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The House met at half-past Nine o'clock

PRAYERS

[Mr Speaker *in the Chair*]

Compulsory Emergency First Aid Education (State-funded Secondary Schools) Bill

Second Reading

9.34 am

Teresa Pearce (Erith and Thamesmead) (Lab): I beg to move, That the Bill be now read a Second time.

I thank all the Members present for giving up their time in their constituencies. I look forward to hearing their speeches. There are other private Members' Bills to follow mine, and I hope that we can make progress so that we can debate the second Bill on the Order Paper, which is promoted by my hon. Friend the Member for Nottingham South (Lilian Greenwood).

Being chosen by ballot to introduce a private Member's Bill represents a fantastic opportunity, but it also brings an enormous feeling of responsibility. I wanted to make sure I chose a cause that could make a real difference, not just to my constituents in Erith and Thamesmead but to people across the country. I cannot think of a better reason for promoting a Bill than to contribute to saving lives. Making emergency first aid education compulsory in secondary schools would do exactly that.

Let us imagine a generation of children learning how to react in an emergency—knowing what to do, embracing such a responsibility and potentially making the difference between life and death. Think of the sense of pride and responsibility those children would have, knowing that they had stepped up and really made a difference to somebody. I am very glad to lead this debate today and to champion this important legislation.

What does the Bill propose? What it proposes is simple, straightforward and common sense. It would make sure that emergency first aid education is compulsory in all state-funded secondary schools. It would be the responsibility of the Secretary of State to make provision for exactly how to do that. The Bill would make sure, for the very first time, that the vast majority of children had the opportunity to learn these vital skills. The campaign has been called Every Child a Lifesaver because every child has the untapped potential to save a life.

As things stand, independent groups—swimming clubs, scout and guide troops, St John Ambulance, the British Red Cross and the British Heart Foundation—all play an amazing role in teaching life-saving skills to young people. Their work has been fantastic and has undoubtedly saved lives, but the number of children learning the skills is just not high enough. Less than a quarter of schools teach their pupils first aid. That means that the vast majority of children going through school never learn these vital skills. Unfortunately, the chances are that someone who attends a state-funded school will leave with a clutch of good qualifications, but without the life-saving skills to know what to do in an emergency.

Mr Christopher Chope (Christchurch) (Con): I am grateful to the hon. Lady for introducing the Bill so that we can discuss the issues. Do all schools in her constituency teach first aid, and if not, what is she doing to try to persuade them so to do?

Teresa Pearce: Very few schools in my constituency teach first aid. We have a very active local St John Ambulance and scouts and guides groups, but only children who are lucky enough to go to those groups get such a provision. I do not want a postcode lottery; I want every child to have the same chance in life to learn these skills.

Mr Nigel Evans (Ribble Valley) (Con): Does the hon. Lady agree that most youngsters going through school are learning skills for life, but that this is a case of their learning skills for life or death? If they are taught such skills at a very young age they not only will carry those skills with them throughout their lives—they could help to deal with an emergency or an accident anywhere they were—but, as in many cases of youngsters learning, will start to teach their parents and other relatives. Even that flow of information can be very valuable.

Teresa Pearce: I could not agree more. I will come on to that point later.

The shortfall in skills has a real effect in the real world. Last year's figures show that, in London alone, paramedics attended more than 10,000 out-of-hospital cardiac arrests, but only in a quarter of those incidents did a member of the public attempt to step in and carry out cardiopulmonary resuscitation.

Mrs Sheryll Murray (South East Cornwall) (Con): The hon. Lady talks about cardiac arrests, but her Bill mentions only first aid. There is a big difference between first aid and CPR.

Teresa Pearce: The hon. Lady is exactly right; there is a big difference. CPR is part of first aid, but it is not the only thing.

Mrs Murray: When I was a doctor's receptionist, I took a first aid course that lasted three years. I was also shown how to use the defibrillator, which was self-explanatory. The two things are completely different.

Teresa Pearce: I understand what the hon. Lady is saying, but the Bill does list the things that will come under first aid and CPR training. It includes putting people in the recovery position, defibrillation and CPR. I have taken advice from the British Red Cross, St John Ambulance and the British Heart Foundation, and I trust what they have told me.

In only a quarter of the cases of cardiac arrest I mentioned did a member of the public attempt CPR. That is not because people do not care; it is because they are worried that they do not have the right skills or that their intervention might make things worse, not better. That is not only a bad thing for the person who

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needs attention; it is bad for the bystander who might go through the rest of their life worrying about whether they could have done something to save that person's life, especially if it was a family member.

If we want to save more lives, the number of people learning life-saving skills needs to be higher and people need to feel more confident that they can intervene in a helpful way. The Royal College of Surgeons of Edinburgh says that the Bill would massively increase the number of children who have the chance to learn life-saving skills. It believes that more lives could be saved in that way. The Resuscitation Council of the UK says that about 270 children die every year of cardiac arrest at school and that four out of five cardiac arrests happen outside hospital. It asks what better way there is to improve that situation than to teach schoolchildren the simple skills that might save a life.

We must remember that CPR can be taught in as little as 30 minutes. We are not talking about the need for extensive, complicated training. CPR can be taught straightforwardly and schoolchildren can learn it easily.

At the launch of the campaign for this private Member's Bill, which was kindly hosted by the hon. Member for Waveney (Peter Aldous), I had the privilege to be joined by Beth Chesney-Evans. Her son, Guy, died seven years ago when his heart stopped beating while he was riding his motorbike. He was 17. Guy's friends did not move him, for fear of causing more harm, even though he had no other physical injuries. They had not been taught first aid or CPR and could do no more than sit with him and hold his hand while they waited for the ambulance. His mother believes that he would have had the best chance of survival if one of them had known what to do. She does not blame his friends at all. In fact, she feels bad about how difficult it has been for them to cope with the trauma of losing their friend and feeling so helpless.

When Beth talked at the launch, it resonated deeply with me, because it was hearing stories such as hers that convinced me of the need to make sure that the next generation of children grows up with the skills to help in emergencies. We have to act today to start a process that will transform passive bystanders into active potential life savers. The Bill does not expect the impossible to become possible. All of us in the Chamber know that not everyone can survive a serious accident or medical emergency and that not every intervention is successful. However, we can give people the absolute best chance of surviving by equipping people with the skills needed to keep them alive until the paramedics turn up.

The statistics on survival rates are telling. When someone has a cardiac arrest, every minute without CPR and defibrillation reduces the chance of survival by 10%. Every minute counts. Surely, therefore, we have to ensure that people nearby take action straight away to help keep people alive. That means increasing the number of people who know what to do in such an emergency. When CPR can be taught in as little as half an hour, do we have any excuse not to teach it to as many children as possible?

Will Quince (Colchester) (Con): Countries such as Norway teach CPR routinely. How many lives does the hon. Lady estimate could be saved on an annual basis if we did the same?

Teresa Pearce: The hon. Gentleman must have read my speech, because it mentions Norway in the next sentence. I do not know the exact number of lives that could be saved, but 95% of Norway's population is trained in first aid and in Germany the figure is 80%. Their survival rates are much higher. Unfortunately, in this country, only 5% to 10% of people have the same training.

When I chose emergency first aid education as the topic of my private Member's Bill, I knew that any proposal for a new law would have to be realistic, so I listened to all the objections that had been made when other people had raised the issue. I also listened to teachers and tried to respect the extensive demands on their time by allowing schools flexibility in how they make provision. I believe that my proposals meet those requirements. My daughter is a teacher, and through speaking to her I understand the pressures that many teachers feel under. If this Bill made things harder for teachers, I would not be promoting it. The Bill allows real flexibility for schools in how they teach emergency first aid.

Caroline Nokes (Romsey and Southampton North) (Con): I congratulate the hon. Lady on promoting this Bill. The Mountbatten school in Romsey in my constituency held a mass CPR lesson, with more than 100 pupils in the school hall learning CPR together. Does the hon. Lady agree that it is important to have flexibility, so that schools are given freedom to decide how they deliver first aid education? Lessons for very large groups can be successful.

Teresa Pearce: I agree with the hon. Lady, and that is why the Bill gives flexibility to schools regarding how and where first aid is taught. Some schools have suggested that it could be done during PE lessons or as part of personal, social and health education. Some have suggested teaching first aid during assemblies, or jointly with other schools. Some will use first aid-trained teachers, and others want to use external providers or online resources. It is up to head teachers and governors to decide how it is delivered.

Mr David Nuttall (Bury North) (Con): What the hon. Lady says seems slightly to contradict what might be inferred from the words that she seeks to insert into the Education Act 2002, which state:

"For the purposes of this Part, EFAE shall comprise formal lessons to equip pupils with age-appropriate skills".

That does not quite tally with the impression that she seeks to give the House.

Teresa Pearce: "Formal lessons" means within a school setting. Informal lessons are when people are taught at home, for example. In this case there is no testing and none of the things that one would imagine would be part of formal lessons. However, if the hon. Gentleman is concerned about this issue, and if the Bill goes into Committee, I would be happy to suggest that he serves on it, and if he wished to table an amendment I would be more than happy to work with him on that.

Skills can be taught quickly and easily so as not to overburden schools. Importantly, no assessment or attainment targets will be set, and it will be up to headteachers and governors to determine how lessons

will be delivered. I am happy that the Parent-Teacher Association is backing the Bill, as that indicates the range and depth of support for these proposals. It is also a measure of support from those who matter most, because 95% of parents and 84% of secondary school teachers agree that such skills should be taught as part of the school curriculum.

Beyond the process of learning these skills, the Bill could have other benefits. The International Red Cross believes that:

"First aid is not just about techniques. It is an act of humanity"

and therefore a key responsibility of citizenship. Teaching these skills will also help to create the next generation of good, caring citizens—it will teach character. The Red Cross is surely right about that. Empowering young people with the ability to act and potentially save a life can transform how they feel about themselves and improve their self-esteem. It could also encourage more people to become paramedics and explore the possibility of careers that they would not have otherwise considered. I want the Bill to contribute to an increase in the uptake of such careers.

Philip Davies (Shipley) (Con): Given that in the hon. Lady's view first-aid education is such an obvious thing to do, and given that it will cause no disruption or hassle at all to school life, and that it will make such a big difference to so many people's lives, why are schools in her constituency not already teaching first aid when they are perfectly free to do so?

Teresa Pearce: I am afraid I cannot answer for every school in my constituency any more than I can answer for every school in the hon. Gentleman's constituency. I say only that teachers, parents and children want this Bill, so why should we as parliamentarians not provide it?

Clive Efford (Eltham) (Lab): Is the answer to the question from the hon. Member for Shipley (Philip Davies) that MPs do not run schools or decide policy within them? For example, I suspect that not every school in his constituency is campaigning to come out of Europe. Does that mean that he is failing in some way as an MP?

Philip Davies: I would not be so sure!

Teresa Pearce: I thank my hon. Friend for his intervention. The Bill is consistent with other ideas that the Government have been happy to support in the past. Earlier this year the coalition Government passed the Social Action, Responsibility and Heroism Act 2015, which attempted to redraw the relationship between bystanders and people suffering from medical emergencies. Bystanders should not be intimidated by emergencies. They should not fear the consequences if they intervene sincerely, but do not manage to save a life. My Bill mutually supports that Act. It makes it more likely that bystanders will have the confidence to take action based on the teaching they will have received at school.

Stopping emergency situations from becoming worse could save the NHS money on later treatment. Providing emergency first aid skills might instil in the next generation a more responsible, confident approach to their own medical issues and perhaps reduce the current tendency to attend A and E for all sorts of minor problems that could be dealt with at home or by a GP. The Royal College of Nursing, with its membership of 430,000, is the voice of nursing across the UK. It supports the Bill, arguing that increasing first aid knowledge and skills in future generations will save lives and equip children with skills and confidence—skills they will carry through their lives.

Rachael Maskell (York Central) (Lab/Co-op): I thank my hon. Friend for bringing forward the Bill which, it is estimated, would save about 5,000 lives a year. It should surely proceed on that basis alone. Will the Bill not also encourage workplaces to introduce first aid training, which will save even more lives?

Teresa Pearce: I agree. Schools are workplaces, too. If children are trained in first aid, who knows what could happen in a school. They could step forward and maybe even save their teacher.

The Bill has attracted cross-party support from colleagues. I see hon. Members from all parties sitting in the Chamber this morning. I thank them for their support, some of which has been immense. I am truly grateful. I look forward to hearing contributions from their own perspective. I know there is a deep well of support for the principles underpinning the Bill.

In the course of the campaign so far, I have received incredibly generous and useful support from a range of people and organisations. I would like to emphasise my thanks to the British Red Cross, the British Heart Foundation and St John Ambulance. I place on record my true gratitude to my staff, who have been living and breathing this for the past month. I would also like to pay tribute to, and acknowledge the efforts of, Julie Hilling, the former Member for Bolton West. She no longer sits in this place, but she pursued the same aim with integrity and verve. She passed me the baton. Today, I hope we move another step nearer to the finishing line.

Wes Streeting (Ilford North) (Lab): I am really grateful to my hon. Friend for giving way and for bringing forward the Bill, which has widespread support in my constituency. What can she do to reassure my constituents that her vital Bill will not be talked out by some of the troublemakers on the Government Benches, as other Bills that they support have been on recent Fridays?

Teresa Pearce: I have faith in the goodness of this Chamber. I believe Members will do what is best for their constituents. I am very hopeful for my Bill.

I know many Members care very deeply about making sure every child has access to first aid education. No one here wants to think of their own son or daughter, or any loved one, facing an emergency situation and having no idea what to do to help. I want to make sure that does not happen to anyone. I want to make sure that we create a generation of caring responsible young people who take the initiative and always act to help where they can. I want to save the NHS money and encourage new paramedics, and I want to scrap the unfair postcode lottery in the teaching of skills.

People say a lot about private Members' Bills and they say a lot about politics, not all of which is positive, but today we have an opportunity, no matter which

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party we belong to and no matter where we come from, to do something that can only have a positive impact on the society we represent. Parliament at its best puts party politics aside, acts in the interest of the public and reflects the will of the people. Some 95% of parents back the Bill. I would like to think that in future those of us here today can look back on what we did and be proud, as we see a generation of life savers step out and step up to help friends and strangers in a great time of need.

9.54 am

Mrs Anne-Marie Trevelyan (Berwick-upon-Tweed) (Con): I have remained in Westminster today, rather than heading back to my constituency, to support the Bill tabled by the hon. Member for Erith and Thamesmead (Teresa Pearce). I believe that it has the potential to have a genuinely positive impact by ensuring all secondary schools in England provide young people with the opportunity to learn emergency first aid skills, and to gain the confidence to know what to do in an emergency. Ultimately, it can help to save lives.

The case for teaching first aid to all young people is unassailable. Every year in the UK, tens of thousands of medical emergencies result in death, injury and disability. Less than one in 10 people survive an out-of-hospital cardiac arrest, whereas in countries where CPR is taught in school, that survival rate is more than double. We are talking about real people's lives being saved thanks to education and a population with the confidence to act and intervene in a crisis. It is rare in Parliament that an MP has the opportunity to vote on a crucial issue that could touch the lives of any or all of us. The Bill is not about burdening young people with the pressure to deliver first aid, but by imparting such knowledge through our schools, it has the power to kick-start a culture change among future generations. It could empower all of us to become more confident and better able to step in to help someone when they need it.

Mrs Sheryll Murray: I think all Members agree it is good to teach first aid in schools, but where would it fit into the curriculum? Would something be dropped? Who would pay for it? Has my hon. Friend thought about that? It is the compulsory element that concerns me.

Mrs Trevelyan: I see the education coming from local groups, such as St John Ambulance, supporting local schools through their own fundraising.

I was taught first aid as a girl guide, and I have had cause three times in my life—twice at the scene of a car crash—to help to save lives by applying basic but vital principles to injured people.

Valerie Vaz (Walsall South) (Lab): First aid could be taught as part of personal, social, health and economic education, but does the hon. Lady agree that, given the events of 7/7 and 13/11, it is now more important than ever to make sure the whole country knows how to cope in an emergency and can do its civic duty to save lives?

Mrs Trevelyan: I agree absolutely. My knowledge of first aid, which I was taught when I was 12, has stuck with and empowered me throughout my life, and I have had need to use it. My first aid education helped me and my fellow girl guides to prepare for life by developing our character and resilience to take on unexpected emergencies with a strength of purpose and enough knowledge to help others, but there are also broader health considerations and areas in which greater first aid knowledge could be of benefit. We all know that our accident and emergency departments are under increasing pressure to treat people.

Will Quince: We often talk about the cost of doing something, but we rarely talk about the cost of not doing something. Does my hon. Friend agree that there might be considerable savings to the NHS by taking this preventive measure?

Mrs Trevelyan: I absolutely agree: our A and E departments are under enormous pressure. Although the Bill is not a panacea, evidence suggests that greater knowledge of first aid can help to reduce the number of unnecessary visits to A and E and reduce the pressure on our paramedics.

Empowering people with quick and simple skills and the basic medical understanding to save lives is so profoundly important that it deserves a place in the school day. Some schools already do an excellent job of teaching these essential life skills, with the support of charities such as St John Ambulance, for instance. The Government have already mandated that all schools must provide swimming instruction, either in key stage 1 or key stage 2, to ensure that every pupil can swim competently, confidently and proficiently, and perform safe self-rescue in different water-based situations. This Department for Education rule is for the purpose of saving lives. How much more of that goal might be achieved over the life of every child taught basic life-saving skills such as CPR, how to stem the flow of blood from a wound and how the recovery position can stop someone choking to death?

In my constituency, the St John Ambulance cadets in Alnwick learn first aid in their weekly meetings, and then go into their local schools, where invited, to share their knowledge. It is a wonderful example of teamwork and local knowledge sharing among peer groups that is helping children in my constituency to become life savers. However, despite widespread support for the idea of first aid education, only one in four secondary schools are taking it on. It is a very limited spread of life-saving skills.

