urge the Scottish Government to improve testing and treatment for Lyme Disease and associated tick-borne diseases by ensuring that medical professionals in Scotland are fully equipped to deal with the complexity of tick-borne infections, addressing the lack of reliability of tests, the full variety of species in Scotland, the presence of 'persister' bacteria which are difficult to eradicate, and the complexities caused by the presence of possibly multiple co-infections, and to complement this with a public awareness campaign."

I welcome Alexander Burnett MSP, who is joining us for this item.

At our previous consideration of the petition, in December 2020, we agreed to invite the then Minister for Public Health, Sport and Wellbeing and the chief medical officer to give oral evidence. I am pleased to welcome Mairi Gougeon, the Minister for Public Health and Sport; in place of the CMO, Dr Gill Hawkins, who is the Scottish Government's senior medical officer for health protection; and Professor Tom Evans, who is the CMO specialty adviser on infectious diseases. Thank you all for joining us. I invite the minister to provide a brief opening statement before we move to questions.

The Minister for Public Health and Sport (Mairi Gougeon): I am pleased to be in front of the committee today, because it is right that Lyme disease is taken seriously and receives this kind of scrutiny. For some people, Lyme disease has lasting and life-altering impacts, which is why it is so important that we get diagnosis, testing and treatment right. I am by no means an expert on this, but I know that no one organisation or clinician has all the answers. It will be—we hope—through collaboration and robust evidence gathering and analysis that answers are found. I very much appreciate the role that the committee is playing in that process.

The Scottish Government and its public health partners are committed to supporting people with Lyme disease, finding new and better diagnostic and treatment tools, and trying to prevent it in the first place. None of those tasks is easy and I fully understand the frustration of people who feel that progress is too slow or that not enough is being done. However, I assure the committee that we

have world-class lab facilities in Scotland, which often work with international partners to ensure that testing is robust and meets the highest standards. We have a network of public health experts who are dedicated to ensuring that health professionals are aware of the symptoms of Lyme disease and understand how best to support patients who have or are suspected of having it.

As in many other areas, the pandemic has had a huge impact on how much we can progress work on these matters, which I appreciate adds more frustration to the situation. However, we will do all that we can within current constraints, and we will do more when pressures ease. Last week, I met the petitioners to emphasise those points and reassure them about that.

I highlight a round-table event that we will hold in the coming weeks, bringing together clinicians, patient representatives and public health experts to discuss the matter further. In keeping with the idea of collaboration and analysis that I mentioned earlier, the event comes on the back of the petitioners suggesting it, and I am grateful to them for doing so. I am very hopeful that it will inform what we do next.

As I said, I am not an expert in the field, but I am guided by the advice of those who are. I look forward to committee members' questions. Where clinical and public health expertise is needed to provide more clarity on any responses, my colleagues, Gill Hawkins and Tom Evans, are here with me. They, too, will be happy to answer questions.

The Deputy Convener: Thank you, minister. That is positive news.

I will start off by asking about Dr Cruikshank's submission. She states:

> "10-20% of Lyme disease infections result in persistent symptoms".

She also states:

> "Clinicians frequently report a limited understanding of the disease whilst still insisting that 'Chronic Lyme disease does not exist'."

It appears that there is a risk of patients being denied not only national health service treatment, but compassion from clinicians, some of whom outwardly dismiss concerns. Does NHS Scotland acknowledge the existence of persistent or chronic Lyme disease?

Mairi Gougeon: When I met Dr Cringean last week, her point about patients' concerns being dismissed really came across. I emphasise that we do not want patients' concerns to be dismissed by anyone; no one should be left feeling as though that is how they have been treated.

My clinical colleagues are probably better placed to respond to your specific point. However, I assure the committee that the Government is firmly committed to ensuring that, as far as is possible, patients who are ill get the appropriate treatment to help them to recover and that, if the cause of their symptoms is unclear, we do all that we can to get to the bottom of that. Perhaps Tom Evans will elaborate further on that point.

Professor Tom Evans (Scottish Government): I have worked in the infectious disease field in Scotland for just over 17 years and I have probably seen and treated hundreds of patients with Lyme disease. I am well aware of the problems that the petitioners outline.

There are two issues. First, what do we know about patients who present with persistent symptoms and how common is that? Secondly, are clinicians aware of that and what are they doing about it? The evidence is that there are not many people with persistent symptoms, which I always preface by noting that that does not mean that I do not care or do not want to be sympathetic or empathetic. Unfortunately, there has been a breakdown of communication between doctors and patients in that area, which is hugely regrettable. As the minister said, we all want to help people—that is what we are in it for—and to give them the best help that we can.

The symptoms are common in the general population, which is where complications can arise. Population surveys have looked at a variety of symptoms that patients have said that they suffer from after having Lyme disease, but the symptoms turn out to be quite common in people who do not have it, so it is difficult to get an accurate representation. For example, a study in Slovenia in eastern Europe, where there is a lot of Lyme disease, followed nearly 300 patients after they had had Lyme disease, as well as a carefully matched group of controls. Only about 2 per cent of patients in each group had such symptoms after 12 months. Patients suffering persistent symptoms is certainly a problem—I do not deny that—but it is not as big a problem as the figures that you cited suggest.

The issue of awareness and public understanding of the disease is important; we have common ground with the petitioners on that. My opinion is that more could be done in that area, particularly with primary care physicians, some of whom have excellent knowledge of the disease and some of whom are not well acquainted with it. The same is true in secondary care. We have some initiatives that I hope will improve that, which we might come on to later. Perhaps my colleague, Dr Gill Hawkins, who works in public health, will address that point.

Dr Gill Hawkins (Scottish Government): There is certainly variation in healthcare practitioners' degree of knowledge about Lyme. In certain areas of Scotland where it is more prevalent and general practitioners see more of it, they are more confident in recognising, diagnosing and treating it.

There is work that we can do to improve the awareness of our clinical colleagues, from our pharmacies to our GPs and secondary care colleagues. Some work on Lyme disease has already been undertaken by the Scottish health protection network. We hope to build on that and create even more awareness-raising opportunities to continue to get the message across.

Early recognition, early treatment and thinking about Lyme disease are key. People know a lot about the Lyme rash, or target rash, which we see, but it is important to raise awareness about other symptoms and more unusual presentations that GPs who do not have much experience of Lyme are more likely to miss. There is certainly work that we can do to improve recognition and diagnosis in the early stages when we can treat Lyme. That is my main point on where we can go with awareness raising.

The Deputy Convener: Minister, the petitioners state that chronic Lyme patients who pay for private treatment often recover, but the treatments are not available on the NHS. Why is that the case?

Mairi Gougeon: That question would be more appropriate for my clinical colleagues. It is not my place to comment on treatments and I would not be able to comment on treatments that are available privately. The NHS would support patients to manage symptoms that they are experiencing. I hope that since the petitioners first developed their symptoms the approach will have improved. I will bring in Tom Evans.

Professor Evans: There are two issues. First, we want to be sure that use of any treatment that we offer in the NHS is evidence-based and will do patients some good. That is not the case just for Lyme disease, but for any condition. Clinicians rely on international experience and evidence. We have the benefit of the National Institute for Health and Care Excellence, which is United Kingdom based, but there is also the European Centre for Disease Prevention and Control and the Centers for Disease Control and Prevention in North America, where Lyme disease was first recognised and there is a huge amount of Lyme disease.

There is a large body of international evidence on treatments and what best can be done for patients who are suffering. In particular, longer-term antibiotic treatment has been looked at. Very commonly, patients with Lyme disease ask me whether it will do them any good to have antibiotics for a month or two, or six months. The evidence is that it would not. There have been a number of large trials including blind comparison of patients who had antibiotics with patients who had a placebo, so we did not know which group was which. The overwhelming evidence in those trials is that the longer-term antibiotics did not offer anything better than the placebo. Both groups showed improvement, but there was no difference based on whether the patients had had antibiotics. Certainly, from my perspective and those of my clinicians, that treatment is not justified based on the available evidence.

That is not to say that there will not be evidence in the future to support such treatment; we always keep an open mind. We would not give patients longer-term antibiotics based on the current available evidence. I have seen one of my patients who received longer-term antibiotics having a serious reaction to them, so they are not entirely risk-free. We have to make sure that we strike the right balance between risk and harm.

There is definitely room for improvement in what treatment we offer to people who have longer-term symptoms and who are clearly suffering. We are lacking evidence on that. NICE, the European Centre for Disease Prevention and Control and the Infectious Diseases Society of America guidelines all acknowledge that that is an area in which more research is needed.

That shades into other areas such as chronic fatigue syndrome and, of course, as we have seen recently, patients who are experiencing longer-term symptoms after Covid. Whether those have similar underlying causes and whether treatments will work for all groups and so on, we do not honestly know, so we need better evidence to see how best we can help those people.

Antibiotics and some other treatments that are offered privately are not, to the best of my knowledge, based on evidence, treatments that we can recommend currently. I hope that helps and sets out what we can do and perhaps what we need to know. Perhaps Gill Hawkins wants to add something from the public health perspective.

09:45

Dr Hawkins: The views that Professor Evans has expressed are in keeping with those of the clinical experts who have been advising the Scottish health protection network about education, awareness-raising and clinical aspects of the treatment of Lyme disease.

Awareness is needed among the clinical profession about people who have longer-term symptoms and who need support and

management of those symptoms. There might be a debate about antibiotics, but there is no debate about the need to provide holistic care to people who have long-term symptoms, by making sure that the symptoms are being addressed and taken seriously, and that the people feel that they are being supported. We hope that awareness-raising will improve the patient experience for those who unfortunately suffer from the longer-term symptoms.

Maurice Corry (West Scotland) (Con): Chronic Lyme disease is a multisystem infection, treatment of which requires multiple specialties, but there are currently no specialist multidisciplinary treatment centres. Consequently, patients can receive unco-ordinated and ineffective care. Do you agree with calls to establish a multidisciplinary treatment service for evaluation, support and management of patients with chronic and persistent symptoms of tick-borne infections? Minister—maybe you would like to start.

Mairi Gougeon: Prior to the pandemic, we had been looking at establishing an infectious diseases managed clinical network. Its aim would be to bring together health practitioners and other professionals who are involved in caring for patients with infectious diseases. Lyme disease would be a workstream within that. I emphasise that that work was in its very early stages prior to the pandemic.