The Bill is not about imposing even more targets on schools and teachers. Schools and headteachers would have the flexibility to decide when and how to impart these core skills—whether in morning assemblies, as my hon. Friend the Member for Romsey and Southampton North (Caroline Nokes) suggested, or as part of PHSE, physical education or biology. There are any number of places where this could be brought into the curriculum. It will not require teachers to have any prior medical knowledge, and neither will it take up a huge degree of the school timetable. As has been said, CPR can be taught in as little as 30 minutes—a small investment in a child's school year for a huge reward, not just for the children and their families, but for the whole community as they grow up and become resilient members of our country.

These skills are quick and easy to teach and learn. The British Heart Foundation, the British Red Cross, St John Ambulance, for which I do a lot of work, and

other organisations provide free resources for schools, so there is no cost implication for schools attached to this excellent Bill. There is cross-party backing for it, and I know many colleagues will, like me, have been inundated with messages of support from constituents.

Mr Nuttall: Is my hon. Friend suggesting that a 30-minute lesson will be all that is required to meet the imposition of the Bill?

Mrs Trevelyan: I think 30 minutes, where presently children are given no indication that life-saving skills can be understood, would be valuable. It is the confidence in the child that is important—confidence that they can be part of a life-saving situation. It could be an annual subject, but there are any number of ways to achieve this. The St John Ambulance programme is broad and flexible for when it goes into schools to support children better to understand what life-saving skills can mean and how they can carry them out when faced with a challenge.

I do not believe that this is a controversial issue and it should not be viewed as political; it will touch each and every one of us. I therefore urge all my fellow MPs to join me in support of the Bill to give every child the opportunity to be a life saver.

10.1 am

Alex Cunningham (Stockton North) (Lab): I congratulate my hon. Friend the Member for Erith and Thamesmead (Teresa Pearce) on securing the time for this debate. I would like to make a relatively brief contribution in support of the Bill.

I was a personal first aider, and I believe I still carry some of the skills with me today. I joined St John Ambulance—not for first aid skills, but because we used to go to the motor racing every other week! I remember now how important acquiring those skills was, and I have carried them through my life. Media stories down the years have shown how young people have saved lives just by having a little bit of knowledge. We know that boy scouts, girl guides, Boys' Brigade members and all manner of young people have, with training, been able to accomplish that. So we could be saving so many more lives if we gave more young people the necessary skills.

In February 2015, a report on PSHE and sex and relationships education by the Education Committee, of which I was a member, recommended that PSHE should be made a statutory subject, but that schools should retain a little flexibility over what is taught as part of it. With a little encouragement, first aid training and CPR could be included. This Bill does exactly that. It provides for emergency first aid education to be a compulsory part of the national curriculum at key stages 3 and 4. It also provides for academies, which do not have to follow the national curriculum, to be required to teach EFAE at those key stages. To impart those skills, it does not take half an hour a week for three years; it takes an hour a week for about three or four weeks.

We have already heard that current survival rates from out-of-hospital cardiac arrests in the UK are extremely low.

Mrs Sheryll Murray: Does the hon. Gentleman agree—he has mentioned his St John Ambulance background—that work towards first aid certificates lasts for three years, as does CPR training, and that things change within three years? Is he suggesting that schools continue to renew these certificates?

Alex Cunningham: I most certainly am. I believe that all young people should have updated training as they grow up—as should we all. Would it not be a great thing if we Members of Parliament led the way and did our first aid certificates? Perhaps, Mr Speaker, you could arrange through the House for some form of training to be imparted to MPs so that we can lead by example in our constituencies.

Of the 30,000 people who have out-of-hospital cardiac arrests in the UK each year, fewer than one in 10 survive. In countries such as Norway, where CPR is taught in all schools, survival rates are up to three times higher. That is why I support the Bill, and why I have championed the British Heart Foundation's campaigns to make CPR training available in schools, workplaces and community groups, including the call push rescue kit mission and European Restart a Heart day on 16 October 2015. St Michael's Catholic academy, Northfield school and sports college, and Red House school in my constituency have all acquired a CPR kit award. I want to see those skills used and I want to encourage other schools to follow their example.

There are tens of thousands of medical emergencies every year in the United Kingdom, resulting in deaths, injuries and disabilities. For instance, 250,000 people suffer burn injuries of varying severity each year, and 175,000 of them attend emergency departments. Too many of us, however, do not know how to help someone who is having a cardiac arrest, choking, bleeding, or having an asthma attack or seizure. In the case of cardiac arrest, about 75% of people would not feel confident about performing CPR. Bystander CPR doubles survival rates, but is attempted in only 20% to 30% of cases. Lack of knowledge, fear of causing harm and failure to recognise cardiac arrest are all factors.

The Bill will give young people the skills and confidence to know what to do. It could help a young person to save a life. Giving young people the opportunity to learn simple first aid skills need not impose a burden on the school day, as the skills are quick and easy to teach and learn. As we have heard, the British Heart Foundation estimates that ensuring that all school leavers are trained in CPR could save 5,000 lives every year. The foundation has campaigned tirelessly to improve survival rates, and is aiming to create a nation of life savers to ensure that every young person leaves secondary school knowing how to perform CPR. We should stand by the British Heart Foundation, and stand by our young people. We should support this Bill.

10.6 am

Dr Tania Mathias (Twickenham) (Con): I congratulate the hon. Member for Erith and Thamesmead (Teresa Pearce) on the Bill. It is an important measure, and I support it, but I believe that it could go much further.

My interest in this subject stems from something that happened to me when I was a junior doctor working abroad. A gentleman was unconscious and not breathing,

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and was surrounded by hundreds of people. A great crowd had built around him, but it became apparent that nothing was being done. Despite my—at the time—limited knowledge of the language of the country, I managed to get through the crowd and start the resuscitation procedure. Members of the crowd acquired a pick-up truck, and the gentleman was transferred to some hospital. I still do not know where the hospital was, or the gentleman's name. He did not survive, but I believe that he could be alive today if someone in the crowd who had been standing close to him when he collapsed had known how to perform basic CPR.

Like my hon. Friend the Member for South East Cornwall (Mrs Murray), I am focusing on CPR rather than on first aid in general. I believe that schools should have the freedom to decide what is on the curriculum, but I make an exception for CPR. I have been doing some basic research in my constituency, because it surprised me to learn that only one in four schools provided first aid or CPR education. I am heartened by the fact that most of the schools in Twickenham that have responded to my inquiries already provide CPR education for their students: that is terrific. Well done Waldegrave and Lady Eleanor Holles! I am bigging up the girls, because my hon. Friend the Member for Berwick-upon-Tweed (Mrs Trevelyan) was a girl guide—just saying. However, other schools such as Teddington school provide CPR education, and I applaud the sea and air cadets in Twickenham, who are also learning how to carry out the procedure. I am strongly in favour of the Duke of Edinburgh awards; the bronze award involves first aid including CPR, which is absolutely brilliant.

I am very fortunate in Twickenham. However, as I have said, I think that the Bill should go further, because I think that first aid education is needed in the community per se.

Mrs Murray: I acknowledge that my hon. Friend is probably far more experienced and qualified to speak about this subject than I am—although I was a doctor's receptionist for 21 years—but does she think that the quality of provision might be reduced if it were made compulsory? Rather than what people doing what they need and want to do, they might be thinking, "We have to learn this", while not actually paying any attention.

Dr Mathias: My hon. Friend makes a good point. I share her concerns, but I was converted when the British Heart Foundation visited the Commons and I saw its kit, which I have told all my schools is offered free—I thank St Richard Reynolds school, because it is taking that up. I was very impressed that the kit includes a DVD; a specialist trainer is not needed. The BHF showed us the models, including Resusci Annie. In half an hour, I was convinced—the BHF let me test the kit—that in that time one can teach good CPR that will be useful for a Samaritan or a passer-by. I share my hon. Friend's concern, but I am convinced by the BHF campaign.

I want this to go further, however. In Twickenham, I am concerned not so much about the children, but about our community. I have said before in the House that someone should have CPR training if they get a driving licence. Also, every business that has a health and safety expert should arrange for the 30-minute training that the BHF provides.

I will purchase one of those kits and offer it free to businesses in Twickenham to see whether we can roll this out. I also believe that the national citizen service could include first aid in its programmes, because it is a brilliant scheme. Everywhere there is a defibrillator—and there are a few in the community—every business and institution within 100 metres should be given the opportunity to learn how to use it. Wherever there is a defibrillator inside a sports hall, it should be available—behind protected glass or whatever—when the hall is closed.

My concern is for CPR to be rolled out in all our communities. Yes, make it compulsory in schools, but we have to go beyond that. I commend the Bill.

10.12 am

Julie Cooper (Burnley) (Lab): I pay tribute to my hon. Friend the Member for Erith and Thamesmead (Teresa Pearce) for introducing this important Bill, which, if passed, will save the lives of many. I also pay tribute to the British Heart Foundation, which has campaigned tirelessly on the need for young people to be educated in emergency first aid in school and which undertakes great work every day to educate the public in how to lead a healthier and ultimately longer life.

The statistics speak for themselves. Every year, an estimated 60,000 out-of-hospital cardiac arrests occur. Ambulance staff reach 30,000 out of 60,000 people—only 50%. Anyone who knows anything about cardiac arrest knows that time is of the essence. With each passing minute, the chances of survival decrease by 10%. Current survival rates outside the hospital remain extremely poor, with *The BMJ* estimating that the rates vary between 2% and 12%. The vast majority of cardiac arrests happen in homes and in front of loved ones, so it is imperative that someone in the household knows CPR, particularly at a time when cuts mean that ambulance response times are on the rise.

In 2014, the number of red 1 emergency responses within eight minutes by the North West Ambulance Service dropped by 3.5%, and the number of red 2 emergency responses within eight minutes dropped by 5%. Some people simply cannot wait for an ambulance. Knowledge of CPR will be the difference between life and death. That is why I, and many of my constituents, wholeheartedly support making emergency first aid training part of the national curriculum. A recent British Heart Foundation poll found that 83% of people in Lancashire believe that children should leave school with this life-saving skill.

There are countless examples of the correlation between countries that have CPR as part of the national curriculum and rising survival rates in relation to out-of-hospital cardiac arrests. Norway is an example that has already been mentioned in the debate, and another is the city of Seattle in America. Seattle has one of the highest survival rates, which is attributed to its 30-year history of teaching CPR in physical education lessons in school. CPR can be taught in a short time and without teachers needing extensive medical knowledge. This time could be the difference between a student saving their mum's, dad's, best friend's or even a stranger's life and feeling powerless to act.

Philip Davies: I understand that the hon. Lady is a former teacher. Why therefore does she not trust teachers to make these decisions and provide the first aid training in schools themselves, without the need for the Government to force them into it? Why cannot teachers be trusted to make these decisions for themselves?

Julie Cooper: As has been mentioned, there is patchwork provision across schools. I, as a teacher, think this is a good thing, as do the majority of teachers, but it is too important to leave to chance. Being able to save a life is as important as making sure every child can swim.

Wes Streeting: Which of these does my hon. Friend think would be more useful: compulsory first aid training that would save thousands of lives or introducing amorphous British values into the national curriculum with very little definition?

Julie Cooper: That needs no answer; it is absolutely clear. The provisions in this Bill will be a very important addition to the national curriculum, saving many lives. This training would no doubt feed into the ability of bystanders to use CPR in public settings outside of the home—this is a long-term investment for the country.

Our country's bystander CPR rates are some of the lowest in Europe, with many Britons unable to diagnose cardiac arrest or other heart conditions. I believe that by making CPR and the use of defibrillators a key part of our national curriculum, we will create a whole generation ready to intervene and save the life of a stranger, joining Sweden and the Netherlands, which have some of the highest bystander CPR rates in Europe.

Mrs Sheryll Murray: Will the hon. Lady congratulate this Government on rolling out a programme to make defibrillators available in communities and in schools?

Julie Cooper: I am delighted to see the widespread and increased use of defibrillators around the country, and I would congratulate any Government who make that provision. That is the right thing to do, and we should do the right thing. I therefore hope the House will do the right thing today.

I have noticed that every London underground station now has a defibrillator. While I welcome that, I would like to see more in public spaces, including in my constituency of Burnley. I am sure that we can all agree on the sentiment that training students in CPR and emergency first aid is just the beginning when it comes to saving a life in a public space, but there needs to be a readily available defibrillator.

I will be supporting this Bill today, and I encourage all those assembled in this Chamber to do the same. How to save a life is, after all, the greatest lesson we can teach our children, and I hope that our schools will be required under the curriculum to teach that skill.

10.17 am

Michelle Donelan (Chippenham) (Con): May I also commend the hon. Member for Erith and Thamesmead (Teresa Pearce) for introducing this Bill?

Today's debate is not really about whether we should overload the curriculum; it is about what the true objective of our education system is. What is the purpose of the curriculum in the first place? I urge Members to sit back and think about what that objective might be. Is it to produce meaningless statistics and grades, or to produce the citizens of tomorrow, to safeguard our children and give them the best shot at life? Every year, 150,000 people die when first aid could have made a difference and saved them.

The national curriculum officially creates a minimum expectation for the content of school curriculums. Are we really saying that ensuring that our young people have the confidence and skills to save lives is not a minimum expectation? More than 30,000 people have a cardiac arrest outside of hospital every year in the UK, but fewer than one in 10 survive. We have heard that lifesaving skills can be taught in personal, social, health and economic education; however, as we all know, PSHE is not compulsory. We also hear that schools should have the freedom to choose to teach it, yet only approximately 24% schools exercise that freedom. Are we really happy to send a message that saving lives is less important than maths, music, art or history? Seriously, what are we coming to—not as MPs but as people?

I welcome the current assistance from the Department for Education to help schools to buy defibrillators. As of last week, 787 schools had purchased one under the scheme, and it is my aim to ensure that every school in my constituency has one by the next election.

Mrs Sheryll Murray: Having seen a portable defibrillator, I know that they are very explicit and that they also allow an electrocardiogram to be carried out before CPR. Does my hon. Friend acknowledge that people can do a lot of harm by trying to administer CPR when it is not needed?

Michelle Donelan: I thank my hon. Friend for her intervention. Defibrillators are extremely easy to use. The problem that we have in this country is a lack of confidence surrounding their use, which is what the Bill is trying to correct.

I was delighted that, in this year's Budget, £1 million was dedicated to buying defibrillators for use in public spaces and schools and for training, but what is the point of doing that if people do not have the confidence to use them? Recent surveys show that the primary reason that people are deterred from intervening in any first aid situation is a lack of confidence and knowledge. We also need to stop ignoring the industry experts. St John Ambulance, the British Red Cross and the British Heart Foundation have all campaigned for this change in the law for a number of years. Let us also consider the practicalities. As we have heard, this training would take up a very small amount of time in the school curriculum.

Craig Whittaker (Calder Valley) (Con): The hon. Member for Stockton North (Alex Cunningham) referred earlier to the report on PHSE that the Education Committee produced earlier this year. He did not mention, however, that the report stopped short of recommending an extension of the school day to accommodate putting this extra training on a statutory footing. Does my hon. Friend agree with the idea of extending the school day in order to make this vital addition to the curriculum?

Michelle Donelan: I think we are straying off the topic of the Bill. We really would not need to extend the school day to fit this training in. As we have heard, it will take a very small amount of time each year.

I have already stated that this ability to save lives is as crucial as maths, English and science. Free packs are available from the British Heart Foundation, which would help to reduce costs. Many organisations in the charity sector have already promised to help to put this course in place. So this really is necessary, achievable and cost-effective. It is also the moral thing to do. There is no point in trying to enrich the lives of our young people through the education system unless we are also helping to prolong and save them too.

To be honest, the statistics speak for themselves. As I have said, 30,000 people have an out-of-hospital cardiac arrest each year, but only one in 10 survives. If more people knew how to do CPR or use a defibrillator, survival rates could increase to 50%. The survival rate in the UK is poor and highly variable, but today we have an opportunity to make a real difference. First aid is a true life skill, and the Bill aims to make every child a life-saver. Ensuring that life-saving skills are taught in schools would instil in children how valuable life is and how important it is to be a good citizen. We must consider the wider ramifications of the Bill and its value for society.

All surveys indicate huge support from parents and young people, with some showing that up to 95% of parents support this training in secondary schools. Coupled with a host of case studies from around the world, this provides a strong argument for the Bill. Indeed, we are very much lagging behind other countries in this regard. In the USA, 36 states have passed legislation to ensure that youngsters learn emergency skills. It is also on the curriculum in France, Denmark and Norway, where survival rates have also increased.

I want all Members to think long and hard today about what our education system is really for. If they believe it is about creating citizens and building a strong society for tomorrow, they must support the Bill. Our voters have placed their trust in us as their representatives and we have a moral duty to ensure that every person is given the best shot at life, but investing in equipment is no good unless people have the confidence to use it. To conclude, I echo the words of Dr Andy Lockey of the Resuscitation Council when he said that teaching emergency life support skills in schools and in the community is

"a no brainer, it's just common sense".

10.24 am

Rachael Maskell (York Central) (Lab/Co-op): May I start by congratulating my hon. Friend the Member for Erith and Thamesmead (Teresa Pearce) on promoting this Bill, which will save so many lives? I am going to keep my comments brief because I am keen for it to have the opportunity to proceed.

I was walking down the street one day when I saw a crowd of people. As most of us would be, I was curious, but I walked by, not knowing why they were gathered. Something drew me back into that crowd and, as I looked beyond, I saw a woman lying on the ground. There were 40 to 50 people in that crowd, with two people attending to the woman, tidying her skirt and arranging her legs. The thing they did not do was check whether or not she was breathing—she was not; her heart had stopped. Not one person knew what to do. Nobody had called an ambulance—they did not even have the confidence to do that. I gave that instruction and then started CPR. I was fortunate—

Mrs Sheryll Murray: The hon. Lady has administered CPR, as have I. I administered it, along with my late husband, to a next-door neighbour. Keeping the CPR going until an ambulance arrives is a really tough thing. Does she think an 11-year-old would be physically able to do that?

Rachael Maskell: I thank the hon. Lady for her comments. I would just like to finish my story and then I will answer her point. I administered CPR and had to keep going for some time before an ambulance was able to get to the scene and its crew were able to step in and take over. We are talking about changing a nation by giving it the confidence to administer CPR, so other people will be able to assist in that process.

Dr Mathias: When I asked the British Heart Foundation at what age it felt CPR could be taught, its answer was from the age of 10, although it does depend on the strength of the child. It thinks that every 11-year-old could do it. Part of the training is about swapping round if there are other good samaritans who know CPR, in order to maintain that physicality. Does the hon. Lady agree?

Rachael Maskell: I thank the hon. Lady for her intervention—clearly we know what we are talking about, and I totally agree with what she has just highlighted.

The reality of that or any other situation is that if people have the skills, they can administer them. The Bill is not just about CPR; it is also about dealing with bleeding or choking, situations we may come across at any point. As one of those bystanders, you would feel totally helpless, knowing that you could have saved the neighbour, the friend or the relative—we might even be talking about someone saving you. That is why I urge hon. Members to allow this Bill to go forward.

Philip Davies: In a previous speech in Parliament, the hon. Lady talked about how teachers must also have more of a say. She said:

"They cannot be told how important their professionalism is in one breath and then not be trusted to make the best decisions for children in the next."—[*Official Report*, 22 June 2015; Vol. 597, c. 678.]

How does her support for a compulsory measure, whether teachers like it or not, fit in with what she said previously about how we should trust them as professionals?

Rachael Maskell: I thank the hon. Gentleman for making that point, because I can tell him that 84% of secondary teachers support the Bill. Clearly, teachers want these provisions to be brought in, so this is in line with my previous statements in the House.

Whatever the medical condition, we know that it is only the start of a journey for a patient, who then will go on to use wider NHS services. Having worked in intensive care for 20 years, I know the cost of that time

delay; individuals could have hypoxic brain injury or other such conditions as a result, which would place real strain on not only the services, but on the family and the life of the individual. For that reason, it is vital to ensure that the Bill has a safe passage to its next stage.

As I have said, I will keep my comments brief. What we are seeing today is the start of a journey towards us being a nation of life savers, which is what I hope the Bill will achieve in time. I urge the Minister to allow this Bill to continue to the Committee stage.

10.29 am

Peter Aldous (Waveney) (Con): I congratulate the hon. Member for Erith and Thamesmead (Teresa Pearce) on the enthusiasm and determination with which she has promoted this Bill. I speak as chairman of the all-party group on first aid, which has received cross-party support in promoting this Bill. As we have heard, the Bill is supported by St John Ambulance, the Red Cross, the British Heart Foundation, and the Royal College of Nursing.

This is a short and straightforward Bill, which, if passed, will have far-reaching benefits for individuals, families and society as a whole. I will briefly outline the reasons why the Bill should be supported. First, it will save lives. At the APPG meeting on 16 September, I met Samantha Hobbs and her parents. When she was 14, Samantha saved her mother's life. She said:

"It is horrible to think what could have happened if I had not known CPR."

In those countries where CPR is taught in schools, survival rates are more than double those of the UK. If we could match our survival rates with those of Norway we could save 5,000 lives each year.

Mr Nuttall: Samantha Hobbs is the very brave young lady who was mentioned in a standard letter that was sent to me—to be fair, it is the same letter that I received from several constituents. Having met this very courageous young lady, can my hon. Friend explain where she learned her skills?

Peter Aldous: I do not have the precise answer to that. From what I understand, it was through her membership of St John Ambulance. I would not want to be quoted on that, but that is my understanding.

As well as having obvious benefits for the recipients of first aid, acquiring such skills can change the lives of young people. It can build confidence, unleash hidden talents and skills, and it can set people on a path that might lead to a career as a paramedic.

Secondly, for young people, knowing how to look after those around them can play a huge part in achieving independence and helping them when they move away from home. For young people who may be vulnerable, who may live in deprivation or who may be at risk of exclusion, acquiring such skills can be a real benefit and a positive life-changing experience.

Thirdly, ensuring that young people acquire such skills can have significant benefits for society as a whole. It encourages people to get involved in their communities, brings those communities together and builds social capital.

Mr Chope: My hon. Friend talks about ensuring that young people acquire such skills, but the Bill does not do that. It says that the skills can be taught, but there is no system of testing, assessing or judging attainment.

Peter Aldous: We can get a little bit too obsessed with continuous testing. Having been on one such course—in the previous Parliament, the APPG did organise such a course—I can say that it is far better to acquire the skills at a young age. It was slightly comical to watch some of us attempting to carry out these skills, but if we can acquire the knowledge at a young age, it will remain with us forever.

Mrs Murray *rose—*

Dr Mathias *rose—*

Peter Aldous: I will give way to my hon. Friend the Member for South East Cornwall (Mrs Murray) first.

Mrs Murray: My hon. Friend might like to know that, over the 21 years that I worked at Cawsand surgery, I did CPR training every three years. The advice changed over that period, which is why people need to update their certification every three years.

Peter Aldous: I thank my hon. Friend for that advice. I agree with her, but once a person acquires basic knowledge, it can stay with them for the remainder of their life.

Dr Mathias *rose—*

Peter Aldous: I see that there is a doctor in the House; I look to her to take this forward.

Dr Mathias: Does my hon. Friend agree that one of the best tests of CPR training is that experiential feeling? Members who attended the British Heart Foundation showcase will know that, after training, a person knows the pressure required on Resusci Annie. The test is whether people use "Nellie the Elephant", "Stayin' Alive"— everybody listening will know what I am talking about—or have Vinnie Jones in their mind.

Peter Aldous: I agree wholeheartedly with my hon. Friend. The measures could save money. Funds for public services are, we hear, in short supply. The NHS faces significant pressures; why not relieve some of them? If, as a society, we all had a simple knowledge of first aid, it would provide some relief to accident and emergency units, and the people doing great work in them, and they could get on with the work they want to do.

Mr Nuttall: My hon. Friend raised the question of cost, which has hardly been touched on. As he states that the measures will save money, he must have made some assessment of how much they will cost.

Peter Aldous: First—this is the embodiment of the big society—organisations such as St John Ambulance and the British Heart Foundation are prepared to take the financial strain on this; it is important to remember that.

Alex Cunningham: Let us get down to basics: this is about time versus lives—a few hours a year in schools to impart basic knowledge that could save 5,000 lives a year. Does my hon. Friend agree, as chair of the all-party group on first aid?

Peter Aldous: I agree wholeheartedly with my hon. Friend. Thirty-six US states, Germany, France and several Scandinavian countries have compulsory first aid education on the curriculum. If we did in this country, it would bring significant benefits. Today, I should be with members of Waveney youth council on its youth breakout day. When I explained to them why I would not be with them, I sought their views on the Bill, although the situation in Waveney schools appears to be better than it is across the country as a whole. I received a very clear message: "Go for it." In that context, I urge the House to give the Bill a Second Reading.

10.37 am

Liz McInnes (Heywood and Middleton) (Lab): I am delighted to be able to speak in this debate. I thank my hon. Friend the Member for Erith and Thamesmead (Teresa Pearce) for making first aid education in schools the subject of her private Member's Bill. It is a really important subject that I have become very aware of over the years. I remember the problems we sometimes had, when I was an NHS worker in a busy pathology department, in getting members of staff to come forward to train as first aiders in the workplace. It is surprising that, in an NHS setting, we had difficulty getting volunteers. If we were all taught first aid as children in school, it would normalise the subject, and make first aid far more accepted as a life skill; it would then be a far less daunting prospect as an adult.

As a local councillor, I trained in the use of public access defibrillators, and I know only too well how essential it is to have trained members of the public available should there be an emergency and a need to put the defibrillator to use. Teaching first aid in schools would make it far less a matter of lucky chance that a trained first aider was in the vicinity of an emergency. When all our children are trained first aiders, it will give the victim of an arrest or another medical emergency a much better chance of receiving life-saving emergency first aid.

In my constituency, Heywood and Middleton, first responders and the North West ambulance service have done and are doing a great job getting defibrillators installed around the borough of Rochdale. Getting the equipment is one thing, but without trained members of the public who feel confident using them, the defibrillators are mere wall decoration. They are easy to use—I can vouch for that. Once one opens them up, one is talked through the procedure by a reassuring voice, but the key thing is confidence to use them.

The Bill is not just about defibrillators. It aims to ensure that more people have the skills and the confidence to act if they witness a range of medical emergencies, such as choking, bleeding, an asthma attack or a seizure, or a cardiac arrest when a defibrillator is not readily available. By teaching our children first aid skills at a young age and making CPR part of the national curriculum, we can instil that confidence and ensure that surviving a cardiac arrest becomes far less a matter of chance and good luck. The national curriculum framework is clear that every state-funded school should teach subjects that promote

"the spiritual, moral, cultural, mental and physical development of pupils at the school and of society"

and prepare

"pupils at the school for the opportunities, responsibilities and experiences of later life".

First aid education amply fulfils both those criteria. It can easily be incorporated into many areas of the curriculum, as has been mentioned—for example, PSHE, citizenship, sports education and PE.

I pay tribute to Siddal Moor sports college in my constituency, which teaches first aid in year 10 as part of a health and social care course. Such teaching should, however, be wider—every child should have access to first aid training. Support for the mandatory teaching of first aid comes from countries such as Denmark, where CPR training became compulsory in 2005 for all schoolchildren over 11 years of age. In the following six years, the provision of CPR by members of the public more than doubled and survival from out-of-hospital cardiac arrest tripled.

I would like to pay tribute to voluntary groups such as cadets, the scout and guide movements, St John Ambulance, the British Heart Foundation and many others, who do a great job of teaching first aid skills. But 60% of children have had no first aid training whatever, and only 24% of schools currently offer first aid training. Without this becoming mandatory, we will still have a large section of young people who do not have the skills to potentially save lives. If we approve this Bill, we will be going a long way towards improving the safety and survival of everyone in our society. None of us knows when we might need the skills of a trained first aider.

10.43 am

Robert Jenrick (Newark) (Con): I congratulate the hon. Member for Erith and Thamesmead (Teresa Pearce) on bringing forward the Bill for consideration. She has done not just the House but the whole country a service by increasing our awareness of the issue.

I saw how important first aid is just over a year ago when I was standing with 600 of my constituents outside the parish church in Newark for the Newark Remembrance Sunday parade and an 82-year-old Army veteran had a severe heart attack two paces behind me. Six hundred of my constituents and I stood feeling pretty helpless at not being able to support him. Fortunately, a number of people there had had first aid training, and an off-duty firefighter stepped in, with others from Newark Community First Aid, to support the veteran and re-start his heart with CPR. That gentleman was centre-stage at our Remembrance Sunday parade a couple of weeks ago. That experience, which left me feeling helpless, led me to do a proper first aid course in the intervening 12 months provided by our local community first aid group in Newark. As a parent of three young children, I think it only appropriate that all parents should be equipped with basic training, so that we are never in the terrible position of feeling like a helpless bystander.

I support the aims of the Bill. Given our ageing population and the fact that my community is relatively isolated—ambulances can take an hour to get to many

villages, and in some horrific cases, far longer—it is important that more and more people are fully trained in first aid, particular in CPR.

Sir Greg Knight (East Yorkshire) (Con): My hon. Friend has just said that he supports the aims of the Bill. Will he clarify his position? Does he actually support the Bill?

Robert Jenrick: I thank my right hon. Friend; I was coming to that. Like many private Members' Bills, this Bill is challenging: our instincts tell us to support it, but on closer examination, particularly after having talked to the people on the ground who would have to implement it, our heads tell us that there may be better ways to address the issue. I shall come to that in a moment.

A constituent of mine, Mrs Harriet Smith of Southwell, emailed me after my hon. Friend the Member for Shipley (Philip Davies) had made his speech last week. She asked me to request his permission to market it as a cure for insomnia, although she added that admittedly he was right in almost every respect.

I want to emphasise that first aid is incredibly important, and that is recognised in my constituency. In my local experience, awareness of first aid and training is increasing. The Newark Community First Aid project, founded almost 10 years ago, has trained thousands of my constituents on a voluntary basis. Individuals of all ages take part, including the young; I agree with my hon. Friends that 11, 12 and 13-year-olds can and do take the training. Thousands of young people are now fully trained members of our community and are there to help should emergencies arise. The Prime Minister met the founders of the Newark Community First Aid project a year ago to praise it as one of the leading groups in the country to have seen non-compulsory training really take off in a community.

Mr Nuttall: Does my hon. Friend share the concern that those valuable groups might suffer if first aid became compulsory in schools?

Robert Jenrick: That is certainly a concern. In the experience of those groups—I shall come to the experience of some of my local schools—a compulsory element has diminished the training. When young people are asked whether they want to do the training on a voluntary basis, more have come forward and done it in the spirit that it really deserves.

A huge number of groups offer first aid training on a voluntary basis: the scouts, the girl guides and the sea cadets, for example. Workers at our district council of Newark and Sherwood are mostly fully trained, while the University of the Third Age in Newark and Southwell has trained hundreds of people in large groups very effectively. Many rural parish councils are purchasing or being donated defibrillators, which are often placed in redundant telephone boxes and other rural locations and marketplaces. A Chinese restaurant that I am due to open with my right hon. and learned Friend the Member for Rushcliffe (Mr Clarke) in a couple of weeks' time is the latest example. Many parish councils are training or providing in their village halls a community voluntary opportunity to learn how to do CPR when the defibrillator is installed. I have been to a couple of those voluntary community events, and they are great—people really enjoy them and the community gets behind them.

Workplace schemes are also taking off; we have seen them in a number of employers, large and small, in my constituency. Generally, again, they are voluntary rather than compulsory and are done during lunch hours—sometimes during working hours—or after work. They are popular and worth while. That work is ongoing, and I do not want to it to be diminished. I want it to be encouraged by the Government, and I hope, if nothing else, that this Bill, whether it succeeds or not, will push it forward.

However, we have to ask ourselves whether enacting this Bill is the right answer. In answering that question I have done something that I have not heard every Member say they have done, which is to ask for the views of the headteachers in my constituency. I am all in favour of opinion polls, and I do not dispute the veracity of those that have been mentioned, but nothing is better than a face-to-face conversation with one's local headteacher. In my constituency, I have five highly respected and competent headteachers of secondary schools whose views I want to share with the House.

Dr Mathias: I think that lots of MPs present, including me, have contacted their schools. I did that research because this Bill was coming to the House, and the good thing in my constituency is that most of the schools are already doing CPR training.

Robert Jenrick: I appreciate that. I did say that not every Member had done it. I would be interested to hear the remarks of those who have spoken to their local headteachers about their views.

I have spoken to my local headteachers, or most of them. Four out of the five I spoke to support the principle of the Bill and want to see more first aid training, particularly CPR. Three out of the five already do quite a lot of this activity to differing degrees. However, none of them was in favour of its being compulsory. I do not say that with any pleasure, in speaking against this Bill, but those are the facts. The highly competent and respected headteachers with whom I work are not in favour of this Bill. That needs to be said, alongside the statistics that we have heard, which are clearly less precise than the conversations with our own headteachers.

One of my headteachers, from Southwell Minster school in Nottinghamshire, said that the school already has quite a significant first aid programme. It takes place as part of extra-curricular activities, and sometimes in PSHE and biology classes, and through some of its sports clubs. He does not think that a headteacher such as himself who is taking this issue seriously and working with valuable local community groups needs to be told that it is a compulsory element of the national curriculum. He and his teachers are behind the idea already, and he is doing what he thinks is appropriate for his local community. He is also concerned that while schools such as his might take the issue very seriously and do a good job, the national curriculum can sometimes lead to a tick-box exercise, whereby some will take the requirement seriously, but quality will vary dramatically across the country.

[Robert Jenrick]

The Bill, in its effort to provide maximum flexibility, which is entirely understandable and logical, opens up the possibility that some schools, such as Toot Hill in my constituency, will have a superb programme that we would all be proud of, while others might provide 30 minutes of training every now and again, leaving quality in doubt. Toot Hill, an outstanding academy in Bingham outside Nottingham, provides a range of first aid training on a voluntary basis. It offers it to its prefects as part of the prefect programme, so it is a reward. It also offers it on a voluntary basis to all its year 8 and 9 students. The training is extremely popular but it is not made compulsory.

Mr Nuttall: My hon. Friend makes the very interesting point that the training is seen as a reward rather than something to be endured, as I fear it would be regarded if it became a compulsory lesson.

Robert Jenrick: I do think there is a lesson to be learned there.

On the news this morning I heard cited a school in Sutton Coldfield that has built a very strong alliance with St John Ambulance. The school offers training on a voluntary basis to all its year 9 students. It has found that when training is compulsory, students are often less excited about it, as we can all remember from our own schooldays, but that because it is voluntary almost all students choose to take it up. If I were a headteacher, I would offer the programme to students on a voluntary basis and hope that almost all of them took it up.

Mrs Sheryll Murray: Did my hon. Friend's headteachers make any comment about whether Ofsted would get involved and whether it would be yet another tick-box exercise whereby they would need to comply with an Ofsted inspection?

Robert Jenrick: Yes, two of them specifically raised the issue of tick-box exercises and asked how, if the requirement were in the national curriculum, it would be measured and whether Ofsted would become involved. If not, what would it mean? Some schools would be exemplars that provide superb quality training and work with great local groups such as Newark Community First Aid or St John Ambulance, and others would do much more modest training—an online exercise or whatever that is considered to be the bare minimum. That might be because they are not interested or, more likely, because they do not have the time or the resources. Others might feel that it is more appropriate to concentrate on academic outcomes because they are struggling to educate children with particular needs.

Philip Davies: Does my hon. Friend agree that in order for the training to be a meaningful compulsory part of the curriculum, it would need to be subject to an Ofsted inspection to make sure that it was being done properly, because otherwise there would be nothing to say whether schools were carrying it out, and that therefore it would be another part of a school inspection that I am sure schools could well do without?