That is very important work that we would seek to continue, because it would bring together everyone who is involved in providing specialist care for particular groups of patients who have complex healthcare needs. The work would include health and other professionals, patients, carers, their families and voluntary groups. Unfortunately, the plans had to be put on hold because of the pandemic, but there is still a strong appetite for developing such a network. The Scottish Government will definitely continue to support that work when public health pressures ease.

Maurice Corry: Professor Evans, would you like to comment?

Professor Evans: I absolutely recognise the frustration that many patients feel about the multiple referrals that they often experience. They see specialist A, then they see specialist B, but they do not feel listened to or that there is a joined-up view of the problems from which they suffer. That is sad; we always want the NHS to be working to the best of its ability, so that situation is clearly not ideal.

The minister has outlined what we hope we can establish—an MCN that includes specialists in infectious diseases all across Scotland to make sure that wherever one lives in Scotland one can get appropriate access to treatment.

I am not involved in making policy in the area, but I do not think that there will be a one-size-fits-all solution. What might work in the central belt will probably not work in the remote and rural areas of Scotland. It will take some looking at. Certainly, bringing together the group of doctors who are most likely to see patients, and formulating ways to ensure that patients are not passed from one referral to another, could be done much more effectively. Dr Hawkins can speak about how the MCN would help.

Dr Hawkins: MCNs are used in a number of clinical areas. As Professor Evans said, their aim is to bring together individuals to provide multidisciplinary expertise. It is not just about having an infectious disease physician; there might be rheumatologists, cardiologists and other specialist clinicians in a hospital who have a role in managing Lyme disease. General practitioners and other professionals could help with the support and rehabilitation elements of Lyme management for people who have longer-term symptoms.

We need to make sure that all those who might be involved in the care of people with Lyme disease provide a joined-up service, and that the pathway for the individual is as we want it to be. As Professor Evans said, people should not feel that they are being pushed from pillar to post; there should be a joined-up and holistic approach to their care. An added benefit of the MCN model is that it brings in patients and their families to inform the work of the MCN.

The point that Professor Evans made about there not being a one-size-fits-all service is important. The aim of a network is to offer treatment nearer to the patient and in a way that works for them, rather than their having to travel miles to a central specialist therapist clinic. The view of clinical and other colleagues to whom we are speaking about Lyme disease is that an infectious diseases MCN would be a good way to bring together all the people to reduce the variation that we see in the patient experience in Scotland.

Maurice Corry: That is very interesting. I liked Dr Hawkins's comment about bringing people together; that is important. The stories that I hear from people who have been affected by the disease show that it manifests itself in different ways; there is the psychological side of it, too. I would hope that some sort of psychological treatment would be included in the multidisciplinary centres. That is very important, because obviously it affects quality of life.

If you would like to respond on the psychological side, that would be very helpful.

Mairi Gougeon: The work on developing that was at an early stage and we want to pick that up. Of course, we would consider any possible relevant expertise that should be part of that group.

That point came across strongly when I met Dr Cringean last week. Tom Evans and Gill Hawkins talked about people feeling as though they have been passed from pillar to post, and of course we do not want anyone to experience that or to feel that that is how they are being treated. The infectious diseases MCN will be key in bringing some of that together, and we are keen to progress that piece of work.

David Torrance (Kirkcaldy) (SNP): The NICE guidelines acknowledge that chronic infection is not yet researched thoroughly enough to support evidence-based guidance. The NICE guidance that is in place concerns only acute Lyme disease and is based on “poor-quality evidence”, according to Dr Cruikshank. Does the minister share the committee’s concern that this area requires much more research?

Mairi Gougeon: Generally, clinicians will—and should—follow evidence-based guidelines such as those that have been produced by NICE. It is probably the case with all diseases that, over time, we build up more evidence and that informs how those diseases are diagnosed and treated. I expect that we will continue to build our evidence base. In previous responses, I talked about the managed clinical network, which will go a long way towards that. There is also the Scottish Lyme disease and tick-borne infections reference laboratory. There are a number of pieces of work that will help develop and build the evidence and research base.

I do not know whether Tom Evans or Gill Hawkins has anything to add to that.

The Deputy Convener: Professor Evans, you touched on this in one of your previous answers. Would you like to say anything on this question?

Professor Evans: Broadly, I would agree with that. There is certainly room for better quality evidence, particularly for those who are suffering from longer-term symptoms, for whom we do not currently have any particularly good evidence base to offer specific treatments.

Any research requires initiatives from those who are best placed to do it. We have ways of funding research in Scotland, the UK and Europe—people apply for money to do the research and so forth. I would wish to see more of that being done. Obviously, there is an envelope of funding for research in all areas and people have to compete with others who want to research into other conditions.

Some very high-quality work has been done on a very small scale. Colleagues in veterinary medicine do a lot on the survey of wild animal and farmed animal populations, in terms of the range of pathogens that they contain. Good research on where ticks are found is being done by Public Health Scotland and Public Health England. We have a process in which people can send in a tick and it gets identified, which helps us to produce a map. An app is being developed through the University of Aberdeen, in collaboration with the European Space Agency. It will use geospatial locations, and people will be able to put in where they have found a tick and so forth in order to build up a better picture.

I acknowledge that these are small steps, but it is an area in which we would all wish to have better evidence. If there were anything that could be done to support that, I think that that would be a good idea.

David Torrance: A lack of research and lack of money have been mentioned. Will the Scottish Government do anything to improve the research? Will it increase funding to look into Lyme disease?

Mairi Gougeon: The pieces of work that we are looking at in relation to the MCN, and the other on-going work that I mentioned in previous responses, will all help to build the evidence and research base.

Tom Evans talked about competing priorities. Obviously, as we do in other areas, we have to balance this up and look at it, but we want to make progress in this area. We will look at the research and evidence gaps and see what work we can take forward in response. In my opening statement, I talked about the round-table that we will take part in. That will be a good place to talk about the further work that we can do in both the short term and the longer term, whether it is around awareness campaigns or gaps in other areas that we need to focus on.

Tom Mason (North East Scotland) (Con): The Scottish Lyme disease and tick-borne infections reference laboratory has ISO accredited testing available for only five strains of Borrelia out of 300. Our evidence shows that cases can be missed based on when tests are taken. Professor Lambert has called for testing for all co-infections to be established and for improved testing for Lyme disease that does not rely on antibody response alone. What is your view on that?

Mairi Gougeon: I understand that the petitioners have some concerns about testing. Again, I will bring in my clinical colleagues to give a more substantive answer on this point.

I understand that there are issues around the credibility of some of the other testing that is available. The Scottish Lyme disease and tick-borne infections reference laboratory, which has been referred to in previous responses, does very important work. It gained its reference laboratory status a couple of years ago, and that is important for a number of reasons. First, it means that, as far as possible, testing across Scotland can be standardised; it also ensures that the lab is centrally funded.

At the moment, the laboratory is involved in an Interreg project called NorthTick, on which it is working with seven other countries; that is a three-and-a-half-year project. I think that a specific part of that work is looking to develop a diagnostic test that would allow current infections from Lyme disease to be distinguished from past infection. All of that work will be very important as we go forward.

I am by no means an expert in this area, so I will bring in Tom Evans to see whether he has anything further to add.

10:00

Professor Evans: We are fortunate to have an accredited reference laboratory in Scotland; for clinicians, that means that we have a much easier way of accessing tests. Other tests for these infections are offered by the rare and imported pathogens laboratory, which is a division of Public Health England, based down in Porton Down in Salisbury Plain. It is much better that we have that facility in Scotland, particularly because we have a much higher incidence of Lyme disease in Scotland than they do in southern England.

I do not want to get too technical. The tests are based on what the evidence shows us on what the likely infections are, to be sure that we are detecting them. As the petitioners say, there are a range of different species of Lyme disease—the Borrelia bug—and the terminology becomes ever-more confusing, even for me who works in the field. That is something of a nightmare, but the laboratory has well-validated tests to cover the species that are thought to be prevalent in Scotland.

In a NICE study that was done in 2014 of more than 2,000 ticks collected from many different locations across Scotland, 124 ticks were positive for different species of Lyme. Molecular testing was then used to find out the different species. The ones that they found were exactly those for which tests are available, using the antibody tests. I do not think we are missing clinically significant cases of Lyme disease. I should add that the species of Borrelia that are found in Scotland are quite distinct from those in North America and are much more aligned to what we see in Europe. There is a difference there, which is important.

As far as other pathogens go, we have molecular tests for some of the other known tick-borne infections, particularly Anaplasma, which is found in ticks across Europe. We do not have as much information in Scotland and that is maybe something for which we could have a better evidence base, but the disease that it produces is quite distinctive and quite different from Lyme. We are able to diagnose that using molecular testing. I have seen one case of that in Scotland, but the patient actually acquired it on the east coast of America. There is knowledge there but—as Gill Hawkins and the minister said—better understanding and primary knowledge of that would certainly be welcome.

There are some other much more unusual infections. I do not want to get too technical, but Bartonella has been suggested as something found in ticks, but international evidence suggests that that is not something that can be acquired by humans from a tick bite.

I have confidence in what the laboratory is currently doing in Scotland. The clinicians there are always looking at the evidence and adapting their tests and so forth to be sure that they are offering the very best for patients in Scotland. We keep an open mind, and as things develop and we get more evidence I am sure that they will take that on board. Does Gill Hawkins want to add anything?

Dr Hawkins: I reinforce what has just been said. The important development in recent years has been the national laboratory's reference laboratory status, because that brings confidence that the tests that are being used have been validated, that they are the most up-to-date tests available and that they are internationally recognised as the tests that we should be using.

Part of our reference laboratory's function is to develop its testing and take part in research. As we have heard, the laboratory is actively involved in the NorthTick research project, which is looking at different diagnostic techniques. It is very important that any of those techniques that are taken into the reference laboratory are properly validated and we are sure that they are reliable and are not causing harm by giving false or questionable results.

The reference laboratory status is something that is very important and something that we will obviously build on. As Tom Evans said, as research evidence comes on board, and as more tests are developed, the reference laboratory will be at the forefront of making sure that, where appropriate, those tests are used in Scotland.

The reference laboratory is also working closely in collaboration with experts; in particular, as Tom Evans mentioned, it works with PHE's rare and imported pathogens laboratory, which has a lot of experience in testing not just for Lyme, but for other tick-borne diseases. That is a very active collaborative relationship, so I think that we can have confidence in that.