Robert Jenrick: If we believe in the principle of training in first aid for young people, or indeed people of any age, we want to ensure quality, and quality is clearly very variable. If we provide maximum flexibility so that a school can take it very seriously or not seriously at all, then the whole scheme could be jeopardised.

I want to refer Members to my local group, Newark Community First Aid, and what it considers to be high quality. In its training it uses qualified doctors, nurses and extremely experienced first aiders. Its minimum course lasts two and half hours and has to be re-done regularly. Its preferred course lasts four hours. If we want good-quality training, some minimum standards are involved. I do not want thousands of young people to believe that they have had high-quality first aid or CPR training when they have had a half-hour video presentation—although I am sure that would be better than nothing—rather than having gone to one of these superb local community groups and spent a whole afternoon or day being trained.

Alex Cunningham: The hon. Gentleman has talked about headteachers being opposed to compulsory training in schools. Which schools in his constituency have said that they are not prepared to spend a few hours a year in order to save thousands of lives?

Robert Jenrick: All the schools I spoke to are trying in their own way to provide training, doing what they believe is appropriate and working with local groups. However, the point remains that none of them wants it to be a compulsory part of the national curriculum, believes that that is the appropriate and best way of furthering the cause, or, given their awareness of young people, believes that forcing them is the best way of inspiring and motivating them to do it, to take it seriously, and to really believe in it.

Other headteachers raised with me the point that many other important issues could persuasively be suggested for the national curriculum, such as PHSE, biology—

Will Quince: Why does my hon. Friend think that headteachers are out of sync with the 84% of teaching staff who hold a completely opposite view?

Robert Jenrick: I do not know. I have spoken only to my headteachers, as well as a range of other teachers. With great respect to my hon. Friend, it appears that he is relying on an opinion poll. I have spoken to my headteachers and to 10 other secondary school teachers in my constituency, and that, to me, as a constituency MP, is the best way of gauging the opinion of my constituents.

Many other issues could be put on the national curriculum. There have been recent campaigns in my constituency on several such issues, including road safety, respect for women, violence and knife crime, all of which are important. I suspect, as a parent, that first aid and CPR training should be very high on that list, if not at the top. However, there clearly has to be a limit on what can be in the national curriculum, and there are many competing demands on that time.

Sir Greg Knight: Does my hon. Friend think that it might be useful if a mechanism were in place for teachers to share best practice on this issue?

Robert Jenrick: Yes, I do. That is extremely important. In fact, many of the headteachers in my constituency work together on these issues. The headteacher of Toot

Hill school in Bingham is very aware of what is happening at various Nottingham schools, and some across the border in Leicestershire. I would like to see much more of that. There is an important role for our local community groups as well.

Proceedings interrupted (Standing Order No. 11(4)).

Junior Doctors Contract

11 am

Heidi Alexander (Lewisham East) (Lab) *(Urgent Question)*: To ask the Secretary of State for Health if he will make a statement on the negotiations for a new junior doctors contract.

The Minister for Community and Social Care (Alistair Burt): Three years ago, negotiations began between the British Medical Association, NHS Employers and the Department of Health. They were based on a common view that the current contract—agreed in 2000, when junior doctors were working very long hours—was outdated and needed reform. Between December 2012 and October 2014, extensive and patient negotiations took place, with an agreed target date for implementation of August 2015.

The negotiations were abruptly terminated by the BMA's unilateral withdrawal from them, without warning, in October 2014. That led to the independent and expert Doctors and Dentists Review Body being asked to take evidence on reform of the contract from all parties, including the BMA, and to make recommendations. That happened because of the unwillingness of the BMA to agree sensible changes to the contract, and allowed an independent expert body to recommend a way forward.

The DDRB report on the junior doctors contract, with 23 recommendations, was published in July. The Secretary of State then invited the BMA to participate in negotiations based on those independent recommendations. Unfortunately, the junior doctors committee of the BMA maintained its refusal to negotiate, even though the negotiations would be on the basis of an independent report to which it had had an input. Both the Secretary of State and NHS Employers have repeatedly invited the BMA to participate in negotiations. It was made clear that there was a great deal to agree on based on the DDRB recommendations.

We deeply regret that the BMA chose the path of confrontation, rather than negotiation. While we continued to try to persuade it to develop a new contract with us, it instead chose to campaign against the independent DDRB's recommendations, including by issuing a calculator, which it subsequently withdrew, suggesting—wholly falsely—that junior doctors would lose 30% of their pay. Instead, the BMA issued demands, including a right of veto on any contract change. In effect, it asked us to ignore the DDRB's recommendations, the heads of terms agreed back in 2013, and to start again.

Given the BMA's refusal to engage and its wholly misleading statements about the impact of a new contract, NHS Employers issued a contract offer to junior doctors earlier this month. This offer has safety at its heart and strong contractual safeguards to ensure that no doctor is required to work more than 48 hours a week on average, and it gives junior doctors the right to a work review when they believe hours are being exceeded. It reduces the maximum hours that a doctor can work in any week from 91 to 72 hours. It pays doctors an 11% higher basic pay rate, according to the hours that they work, including additional payments for unsocial hours.

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It reduces the number of consecutive nights that can be worked to four and of long days to five, ending the week of nights.

The hon. Member for Lewisham East (Heidi Alexander) has called for the parties to go to ACAS. The Secretary of State is not ruling out conciliation. We have always been willing to talk. The Government have repeatedly appealed to the BMA to return to the negotiating table, and that offer is still open. We believe that talks, not strikes, are best for patients and for junior doctors. The Secretary of State has said that talks can take place without preconditions, other than that an agreement should be within the pay envelope. However, the Government reserve the right to make changes to contracts if no progress is made on the issues preventing a truly seven-day NHS, as promised in the manifesto and endorsed by the British people at the last election.

It is regrettable that junior doctors have voted for industrial action, which will put patients at risk and see between 50,000 and 60,000 operations cancelled or delayed each day. I therefore call on the hon. Lady to join the Government in calling on the BMA, as it prepares for unprecedented strike action, to come back to the table for talks about the new contract for junior doctors. The Government remain firmly of the view that a strike by junior doctors is entirely avoidable, and we call on the BMA to do all it can to avert any action that risks harm to the patients we all serve.

Heidi Alexander: The fact that we are in this situation today, with 98% of junior doctors having voted to take significant industrial action for the first time in 40 years, makes me angry and sad. I say that because it did not have to be this way. The truth is that if we had had a little less posturing and a little more conversation from the Health Secretary, this whole sorry episode could have been avoided.

Does the Minister agree that, over the next week, everything that can be done should be done to stop the three days of planned industrial action? He said that the Health Secretary does not rule out going to ACAS, so why did the Secretary of State appear to dismiss the idea of independent mediation yesterday? Does that seemingly flippant rejection of the need for independent mediators to prevent industrial action not show a casual disregard for patient safety?

The way in which the Health Secretary has handled the negotiations has been appalling. Does the Minister understand that negotiation by press release is not the way to conduct discussions, nor any way to run the NHS? Does he understand that junior doctors are particularly angry about the way in which the Health Secretary has repeatedly conflated the reform of the junior doctors contract with seven-day services? Junior doctors already work weekends and they already work nights. For the record, not a single junior doctor I have met during the past few months would not drop everything to respond to a major terrorism incident. To suggest otherwise is to insult their professionalism.

The fundamental question hanging over Ministers this morning is this: why continue this fight? Hospitals are heading for a £2 billion deficit this year, mental health services are in crisis and the NHS is facing its most difficult winter in a generation, so why on earth are this Government picking a fight with the very people who keep our NHS running? There are nine days left before the first day of planned industrial action. Let me say very clearly to the Minister this morning: it is now time to talk.

Alistair Burt: I agree with the hon. Lady that we do not need to be in this situation. Absolutely. That is the whole point. The Secretary of State has kept his door open all the time. In seeking to conclude this, after starting negotiations three and a half years ago, the door remains open. It is for the BMA to come through it and say that it wants to continue the negotiations that it abruptly left more than a year ago.

Can and should everything be done to avert the strikes? Yes, it should. It would help if Labour Front Benchers made an unequivocal statement that they do not support strike action by doctors. I await to see whether that will be forthcoming. In the meantime, the Secretary of State has said that he is perfectly prepared to go to conciliation, but conciliation usually comes after a process of negotiations has broken down. The whole point is that the negotiations have not even kicked off again. The point is that the Secretary of State has offered such an opportunity, based on recommendations made by the independent Doctors and Dentists Review Body. That committee has made independent recommendations, including on the basis of information provided by the BMA.

For the hon. Lady to talk about a challenge to safety ill becomes the party that presided over Mid Staffs. The point is that, since he took office, the Secretary of State has, quite plainly and to everybody's knowledge, made safety in the NHS his prime consideration. He wants a seven-day NHS to recognise the issues that have arisen at weekends. He has never said that junior doctors do not work at weekends. Of course they do—they carry the biggest burden of hospital work at weekends—but to make sure that the NHS is completely safe at weekends, as he intends, it is essential to spread out the burden and the junior doctors contract is part of that process. The hon. Lady said that it should be up to the Secretary of State to make the next move on the negotiations. I say to her that the door to negotiations is always open, as the Secretary of State has made clear.

The hon. Lady raised the issue of patient safety and the comments of Professor Sir Bruce Keogh, who is responsible for doctors in relation to emergencies. It is his role, as the national medical director, to ensure that everyone is safe. He wrote to the BMA yesterday and said:

> "I would reiterate to both sides that I believe the best way to ensure patient safety is for the planned action not to take place. I would strongly urge you, even at this late stage, to come back to the negotiating table."

He stated that

> "patient safety is of paramount importance."

Sir Bruce Keogh's point in relation to an emergency situation was that although no one doubts for a second that, should there be an emergency in this capital like the one in Paris, every available doctor and member of medical staff would report for work, if it took place on the day of a strike when they were not already in the hospitals in the numbers required, it would take them time to get in. That was his concern about patient safety and it is a reasonable one.

I say again that we await a suggestion from the hon. Lady that it is not right for junior doctors to take strike action and that she will support the Secretary of State in saying that it is time to return to negotiations. The Secretary of State has been patient and fair, and he is clear that this is about safety. Negotiations should be returned to as soon as possible, and it would help if everyone said so.

Dr Tania Mathias (Twickenham) (Con): For the record, I did not vote in the ballot. I urge the Minister and the BMA to return to the negotiating table, but without any preconditions. I applaud the new calculator on the Department of Health website, which is very helpful. I would be surprised if my colleagues and the people I know went on strike. I cannot imagine it. Therefore, there is an opportunity to negotiate and, if that does not succeed, to go to ACAS.

Alistair Burt: My hon. Friend believes, rightly, that there should be negotiations. The Secretary of State has said that. He has also said that conciliation is possible if the negotiations break down. There are no preconditions, beyond what the Secretary of State has said about his right to ensure that a manifesto commitment is delivered. My hon. Friend is right about the calculator. The initial calculator was misleading, which may have swayed some people over a period of time. She is also right to recognise, as the chief medical officer said yesterday—*[Interruption.]* Perhaps the hon. Member for Worsley and Eccles South (Barbara Keeley) will listen to the chief medical officer, if not to me. She said:

"I recognise the strong feeling of junior doctors and will always support them as the future of the NHS, but the severity of the action the BMA proposes is a step too far. I urge junior doctors to think about the patients that will suffer and I ask the union to reconsider its approach."

That is a very sensible position that I think we would all endorse.

Yvonne Fovargue (Makerfield) (Lab): What evidence does the Minister have that reforming the junior doctors contract and having a seven-day NHS will make the NHS safer? Will he commit to publishing that evidence?

Alistair Burt: The evidence is there in what has been published about the details of the contract. It was published in the press because it was not possible to get it to the BMA as it was not negotiating. It includes an upper limit of working hours of 72 hours in a seven-day period, when it was previously 91; four consecutive night shifts instead of the current seven; five consecutive day shifts instead of the current 12; and greater flexibility over rosters. That is self-evidently safer than the existing system. One reason we are where we are is that the BMA and others recognise that the old contract does not deliver the safety that is necessary. Those sort of changes will make the contract safer. That is self-evident.

Mr Jacob Rees-Mogg (North East Somerset) (Con): I wonder whether my right hon. Friend saw the report in yesterday's *Daily Mail* that said that under the Conduct of Employment Agencies and Employment Businesses Regulations 2003, it would be illegal to take on locums in place of striking doctors. Does he agree that if that is true, the law should be changed?

Alistair Burt: The Department has not yet had a chance to examine that report, but I have seen it. This all goes to emphasise that we should not be where we are. This matter can be settled. The Secretary of State's door has been open for negotiations all the time. There is no reason why the junior doctors committee should not walk through that door, begin negotiations and end the risk to patients that is involved in strike action.

Nic Dakin (Scunthorpe) (Lab): Why not just go straight to ACAS? From my constituents' point of view, something has broken down and it needs fixing. Why not just get on with it?

Alistair Burt: Because of what happened the last time an independent body looked at this matter. After the negotiations broke down before, the Secretary of State sent the matter to an independent body, the Doctors and Dentists Review Body. The BMA took part in that and made its representations, but when the independent body reported, the BMA still did not do anything. Those recommendations form the basis on which negotiation can take place. If those negotiations are not successful, that is when conciliation can happen. That is exactly what the Secretary of State has offered. I hope the hon. Gentleman will support that and try to ensure that strike action does not take place.

Sir Peter Bottomley (Worthing West) (Con): It is quite clear that,

"Changes to contracts must be best for patients, fair for doctors and sustainable for the NHS."

That, in effect, is what the Minister has been saying, but those words were said by Mark Porter of the BMA. If the problem is getting together to have discussions, may I suggest that instead of saying that the BMA should come to Ministers, Ministers announce that they are prepared to go to the BMA, discuss everything and hopefully come to a conclusion on everything? It seems to me that if the BMA has got itself stuck by proposing a strike that doctors do not want and that cannot be good for patients, the best thing is to say to it, "We will come and talk with you. Let's get this settled."

Alistair Burt: I thank my hon. Friend, but I do not think that the venue of direct negotiations is of any concern to the Secretary of State. What is important is that the body that represents junior hospital doctors should negotiate directly with the NHS, as has been on offer for some time, following the process that was going on for some three and a half years before it reached this state. My hon. Friend is right that direct negotiations should recommence immediately.

Sarah Champion (Rotherham) (Lab): The Minister quoted Sir Bruce Keogh. Will he tell us what Sir Bruce said about ACAS?

Alistair Burt: Let me see what Sir Bruce Keogh said. *[Interruption.]* I did not write the letter, so I will have to look through it. He said:

"I would reiterate to both sides that I believe the best way to ensure patient safety is for the planned action not to take place. I would strongly urge you, even at this late stage, to come back to the negotiating table."

As far as conciliation is concerned, I have made it entirely clear that the Secretary of State has not ruled it out. I cannot see ACAS mentioned in the particular

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letter that I am looking at. Sir Bruce Keogh said that there must be direct negotiations between those who know most about the matter. The Secretary of State has said that if that does not work, he is open to conciliation.

The Secretary of State has reviewed the contract, published the terms and dealt with the BMA, which said first that it was a pay issue, then that it was a safety issue and then that it was an issue about imposition. At each stage, it has moved the goalposts, whereas the Secretary of State has been open about what he wishes to see. It is now up to the negotiations. We all want negotiations to happen because nobody wants to see the withdrawal of junior doctors' work and, I suspect, neither do they.

Mr Christopher Chope (Christchurch) (Con): Is not the root problem that the NHS is a monopoly employer of junior doctors? If the veterinary profession can provide 24/7 care for sick animals, why cannot junior doctors provide the same for sick people?

Alistair Burt: As the House is well aware, the Commonwealth Fund said recently that the NHS was the best in the world. NHS staff, by implication, are the best in the world. They do an extraordinary job and junior hospital doctors do a fantastic job. Patient satisfaction is extremely high. We want that to continue. There is no reason to believe that NHS Employers, which is also calling for negotiations to continue and for the strike action not to take place, is not in full view of what staffing it needs to create an even safer health service. Its judgment is that the contract set out by the Secretary of State to be negotiated on provides the best basis for the employment of doctors in the health service.

Wes Streeting (Ilford North) (Lab): The Minister's statements, even this morning, imply that people have been misled by the BMA. How is it conceivable that 15 heads of royal colleges and 98% of junior doctors have been so badly misled that this unprecedented strike action has been proposed? Instead of patronising people, why will he not accept that trust has broken down, cut out the middle man and go straight to ACAS, so that there can be proper negotiations and a resolution to the dispute? People do not trust the Government.

Alistair Burt: I take the hon. Gentleman's point. One example of why the Secretary of State believes that he is entitled to talk about misleading is that of the pay calculator that the BMA put on its website, which indicated that all doctors would suffer a 30% to 40% reduction in their salary, or something like that. The BMA was forced to take that calculator down when it realised that it did not reflect the truth. As we have seen, the Secretary of State has said that no doctor currently working legal hours will suffer a reduction in pay. There is an 11% pay increase on basic hours, and that is why he feels that there was an element of misleading. The hon. Gentleman is right about cutting out the middle man, which is why negotiations should restart. I am delighted that he supports that approach, and if that does not work, conciliation is there.

Mrs Anne-Marie Trevelyan (Berwick-upon-Tweed) (Con): Does my right hon. Friend agree that the loss of some overtime pay currently earned by junior doctors who work more than 72 hours a week should be seen firmly in the context of the safety of patients being treated by exhausted medics, and the long-term health of our junior doctors?

Alistair Burt: My hon. Friend is right. One difficulty with this is getting through what has built up during the course of the dispute, and getting to the heart of this issue, which is shared by everyone. There is no doctor in the land who does not want to work in safe conditions or for their patients to be treated safely. There is no Member of Parliament who does not want safety to be at the heart of this, and no one from the royal colleges or in senior executive positions in the NHS wants to compromise on safety. That is why we need to cut the number of legal hours, and ensure that doctors cannot work the number of consecutive nights or long days that they can work currently. The contract was outdated and it needs to change, and that is why people should sit down together.

Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): Members of the Public Accounts Committee hear repeated reports about the challenges of recruiting some of the very junior doctors who will go on strike. Not only is the Government's game of brinkmanship causing problems with morale and patient safety, it could lead to a longer term crisis in the NHS as doctors choose not to work here. Will the Health Secretary just get on with it and get around the table? It is within his gift to get talks started again and avert this strike.

Alistair Burt: The hon. Lady speaks with great background knowledge on this issue. She is right to say that we should all just get on with it, but she is not right to say that it is within the Secretary of State's gift—if it was, we would not be where we are. The Secretary of State wants a negotiation based on independent recommendations and on three and a half years of work, which is not an unreasonable position. The hon. Lady's view that this issue should be settled in a way that means negotiations continue and the strike does not happen is correct.

Christopher Pincher (Tamworth) (Con): Does my right hon. Friend agree that, just as we would feel unsafe as passengers if we got on to an aeroplane that did not have a co-pilot—because not enough co-pilots work or are fit to work at the weekend—similarly we should feel unsafe because of the weekend effect in the NHS? Reasonable reform to fix that, agreed by the BMA, is necessary.

Alistair Burt: My hon. Friend makes a fair point. The current contract is simply not fair. It incentivises junior doctors to work long, unsafe hours, and around 500 doctors work outside legal limits at more than 91 hours a week. Safety has always been at the heart of the reasons for wanting to change the contract. People thought that the existing contract was unsafe as far back as 2008 when the BMA recognised that it did not do the job it was designed to do, and this issue has lasted from then to where we are today. One can reasonably ask what else the Secretary of State can do beyond publicising what he is doing, continuing to talk, keeping the door open, and wanting to ensure direct negotiations.

Clive Lewis (Norwich South) (Lab): When the NHS is facing a winter crisis, why have the Government decided to pick a fight with the very people who will get it through that crisis?

Alistair Burt: The Secretary of State has not picked a fight. Three and a half years of negotiation on a new contract, publicising the offer, and being willing for negotiations—which he did not withdraw from—to restart, is a funny definition of picking a fight.

Tom Pursglove (Corby) (Con): I thank the Minister for coming to the House to set out the Government's position, and I impress on him the concern felt by my constituents about this strike. Does he agree that our constituents expect everybody to get around the negotiating table to try to sort this out, and for Members of this House to advocate that approach? That is the responsible thing to do.

Alistair Burt: My hon. Friend is right. In any quarter there will be puzzlement about support for action that will withdraw the work of junior doctors from their patients. We estimate that between 50,000 and 60,000 elective pieces of work are done every day in the NHS, and such work will inevitably be put off if doctors are not available. Those numbers are individual patients who will not get the care that they are looking for, and that a doctor would want and expect to give. There must be something better than this stand-off, which is why we appeal to the BMA to take up the Secretary of State's offer and come back to negotiations.

Anna Turley (Redcar) (Lab/Co-op): Given the crisis in morale in the NHS, have the Government estimated how many junior doctors might leave the NHS if they continue to impose this new contract on them?

Alistair Burt: No, I do not think it possible to make that sort of estimate or assessment, but the longer that doctors go on working under an unsafe contract that includes long hours, consecutive nights and long days, the more that will add to the pain and pressures of those working in the NHS. That is why a new contract with safer hours is a better option. Encouraging the BMA to return to negotiations and settle this issue, so that the threat of strike action is not hanging over us, is also important for morale.

Philip Davies (Shipley) (Con): Does my right hon. Friend agree that this strike action is completely irresponsible and that such action is never an acceptable substitute for the kind of negotiations offered by the Secretary of State? Will he guarantee that the Government will not give in to this strike action, as that would be a terrible precedent for the Government to set?

Alistair Burt: My hon. Friend reflects well the feelings of Chief Medical Officer Professor Dame Sally Davies, who urged junior doctors to think again because the severity of the proposed action is a step too far. I find it difficult to conceive of a circumstance in which I would support a medical practitioner withdrawing their labour, and I hope that anyone would think that such things should not happen. The Secretary of State is doing everything he can to make clear the terms of the contract, the safety principles on which it is based, and to deal with misleading information. Even at this stage, he urges the BMA to come back and sit round the negotiating table and—I repeat—he has not ruled out conciliation after that.

Andy Slaughter (Hammersmith) (Lab): I have hundreds of junior doctors in my constituency and I have spoken to many of them. They feel misled, but not by the BMA. Does the Minister understand that the anger that led to the 98% vote in favour of action is because junior doctors were told that they would get a pay rise, when many would get a pay cut? Disgracefully, they have been told that somehow they may be responsible for unnecessary deaths. The only way to restore trust now is independent arbitration. Will the Secretary of State agree to that without preconditions?

Alistair Burt: In an attempt to build on the opportunity of trust, after the BMA withdrew from negotiations last year, the work went to the independent Review Body on Doctors' and Dentists' Remuneration to urge an independent look at the issue and to get recommendations based on that independent review. When those recommendations appeared, the BMA still did not go into negotiations. That independent review has been sought, and the recommendations are there to talk about. When the hon. Gentleman spoke to junior doctors in his constituency—probably about misleading information that they may have had from the BMA—I hope he said clearly that he does not support strike action. It might be helpful if he told the House that that is what he said.

Mrs Sheryll Murray (South East Cornwall) (Con): Many of my constituents will want to know if the Secretary of State is satisfied with the reassurances given by the BMA, which has refused to confirm it will do what is necessary to ensure patients are not hurt if the strike takes place.

Alistair Burt: I am quite sure I can say to my hon. Friend that no one ever wants to see anyone hurt, but, if there is a withdrawal of labour, it is not possible to say that certain procedures to relieve the discomfort of existing patients will take place. That is obviously the point of the action and why no one wishes to see it happen. I repeat that no doctor wishes to put a patient in a situation of harm. No Minister wants to see that and none of us here does. This process has been going on for three and a half years; there has been reference to independent people, recommendations that the BMA played a part in making and an open offer always to come back to negotiations. That does not seem an unreasonable position for the Secretary of State to take. That is why it should be backed by everyone sitting in the House today.

Liz McInnes (Heywood and Middleton) (Lab): Negotiations have clearly reached an impasse, and winter pressures and a winter crisis in the NHS are looming. In the interests of patient safety, let us bring in ACAS. Talks have clearly stalled. If the Secretary of State is doing everything he can, will the Minister tell me where is he today?

Alistair Burt: The impasse was not created by the Secretary of State. The impasse was created by the BMA walking away from negotiations last year and not returning

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to negotiations after the recommendations of the independent body came through. That is not an impasse; that is one side deciding it does not want to take part. The Secretary of State's response has been to say: keep the negotiations going, the door is always open.

The hon. Lady asks where the Secretary of State is today. He is working on the spending review plans for the support the NHS needs; a financial commitment the Labour party did not make at the general election. He is also working on contingency plans to make sure the NHS is safe if action takes place. I think that is pretty important work that he should be doing.

Mr David Nuttall (Bury North) (Con): As the Minister previously represented my constituency for 14 years, does my right hon. Friend agree that when the Government have guaranteed no junior doctor working within legal limits will see their pay cut and that none will be required to work longer hours, the hardworking residents of Bury, Ramsbottom and Tottington will find it difficult to understand why strike action has been voted for?

Alistair Burt: My hon. Friend puts it very well. The people of Bury, Tottington and Ramsbottom have long experience of very good health services provided by excellent family doctors, as well as through good secondary medical care, not just in their own constituency but around and about. They will find it surprising that, with the guarantees given by the Secretary of State and mentioned by my hon. Friend, anyone should be contemplating strike action. Equally, they will find it incomprehensible that anyone from any political party is giving that strike action any support.

Clive Efford (Eltham) (Lab): The Minister has just told us that the Secretary of State is across the road in his office and cannot be bothered to come here to account for an unprecedented strike by junior doctors in our national health service. That is an absolute disgrace! The Prime Minister has said that this is his miners' strike. The doctors are prepared to go to arbitration. The public will know that if this strike goes ahead it will be because the Government will not go to arbitration. It will be the fault of the Secretary of State and the Prime Minister.

Alistair Burt: I think it is of primary importance for the Secretary of State to work on contingency plans this morning to make sure that we are all safe should there be a strike. That is the task he has been given by the action that has been taken. At the same time, he has repeated that he is open to negotiations to deal with the dispute. Rather than expressing anger, the hon. Gentleman should be expressing concern that a contract that makes an unsafe situation for doctors safer is not being backed more readily by those on the Opposition Front Bench, who should also be rejecting strike action.

Craig Whittaker (Calder Valley) (Con): One group that has not been mentioned by the shadow Secretary of State is, of course, the patients. They receive a poor level of service at weekends, sometimes, sadly, with dire consequences. Will the Minister and the Secretary of State pledge to stand resolute in their commitment to improve weekend care, which, as Sir Bruce Keogh has said, is both a moral and clinical cause?

Alistair Burt: My hon. Friend gets to the heart of the matter. The clinical director of the NHS, Professor Sir Bruce Keogh, has said that the negotiations and the new contract are about safety and ensuring that a seven-day NHS is safe. They are about dealing with the issue of what happens at weekends, which is generally accepted to be a problem right across the medical world. The Secretary of State has put forward proposals to make people safer. They are backed by those in the NHS who are responsible for patient safety. The Secretary of State is perplexed, like everyone else, that the opportunity for negotiations is not being taken. That is what is needed to end the dispute. The Secretary of State has repeatedly made that clear.

Rachael Maskell (York Central) (Lab/Co-op): The Secretary Of State was here last year in relation to the rest of the NHS staff. First, the DDRB is an advisory body to government, not a mediator, whereas ACAS is a mediator. Secondly, the dispute has provided an opportunity for both sides to step back and explore the issue with a blank sheet of paper. Will the Minister take that opportunity by entering into ACAS talks to explore the grounds for moving the dispute forward?

Alistair Burt: The hon. Lady's commitment to the health service is very clear from her background and everything else. I ask her to recognise that the 2008 contract is outdated and challenging. By 2012, we reached the stage where people had to negotiate around it because it was unsafe. After three and a half years, we have got to where we are. The idea that the process should start again is just unfeasible and very unfair on doctors working long hours who need to be relieved of that. She talks about the DDRB as a mediator. No, it is not a mediator, but it does provide the independent basis for the recommendations, which the BMA took part in, on which to negotiate. Anyone concerned with patient safety would say the time for direct negotiations to restart and take up the Secretary of State's offer is now.

Kit Malthouse (North West Hampshire) (Con): Will the Minister remind the House how many entirely avoidable deaths occur at the weekend every year, so that Members can reflect on where their primary concern should lie?

Alistair Burt: Medical studies have demonstrated that there are a number of extra deaths at weekends. The disputes about that are intense, but the medical profession recognises that the absence of facilities, the absence of consultant cover on the level it ought to be at, and the absence of diagnostic tests and other things, make entry into the health service at the weekend less secure than it would be at other times of the week. It is very important to change that. That is what the public voted for at the general election and that is what they expect the Secretary of State to deliver. That that should be held up by an industrial dispute, essentially by a union digging its feet in and not taking the opportunity to negotiate, is unfortunate and bad news for the patients my hon. Friend referred to.

Julie Cooper (Burnley) (Lab): Does the Minister accept that his insistence that junior doctors do not understand the conditions is deeply insulting to some of the most intelligent people in the country? Does he accept that

this shabby and patronising treatment has led to a total breakdown in confidence in the Secretary of State, and that the only way forward is through ACAS, an independent body?

Alistair Burt: The Secretary of State has gone out of his way to seek to explain to doctors the basis of the contract, partly to deflect what was said about it originally by the BMA during the course of the industrial dispute. He will continue to do that. There is no doubt that we all value the work of junior doctors enormously and fully appreciate that they will be looking very hard at their conditions and everything else. Proper union representation is not delivered by a union that refuses to negotiate after three and a half years and after independent recommendations have been made. I urge the hon. Lady, who also has a valuable role in the NHS in relation to pharmacy and a deep interest in carers, to recognise what will happen for those 50,000 or 60,000 elective admissions that will not be able to take place, think about those who will be involved and continue to stress, as I know she will, that negotiations are the answer and that conciliation is available if they are not successful.

Mr Philip Hollobone (Kettering) (Con): My constituents appreciate and value the work of junior doctors but are worried about the threat of strike action and its potential impact on patient treatment, and really would not want strike action to take place? For the benefit of my constituents, will the Minister tell the House what a typical junior doctor gets paid, whether that is likely to go up or down as a result of the contract and whether that typical junior doctor is likely to work more or fewer hours?

Alistair Burt: As we all know, the pay of a junior doctor varies. As the Secretary of State has made clear, there will be an 11% increase in basic pay; antisocial hours will still be covered; junior doctors will work fewer hours to ensure greater safety; and there will be more cover at the weekends to ensure that the burden junior doctors bear is more equally shared.

Alex Cunningham (Stockton North) (Lab): As my hon. Friends have said, the absent Secretary of State has lost the confidence of almost everybody in the NHS, to the point that consultants, nurses and others support junior doctors in their fight against him. Morale is at an all-time low and the deficit runs into billions. How will Ministers get the NHS out of this very dark hole?

Alistair Burt: First, we will avoid the language of "fight" and the sense that this has become an industrial dispute, although there are elements of one, given how the BMA has behaved over the negotiations. As far as the public are concerned, however, this is not an industrial dispute: it concerns them very deeply. They appreciate and value their doctors, they want to have their treatment and they want to be safe. People must talk. The BMA, which withdrew arbitrarily from the negotiations, needs to take up the Secretary of State's offer and start talking. We all know that ultimately this will be ended by talking. Whether that happens today or after 1 December is entirely up to the BMA. I repeat that the Secretary of State is right to be spending this morning dealing with the potential consequences of the action suggested, and I still wait to hear from any Opposition Member that they reject strike action by doctors.

Robert Jenrick (Newark) (Con): When I was a lawyer, I was involved in a number of arbitrations and mediations. Does my right hon. Friend agree that it is highly unusual to go straight to arbitration or to ACAS if there have not been normal negotiations? In this case, as with all other negotiations, the best practice is for the parties to get around the table, and, if that fails, then to go to ACAS, but not to waste time in the interim.

Alistair Burt: My hon. Friend is absolutely right. As the Secretary of State has also made clear, we need to restart the negotiations, which are based on independent recommendations that the BMA looked for and took part in. As he says, the normal procedure is that, if the negotiations do not work, conciliation is available, as the Secretary of State has said. However, we cannot say negotiations have broken down, if they are not taking place. I am sure that everyone in the Chamber wants the negotiations to continue and will urge junior doctors in their constituencies to recommend that the BMA restarts them immediately so that we can move this forward and end the threat of strikes that no one wants.

Transpeople (Prisons)

11.44 am

Cat Smith (Lancaster and Fleetwood) (Lab) *(Urgent Question):* To ask the Secretary of State for Justice if he will make a statement on trans prisoners.

The Parliamentary Under-Secretary of State for Justice (Andrew Selous): I begin by offering my sincere condolences to the family and friends of Vicky Thompson. Her death, like all others in custody, is a tragedy, and we are totally committed to reducing the number of deaths in prison. Each one is investigated by the independent prisons and probation ombudsman and is the subject of a coroner's inquest. We believe that Vicky Thompson was being looked after in accordance with the relevant procedures, but that is now a matter for the ombudsman and coroner. While their investigations are ongoing, it would be wholly inappropriate for me to comment on the circumstances of her death.

I would also like to mark the fact that today, 20 November, is designated as transgender day of remembrance and to reflect on the violence still suffered by members of the trans community.

On the specific issue of transpeople in prison, prison service instruction 7/2011 sets out the National Offender Management Service's policy on the care and management of prisoners who live, or propose to live, in the gender other than the one assigned at birth. Prisoners are normally placed according to their legally recognised gender, which means either the gender on their birth certificate or the gender on their gender recognition certificate. However, the guidelines allow some room for discretion, and senior prison staff will review the circumstances of every case in consultation with medical and other experts in order to protect the physical and emotional wellbeing of the person concerned, along with the safety and wellbeing of other prisoners.

While the most appropriate long-term location for a transgender prisoner will be considered in accordance with the procedures outlined above, the usual practice is for them to be held in a supportive environment, away from the main regime of the prison and protected from risk of harm by other prisoners. The risk-assessed daily regime will be structured to give the prisoner exercise and recreation and some measure of planned, supervised contact with other trusted prisoners. Where relevant, clothing and toiletries are provided to enable the prisoner to present in their acquired gender, consistent with the arrangements set out in the prison instruction.

More generally, prisoners who are transitioning are entitled to live in the gender they seek to acquire. Prisons must produce a management care plan outlining how the individual will be managed safely and decently within the prison environment, with oversight from psychologists, healthcare professionals and prison staff. A review of the current policy began earlier this year, and revised policy guidance will be issued to reflect NOMS' responsibilities to transgender offenders in the community, as well as in custody. The intention is to implement the guidance in due course.

The management and care of transpeople in prison is a complex issue, and the review is using the expertise developed by NOMS practitioners, as well as engaging with relevant stakeholders, including those from the trans community, to ensure that we provide prison staff with the best possible guidance. The Government are committed to tackling all forms of discrimination and the underlying cultural attitudes that underpin inequality, so that everyone, regardless of gender, race or background, is given the opportunity they deserve.

I can also announce to the House that Kate Lampard has been appointed interim chair of the independent advisory panel on deaths in custody. She is a former barrister previously appointed by the Secretary of State for Health to provide independent oversight of the NHS investigation into Jimmy Savile and by Serco to lead the Yarl's Wood investigation.