David Torrance: Evidence received by the committee indicates that the majority of GPs lack experience or confidence in providing advice on tick avoidance, managing tick bites or diagnosing and treating Lyme disease. Chronic Lyme patients have been dismissed by infectious diseases consultants, who are unable to help them because of lack of knowledge. What action is being taken to ensure that all healthcare professionals understand the effects of persistent Lyme disease, the insensitivity of the tests for Lyme disease, the importance of adequate early treatment and how to treat chronic Lyme disease?

Mairi Gougeon: That point was raised with me when I met Dr Cringean. It is disappointing to hear that people feel that they have been dismissed, or that there is a lack of knowledge or understanding. Gill Hawkins and Tom Evans touched on that in previous responses.

We all know that there is scope for more awareness raising to be done. The Scottish health protection network has done a lot of work in the area on awareness raising, but that does not mean that we are sitting back or that we do not want to do anything else about it. The round-table that we are due to hold will go a long way to establishing the next steps that we will take. In areas in which there has been a high incidence of Lyme disease, GPs might have general awareness, but it cannot just be seen as an issue for one particular area or as a rural issue. There needs to be general awareness of the issue.

We want to encourage people to experience the outdoors and to keep physically active. We have seen a big upsurge in that, especially in the course of the pandemic last year. We want to continue to encourage people to go outdoors, so we need that general awareness all round. Gill Hawkins may have touched on that point earlier. We need a greater increased public awareness of even just the measures that people can take to protect themselves against ticks when they are out and about. We need that awareness in primary care, but we also need that in secondary care so that hopefully it does not occur all that often.

We do not want people feeling like they are being passed from pillar to post, so there are a few different areas of work there where, again, we are not sitting there and not doing anything about it. We recognise more can be done and I see the round-table as an important meeting where we can start to take that work forward.

David Torrance: Minister, you mentioned the round-table, but GPs are the gatekeepers. If people who are affected by Lyme disease cannot get past that, how do we improve communications with GPs and run an educational programme with them about Lyme disease? Will the Scottish Government run a national campaign when it is the high season for ticks to make the public aware of Lyme disease?

Mairi Gougeon: Absolutely. We will be committing resources to support the education and awareness raising around Lyme disease. At the round-table, I want to get the advice and speak to experts and patients to work with us on how best we do that.

David Torrance raises an important point, which I touched on earlier. Again, this is about how we address public awareness. It is also about primary care awareness. A lot of GPs have that awareness. The Scottish health protection network and its tick-borne disease subgroup have been doing a lot of work in that area and are providing educational resources for professionals, as well as trying to engage outdoor organisations. We are keen to take that work forward, which is why we will be committing resource to it and taking that forward later this year.

Maurice Corry: My colleague has raised some of the points that I was going to raise, but I want to dig a bit deeper into public awareness of the disease and tick-borne infections. What can the Scottish Government and the medical profession specifically do to ensure that people know how to recognise and safely remove ticks and what symptoms to look for after the bite?

Mairi Gougeon: I am not able to outline the specifics of what any education campaign will consist of at the moment. That is why we want to have the round-table discussion with the people who have suffered this, as well as the clinical experts. We want to get everyone round the table to find out what messages we need to get across and look at the best way that we can do that. It is very important we do that as a first step to make sure that we have that collaboration and that analysis as we try to progress that work. We have committed resource to that and we will do the work, but we want to make sure that we get it right. Holding that round-table meeting and seeking collaboration and advice will be an important step forward.

Maurice Corry: Would the others like to comment?

Professor Evans: I echo the views about the need to be sure that we have a more even and better understanding and knowledge for primary

and secondary care physicians across Scotland. From the patients whom I see, it is clear that some primary care physicians have a fantastic understanding and knowledge of the disease and treat the patients that they see extremely well, whereas others do not, through no fault of their own; they just do not understand the disease or have not even heard of it particularly. I am sure that there is room for improvement there.

We need to encourage people to go out. If we have learnt anything over the past year, it is the importance of the countryside and enjoying what Scotland has to offer for mental health and wellbeing. That is very important. There are other important public health messages about being in the countryside—not just about ticks—and I think that Gill Hawkins will touch on those.

I live in the middle of Glasgow, but you do not have to go very far to find a tick. Where my dog walks at Mugdock park it is bristling with ticks, so it is not just in the more remote and rural areas that we see the disease, but also in the bigger cities. It is there that clinicians probably have much less experience, because they are not used to seeing it. There is definitely room for improvement. I would echo all the minister's comments about what we can do moving forward.

Dr Hawkins: To build on what has been said, work has been done in the network developing resources and in partnership with the NHS to get information on to the NHS Inform website. There is a specific site there called the outdoor bugs and germs site, which gives advice about Lyme disease, and other infections that people might encounter when they are out and about in the countryside.

The initial work has been done on developing those resources. The next key stage is getting them out there so that people who need to see that information see it before they get to the countryside, so that they come prepared and it becomes part of what they do when they get out and about. You take your sun cream, water and tick remover and you know how to look out for ticks, how to check, what to do if you have a tick bite, how to safely remove the tick, and beyond that, how to look out for symptoms and present to your GP if you feel unwell. We know the messages and we have the materials. It is about how we get that information out there, and I hope that the round-table discussion will help with that. Drawing on the experience and expertise of others to help us to do that will be very important.

The Deputy Convener: Thank you. Tom Mason had a question about the minister being willing to engage with the petitioners, but we have heard that she has already done that. Would you like to follow up on that, please?

Tom Mason: Minister, you kindly outlined that you have engaged with the petitioners, and you have talked about your engagement with research and round-table discussions and so on. What is most important in the whole discussion is how we move forward. Can you confirm your programme for engagement during the next years, months or whatever, and whether that will be sustained? In order to resolve the problem, engagement will have to go on for many years, I guess.

10:15

Mairi Gougeon: You are right that it is a complex problem and unfortunately no one solution will solve it. That is why on-going engagement is very important. We want to make sure that any messages that go out—as Gill Hawkins was talking about—go out in the most effective way. Last week, I had a very positive meeting with Dr Cringean, in which we discussed a lot of the issues; it was suggested there that we hold round-table discussions, so that we could bring together all the relevant people and discuss how we move forward.

I do not see that as just a tick-box exercise: the round-table will not be the end of the work. I very much see it as the start of the important process of bringing together all the relevant people. As I said, we have committed resource to running an awareness campaign later in the year. We want to continue that engagement as far as possible, and to make sure that any messages that we put out are put out in the right and most effective way.

The Deputy Convener: Thank you. Maurice Corry has a quick supplementary and then I will bring in Alexander Burnett.

Maurice Corry: On 31 October last year, Professor Lambert stated in his submission that the antibody test misses many cases of Lyme disease. He has called for a review of current testing strategies. Do you all agree with that?

Mairi Gougeon: When it comes to testing, I am probably better handing over to my clinical colleagues. As we have said, work is being done on that by the Scottish Lyme disease and tick-borne infections reference laboratory.

Professor Evans: I echo my previous comments on testing. The reference laboratory follows best international practice on what the evidence base shows are the tests that work and are the most reliable. The tests are constantly under review, as the minister outlined, and we take on board the best possible evidence at the time.

I would not agree with the petitioners that the testing is inadequate in the way that they outline. That is not to say that we will not constantly keep it

under review. That is really the key message that I wanted to get across.

Alexander Burnett (Aberdeenshire West) (Con): I thank the minister, Dr Hawkins and Professor Evans for coming along today and answering questions. It is very important, particularly for petitioners, that while the pandemic goes on, other subjects are not being ignored, particularly this one, which has been going on for some time.

I also thank the minister for meeting with Dr Cringean. I do not know whether she met with both petitioners. Correct me if I am wrong, but I believe the other petitioner is one of her constituents and certainly—as is well-publicised—caught Lyme in her constituency, not up on the high ground, but down on the coast. It shows that the disease can be caught anywhere across Scotland.

I have two questions and one point that you might want to come back on. The first question is really one of process, following on what Tom Mason was saying, and thanking the minister for holding the round-table. What format will the round-table sessions take? I suggest that the subject is broken down into Professor Lambert's six areas, so that we can have proper and detailed dialogue on each part.

What will come out of the round-table discussions, and what is the process for something coming out of them? We have had so many talking shops and discussions, but it is never clear, especially to the petitioners, what process is expected to result from a round-table. Perhaps the minister could set out how the round-table will feed into future deliberations and policy, and how she will respond to that round-table. That is my first question.

The Deputy Convener: Can you ask both questions together in the interests of time, please?

Alexander Burnett: Certainly. My second one is a point and a bit of criticism, I am afraid. Dr Hawkins has talked a lot about raising awareness and the minister has mentioned raising awareness multiple times. I think the petitioners and other people with Lyme are probably quite sick of hearing that that is what will happen, because we have been hearing about raising awareness for years now and it is simply not substantiated by the evidence of Government performance, or of publication and awareness, particularly since, as the minister pointed out, we are encouraging more people to exercise outdoors. You might like to come back on that point.

The third point, which is a question—my final point, deputy convener—is again about how we move forward. One of the main criticisms has been about the lack of patient representation. That is well documented in the evidence given. How will that patient representation materialise? At the moment we are having to come forward with a petition and I do not know what will happen to the petition after today. It is very much a cry for help from those who have Lyme and feel that they lack a voice. In the interests of keeping the issue live after the petition, can the minister confirm how patient representation will happen?

The Deputy Convener: Thank you. Minister, there were three points for you there.

Mairi Gougeon: I think that I have a note of them all, so I will try to cover them.

I see patient representation and the lack of a voice as absolutely critical, not just in the area of Lyme disease, but in all other aspects of my portfolio. One thing that I am keen to do is to engage with people. I want to hear about people's experience and to hear that from them directly. That is why I was keen to meet the petitioner last week. Alexander Burnett asked whether I was able to meet both petitioners, but unfortunately I was not. I met Dr Cringean but, because of the timing of the meeting, I do not think that everyone could attend. I see engagement as a key element of my role; I want to engage, which is why I see the round-table having an important role.

I hope that members will understand that the meeting was just last week and I am appearing before the committee today. I cannot as yet give you the detail of the arrangements and format of the round-table, because it has not been established. It will, however, be key, because it brings forward that patient voice. The petitioners will be there, and we will have the clinical expertise there. That is where we want to tease out a lot of the issues. We are all going into it open-minded and not prejudging. I genuinely want to hear about people's experience, about what we can do about the messaging, and how we can make sure that messaging is effective.

I cannot be any clearer than what I have already said today. We have committed resource to it and we will be doing that public awareness raising. I have given that commitment today and I assure the committee that it will happen, but we want to inform that as much as possible and that is where this work is very important.