Cat Smith: Thank you, Mr Speaker, for granting the urgent question, on this, trans memorial day, which, as I am sure you know, given your interest in the matter, is when we remember all those who have lost their lives because of prejudice and persecution of the trans community, on which issue the shadow Women and Equality team is working closely with the shadow Justice team. I am grateful for their support. It is unfortunate that the Secretary of State could not be here, but I would like to thank the Minister for the tone of his response. On behalf of the Labour party, I want to put on the record our sincere condolences to the family, boyfriend and friends of Vicky Thompson, who died on 13 November in HMP Leeds.

On 3 November, I raised on the Floor of the House the issue of Tara Hudson, a young trans woman placed in a men's prison. It is a tragedy that, within three weeks of that date, we are once again discussing the issue of trans prisoners.

Statistics released last month by the Ministry of Justice show that 186 people took their own lives in prisons in England and Wales in the 12 months to the end of September 2015. That equates to one prisoner taking their own life every four days. Will the Minister confirm that tackling the issue of suicides in prisons is a serious priority for his Department? With the number of prisoners who have died in prison having risen to the highest level for a decade, it must be right for the Government to take action and assess what steps should be taken to address the problem.

The safety in custody statistical bulletin also revealed that the number of self-injury incidents reported in prisons in England and Wales rose by 21% in the 12 months to the end of June 2015. At a time when the prison population is increasing with overcrowding in cells on the rise, and the number of individuals coming forward for gender reassignment surgery is also increasing, placement of transgender prisoners on the prison estate is likely only to increase. The Minister has already touched on the issue, but will he confirm whether the National Offender Management Service will begin to record the number of transpeople who are in custody in prisons, and will he commit himself to making those figures public?

Earlier this week, the Justice Secretary confirmed in a letter to the Justice Select Committee that he had nominated a preferred candidate for the role of Her Majesty's chief inspector of prisons. Will the Minister confirm that whoever is ultimately appointed will make tackling the rise in prison suicides a top priority? Will he agree to meet the Opposition Front-Bench team and leading trans awareness organisations to discuss the issue?

Prison understaffing is a serious problem. Will the Minister confirm that the spending review will not lead to more cuts from the MOJ staffing budget and that adequate transgender and equality training will be offered to all MOJ staff who need it? I welcome the fact that the Minister has confirmed that his Department is reviewing these matters, but will he go further and publish the terms of the review so that the House and the public can be reassured that the issue is being assessed with the seriousness that it deserves?

Finally, does the Minister believe that the policy guidelines on placing transgender prisoners in the estate are adequate? If so, does he think that the guidelines are being applied consistently and appropriately?

Andrew Selous: I shall do my best to respond to all the points that the shadow Minister has raised. I must correct one figure: she said that there were 186 suicides, but that figure is likely to include natural-cause deaths as well. She will know that we have an increasingly elderly population in prison, which accounts for part of that rise. Of course, even one self-inflicted death in prison is one too many. I want to assure her and the House of the seriousness with which the Secretary of State, I, and the whole of NOMS take the issue.

Let me repeat that we are currently reviewing prison service instruction 7/2011. I hope that the hon. Lady will be reassured by the fact that members of the trans community are involved in the process. I stress that rehabilitation is at the heart of what we do in prisons, so it is hugely in our interest to have every prisoner in an environment where they have the best chance to rehabilitate. We need to be mindful of the safety of trans prisoners, and of all prisoners, and of our wider legal obligations. I repeat that rehabilitation is at the heart of everything we are trying to do within our prisons.

The hon. Lady mentioned overcrowding and prison officer numbers. Our sustained recruitment campaign for prison officers is bearing fruit in a significant net increase in prison officers, as I told the House at the last Justice questions. We continue to recruit prison officers, which will make it easier to deal with a number of the issues that the hon. Lady raised.

The hon. Lady asked if she could come and see me. My door is always open to Members, and I would be more than happy to meet her on this issue. I repeat that decency for everyone we have care of in custody is at the heart of what NOMS does. I recently visited Leeds prison, where the tragic event took place. I have every confidence in the governor, Steve Robson, of whom we can all be proud. He is a decent, humane man, who I am sure will have tried very hard to do the right thing.

On self-inflicted deaths in prisons generally, we are taking a number of actions because of the seriousness with which we take the issue. We are reviewing the assessment, care in custody and teamwork process, and we hope to implement improvements to it early in the new year. We have put additional resource into our safer custody work, which deals with these issues, and we have held a number of national learning days, run jointly with the Samaritans, who are expert in this area, and I attended one of those days myself.

Several hon. Members *rose—*

Mr Speaker: Order. I am keen to accommodate the interests of colleagues, but we do not want the exchanges to be unnaturally prolonged, as we need to return to other important business. Short questions and short answers would help.

Caroline Nokes (Romsey and Southampton North) (Con): LGBT prisoners are among the most vulnerable in the prison population. One of the biggest challenges of the review is how to overcome ignorance. Will my hon. Friend reassure me that he will implement in full any recommendations of the review that seek to tackle and raise awareness and understanding of transgender issues?

Andrew Selous: I can give my hon. Friend that assurance. I hope that she took heart from what I said at the end of the statement about dealing with the cultural attitudes that can cause problems in this area. I have also had discussions with my right hon. Friend the Member for Basingstoke (Mrs Miller) in her capacity as Chair of the Women and Equalities Committee.

Wes Streeting (Ilford North) (Lab): I also express my condolences to Vicky Thompson's family. Without making any judgment about the circumstances of her death, I simply restate the concern about her being put in a men's prison in the first place. Although I welcome the Minister's tone, I want to press him a bit further on the statistics and say that it is important that he commits himself to publishing information about the number of transpeople in prisons. Also, given the experience in the United States of sexual assault on trans prisoners and how they are treated, will he look not only at the numbers, but research the experiences of transpeople in prison and make that information publicly available?

Andrew Selous: I am happy to give the hon. Gentleman that assurance, and I apologise for not having said that in response to the shadow Minister.

Mr Christopher Chope (Christchurch) (Con): Does my hon. Friend believe that we can do more to show how much we value the work of prison officers? This distressing case illustrates the challenges that they face every day, and I am not sure that people outside understand how difficult their job is.

Andrew Selous: I am grateful to my hon. Friend for raising that point. We should all spare a moment to think of the prison officers who daily try to prevent these tragic events and have to deal with them when they happen. When such tragic events happen, it has a huge emotional impact on prison officers. We should do our best to ensure that we look after prison officers in such circumstances.

Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op): I thank the Minister for his fulsome answer; I have no doubt about his good faith in relation to the review and the work being done. However, is not the root cause and problem that there are not enough prison officers to support all prisoners, and particularly those who are vulnerable to attack or suicide?

Andrew Selous: The hon. Lady is right in that, two years or so ago, there was an unexpected increase in the prison population at a time when a quite significant number of prisons had been closed, and we were not able to move prison officers from the prisons that were closing to where the new capacity was being provided. We recognised that, and straight away we embarked on a very significant recruitment campaign. The good news is that it is now bearing fruit.

Mr Philip Hollobone (Kettering) (Con): My constituents know that the Minister is taking this issue extremely seriously, as he does all matters to do with Her Majesty's prisons. What is the difficulty, however, about publishing the number of transgender people in prisons, and what are the merits and demerits of establishing a specialist unit to deal with these extremely vulnerable people?

Andrew Selous: I committed myself to providing the information on numbers in answer to an earlier question, but I assure my hon. Friend that decency is at the heart of everything that we do. We are reviewing this issue with outside stakeholders, and if we need to think again about our provision and the way in which we deal with these issues, we will consider doing so.

Stephen Pound (Ealing North) (Lab): Along with, I think, everyone else in the House, I am grateful to the Minister for his sober, sympathetic and serious response. Does he agree that the finest memorial to Vicky Thompson—the finest tribute to her memory—would be for us to ensure that no one else has to die such a lonely death? Does he also agree that, while the number of prison officers may be an absolute figure, we need not just prison officers but specialist helpers? We need mental health advisers and medical support. We cannot simply go to prison officers and say, "We want you to do more"; we must give them more, to prevent such an horrendous tragedy from occurring again.

Andrew Selous: I agree with every word of what the hon. Gentleman has said. We are very well supported by mental health experts in prisons, and he is right to mention the work done by, for instance, psychologists, and indeed by a range of healthcare professionals. They are integral to the prison team, whose members work hand in glove with them, and they will be at the heart of issues such as this in the future.

Philip Davies (Shipley) (Con): Vicky Thompson's death is a tragedy. Leeds is my local prison, and a number of my constituents work there. I strongly endorse what was said by both my hon. Friend the Member for Christchurch (Mr Chope) and the Minister about the work of prison officers. Can the Minister tell us what counselling they will receive as a result of having to deal with terrible incidents such as this, which are also tragedies for them?

I should inform the House, for the record, that Vicky Thompson was a constituent of my hon. Friend and parliamentary neighbour the Member for Keighley (Kris Hopkins), and I have spoken to him about the case. I know that that he would like it to be made clear that if Vicky Thompson's family need any assistance at this time, they should contact him, and he would be very happy to offer it.

Andrew Selous: I am grateful for what my hon. Friend has said about our hon. Friend the Member for Keighley. I discussed this matter with him earlier, having noted his constituency interest.

We take seriously our obligation to provide the right level of emotional support for prison officers after events such as this. Help and counselling will be available to any who need assistance after this or similar events.

Rachael Maskell (York Central) (Lab/Co-op): My thoughts are with the family and friends of Vicky Thompson. We debated the issue of the serious shortage of prison officers and mental health specialists in prisons back in the summer. Will the Minister work specifically with the trans community on the needs and risks assessments for specialists in prisons?

Andrew Selous: The hon. Lady has made a good point. I will speak to the officials who are conducting the review. As I told the House earlier, members of the trans community are involved in the review, but if we can add anything to it, I shall be open to that.

Mr David Nuttall (Bury North) (Con): Does my hon. Friend agree that the reasons why anyone decides to end his or her own life are often very complex, and that that applies just as much to prisoners—and just as much to transgender prisoners—as to those outside prisons? Should we not all be wary of reaching conclusions without being in possession of all the facts?

Andrew Selous: I agree with my hon. Friend. I note that the Samaritans has said that the media should avoid speculation about "triggers" for suicide, and I think we should be guided by what they say. As for my hon. Friend's main point, he is absolutely right: our duty in prisons is to give everyone a hope and a future in their rehabilitation, and that is what we are determined to do.

Sarah Champion (Rotherham) (Lab): I find it shameful, and a bad reflection on the House, that in transgender awareness week, and on Transgender Day of Remembrance, we are here not to celebrate people's right to self-determination, but to mourn the death of Vicky Thompson. I was reassured when the Minister said that the Government were conducting a review of gender detention policy to ensure that decision making would be uniform in future. May I suggest that he work closely with the Women and Equalities Committee, which is taking evidence on issues affecting transpeople in the criminal justice system?

Andrew Selous: I will draw the hon. Lady's helpful suggestion to the attention of the officials who are conducting the review.

Tom Pursglove (Corby) (Con): Our prison officers do a very difficult job. What support and training are offered to help them to deal appropriately with transgender prisoners?

Andrew Selous: We are increasing the length of prison officer training, and we have embedded our equalities duties at the heart of what we do. During the time for which I have been prisons Minister—a little over a year—I have been hugely impressed by the essential

decency of everyone in the National Offender Management Service, which runs throughout the heart of the organisation.

Alex Cunningham (Stockton North) (Lab): Frances Crook, the chief executive of the Howard League for Penal Reform, has warned that

"both men and women transgender people in prison need expert and sensitive support in order to ensure that they can access the full regime and remain safe. Their identity should be accorded proper respect."

What is the Minister's Department doing to provide even greater support for transgender people in prison, and to fulfil those needs?

Andrew Selous: I know Frances Crook well, and I listen to what she says. We try very hard to provide appropriate and decent care for every prisoner. We are reviewing the policy, but, as I said earlier, we are prepared to learn. We want to get this right, and we will take on board all that Members have said today.

12.5 pm

Heidi Alexander (Lewisham East) (Lab): On a point of order, Mr Speaker. Today you allowed me to put an urgent question to the Secretary of State for Health for the second time in two months, and for the second time in two months he did not bother to turn up. Can you advise me whether a Secretary of State is normally expected to attend the Chamber when an urgent question is put by his or her counterpart? Can you also advise me on how we can get the Secretary of State out of his bunker in Richmond House so that he can answer legitimate questions put by Members?

Sir Peter Bottomley (Worthing West) (Con): Further to that point of order, Mr Speaker.

Mr Speaker: Very well. I will take the hon. Gentleman's point of order now, and then respond to both points of order.

Sir Peter Bottomley: In my extensive experience here, Mr Speaker, I do not think there has ever been a convention that only the Secretary of State can speak for his or her Department, or for the Government. I think that some of the words used in that point of order were pejorative, given that part of the criticism we heard earlier was based on the fact that the Secretary of State had been speaking about the issue.

Mr Speaker: There are a couple of points to be made in response to what the hon. Gentleman has just said. First, the use of pejorative comments is not a novel phenomenon in the House of Commons. The hon. Gentleman need not sound quite so shocked, or display his offended sensibilities, at the notion that a right hon. or hon. Member has indulged in that practice.

The hon. Gentleman's second point may well be helpful to the House as a whole, but I hope he will not take it amiss if I say that it had already penetrated the recesses of what passes for my brain. *[Laughter.]* In short, I was myself aware of that fact, simply because I have had the rather fortunate vantage point of the Speaker's Chair since June 2009.

I do not have the statistical analysis in front of me, but I can confirm that, first, it is commonplace for a shadow Secretary of State's opposite number to come along, and secondly, it is also commonplace for another Minister to do so. Quite what the stats show I do not know, but if the hon. Member for Lewisham East (Heidi Alexander) is interested in the analysis, I dare say that—no state secret is involved—it could be supplied to her or to any other Member when it has been completed.

Finally, let me say that a certain amount of speculation is taking place in the Chamber on the precise whereabouts of the Secretary of State. I do not know, I have not inquired, it does not greatly concern me, and it is not a matter for the Chair; but I hope that, whatever he is doing, he is enjoying himself.

Nic Dakin (Scunthorpe) (Lab): On a point of order, Mr Speaker. During Wednesday's Opposition day debate, the Secretary of State for Education may have inadvertently misled the House when she said that the last Labour Government had once funded courses in balloon artistry. A thorough investigation conducted by *FE Week* has previously demonstrated that when the same claim was made by a former skills Minister, it was simply made up. Can you advise me, Mr Speaker, on how best the Secretary of State can correct the record?

Mr Speaker: If anyone has given incorrect information to the House and comes to be aware of that fact, it is incumbent upon the Member to correct the record. That is an obligation that applies both to Back Benchers and to those who serve on the Front Bench, whether as Ministers or shadow Ministers. I must congratulate Members on their dexterity in raising their points of order. I have tried to give fair-minded responses. It is not for me to take sides in these matters but the points are on the record.

Andy Slaughter (Hammersmith) (Lab) *rose—*

Mr Speaker: The day would not be complete without a point of order from Mr Andrew Slaughter.

Andy Slaughter: On a point of order, Mr. Speaker. Nicely linking the previous points of order, may I point out that, in the Minister's response on junior doctors contracts, he said, as the Secretary of State normally says, that there is an excess of death at the weekend and that that is linked to the current junior doctors contracts? It is a matter of record that there are fewer deaths in hospital at the weekend. It is wrong that that is continually repeated in the House. I seek your guidance, Mr Speaker, on how the record can be corrected so that that is not repeated, as it is not assisting the process of negotiation and trust.

Mr Speaker: What will assist the process of trust and continued negotiation is work that takes place outside this place. Our contribution must be to show our serious interest in the matters, as reflected in continuing debate—preferably continuing debate within the context of the private Member's Bill, rather than through the vehicle of further points of order—but the hon. Gentleman, with his customary eloquence and self-confidence, has made his own point in his own way and it is on the

[Mr Speaker]

record. It may be that he will wish to share the record of his observations with the constituency of Hammersmith, or whatever it is now called.

Compulsory Emergency First Aid Education (State-funded Secondary Schools) Bill

Proceedings resumed.

12.12 pm

Mr Speaker: I remind the House, if it needs reminding, and those attending to our proceedings beyond the Chamber that the hon. Member for Newark has the Floor. I very gently point out to the hon. Gentleman, to whose speech I am sure everyone was listening with rapt attention, that at 11 o'clock he had been addressing the House for 17 minutes, which is perfectly in order, but several other hon. Members wish to speak in the debate, so I am cautiously optimistic that he is approaching his peroration.

Robert Jenrick: I will not delay the House for too long, lest I be perceived as the Mini-Me to my hon. Friend the Member for Shipley (Philip Davies). I was arguing that the Bill puts those of us who feel passionately about first aid and its importance to all of us as citizens, parents and Members of Parliament in an invidious position. The heart agrees that this must be taken forward and given greater prominence, and those engaged in it given greater support, whether by Government, councils, school or any voluntary groups involved, but I am not at all convinced that the current Bill is the answer.

As I said before the urgent questions, I have consulted my local head teachers. I will not reprise what I said earlier, other than to say that in each of those conversations a range of interesting and valuable ways in which first aid and CPR can be furthered was put forward. One school has a first aid-themed day and asks pupils to go in voluntarily on a Saturday to do first aid training. Teachers nobly agree to come in and man the school for that day. St John Ambulance comes in and assists.

Mr Jacob Rees-Mogg (North East Somerset) (Con): My hon. Friend is making an important point. What people do voluntarily they do with more enthusiasm than that which they are ordered to do by the state. Is it not right therefore that that is a better model?

Robert Jenrick: I agree wholeheartedly. Not only do the people who engage in these activities when inspired to do that voluntarily, do so with greater appetite than if they were compulsory, but when it is not mandated in a prescriptive manner in the national curriculum, there is far more opportunity for teachers and community groups to blossom and come up with interesting and innovative ideas, rather than following tired templates.

Dr Mathias: Does my hon. Friend agree that we do not want people to be inspired voluntarily to do CPR when they do not have the skills at the time that they want to have them?

Robert Jenrick: I quite agree. My hon. Friend makes another valuable point. Quality is at the heart of the argument, too. That is the final argument I want to come on to. In all walks of life, doing something voluntarily is usually better than being forced to do it. Quality and diversity are important in this argument. If we inspire

and encourage our schools, any other group and workplace to take this forward themselves, hopefully, they will come up with all manner of interesting ways in which to do that. The light touch approach may result in better outcomes than the compulsory approach.

Wes Streeting: If the voluntary model is so compelling and inspiring, why do so few people in the UK have the ability to deliver life-saving first aid skills? Will the hon. Gentleman be extending that logic to English, maths, science and every other core national curriculum subject, or is he just trying to take up time to talk out the Bill?

Robert Jenrick: As we have heard, if 84% of teachers believe such training is important, I am surprised that the statistics suggest that only a quarter of their schools take that up. In my experience, teachers are passionate about the matter and the majority of schools in my constituency are doing the training anyway, in their own way. None of the schools I spoke to—no one has answered this point—wanted that to be put in the national curriculum. We must understand that, if Members vote for the measure, they may be voting against the professional judgment of head teachers and many of the staff involved in providing the training.

Andy Slaughter (Hammersmith) (Lab): The hon. Gentleman seems to be arguing against himself. Would not passing the Bill give schools confidence and the impetus to take up the issue? I have had a lot of correspondence on the matter, and I am surprised that he has not. A lot of it has been not just from teachers but from the young people themselves.

Robert Jenrick: I hope that one thing that will come out of the Bill is that more parents and teachers will take this forward voluntarily, for all the reasons I have mentioned. I will not reprise them because other Members want to speak, but diversity and innovation come through doing something voluntarily, rather than through forcing people to do such things on the national curriculum.

Dr Mathias: Will my hon. Friend consider instead then having a link so that someone cannot get a driving licence unless they have CPR training?

Robert Jenrick: My hon. Friend may be better informed than I, but I believe that that is done in Germany and some other countries around the world. Such policies may be good ones. They may be things to consider. However, I do not think that the national curriculum is necessarily the lever to use to pursue this because, as I say, none of the head teachers wants that. They want to continue to do the training in their own—in my experience—innovative and local manner. They also want to work with local groups. As I said earlier, there are some superb ones in my constituency. I am sure that every hon. Member has such groups in their constituency. It is those groups I want to see given greater support, whether by councils, the Government or any other organisation, so that they can continue to blossom and flourish.

Mr Rees-Mogg: Following on from what my hon. Friend has been saying, does he agree that this is actually a very bureaucratic response requiring lots of guidance from the Secretary of State? It is back to the bad old days of schools being lumbered with endless instructions and directives from Whitehall.

Robert Jenrick: I quite agree. I wonder whether some of those positive and innovative examples that I mentioned earlier, such as the school in Sutton Coldfield that offers such training on a voluntary basis and sees vast numbers of students take it up, the prefect programme and the weekend activity programme, would have happened if there were a simple prescriptive national curriculum approach to the problem.

The final issue I want to discuss is the fear of the tick-box culture, and this crosses over to other issues. It is one of the most corrosive aspects of our society, whether it is in education, financial services or any other form of regulation. So many professionals, when faced with a box to be ticked, do the bare minimum, rather than seeking to do the best or to offer the most innovative answer. I fear that the vague nature of this Bill, which allows maximum flexibility to our schools—which may appear ostensibly positive—in fact will not ensure that quality prevails. If those groups that I have seen in my constituency provide extremely high-quality CPR and first aid, and I am sure they do, I want to see that continue and be made available to young people, not eroded by the need of some schools—although I am certain it would be a minority—to pursue a tick-box culture.

Mr Chope: Does my hon. Friend agree that one of the important elements of first aid education is that the people who undertake it can receive a certificate at the end of it, which they and their parents can have pride in? Nothing in this Bill indicates anything other than a reduction in the quality of any certificates that may be given.

Robert Jenrick: I am sure some schools will do this in an extremely high-quality manner and may well produce certificates, but the Bill does not prescribe that, so there will inevitably be a variance in quality between schools such as some of the ones I have spoken to, which will do this to the absolute best of their ability, and those which will do it in a pretty meagre fashion.

The last point I want to make is that we must not completely override the opinions of headteachers who take the view that the ultimate priority for their schools has to be maintaining academic standards and discipline and tackling the other challenges they face. Sadly, not every school in my constituency is a high performing one. In fact, two have been in and out of special measures and have great difficulties. I would love first aid and CPR to be taught in those schools, but I caution Members who would override the view of a headteacher that the immediate priority for their school is to use school time, such as it is, to pursue academic standards, discipline and literacy and numeracy.

In conclusion, I reiterate my point that the Bill, while hugely important in many respects, suffers from the fatal flaw that it does not represent the views of many of our headteachers—those at the coal face who will have to implement this.

Rachael Maskell: The hon. Gentleman is building his analysis on the basis of having spoken to five heads, yet 84% of teachers support this. How can he justify his evidence on five conversations?

Robert Jenrick: I justify it in that we are all constituency Members of Parliament. If every one of us in this House asked all of our headteachers and teachers and then came to this debate—sadly, not many have come today, however—we would have a poll we could all rely on far more than an opinion poll.

Dr Mathias: Has my hon. Friend told the schools about the British Heart Foundation kit that is available free to schools that would teach CPR in 30 minutes? I believe it is a quality product.

Robert Jenrick: Many headteachers were well informed about the Bill and what was available, but what they are offering is in some cases already in excess of that 30 minutes. The point they come back to time and again is that they want this to be left to their own professional judgment and to be able to work productively with local community groups such as the superb Newark Community First Aid, St John Ambulance, the scouts, the guides and the sea scouts.

Mrs Sheryll Murray: I do not think anybody is against teaching first aid to communities and making people aware, but how can we teach in 30 minutes the difference between burns, for example? A burn and a scald have to be treated initially differently, and it is not fair to say 30 minutes is all that is necessary to address the whole first aid ethos of the Bill, because it will take a lot more time than that to teach these skills.

Robert Jenrick: My hon. Friend makes a good point. I am not a medical professional so I will not pretend to be an expert in what knowledge can be gained in 30 minutes—others clearly have more experience than I do.

The point remains that there will be a great variance in quality between schools that give the kind of training I have been lucky enough to receive myself and to view in my constituency, which can take hours or even days and can include regular updates, and those schools and institutions which choose to do it in 30 minutes. The Bill does not protect the standard or quality, and some parents may be left disappointed that their children receive only quite modest training in this area when—if this was left to the choice of our headteachers, hopefully encouraged by the Government and Members of Parliament—we could instil a culture of high-quality training pursued by strong community groups, rooted in their communities and finding solutions that work for them. We must not undermine those wonderful community efforts that could produce quality education and training far surpassing that provided by a 30-minute course forced by legal mandate on our headteachers, and against the will of many of them.

12.25 pm

Craig Whittaker (Calder Valley) (Con): I am pleased to be able to contribute to this important debate and would like to start by thanking the hon. Member for Erith and Thamesmead (Teresa Pearce) on taking this Bill forward.

Every year some 30,000 people in the UK have cardiac arrests outside of a hospital or associated care setting, but, at present, fewer than one in 10 of them survives. With a current ambulance target response time of eight minutes, time is of the essence, so acting quickly is essential because for every minute that passes in which immediate CPR is not given, the survival chance falls by 10%. However, if immediate CPR action is taken, the chances of survival rise threefold. Furthermore, it is estimated that 150,000 people die every single year in situations where their life could potentially have been saved if someone with an understanding of first aid was on hand to act quickly.

We will all have our own experiences of family and friends who have had accidents or fallen into difficulty and required urgent first aid. Very recently, a close friend of mine collapsed while playing sport. Thankfully, there were qualified professionals close at hand to assist and my friend now continues to make a recovery. However, such was the seriousness of the situation that it could have been very different if medical assistance had not been on hand. Many people, however, are not so fortunate. Thousands of lives are lost every single year because people do not have the knowledge or the confidence to intervene in such circumstances.

The Bill, of course, is about equipping our young people with the range of emergency life-support skills that are needed to keep somebody alive in such circumstances until professional help arrives. Depending upon the situation, the range of skills and knowledge which such training could provide may well prove to be the difference at a time of a cardiac arrest or a serious accident, when every second counts.

We all appreciate the importance of ensuring that as many people as possible are adequately equipped to assist in such situations, should they be required to do so. Indeed, I wholeheartedly agree with those hon. Members who have suggested that this process needs to start in schools to ensure that all of our young people are taught the life-saving skills that will remain with them through the rest of their lives. Ultimately, the question becomes: how do we encourage schools to teach these vital skills to our young people?

Earlier this year in the last parliamentary Session, the Education Committee, of which I was a member at the time, published a report regarding the teaching of PSHE in schools. PSHE covers a wide programme of learning through which our young people acquire the knowledge, understanding and skills they need to manage their daily lives. Among the various topics taught in our schools as part of this broad subject area is life-saving skills, which include CPR and more general first aid training. While it is up to individual schools to determine how they deliver PSHE, the Committee's report makes it clear that this is an important part of the curriculum and that the Government should take various steps to improve the quality of provision in schools.

The final recommendations from the Committee cited a number of key steps that are required to improve the quality of PSHE in schools. These included formally measuring the quality of provision, incentivising schools to improve the way in which they deliver PSHE, and the need to ensure that appropriate curriculum time is devoted to the subject.

I was pleased to see that the Government welcomed the report's findings when they set out their initial response in July on improving the quality of that education in schools. They made it clear that they want all schools to put high-quality PSHE at the heart of the curriculum. In March, before formally responding to the Committee's recommendations, the Secretary of State announced new

measures to improve the quality of PSHE, including the development of a new, rigorous PSHE quality mark and working with the PSHE Association to help them to quality-assure resources. The new PSHE quality mark will be brought in line with similar accreditations of this type that require schools to provide evidence of the depth and quality of their teaching in a particular area. That includes first aid training.

As part of the Government's initial response to the report in July, they stated that they will work with Ofsted on how best to capture evidence of the quality of PSHE education in schools. They also acknowledged the importance of schools publishing the relevant information about their PSHE curriculum on their websites, and they have indicated that they are considering options to further strengthen schools' compliance with the current requirements.

In the longer term, the Government have now indicated that they want to go further and that they will work with the sector to develop further measures to improve quality. Indeed, the Secretary of State made it clear that she wanted to make significant progress on this issue during this Parliament and would consider in full the arguments put forward by the Committee as part of that work to ensure that PSHE is taught well in every school. I have alluded to the Committee's report, and to the assurances that have been provided by the Secretary of State in response to it, in order to make clear the Government's commitment to enhancing this education, of which life-saving skills are an integral part.

Along with other hon. Members, I look forward to seeing what steps the Secretary of State will take further to improve the quality of PSHE education in schools, but I am somewhat reassured by her commitment to take this work forward throughout the duration of this Parliament. Given the Government's commitment to improving this provision, the delivery of first aid training and its role within the wider subject area may well be part of the Secretary of State's report. It might therefore be somewhat premature to consider the question of first aid training in schools while we are still awaiting her report on the wider subject area, of which first aid forms an integral part.

According to research by St John Ambulance and the British Red Cross, only 7% of the UK population have the skills and the confidence to carry out basic first aid in an emergency. We all agree that starting early and providing training in schools is absolutely key to changing that situation in the longer term, but we must not forget the need to raise awareness of the issue throughout the wider community as well. Indeed, even if the Bill were approved, it would take many years to improve the degree to which life-saving skills were common among the general population. Surely we need to start now by raising the profile of this issue, and not only in schools.

Mr Rees-Mogg: My hon. Friend is making the crucial point that people might have had first aid training at school, but many of them will have left school quite a long time ago. What efforts does he think could be made, without resorting to heavy-handed legislation, to encourage people to renew those skills?

Craig Whittaker: My hon. Friend makes a valid point. I myself have been on retraining courses over the years since I left school—although, as hon. Members can see, that was not so many years ago. *[Laughter.]*

As I was saying, surely we need to start now by raising the profile of this issue, not only in schools but in all parts of society from the workplace to voluntary clubs and places of worship. A number of organisations, including the British Heart Foundation, the British Red Cross and St John Ambulance, already work with thousands of people up and down the country to provide these skills and raise awareness of this issue. Those three organisations in particular work with a plethora of voluntary groups and organisations across my constituency, and I am sure that all Members will join me in paying tribute to the work that they do throughout the United Kingdom.

However, we have a long way to go in complementing the work of these charities and working alongside them to raise awareness of these issues and to further promote first aid training among the wider adult population. As MPs, we have a role to play. During a Westminster Hall debate earlier this year, my hon. Friend the Member for South Derbyshire (Heather Wheeler) revealed that she had written to all her local schools and colleges about installing defibrillators. Today, other Members have talked about doing that. I recall my hon. Friend saying that a number of schools had subsequently taken her up on that offer as a result. Along with our local councillors, we can have a role in working alongside schools, local authorities, community groups and voluntary organisations to encourage them to consider the provision of first aid training. Following the example set by my hon. Friend, I have written to all my schools within the Calder Valley—and I will do so again—to raise awareness of these issues.

I am pleased that a number of hon. Members have mentioned the availability of defibrillators as part of this debate. While their presence on their own is clearly not enough, particularly in the absence of adequate training, they are an important part of the jigsaw puzzle. My own local authority, Calderdale, has taken steps to increase the number of defibs in public buildings and in places that experience high footfall. This has been an important and welcome first step. Local authorities have a key role to play and it is important that they take these issues seriously and consider how they can work with schools and other stakeholders to promote the wider availability of defibs throughout the community.

We have heard harrowing statistics and personal stories from hon. Members which speak for themselves. We all agree on the need to ensure that more people are first aid trained, and the arguments in favour of providing training in schools have been accepted by all. I commend the hon. Member for Erith and Thamesmead for introducing the Bill and for allowing us this opportunity to discuss, and raise awareness of, these important issues.

Many schools already teach CPR and more general first-aid training as part of their delivery of the PSHE curriculum, and the question is whether that should be prescribed in law as outlined by the Bill. The Government have accepted the concerns about how PSHE has been delivered in the past, and they have made it quite clear that they are committed to working with the sector to develop further measures to improve the quality of PSHE in schools. Indeed, the Secretary of State has indicated that she wants to make significant progress on this issue during the course of this Parliament. To approve legislation relating to first aid training in schools before the Secretary of State has reported back on her

[Craig Whittaker]

development plan for the teaching of the subject area of which this forms a constituent part is, I feel, somewhat premature.

It is up to individual schools to determine how they deliver PSHE. I am pleased that the Government are looking closely at provision in this area with a view to raising standards, but it is important that schools retain the ultimate right to deliver the curriculum in the best way they see fit. It is the professionals, our teachers and headteachers, who are best placed to decide what is most suitable for their students, and they need the flexibility to deliver PSHE, including CPR and first aid training, in a way that is appropriate for their school environment.

The national curriculum creates a minimum expectation for the school programme. Indeed, it does not seek to prescribe everything that a school should teach, but rather, creates a structure and a framework around which the professionals working in a school environment can tailor a programme that works best for their students. We must also remember that schools do not have a monopoly on the provision of education to our children. Parents, grandparents and voluntary groups outside the formal school environment have just as important a role to play.

Let me return to the Education Committee's report of earlier this year, which recommended putting CPR and first aid on a statutory footing in terms of the curriculum—what Members who served on that Committee have not mentioned is that we said that this should be provided we extended the school day. There is a real risk here in terms of a plethora of high-profile issues. I recall discussing the curriculum in 2011, when there were high-profile campaigns for a number of things, such as PSHE, life skills, road safety, financial literacy, advanced technology and even Latin.

Mr Rees-Mogg: My hon. Friend has suggested something that would break my rule of not legislating for specific subjects; to have Latin on the curriculum must be an advantage.

Craig Whittaker: I thank my hon. Friend for his intervention. I recall that when I was at school—that very short time ago—Latin was not my most favourite of subjects. Some people would say neither was English, but there we go.

The Government have been called on to include many similar subjects in the national curriculum. Simply having this long and overly prescriptive list of compulsory subjects that must be taught could easily lead to a tick-box exercise, as has been said, and to schools being prevented from focusing on what is important for their pupils and their communities. Schools should be encouraged to, and supported in, teaching vital skills such as first aid, but forcing them to do so in law may not be the best way to achieve the outcomes we all desire, unless we have a serious think about extending the school day.

12.41 pm

Nic Dakin (Scunthorpe) (Lab): I am going to be fairly brief, because I agree very much with the hon. Member for Berwick-upon-Tweed (Mrs Trevelyan) on the importance of having the opportunity to vote on this Bill. This is a Second Reading debate, so we are talking about whether, in principle, the Bill should go into Committee, where we will be able to deal with some of the issues raised by the hon. Member for Calder Valley (Craig Whittaker), for whom I have a lot of regard, having served with him on the Education Committee. Those sorts of issues can be addressed in more detail in Committee; it is what the Committee stage is there for. The concerns raised by the hon. Member for Newark (Robert Jenrick) would also come into that category.

In starting my speech, I should praise my—

Philip Davies *rose—*

Nic Dakin: I am not going to give way because, as I said, I am going to be brief. I am going to praise my hon. Friend the Member for Erith and Thamesmead (Teresa Pearce) for all the work she has done in bringing this Bill to us today and in getting the support she has. It is worth noting that Members from four different parties have signed up as sponsors of the Bill, which demonstrates the strong cross-party support it has, both within this House and outside it. We have heard 10 speeches today. In the two speeches to which I have referred, we heard valid concerns that could appropriately be dealt with in Committee. The hon. Member for South East Cornwall (Mrs Murray) has also raised, in her interventions, the sort of concerns that should be followed through in Committee. As my hon. Friend the Member for Erith and Thamesmead said in response to an intervention from the hon. Member for Bury North (Mr Nuttall), people with those concerns will be welcome on the Committee, in order to make sure we get the Bill right, because that is the purpose of that stage. Without going through the detail of what the other eight Members said, it is worth saying that we heard eight very strong speeches from across the House, each of which was strongly in favour of the Bill. The speakers drew on their own personal and professional experience to give strong evidence as to why the Bill should go into Committee. They also brought information from outside this House in support.