I understand that the petitioners might be concerned that it looks like there has been a lot of talking and not a lot of action. I am fairly new in this post and I can only do what I can do. I have set out what I am going to do and I will be happy to keep the committee updated on that work.

The Deputy Convener: Does Alexander Burnett want to come back in very briefly?

Alexander Burnett: Very briefly. On that final point, I was talking not so much about meeting the minister, which we are very grateful for, as about patient representation on the actual body mentioned within the evidence. The name escapes me for a second, but there is a specific body that does not have a patient representative from Scotland. Could the minister address that specifically? That is my final point.

Mairi Gougeon: I do not know whether that refers to a point that was given in previous evidence. I think that my predecessor wrote to the committee with further information on that towards the end of October. I want to make sure that we have patient representation and involvement. Of course, there are some groups in some areas where that is not always going to be appropriate. Where there are clinical discussions or clinical conversation, I think there is an appropriate place for that, but not necessarily in some of the groups that we might have talked about today. If the member wants to write to me with more specific details on that, I would be more than happy to look into it and get back to him.

The Deputy Convener: Thank you, minister. That is the end of our evidence session. I thank the minister, Professor Evans and Dr Hawkins for their thorough evidence.

We must decide what we will do with the petition. As Alexander Burnett has already suggested, it would be very difficult for us to close the petition at this stage, given that there are so many outstanding issues. The Scottish Government has committed to quite a lot of actions that we probably need to keep an eye on, so I suggest that we continue the petition and put it in our legacy paper for the committee that will come after us, along with a suggestion to seek assurances and updates from the Scottish Government to address any issues that have been brought up during this session. I will quickly go to members for their opinions.

Maurice Corry: I agree. I wish to continue the petition. Too many doors are still open and questions are still to be answered. It is important that we see the actions that the Scottish Government has said it will deliver. Therefore, I request that we continue the petition. Obviously, it will be one for the legacy paper; I agree entirely, deputy convener, on that.

Tom Mason: Yes, I agree with what has been said so far. There will be a change of Government, so the legacy paper will carry over the issues and they can be followed up in future. I expect the issue still to be on the cards for at least five years before anything is really resolved on an on-going basis that does not need detailed scrutiny.

David Torrance: I agree with the deputy convener and my colleagues that we should keep the petition open and take it forward, just to see what progress has been made by the Scottish Government.

The Deputy Convener: Thank you. Alexander Burnett, would you like to come in?

Alexander Burnett: Thank you very much, deputy convener, and I thank you and your committee for that decision. I think that it will be greatly appreciated by the petitioners. It is very much still a live subject, so that is much welcomed. As this will probably be the final time that I appear in front of you regarding Lyme disease in this session of Parliament, I thank you and your committee for your time and interest and for keeping the petition alive on behalf of myself and the petitioners.

The Deputy Convener: We thank you for coming along. Your input has been very important. We thank the petitioners as well.

Based on our discussion, we will continue the petition and include it in the legacy paper for the successor committee, along with the suggestion to seek an update from the Scottish Government on any progress made to address the issues raised during the evidence session.

Are we agreed on that course of action? We are.

I suspend the meeting to allow our other witnesses and the convener to rejoin us. Again, I thank all our witnesses.

10:28

Meeting suspended.

10:35

On resuming—

Air Traffic Management Strategy Project (PE1804)

The Convener (Johann Lamont): I am back to convene this part of the meeting. I thank Gail Ross for convening the earlier part.

The second continued petition, PE1804, which was lodged by Alasdair MacEachen, John Doig and Peter Henderson on behalf of Benbecula community council, calls on the Scottish Parliament to urge the Scottish Government to halt Highlands and Islands Airports Ltd’s air traffic management strategy project and to conduct an independent assessment of the decisions and decision-making process of the ATMS project. I welcome Rhoda Grant MSP and Liam McArthur MSP for this session.

At our December 2020 consideration of the petition, we agreed to take evidence from representatives of HIAL, Transport Scotland and the Cabinet Secretary for Transport, Infrastructure and Connectivity at future meetings. The committee took evidence from HIAL at our meeting last week. I am pleased to welcome today the cabinet secretary, Michael Matheson MSP, as well as Gary Cox, head of aviation at Transport Scotland. I invite the cabinet secretary to provide a brief opening statement before we move to questions.

The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson): Thank you, convener, for the opportunity to appear before the committee. I know that HIAL appeared before the committee last week and covered a number of technical aspects of the project.

A key point that we need to remember when discussing this particular project is that it is about the continuation of air services in the medium to long term, which will help to secure the economic prosperity of remote and rural communities. The cessation of air services would have a devastating impact on those communities, and we have a responsibility to act now to ensure their continuation. Failure to do so would store up problems and risk connectivity and resilience.

HIAL has identified the risks that need to be addressed to ensure the continuation of services. As it set out last week, those include issues such as the need to improve resilience, staff recruitment and retention, the modernisation of working practices, the changing regulatory picture, which started under the European Space Agency and is likely to continue under the Civil Aviation Authority, and the opportunity to significantly improve on current safety levels.

This is not a new project; the issue first started in 2015. HIAL commissioned an independent study via the specialist consultancy Helios to advise on the best approach to addressing the issues that it faced. The decision to proceed was taken by the HIAL board in January 2018, and implementation of the project has continued since then. HIAL undertook extensive research in considering numerous options for how to address the issues that it faces, which included engagement with its staff and other stakeholders. That engagement will continue until the programme is completed, and HIAL has determined that the strategy that is being pursued is the one that addresses all the issues that it faces.

The consequence of the strategy is that a number of posts across HIAL airports will need to transfer to the new surveillance centre in Inverness. HIAL recognised from the outset that the project involves a significant change of process that needs to be carefully managed. That is why it has continued to engage with its staff and stakeholders to develop mitigations for the impacts that it will have on individual airports. Examples of that include commuting policy, which it is developing in consultation with the unions, and the recent announcement of the centre for excellence in Benbecula, which, if successful, could see staff from all over the Highlands and possibly from further afield training in Benbecula. HIAL will continue to explore all opportunities to mitigate the transferring of posts to Inverness and to support the economic development of the communities concerned.

I want to address some issues around the financing of the project, because it is important to distinguish between the budget that was agreed for the project and other cost figures that have been referenced at various points. I believe that there has been confusion in some quarters on that point. I am therefore providing clarity on those issues today.

There is only one approved budget for the project: the £48.4 million that was approved by Transport Scotland's investment decision-making board in December 2019. That is made up of £34.7 million of capital budget, as referenced by HIAL in its appearance last week, and £13.7 million of revenue budget. The Helios report provided an initial proposal that evolved into the business case that was approved.

It is misleading to say that costs have increased between the initial proposal and the approved business case, as the two are not comparable. Although various figures have been reported in the media, the budget remains £48.4 million—as approved in December 2019—and it includes £6.8 million of contingency, which is normal for major infrastructure projects. As is the case with all projects, the scope of the project and the estimated costs of different elements have developed over time as more information has become available and options have been refined. As with any infrastructure project, costs will be carefully monitored through the ATMS programme board, the HIAL board and the independent audit programme with the Scottish Government.

We are still at an early stage, and the project is proceeding in line with its approved business case and its budget. I am more than happy to respond to any questions that committee members may have, convener.

The Convener: Thank you very much. We will take questions, but I want to take Liam McArthur first.

Liam McArthur (Orkney Islands) (LD): Thank you very much, convener. I offer my apologies to

the committee and to the cabinet secretary, as I need to duck away early. I have a meeting with the Cabinet Secretary for Justice at 11 o'clock, but I will stay as long as I can.

Thank you for the very robust and thorough way in which you have been dealing with the petition. It is on an issue that I, Rhoda Grant and a number of my constituents have been living and breathing for a number of years. As the cabinet secretary intimated in his opening remarks, it has been ongoing since 2015 and has come into sharper focus since 2018 and the board's decision.

I am interested in the cabinet secretary's clarification of the budget issues, because, frankly, HIAL has been wholly unable—in private meetings and in the public session last week—to clarify the budget implications of what is proposed. Inglis Lyon indicated that the proposals were on schedule and on budget, yet, in discussions over the past year or so, figures ranging from £18 million to £20 million—or what Inglis Lyon referred to last week as £34.5 million—have been bandied about.

I hear the cabinet secretary's assurances that all of this is within the £48 million envelope that was set. However, given the fact that, for example, primary radar was discounted as prohibitively expensive in the original survey—it was not in the original costs, and I do not think it is even in the current estimates—what confidence can the public have that the project remains on schedule and on budget?

Michael Matheson: I read the evidence that was provided by HIAL last week, and it correctly referred to the capital budget as being £34.7 million. I am conscious that various figures have been bandied about in the press, which I am afraid, from what I have seen, are wholly inaccurate. I am not entirely sure where some of them originated from. According to the HIAL board and the programme management board, the project remains on time—due to be completed by 2027, with roll-out across a number of airports over the next couple of years—and within the budget that was set back in December 2019.

I hear what Mr McArthur says, but, as it stands, there is no indication of any cost overruns in the project. It is still within budget and is still operating to its original business case timeline.

10:45

I am conscious that the issue of radar was addressed by HIAL last week, when it set out the rationale for not taking forward the option of radar principally on the basis that it would deal with some of the surveillance and operational issues that exist at airports but it would not address the resilience issue. The resilience issue is primarily around operational aspects relating to air traffic control staff and the ability to have air traffic control staff who can cover more than one airport. They would cover only one airport at any given time, but HIAL would be able to flex its staffing resource to cover other airports when necessary. That is the benefit it will get from having a centralised surveillance centre.

The principal reason why radar was not progressed and taken to a business case is that the decision was made that, of the options that were set out in the Helios report, the one that most effectively addressed the range of issues that HIAL needs to address and resolve was the ATMS option. That is why the business case was developed and the budget was set for it.

Liam McArthur: The option that Helios identified as the riskiest and costliest was the remote towers option. In a sense, each of the options would have an element of risk to it, but HIAL has chosen to pursue the one that is riskiest and costliest. It has also gone down the route of an option that builds in fairly significant single points of failure. It points repeatedly to the issue of staff recruitment and retention, yet the place where staff recruitment and retention is most problematic at the current time—as it has been over recent months—is Inverness. HIAL is choosing to centre the entire operation in an area where recruitment and retention—one of the principal drivers for taking forward the strategy—have been most problematic. If you strip the roles out of island communities and communities like Wick, you will exacerbate the problem that HIAL is suggesting underlies the entire project. There is no answer to that.

Michael Matheson: There are always significant risks attached to any project of this nature. To suggest there is a potential risk of a single point of failure is—with all respect, Mr McArthur—somewhat misleading, because the regulatory framework means that any form of air traffic control system that is introduced is required to have the resilience within it to deal with any single point of failure. I am not a technical expert, but my understanding is that you need to have three different points at which to back up the system, to ensure that, if there is failure at any given point, there is resilience in another part of the system to overcome that.

It would be wrong to give people the impression—I am not suggesting that you are doing so—that the project is based on a system whereby, if there is failure at one point, the whole system goes down, because the regulator, the CAA, will need to be satisfied that the resilience that is built into the system is sufficient to provide the cover that is required. The regulator has the

final say in ensuring that there is not a single point of failure in the system.

As you would expect with a complex plan, as it goes forward and the various layers are put together, there are points that need to be checked with the regulator to ensure that it is content with the measures that are being put in place to progress the project further. I am confident that a combination of the HIAL programme management board and the overarching role that the regulator has in these matters will ensure a resilient system.

On your final point, yes, there are recruitment issues in Inverness. However, there have been recruitment challenges across HIAL's air traffic control system for many years. I am sure that you will recall the challenges that it faced—back in 2014, if I recall correctly—particularly in Stornoway, with resilience in providing air services into Stornoway airport, which were largely due to staffing issues.

One of the challenges that we set HIAL is to make sure that, as we move forward in the medium to long term, it can deliver sustainable, long-term air services into island and remote communities. That is a key challenge that we have given HIAL to take away and deliver against. It believes that the project will help to meet that medium to long-term challenge by providing greater resilience and ensuring that it can maintain critical air services to island and remote communities in the medium to long term within what is a changing regulatory environment in which it has to adapt.

Liam McArthur: I hear what you say about the staffing issues in Stornoway. I understand that there were particular local circumstances there that perhaps had more of a bearing than anything else.

HIAL has failed to follow up the approach to local recruitment that it took at that time. Its approach to recruiting from local communities led to not only a demand for the roles but a continuation of people in those roles over a prolonged period. When HIAL has done what NHS Orkney, Orkney Islands Council and all the island authorities have done on local recruitment to maximise the chances of people remaining in roles, that has proved as successful for HIAL as it has been for the other public sector bodies. Unfortunately, HIAL has gone for a quick fix of bringing in ready-made qualified personnel, who have a short-term commitment to the organisation and then—not surprisingly—choose to leave. I would argue that HIAL is the author of its downfall in baking in a lack of resilience on staff recruitment and retention.

As for resilience, you are absolutely right about the regulator's role. The CAA has made it abundantly clear that the radar in the tower option that HIAL dismissed as being not compliant with CAA regulations is a concept that it would be happy to look at and would find acceptable. Throughout the process, HIAL has put up straw men about options that were available to it that it discounted, because the process started from the basis that it wanted to go down the route of remote towers. HIAL has done everything in its power to backfill a justification for the approach that it has taken.

Michael Matheson: I will deal with your second point, because the first point is largely your opinion. If we look back at the history, HIAL has had an on-going issue of maintaining resilience across its air traffic network. It also needs to reflect on the regulatory changes that it is likely to face in the medium to long term. Those issues will not go away.

The Helios report was commissioned to look at those issues and find the best option for addressing the issues that the Highlands and Islands face in the medium to long term. It says that remote towers are the most appropriate model to pursue to address the issues. I recognise that the HIAL board has come to a position in viewing that as the most effective way to address matters.

The project is not short term—it will go on for several years and is due for completion in 2027. It will be important to address the issues that staff and communities have raised about the project. HIAL is developing a policy that would allow staff to commute to control centres and it is taking that forward in partnership with the unions—I believe that the policy is with them to consider further. HIAL is employing mechanisms to assist staff in remaining engaged with the delivery of services.

Individuals will make decisions given their personal circumstances, but HIAL has assured me that it is doing everything that it can to support staff as part of the change. That includes providing the option of commuting to remote towers once they are in place, to support staff in making the transition.

I recognise that challenges will be created for some staff, which might lead them to choose not to remain in the organisation. That is to be regretted, but we need to put in place a system that will deliver medium to long-term assurance about the delivery of air connectivity to our islands and remote communities.

Liam McArthur: On the issue of jobs that will—inevitably—be removed from Orkney and the other island communities, HIAL has rather belatedly committed to an island impact assessment, but that will have no bearing on the fundamental decision that the roles will be taken out of island communities. Does that reflect particularly well on

the Government's commitment to island proofing and to island impact assessments informing the decisions that the Government and public bodies take?

Michael Matheson: It is worth keeping it in mind that the decision to take forward the ATMS predated the Islands (Scotland) Act 2018, so there was no requirement for an island impact assessment to be conducted. That is being applied retrospectively to provide assurance about HIAL's approach. I very much welcome that.

You will be aware that the purpose behind island impact assessments is to understand the impact that a policy decision can have on an island community compared with a mainland community and to identify the mitigations that can be put in place to address the issues. That is what I expect to come from the island impact assessment that is being done.

This might be the first island impact assessment to be carried out because, when it was commissioned, the guidance about such assessments was still being consulted on with local government colleagues. I might be correct in saying that this is the first.

An island impact assessment is not a gatekeeper for whether something is done; it provides a process that a body goes through to understand the impact on island communities and to identify the mitigations that can be put in place to address the issues. That is what I expect to come from this island impact assessment.

The Convener: I will ask a couple of questions. As has been mentioned, there is a consensus that change is necessary but no consensus about the action that has to be taken. HIAL has acknowledged that it is pursuing the most complex option. Given the risks that are involved, what assurance has HIAL provided to the Scottish Government about the project?

Michael Matheson: HIAL is responsible for delivering safe and reliable on-going air connectivity to our remote and rural communities. As part of that, it needs to take expert advice on how it can provide that in a sustainable way.

Given the regulatory changes that HIAL faces on aspects of controlled airspace in the future and given the resilience issues that it faces on staff recruitment and being flexible with staff covering more than one airport, it has set out an approach as part of the strategy that will help to address the issues. It has assured us that that is the most effective way in which it can sustain reliable air services in a safe way to our island and remote communities in the years ahead. We are content that what is proposed is the most effective means to deliver that.

The Convener: Are you reassured that there is not really any risk?

Michael Matheson: There is risk with everything, but HIAL has assured us that it has a process in place to manage the risk effectively—not only through oversight from the programme board and the HIAL board but through the independent oversight from the CAA, which will be the final decision maker on the roll-out of the programme to ensure that it meets the CAA's required safety measures.

There are several layers of assessments that must be carried out in dealing with any aspect of risk that is associated with the project. A robust process is in place to identify and manage risks that are associated with the project.

11:00

The Convener: The petitioners have suggested that improving local infrastructure, including radar, is a preferable option. Did HIAL present other options for your consideration? Were you presented only with the strategy that is being pursued?

Michael Matheson: HIAL commissioned the independent Helios report, which set out the challenges that HIAL faces. Helios made recommendations on the options that could be pursued to address matters. In last week's evidence session, HIAL set out why it chose not to pursue the option of a radar-based system, which was largely because that does not address the resilience issues that HIAL will face in the years ahead, whereas the ATMS option addresses those issues. On that basis, the ATMS is the best option for delivering more resilience in the system. The option that is being taken forward is based on the expert advice that HIAL received about the most effective way to deal with the challenges that it faces in the years ahead.

The Convener: Are you aware that the Helios report, which you and HIAL seem to rely on, said that the CAA would not support radar in the tower, although the CAA has said that it could support that option? You are relying on a report that asserts something that the CAA says is not true.

Michael Matheson: The committee heard from HIAL last week that it chose not to take the radar approach on the basis that that does not deal with one of the fundamental issues—

The Convener: Do you accept that the Helios report was wrong in asserting that that model could not be supported by the CAA? That brings into question whether totally relying on the Helios report is wise.

Michael Matheson: I do not have the Helios report in front of me, but you will be aware from

HIAL's evidence that it did not take forward the radar approach because that does not address one of the fundamental issues that HIAL is trying to resolve, which is to deliver greater resilience in its air traffic control system, alongside meeting the regulatory changes that it will face in the years ahead.

The Convener: I am only highlighting the fact that you and HIAL are relying on a report that asserted something that simply was not true.

I will ask about the process of signing off the project. How does that work? You would not have looked at or interrogated the other options and you would be signing off or not signing off what HIAL presented to you.

Michael Matheson: This is by and large an operational matter for HIAL. The process of the decision making is that it is for HIAL to commission the work that is necessary to address the issues that it has identified need to be resolved to sustain air connectivity to our island and remote communities in the years ahead, particularly in the medium to long term, and to address potential regulatory changes. The decision on that is made by the board of HIAL, not by ministers. The decision around it—

The Convener: HIAL is a wholly owned subsidiary of the Government—is that right?

Michael Matheson: Yes, that is correct. It is a public board, which is appointed by the Scottish ministers. Like all public boards, it is able to make decisions on the basis of the responsibilities that ministers require it to undertake. This was a public board making a decision on how it can provide sustainable air traffic control services in the years ahead. The decision was not made by ministers; it was made by the HIAL board.

The Convener: This is a pretty fundamental issue. You define it as an operational matter, but it is signed off by Government ministers. In what circumstances would you not sign off the approach of HIAL on such an issue? Just to be clear, is the ministerial role simply to agree what you are presented with, or do you have a role in the decision? I am not clear where it is an operational matter and where it is a matter for the Government—where that division lies. In signing it off, did you contemplate a set of circumstances in which you would not sign it off? What would be involved were you not to sign it off?

Michael Matheson: This is probably a very good example of where ministers run the risk of being accused of interfering in the decision making of public bodies that they appoint through their public appointments process and being called on to interfere in that decision-making process when people do not like the decision that they have made.

If it helps the committee, the process was that, in December 2017, my predecessor and the board had a presentation from Helios on the report and its findings. It is the responsibility of ministers to offer challenge to that and ask, "Is this the best option? What are the risks associated with it? What can we do to mitigate the risks? How will you manage it in taking it forward? Will you ensure that you adapt your plans if there are new and emerging issues that come forward?"

Based on the recommendation of the board, it is for the board to take that matter forward. Ministers are there to offer challenge to the boards that are appointed through the public appointments process, but we run the risk of ministers interfering in the decision making of boards if we do not give them the scope to make decisions on important issues. That is not to say that we should not challenge them and question them on these matters. We also have to respect their responsibility for discharging their oversight role for providing, in this case, services to island and remote communities.

The Convener: I need to reflect on what you have just said. It seems that the scale of this project is very significant for communities. It is not just a simple process. We were told last week that, from the very beginning, it was clear that jobs would have to go from remote and island communities to Inverness. It was a centralisation of staffing. At what point—if at any point—did Scottish Government ministers look at that and say that that runs entirely counter to a strategy that wants to support and sustain good-quality jobs in remote and island communities?

I am not talking about mitigating a decision that may be a bad one. I am asking what, if it is fundamental—as I think and hope that it is—to sustain good-quality jobs in remote and island communities, the reaction was when the Government was told from the beginning that this approach was predicated on centralising jobs in Inverness. In their challenge role, did ministers say at any point, "That is fundamentally what you are going to do, so we need to look at this again because it runs entirely counter to our economic and social strategy for remote and island communities"?

Michael Matheson: There are a couple of things there. I would expect that to have been challenged at the time, and I am sure that that was one of the challenges that were put to the board at the time. Keep in mind that HIAL has responsibility for maintaining and sustaining air connectivity to our island and remote communities in the years ahead. We need to have a system that will support us in delivering that and will do it in a sustainable and resilient way. If we do not change and adapt to the challenges and regulatory changes that we

are facing, the risk is that we end up losing air connectivity to some of the remote and rural communities. The risk is that, if we do not adapt and change, some of the remote and rural and island communities will have an even greater disadvantage because we are not able to provide them with the air services that they deserve and require to sustain and support the communities.

Although we always want to take an approach that helps people to be able to live in our island communities, to move to island communities and to have good-quality jobs in the island communities, we also need to adapt to the changes and the challenges that we face. This project is an example of trying to do exactly that: trying to adapt to the changing regulatory framework and the challenges that the service faces in the medium to long term, but to do so in a way that minimises the need for individuals to no longer be able to live in island communities while providing the service. An example of HIAL trying to address that issue is through the commuter policy that it is developing in partnership with the workforce and the trade unions.

We are never going to be a position where we can say that no change will be necessary or that we will be able to protect every single role or job in island communities, because change will have to happen, but we have to mitigate against that as much as we can. The AFISO centre of excellence, which HIAL is developing in Benbecula, is another practical example of HIAL taking a proactive approach to sustaining and supporting good-quality jobs in our island communities and, hopefully, growing those jobs in the future. At the same time, it is making sure that we have a system in place that allows us to sustain and maintain reliable air connectivity to our remote and island communities. It is a challenging balance but it is an important one that we need to continue to try to get right.

The Convener: The issue is that the history and experience of island communities in Scotland has always been that it is necessary to centralise. It has always been too difficult to sustain the jobs in the island communities. I find it depressing that the first thing that was said was that this would involve jobs being taken out of remote and rural areas and there does not seem to have been pushback on that. That is a fundamental problem. We know that HIAL's mission statement is:

> "To create social benefit and economic prosperity by building Scotland's sustainable regional airport group of the future."

Social benefit and economic prosperity are of equal importance to sustainability. Where are the other options?

One of points that we made, and you may want to comment on this, is that it appears that retention is higher in island and remote communities than it would be if the jobs were located in Inverness. It may not be that staff retention has been a problem for the service as a whole, but it is disproportionately a challenge in Inverness. Has that been considered? You say that there needs to be a balance, but are you not concerned that the balance has been towards taking jobs out of communities that would be sustainable if these kinds of high-quality jobs were retained?

Michael Matheson: First, I do not accept your assertion that there has been no pushback on the impact that this will have on jobs in our island communities. I have just given you a number of examples of the challenge that we have put to the board, which has resulted in it trying to address some of these issues, for example through the AFISO centre of excellence and the commuter policy.

11:15

I have raised the issue with the chair of the board in my regular meetings to make sure that it is doing everything that it can to address the staff concerns and the concerns of island stakeholders, to try to minimise those concerns as much as possible and to mitigate them where possible. I do not accept the idea that there has been no challenge or pushback to the board. There is also recognition that the status quo is not an option and that we need to address some of the fundamental issues that HIAL faces in the years ahead. Those issues will not go away and we cannot wish them away. We cannot just want them not to be addressed. We have a responsibility to ensure that island and remote communities can get the critical air services that they require.

The issue of the skill sets that are necessary for our island communities are not just particular to air traffic control. We have a similar problem in aspects of our health services that mean that we cannot deliver services in island communities for a number of different regulatory reasons and because of staffing challenges. It is the same in remote areas. We need to take approaches that mitigate and manage those issues as effectively as we can.

I am aware that staff retention was raised with HIAL last week and that it sought to address that issue. My understanding is that it will provide the committee with some other details about staff retention, but I know that it pointed out that, on balance, its staff retention levels are significantly more challenging than those in other comparable organisations. No doubt the information that will be provided by HIAL will specifically address some of the staff retention issues that it has. Staff retention is one of the factors that it is seeking to address as part of the ATMS.

Gail Ross (Caithness, Sutherland and Ross) (SNP): Good morning, minister, and Gary Cox. The convener talked about the board and you rightly said that it is the board that makes the decision, but concerns have been raised with us that the board does not have any representation from people who live in remote, rural or island communities. Are you satisfied that there are enough skills and expertise on the board to enable it to make a decision of this magnitude?

Michael Matheson: I am confident the board has the skill set to make a decision on this. I am also conscious that the chair has drawn in additional expertise to the board. It made representation to us and it is working to increase the number of non-executive directors with specialist skill sets in IT and change management and we agreed to an increase in the board to accommodate that. We have sought to make sure that, where the board highlighted issues, we can allow it to draw in additional expertise.

If you will forgive me, I am not familiar with where all the board members reside. I am more than happy to take that away and look at it. However, the board recruitment process is not based on people's place of residence. It is based on their skill set and what the board believes it requires to offer challenge to the executive team at HIAL. I try to meet all individuals prior to their appointment to boards such as HIAL. They will always be asked about their understanding of the sensitivities of services to island and remote communities, the sensitive and fragile nature of those communities, and the need for decision making to reflect the challenges that they have. Part of the recruitment process is that they have to have a clear and proper understanding of remote communities, but the primary purpose of the role is the skill set that they bring to the board.

If the committee would find it helpful, I am more than happy to check whether the board can provide more details on the place of residence of the board members.

Gail Ross: Thank you, cabinet secretary. Obviously, for data protection reasons, we are not going to be pinpointing where people live. I wonder about the difference between having an understanding of a remote, rural or island community and actually having lived experience of it. I think that there is a marked difference.

I want to touch on two other areas quickly. As HIAL did last week, you are putting a lot of emphasis on the commuter policy for staff. What has the feedback been on that? I know about this from my own experience, but I do not live on an island where it might be more difficult to commute. What will that commute look like, how will it be done and how many of the staff will be willing to do it?

Michael Matheson: I am afraid that I cannot provide you with that information, because it is a matter for HIAL, given the operational nature of it and the on-going engagement that it is having with the unions. I would be more than happy, if it assists Gail Ross, to ask HIAL whether it could provide more details on how it intends the policy to work and on the number of staff who have indicated whether they are prepared to participate in it. In fairness to HIAL, it may be too early to say how many staff are willing to participate in the policy given that HIAL is consulting and engaging with unions on it now. It may only be in the months ahead that we will get a better understanding of how many staff seek to make use of it, but I am more than happy to take that away and ask HIAL whether it can provide more specific information on this.

Gail Ross: Okay—thank you.

You will not be surprised that my final question is about Wick airport and the move to the AFISO way of working. How will that work with the current proposal for public service obligation routes? We have oil, wind farm and other traffic going through Wick airport. Last week, we spoke about the slot system. You know about the problems that we have during summer with, for example, fog, which leads to planes getting delayed or cancelled altogether. Is the AFISO model compatible with an aim to increase flights in and out of Wick airport?

Michael Matheson: In short, yes. The AFISO model should not hinder growth of air connectivity to Wick airport, and it should allow services to be developed and move forward.

I am conscious of the challenges that the airport currently has, and we have provided funding for Wick to look at developing a PSO in partnership with the local authority and other local partners. I fully understand and recognise the importance of re-establishing air connectivity to Wick, including for the local community. Moving to the AFISO approach should not change any of that at all.

One issue on which we challenge HIAL is to make sure that any remodelling of services does not act as a constraint on the growth of air connectivity or result in a reduction in air connectivity. The model should allow existing air connectivity to be sustained and provide efficient capacity for growth in the years ahead. The approach that is being taken, including with Wick and Benbecula, would allow that to continue, even with the changes that are being made in air traffic control at both airports.

David Torrance: HIAL has received the island impact assessment that it commissioned, and it is being presented to its board today. While acknowledging that the ATMS project predates the Islands (Scotland) Act 2018, given its potential

impact across the islands, is the Scottish Government satisfied that HIAL is able to consider such an assessment only now?

Michael Matheson: I am sorry, but I missed the last part of David Torrance's question. I think that he was asking about the island impact assessment and whether we are satisfied that it is being carried out at this point in the process.

David Torrance: The HIAL board is seeing the assessment only today. Is that acceptable? Are you confident that that is okay?

Michael Matheson: I go back to my earlier point to Liam McArthur that the decision to move to the ATMS project was made in January 2018. It predates the Islands (Scotland) Act 2018 and the requirement for an island impact assessment. There is no legal obligation for HIAL to carry one out.

In carrying out the assessment retrospectively, HIAL could have done it internally. However, in order to provide assurance that it was a robust process, it commissioned the work independently. My understanding is that the independent consultant is a well-known individual in the Highlands and Islands and has a track record in issues in the area, with sufficient expertise and understanding of the challenges in our island and remote communities.

It is important to remember that such assessments are not the gatekeeper on whether something is done. They are about assessing the impact that a proposal will have on island communities compared with the impact on mainland communities and identifying what mitigations and actions can be taken to try to address those issues.

I would expect that the impact assessment for HIAL will address some of the issues and identify what some of the mitigations will be. It will then be for HIAL and the board to set out how they will respond to the specific points in the assessment, once they have had an opportunity to consider the report.

David Torrance: Thank you, cabinet secretary. I have no further questions, convener.

The Convener: Will you confirm that an island impact assessment would not be able to say that a project should not be progressed because of the impact on local communities?

Michael Matheson: No, that is not the purpose of an island impact assessment. Its purpose is to assess any impact and then determine the mitigations to address that.

The Convener: Okay. Even if a decision was going to be really damaging to a local community, the impact assessment would be looking at how we can address the consequences of that but would never open up the decision and whether it was a wise decision.

Maurice Corry: Strengthening resilience has been cited as a key reason for the ATMS project. However, questions have been raised about the resilience of the recruitment and retention of air traffic control officers once operations are centralised in Inverness. Is the Government confident about the resilience that the project offers, cabinet secretary?

Michael Matheson: One of the primary purposes in progressing the project is to address issues around resilience. The starting point—and from a wider safety point of view—is that our Highlands and Islands airports are very safe and operate to the necessary regulatory standards. The ATMS will provide additional resilience and greater safety because some airports that do not presently have controlled airspace will have controlled airspace as a result. The project will assist us in addressing recruitment issues, including the resilience of that recruitment, while providing greater safety margins in relation to how the existing network operates.

Maurice Corry: Would Mr Cox like to make a comment?

Gary Cox (Transport Scotland): Yes. I agree with the cabinet secretary's views. Another aspect is that staff working in the new centre will be trained in and working with the latest technology and air traffic procedures. That makes it an attractive proposition for people looking to develop careers in air traffic control.

At present, the controllers in HIAL are absolutely fantastic at what they do, but they are practising air traffic control procedures that are, to some extent, a dying art. This opportunity makes the work a much more attractive proposition because HIAL will be in step with the broader air traffic control market around the world, working with the latest kit, the latest technology and the latest procedure.

Maurice Corry: During the evidence session last week, the committee heard that relatively few air traffic control officers are prepared to relocate to Inverness. Is the Government concerned that HIAL will lose much institutional memory as a result of this centralisation? Also, I think that Mr Cox's comment about controllers practising a "dying art" is slightly strong.

11:30

Michael Matheson: You will have heard in the evidence last week that we do not want to lose staff or the institutional memory in the organisation, but we must ensure that we

modernise the system and that it can sustain services in the medium to long term.

At times, a mistake in some of the commentary outwith this project—I am not talking about the committee in this regard—has been to describe the project as though it is a technical project. It is not. It is a change management project. It is changing the approach that is taken to delivering those critical services. It brings risk and challenge with it for the staff, which needs to be managed carefully, pragmatically and with understanding.

The challenge that we have put to the board is to make sure that it is doing everything that it can to engage with staff and address their concerns, where they can be reasonably addressed, and to support and assist them in their decision-making, irrespective of whether they want to move to the new system. If staff choose not to do so, the board needs to work with and support them in relation to the direction that they want to go in the future.

At this stage, given the work that HIAL has progressed to try to address some of the staff concern around issues such as a commuter policy, the final outlook for staff is difficult to determine, and some of that may change as the project progresses and people's views of it change.

I have asked the board to ensure that it is working closely with the staff to try to address their concerns and find ways in which it can meet some of the challenges that they are facing in a reasonable fashion in order to support the recruitment and retention of staff.

Maurice Corry: Thank you, cabinet secretary. Would Mr Cox like to comment about retraining the staff who want to stay? In that way, a "dying art" can be converted into modern art.

Gary Cox: Yes, training is a huge part of the approach, and staff will need to make the transition from the current procedures to the new procedures. That is built into the business case for the programme. As the cabinet secretary said, the Benbecula training facility for AFISO staff is another important element of that.

The key point is that, as you know, air traffic control is a hugely skilled occupation. There is a huge amount of training involved in the transition to the new system but also in relation to the new procedures at Benbecula and Wick. The training element is set out well in the business case. It features in the programme board discussions and in the risk register.

I will jump back to the cabinet secretary's point about the skills of the board. We have non-executive board members with experience of transformational change and human resource factors. Their skill and experience is helping as part of the oversight of the training programme.

Tom Mason: Does it surprise you that we get into so much difficulty putting into place such projects, given how we go about doing it, cabinet secretary? The impact assessment is coming in now, when major decisions have already been made, so it is little wonder that people object to the process. What happens if you cannot mitigate some of the issues? You end up with an imperfect project and one whose performance is severely compromised. That is why we get so many problems and probably why we get so much overrun in projects, because things have not been thought through from the beginning. May I have your comment on that?

Michael Matheson: On your first question, I go back to my earlier point that the decision to progress the project predates the Islands (Scotland) Act 2018, so there was no requirement for an island impact assessment to be carried out in the first place. However, given the concerns that have been raised by local communities and community stakeholders, particularly in our the island communities, the Highlands and Islands Airports board agreed to commission an island impact assessment to offer further reassurance around its determination to try to address and mitigate the issues of concern that arise from the project.

It would be unfair to criticise HIAL for carrying out an island impact assessment. It is doing something that it does not have to do legally—it was not required to carry one out at the time when it made the decision. It is applying the assessment retrospectively to try to offer reassurance that it is looking at every aspect of the change in order to try to mitigate some of the challenges that some of the communities have raised about the programme.

Tom Mason: It may not be in HIAL's remit, but should it not be in the remit of the Government to consider the issues? Even if the legislation was not in place, the issue of the impact of the project still existed and should have been addressed before it was given the go ahead.

Michael Matheson: One of the issues that was raised at the time is the impact that it has on island communities. I think that it would be fair to say that HIAL is not waiting for the island impact assessment to try to address some of the issues. Some of the challenge that we on the Government side have put to it around the project is to make sure the it is addressing the issues and concerns. We have discussed a couple of those issues this morning, such as the running of the AFISO centre of excellence, which we are developing in Benbecula, which will require additional staff recruitment, and also the commuter policy that HIAL is developing with the trade unions to support staff who work in island communities.

It would be wrong to suggest that the Scottish Government has not challenged HIAL on the issues, because we have. In response to that, HIAL has progressed a range of measures to try to address some of the concerns and issues that have been highlighted. I would expect HIAL to suggest how to progress the issues and mitigations that the island impact assessment identifies.

Tom Mason: What happens if it cannot?

Michael Matheson: I can assure you all that, from the Government's perspective, we will want to be assured that HIAL is considering the suggestions in the report seriously and thoroughly, and that it will consider what action it can take. We are not at a point where we understand the detail.

I do not know what is in the report so I cannot comment on whether HIAL will be able to do what is suggested in it, but we will be pressing it to make sure that it addresses the issues as effectively as it can.

Tom Mason: Okay. You outlined what the overall budget is, which includes contingency of £6.8 million. That was the sum at the start of the budget process in 2019. How much headroom do you have left in terms of how the project is going? In other words, how much of the contingency has been allocated already? How much spare do you have left?

Michael Matheson: I do not have that information to hand—HIAL would have to provide that through its programme board. I am more than happy to take that away and ask it to provide details on that.

As you will be aware, on any major infrastructure project, it is important that contingency is provided, because there will be issues that arise during a project. The contingency that has been provided is not unusual; it is normal for major infrastructure projects.

By and large, I would expect any use of contingency to crystallise more clearly as the project matures and as you get further down the line. Given that it is still at a fairly early stage, my expectation is that a limited amount—if any—of the contingency will have been used. I am more than happy to ask HIAL whether it can provide you with more details, if that would be helpful.

Tom Mason: Yes, we need that because, at the moment, people are concerned that the project costs—as with many other projects in Scotland—have spiralled out of control. Ferries is an example of that. We do not want other projects to spiral out of control, and the control of contingency is an important part of the process.

Michael Matheson: It absolutely is an important part. Equally, there are many major infrastructure projects in Scotland that have delivered in budget. Some even deliver under budget, such as the Queensferry crossing. Good, robust project management and effective oversight of a project are critical to making sure that it is effectively delivered. Major complex projects can, at times, have some financial challenges, but many projects are, by and large, delivered on budget.

Tom Mason: As they should be. I have a construction industry background, so I know exactly what is involved in budgetary control.

Rhoda Grant (Highlands and Islands) (Lab): I have a number of points to raise. First and foremost, we need to put on record that nobody argues that change is not needed. Of course the safety systems need to be upgraded, they need to be resilient and they need to be there. However, it seems that communities have been given a take-it-or-leave-it option. They truly do not believe that the option that is being offered is the best one, and they would be willing, as would staff, to work with you to find the best option. I need to make you very aware that the option that is being offered will do untold damage to the economy of the islands.

I understand from your answers that you are leaving a lot of the decision making to HIAL, but I urge you to take an interest. I will point out some of the questions that you should be asking it because, ultimately, the buck stops with you. You have to sign off the change and you will be held responsible for it.

You talked about staffing and resilience and said that that is the main reason for the move. We understand that 30 to 60 of the staff will not move, so immediately you will have a recruitment nightmare. A cost is attached to either redeploying staff on their current salaries or making them redundant, and there is the cost of replacing them.

You have talked about the ability to commute. I raised that early on in the process and I was told by the project manager that that was not an option because Her Majesty's Revenue and Customs would not wear it, so the staff would have to start paying tax on the cost of their commuting flights and accommodation. Therefore, that will not work at all.

You also talked about issues going back to 2014. I pay tribute to what HIAL did on that. It recruited and trained local staff and was then able to retain those local staff. The staff stayed and worked their whole working lives with HIAL, so recruitment was no longer an issue. There is an issue with people who are working and who can go and sell their skills elsewhere.

What will you do if 60 staff refuse to move? What are the costs associated with that?

11:45

Michael Matheson: I will try to deal with a number of the points that you have raised. It is probably too early to say exactly what the staff's final decision will be, because the project is still at an early stage. It would be wrong to make judgments on that at present. Clearly, however, it is important for HIAL to continue to engage with its staff to try to address their concerns and to retain as many staff as possible.

To go back to your earlier point, we agree that change is necessary and that the status quo is not an option. The challenge for those who oppose the project is that, given the key issues that HIAL has set out that need to be addressed to sustain effective air connectivity in the medium to long term, no practical alternative solution has been identified. Radar does not deal with the resilience issue, which is one of the key issues that needs to be addressed. It is important that we take an approach that will address the key issues that HIAL needs to address in the medium to long term. When you look at those issues, the most effective way to do that is through the ATMS.

We also need to recognise that the decision on the issue was arrived at following a detailed expert report that went through the various issues that HIAL is looking to address and identified the options for addressing those issues. Following scrutiny by the board, it considers that the ATMS is the most effective means by which to address the issues and sustain services in future.

I will not go back to the decision that the board made in January 2018, for the very reason that we need change and we need to address the issues to ensure that we have medium to long-term air connectivity to our island communities. To go back to the question that Mr Mason asked, we have a project that has already been taken forward. The danger with many projects is that, when they reach a point at which they start to directly impact on individuals or when individuals have to make decisions, people decide that they do not like it and do not want it to happen.

Rhoda Grant: But—

Michael Matheson: Let me finish the point that I am making.

There is then a danger of unpicking the project with all the financial, regulatory and practical difficulties that will come from that.

I accept that there are challenges around the staff's view on some of the changes. That is why it is important that HIAL continues to engage with staff and their representatives to address those matters as effectively as it can.

Rhoda Grant: You said that the alternative of radar was not considered because of a resilience issue. The top resilience issue is staffing. The move to centralisation will affect staffing and staff will be lost. Radar to the tower has been discounted based on the wrong information and it was not considered in the expert Helios report. We need to go back and look at that.

I will address another point of resilience. In your evidence, you talked about three points of resilience on connectivity. Each of the island airports has one point of resilience so, if that goes down, there is no resilience. The cost of supplying two points of connectivity is not included in the price at the moment. The standard that we should attain is three points of resilience, as you pointed out. If that resilience cannot be found, the CAA will not approve the scheme and the spending to date will have been wasted. Is that not true?

Michael Matheson: As you heard in the evidence from HIAL last week, it believes that it can deliver the connectivity that will be necessary for the project to be delivered. As I mentioned, there are various layers that you go through in developing any project. That involves engaging with the regulator to seek its assurance that it is satisfied that the measures meet the regulatory standards. That will crystallise at an early stage in the process.

I know that HIAL also commissioned an expert report on communications and connectivity as part of the project, so I am confident that it will be able to address those issues. The board and the project team are well aware of the issues, so they are already part of the planning and thinking, and they will be part of any regulatory oversight before the actual system can go live.

Rhoda Grant: You do not know how much that will cost. Given the cost of the Highlands and Islands broadband programme, it could run to many millions.

Michael Matheson: The project cost is the existing project cost, so the cost of that will have to be met within the overall budget that has been set. The business case is predicated on the basis of what HIAL believes and understands that it needs to deliver for connectivity. The project is based on that.

You mentioned digital connectivity. Something like 15 subsea cables will be laid for the purposes of the reaching 100 per cent—R100—programme to island communities to help to provide them with greater and better connectivity. As I said—

Rhoda Grant: But the 15—

The Convener: I will bring you back in, Rhoda, if the cabinet secretary is finished.

Rhoda Grant: Costs are a concern. The original 2018 Helios report quoted a cost of £18 million, and we are now being quoted a cost of £48.4

million, which is even before we have costed putting in the other points of resilience for connectivity. Those costs are based on the untested automatic dependent surveillance-broadcast system, which the CAA may reject. What do you think the final cost will be?

Michael Matheson: I am sorry, but that involves a confusion on the figures. The £18 million figure in the Helios report is not the cost of delivering the ATMS project; it is the additional cost of implementation of a remote towers and central approach surveillance solution. The overall cost for the whole project is £48.4 million. That is what was put forward originally to the board in December 2019 and it remains the budget. The budget has not changed. The cost has not increased. The budget remains on target for the delivery of the project.

The only change that was made when it went to the Transport Scotland major projects board was that the level of contingency was increased, because it was viewed as being too low and not in line with what would normally be provided in a major project. The budget remains the same and it has not increased.

Rhoda Grant: It has apparently increased, but I will leave that aside.

Michael Matheson: It has not.

Rhoda Grant: Can you tell me where in the budget is the cost of providing the additional points of resilience and of providing direct surveillance, if the CAA insists on that?

Michael Matheson: I am sorry, but you are simply wrong, in that the project cost has not increased. The budget was £48.4 million, and it remains £48.4 million. That was the figure that was agreed at the time when the project was approved. To suggest that it has increased is wrong and is not accurate.

We will have to ask HIAL to provide you with the costs of individual elements of the project. If you want specific details on any additional communication or connectivity issues that it is addressing through the course of the project, it would have to provide that, because that will be held by the project team, with the HIAL board having oversight of it. If it will help, I will be more than happy to ask HIAL to provide that information if it is presently available.

12:00

Rhoda Grant: I want that information. However, I am astonished that you, as the person who has to sign this off, are not interested in obtaining that information for yourself.

I turn to the downgrading at Wick and Benbecula. You said to Gail Ross that it will have no impact on flights in and out of Wick or Benbecula. My understanding is that the downgrading will mean that flights need to be two hours apart, which allows for four flights a day. When Wick airport was being used for resilience for the oil industry, there were many more than four flights a day. When Benbecula is to be used as part of the Ministry of Defence's work at QinetiQ there will be a lot more than four flights a day. Will the airports lose that work or will you put contingencies in place to allow such work, which has a huge economic impact on those areas?

Michael Matheson: I will deal first with your incorrect assertion at the start of your comments that I am not interested in the costs of some aspects of this project. First, you are wrong about the budget increasing; it has not and is still within what was set out in the business plan.

Secondly, ministers are not managing the project day to day. I am sure that you appreciate that major infrastructure projects are not managed on that basis; project boards are set up specifically to do that. If there were issues around costs that would impact on the overall budget that was agreed for the project, clearly that would be highlighted to ministers.

Right now, the project and HIAL boards are clear that the project is on budget and on time. That is a fact; it is the reality of the situation. If that were not the case I would, as the minister who is responsible for the services that HIAL provides, want to know why and what action was going to be taken to address the issues. I say that so that the member can be accurate that that is a matter of process and not a reflection of ministerial interest in matters.

Secondly, you heard evidence last week from HIAL about the impact that the change would have on Benbecula and Wick. From HIAL's perspective, that will not result in a reduction in services at the airports, but will provide capacity for an increase. If I recall correctly, the evidence that was provided—I might be wrong—was that even on the basis of a slot system there will still be almost 60 per cent of the slots that could be provided. I might be inaccurate on that; if I recall correctly, I heard HIAL make that point.

Rhoda Grant: HIAL possibly made that point, but you need to be reminded of the amount of cancellations of flights due to Covid-19. Wick has not been handling oil industry traffic and, as far as I know, there are no manoeuvres at the QinetiQ range, at the moment. Therefore, HIAL's assertion last week did not take account of the issues that I am putting to you today.

Michael Matheson: I am aware that both airports have had a very low number of flights over a period of time. However, as you heard from HIAL last week, it believes that the change in the system will not have the impact of service reduction. It will be possible to sustain existing services and increased demand going forward, should that happen.

Rhoda Grant: HIAL said that it is still in talks with QinetiQ, so it did not know whether the change will impact on QinetiQ's dealings.

Michael Matheson: If I recall correctly—I might be wrong—HIAL was talking about the engagement that it has been having with QinetiQ about mitigation measures that it is looking to put in place around introduction of ATMS.

Rhoda Grant: No—the engagement has been about how the change will impact on QinetiQ's work on Benbecula.

I cannot impress on you enough that you should be taking a very close interest in the matter because it will be you who is held responsible. You have presided over the ferries' fiasco; this is going to be another fiasco. I do not think that any politician or cabinet minister would want to be blamed for the economic damage that the situation will cause.

Given that you will ultimately sign the change off, I make this plea to you—that you go back to HIAL and ask it to stress test the radar tower option to see whether it is an option. If people could see that systems were being compared and contrasted for resilience, safety and economic impacts they would be much happier with the process that is being proposed.

We truly believe that it is the wrong process. It will be damaging, it will not provide the resilience that is required and it will have an impact on our island communities that you will not be unable to unpick or put right. I put that to you as a final statement in this evidence session. I urge you to reflect on and think about it.

Michael Matheson: In response to your statement, I say that back in January 2018 the decision was made to progress with the ATMS model. That is the agreed project that is being taken forward. It would be reckless not to consider the challenges that HIAL faces in the medium to long term in delivering sustainable, reliable and resilient air services to remote rural and island communities. Given the challenges that it faces in progressing the project, it would be irresponsible for any minister to ignore those factors and simply put off making a decision about how we can ensure that long-term sustainable air services continue to be provided to our island communities in a safe and resilient way. From the expert advice that has been provided to HIAL, it is very clear that the ATMS model is the most effective way to deliver sustainable air services to Highlands and Islands airports in the years ahead, and to ensure that they comply with the regulatory framework.

I understand that, as ministers, difficult decisions are part of our responsibilities, but we should not shy away from the need to make sure that we have the right protections and systems in place to sustain services in the future. HIAL has given us assurances, based on the expert opinions and advice that it has received, that ATMS is the most effective means by which to do that. That is why we support it in the project, and why there is overall scrutiny of the project to ensure that it delivers the intended objectives and complies with the regulatory standards that are set by the Civil Aviation Authority

The Convener: Thank you, cabinet secretary. What we have heard suggests that the matter needs to be looked at very closely. I am concerned by the reliance on a report in which some people have identified weaknesses. It seems that factors that are developing around the further resilience that is required are not built into the budget. I hope that the cabinet secretary keeps his mind open and asks the hard questions. For HIAL to say simply that it believes that the budget will not overrun or that the proposal is the best is clearly not sufficient, given that it will have a massive impact.

I appreciate the time that the cabinet secretary has taken. We now have to decide on what we will do with the petition. I am conscious of time; I will let in any member who wants to comment on how we should take the petition forward. My view is that the committee has not concluded a view on the petition. There is recognition that there are very significant issues. My sense is that the committee, as we reach the end of the session, will not be able to conclude on the matter, but a future petitions committee should consider looking more at the matter, so I hope that we can include it in a legacy paper. I am interested to hear what members have to say.

Gail Ross: I am glad that you have made that suggestion; I was going to make it. As a committee member, and also as a constituency member, I would like to see consideration being continued, because we are certainly not at the end of the matter. We should include it in the legacy paper, along with a suggestion to get updates from the Scottish Government on any areas of concern that have been raised today.

I thank the cabinet secretary and Mr Cox for their evidence.

The Convener: No other member wants to come in. We recognise that there are significant issues. We will ask the clerks to go back through

what has been discussed—a number of questions were asked on which we are looking for more information. It will be helpful to have that. We agree to include the matter in our legacy paper. The committee is very alive to the question of big projects and the needs of remote and rural communities.

I thank the cabinet secretary and Mr Cox for attending. I also thank colleagues and the broadcasting team.

12:07

Meeting continued in private until 12:24.

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