I agree with the Bill in principle. I believe it is important to help people look after each other. Improving our health is the product of many activities, and this does not just come from government; these things are done in communities, schools, workplaces, businesses and homes across the country. I recognise the need to train as many people as we can, particularly young people. Many hon. Members have alluded to the fact that the things we learn when we are young, be it in the girl guides, through St John Ambulance or at school, often stay with us almost instinctively throughout life. The skills needed to step in and help in an emergency are exactly the sort of things that could assist in the circumstances that many Members have alluded to in the debate. That is why at the general election Labour called for young people to have had access to emergency first aid training, including CPR, by the time they leave school.

I will be supporting the Bill, but, as I have indicated, I will be seeking further improvements to the Bill in Committee to address some of the issues that have been raised in the debate, so that it can offer a more holistic approach to emergency first aid training and so that

schools can work with the voluntary sector to deliver the Bill's aims. As it stands, the Bill places a strong onus on schools to provide the training, and that could be seen as prescriptive. I do not think that is the intention, and the opening remarks made by my hon. Friend the Member for Erith and Thamesmead clearly showed that. It will be important that those things are tackled as we go through the detail of the Bill in Committee.

Mrs Sheryll Murray: Why, then, does the Bill say that this is to be compulsory?

Nic Dakin: I have run an educational establishment, so I know all the complexities and challenges involved in making sure that things happen. Something can be compulsory yet still be delivered across a spectrum of different ways. That area can be dealt with in Committee, and I hope that the hon. Lady will offer to serve on it, because she has expertise that would be helpful in ensuring that we get this right.

The Government should take this opportunity to work with the third sector to support schools and young people in having access to this training. Taking the Bill into Committee represents an excellent opportunity to deliver the will of this House, as it has been clearly expressed today, and to progress things further. That stage will provide us with something we can consider further once the Bill returns.

12.47 pm

Philip Davies (Shipley) (Con): It is a pleasure to follow the hon. Member for Scunthorpe (Nic Dakin), who knows I have a high regard for him, even though he did not give way to me during his speech. He said that the Bill has strong cross-party support and he talked about the will of the House, which presumably will mean that 100 MPs out of the 650 will be here—it is not a great total to reach—to vote for it today. I am sure that if those 100 MPs are here, it will go through. That is a matter of fact, so if 100 MPs troop through the Lobby, that will be the will of the House and that will be it. We will see just how much cross-party support the Bill actually has, rather than what he asserts.

Mr Rees-Mogg: In looking for these 100 MPs, how many does my hon. Friend see on the Opposition Benches currently?

Philip Davies: I see four, but I am not going to get sidetracked on to the number of people on the Benches, as I am sure you want us to get into the meat of the debate, Mr Deputy Speaker. You know how anxious I always am to get cracking into the meat of the debate, and I am not going to disappoint you any longer.

I congratulate the hon. Member for Erith and Thamesmead (Teresa Pearce) on introducing this Bill. It may have strong cross-party support, but it certainly does not have mine.

Mr Rees-Mogg: My hon. Friend is congratulating the hon. Lady, but he has not yet congratulated the Chairman of Ways and Means, who conducts the draw. It has become something of a tradition to congratulate him on the way in which he does the draw.

Mr Deputy Speaker (Mr Lindsay Hoyle): Rest assured, I do not need congratulating and we will certainly get into this debate—not in Latin, but in English.

Philip Davies: I am not capable of conducting this in Latin, Mr Deputy Speaker—some would say I am not able to conduct it in English. I am getting sidetracked again by my hon. Friend the Member for North East Somerset (Mr Rees-Mogg), and I hope you appreciate that it is certainly not me doing this.

The flavour of most private Members' Bills that come before the House is that they are backed by a worthy sentiment, but are not really fit for purpose when given any great scrutiny. I fear that we are in that situation today. What we have been offered by a number of Members is what we normally get in this place on private Members' Bills, which is a painless panacea. Politicians will always offer a painless panacea. With this Bill, I have heard that we can save lives, save money, save time and save absolutely anything. It has been said that there are no concerns and no downsides to this Bill, which will stipulate that it is compulsory for schools to provide first aid education. Like my hon. Friend the Member for Newark (Robert Jenrick), I have spoken to the schools in my constituency, and I wish to share some of the feedback that they have given to me.

If this Bill is so easy for schools to implement—it is said that it will save time, save money and save lives—then there is absolutely nothing to stop them from introducing first aid courses now as part of the existing curriculum. We have heard that already today, and we have heard that many schools already do that. Why on earth would we need to make compulsory something that is so wonderful and that has no downsides? Surely we can just sit back and wait for every school to implement it themselves.

One thing I always say is that we should trust the people who are doing things every day. They tend to be the ones who know the best about what goes on and what works. When I worked for Asda, I found that it was the checkout operators who were the best people to ask about what was going wrong or right in the store, because they saw it every day with their own eyes. I certainly believe in trusting the professionals. My father was a teacher for that matter, so I am all for trusting teachers to get on and do their job. I do not really want the Government to be sticking their nose in at every single turn, trying to lecture them every five minutes about what they should be doing when they are perfectly capable of making those decisions for themselves.

If we think that we have recruited the right people to be teachers, then we have absolutely nothing to fear from leaving them to get on and do their job. If we feel that we have recruited the wrong teachers and that we need to lecture them every five minutes about what they should be doing, the problem is in the recruitment process. We should not need to look over their shoulder all the time, telling them what they should and should not be doing. I fear that we have made that particular mistake with this Bill.

I should make something very clear now, because, doubtless, Opposition Members will try to misconstrue my remarks. First aid, as everyone has acknowledged, is a very important life skill. I encourage as many people as possible to learn that skill. I am, and remain, a supporter of first aid, and certainly do not think that it

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is unimportant. I do not want to prevent anybody from learning first aid if they wish to learn it. I want people to have that opportunity.

Every year, there are 5.5 million attendees at A&E departments, 3 million of whom have the types of accident and injury that first aid treatment could have helped. For example, there are about 2,600 open wound injuries, 2,400 bone injuries, about 40 incidents of choking and more than 290 injuries from burns. Every year, about 66,000 die from heart attacks and seizures. They are all compelling statistics that endorse the increased use of first aid within society. Indeed, those statistics seem a valuable reason to encourage more members of society to learn first aid, but they do not in themselves justify the reason why first aid should become compulsory in the school curriculum, and that is what I wish to focus on today.

This Bill is not starting out from here. In the previous Parliament, Julie Hilling, the former Member for Bolton West, introduced a very similar Bill as a ten-minute rule Bill, which provided amendments to the Education Act 2002. She also brought in an amendment during the Committee stage of the Education Bill to make provision for teaching emergency life support skills in the national curriculum. The response of the then Minister for Schools, my hon. Friend the Member for Bognor Regis and Littlehampton (Mr Gibb), highlighted some of the same reservations that should be drawn to this debate today. He said:

"I agree that emergency life support skills can have an immensely positive impact on pupils' families as well as schools and the wider community. It is encouraging to hear about the excellent work in schools…I am also aware of the invaluable support that organisations such as the British Heart Foundation and St John Ambulance offer individual schools or groups of schools to enrich curriculum work. I applaud them for their important work, but I do not agree that making emergency life support skills a statutory part of the curriculum is the right approach."

I absolutely endorse what he said. He went on to say:

"We are clear that the national curriculum should set out the essential knowledge and understanding that all children should be expected to acquire in the course of their school lives. It is for teachers to design the wider curriculum in the way that meets the needs of their pupils, taking account of the views of parents, the wider community and local circumstances."—[*Official Report, Education Public Bill Committee,* 5 April 2011; c. 990.]

That is the nub of my argument today. It should be a schools' prerogative to incorporate extra-curricular activities, such as first aid education, into the school calendar, and they should not be forced to substitute other lessons to fit them in. That has been confirmed more recently—

Mr Rees-Mogg: My hon. Friend is saying, and I agree with him, that it should be for schools to decide. Does he think that it should be a voluntary activity for the pupils, or is he suggesting that they should be compelled to participate?

Philip Davies: It absolutely should be a voluntary thing. I was struck by my hon. Friend's earlier intervention when he said that people who volunteer for things tend to enter into them with much more gusto than if they are compelled to be there. That is self-evidently the case. I do not see why that should not be the case for the teaching of first aid as well.

I should say that when the Government were pressed on this matter by Bob Russell, the former Liberal Democrat MP for Colchester, the Secretary of State made it clear that her Department was prepared to help schools teach life-saving skills more generally if that was what schools wanted—again, that is very laudable. She also made it clear that the Government had negotiated a contract so that schools could obtain defibrillators at reasonable rates and train their pupils in the use of them.

Mr Nuttall: Is my hon. Friend also aware that St John's Ambulance makes resources available to teachers to enable them to deliver these lessons at a very low cost?

Philip Davies: I am very grateful to my hon. Friend for his intervention. I do not intend to focus on the work of St John's Ambulance in my speech. Obviously, I cannot cover everything. Perhaps he might be able to do so, Mr Deputy Speaker, if he were lucky enough to catch your eye later on.

What is also important is the time factor. We have heard different times bandied about as to how much training would be needed to fulfil the obligations in the Bill. I am still not entirely sure about it. Half an hour was the minimum that I have heard. It is important to note that my hon. Friend the Member for North Swindon (Justin Tomlinson), who did an awful lot of work in this area before he was deservedly promoted to ministerial ranks, asked a question about the 30,000 cardiac arrests that occur outside hospitals where only one in 10 people survives. He wanted to meet the Minister to discuss the fact that when countries give two-hour sessions of emergency life-saving skills, survival rates often increase by up to 50%. That suggests to me that, for this to be worthwhile, 30 minutes will never be enough. My hon. Friend the Member for South East Cornwall (Mrs Murray), who has knowledge of the subject, made that point in an earlier intervention. It strikes me that, in order to get a Bill through Parliament, we will be told that a session needs to be only half an hour, but the moment the Bill becomes enacted, the schools will be told that half an hour is not good enough and that they will need to do an hour. When an hour is not good enough, they will be told to do two hours, and then four hours. Schools will never know where the time commitment will end.

Under the provisions of the Bill, as I understand it, the Secretary of State can make regulations in this area, so they will be free to say to schools, "Well, we have looked at this, and half an hour is not enough. You need to do more." We are not giving schools a commitment to teach as they see fit, but potentially lining up for them much longer times they will have to spend teaching these skills if the half an hour that we have been told about proves to be as insufficient and inadequate as my hon. Friend the Member for South East Cornwall has suggested.

As I said, teachers are best placed to decide on these matters. We should not force them to do anything that is not right for them or their school. We are constantly moving towards an overly prescribed curriculum. That is unhelpful to teachers, who must teach these lessons, and to students, who have to try to juggle more subjects in a limited time. This happens time and again in Parliament. When I was on the Opposition Benches—some might argue that I always sit on the opposition

Benches, but when I was on the other side of the House —I remember the Labour Government's proposal that all schools should be obliged to teach about healthy eating, among other things.

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. We do not want to go into what previous Governments may or may not have done. The debate is about the Bill. You would not want to sidetrack me, or your good self.

Philip Davies: No, absolutely not, and I assure you, Mr Deputy Speaker, that I am not getting sidetracked. My point, which is very relevant to the Bill, is that all these things, very worthy in themselves, are like a salami slicer. We are talking about half an hour here for this, and half an hour there for that. Each half-hour may not in itself seem like a great deal of time out of the school curriculum, but when we put together all the things that a school is obliged to do, we are talking about a serious amount of time—perhaps a full day out of the weekly curriculum. That is what I fear will happen. We cannot take this provision in isolation; we have to look at all the other things piled on schools, and should ask them whether they really have enough time to have yet another thing imposed on them.

I should ask what I often ask on these occasions: if, as we keep being told, this is such a wonderful thing, and there are no downsides, why was the provision never introduced in the 13 years of the Labour Government? The shadow Minister did not explain this very well. I have to wonder whether Labour Members actually have the commitment to this that they would like us to believe. Not only did they not introduce the measure in their 13 years in government, although they had the perfect opportunity to do so, but they spent about an hour and 15 minutes today on two urgent questions and some pointless points of order to delay progress on this debate.

Mr Deputy Speaker: Order. We are definitely drifting off the Bill. We will not judge what has held us up. This is not about time, as you well know, Mr Davies; you are the Fridays expert. You do not want me to be misled, do you?

Philip Davies: You are absolutely right, Mr Deputy Speaker: it is not about the time. Time carries on, and we carry on with our speeches; time will sort itself out.

As for the flexibility and support that schools have regarding first aid, the Minister for Schools made it clear—we should put this on the record—that there is nothing to stop schools teaching first aid. He said in a parliamentary answer:

"Schools are free to teach emergency life-saving skills and may choose to do so as part of personal, social, health and economic education. The Department…is encouraging schools to purchase …defibrillators…We have also published a guide to defibrillators on school premises".—[*Official Report*, 19 January 2015; Vol. 591, c. 17-18.]

The Department has made it clear that schools are already free to do this, and that it does not need to go any further. I also point out that as of 13 November this year, 787 defibrillators have been purchased under the Government's scheme, so to say that the Government are doing nothing to assist in this area would be completely wrong and misleading. There is an awful lot being done. Much more can be achieved by continuing down a voluntary route than could be achieved by trying, in a ham-fisted way, to mandate things that never seem to work as envisaged.

It is worth pointing out that in May, the Department announced that St John Ambulance would receive more than £250,000

"to build a nation of young first aiders who are resilient, confident and motivated."

That is part of the Government's £3.5 million character grant scheme, through which St John Ambulance is training

"600 champions…and 31,500 pupils selected for first aid training, supporting 100,000 pupils… overall. 100 new cadet clubs will also be set up."

That is a much more valuable way of going about this than the Bill is. An awful lot is being done to give children as much easy access to first aid resources as possible without interfering in the role of schools and teachers.

I acknowledge the fantastic work that school staff members throughout the country do to ensure the safety of children at school. Schools routinely include the needs of pupils when making their first aid needs assessment for staff, and when putting appropriate provision in place. The number of qualified first aiders required will be a part of the school's first aid needs assessment, and will be based on local circumstances, so it is not as if the provision of first aid in schools is inadequate and we need the measures in the Bill; that is already catered for.

This issue touches on the question of what a school's role is, and should be; the proposer of the Bill started to go down this route in her argument for the Bill. I think my hon. Friend the Member for Cirencester talked about schools' roles, too.

The Parliamentary Under-Secretary of State for Education (Mr Sam Gyimah): It was my hon. Friend the Member for Chippenham (Michelle Donelan).

Philip Davies: I apologise, it was my hon. Friend the Member for Chippenham (Michelle Donelan); the Minister is absolutely right. Over the past few decades, there has been a huge change in the perceived role of schools, and parents and politicians have placed increased responsibility on schools. They are now expected to assume responsibility for ensuring that children leave with a rounded education. That includes teaching children about personal and sex education, bullying, mental wellbeing, and society as a whole, as well as teaching them traditional subjects such as maths and science—and Latin, for the benefit of my hon. Friend the Member for North East Somerset.

Personal, social, health and economic education, although a non-statutory subject, is common in school timetables across the country. In primary and secondary schools, it takes an average lesson of 30 minutes or an hour in the weekly calendar, and is an established part of the school day. Despite the fact that the Government should be reducing the regulatory burden on schools, across the country, teachers are expected to assume a pseudo-parental role. We say to parents, "Don't worry about how you bring up your children, what you enter them in for, or encouraging them to do things, because we'll cover it all for you." That is a bad way for the country to go. We should put more responsibility on

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parents to sort out extra-curricular activities for their children, and less on schools. We are encouraging parents to abdicate their responsibilities. It should be my role to encourage my children to do things out of school that may enable them to get first aid training; we should not always say that it is the school's responsibility.

A serious effect of the Bill is that it will take up time in the curriculum. Across the UK, and specifically in the district where my constituency is, Bradford, there are too many failing schools. In those circumstances, it is not appropriate to expect either teachers or students to focus on a completely new subject area when, in too many instances, basic maths and English are not up to standard. Recent Ofsted reports highlighted some of these issues. Of one school that received an "inadequate" rating, Ofsted said:

"Students have weak literacy, communication and numeracy skills."

Against that backdrop, if an extra half-hour, hour or two hours of study should be done during the school day, perhaps focusing on the weak literacy, communication and numeracy skills would be a far better use of students' time. That may not be the case everywhere, but that is why we have to leave the decision to teachers. When there is extra time in a school, surely it is teachers who know what a pupil would do best to focus on for half an hour, an hour or two hours.

In many schools in Bradford, it is perfectly clear that spending extra time on English would be far more beneficial than a two-hour course in first aid, regardless of whether that is worth while. Some of Bradford's examination results are extremely poor. In fact, Bradford is one of the most failing local education authorities in the country. Surely we have to get our priorities right for those schools. Many of the teachers in those schools are working incredibly hard to turn them around. They need the support and encouragement to enable their school to give extra tuition in English and maths—those are things that they are trying to do. The last thing they need is for this House and the Government to come in with a sledgehammer and say, "I know you're really trying to turn around the maths and English qualifications of your pupils, but forget about spending half an hour, or a couple of hours, doing that; your pupils have to do first aid training." That is why these decisions are best made locally.

Mr Nuttall: We have heard a number of speeches this morning, but it has never been made clear exactly when these first aid lessons are to be delivered. In which year of a child's education does my hon. Friend think these lessons will be delivered?

Philip Davies: My hon. Friend makes a good point. I do not know. Schools would presumably have to muddle through as best they can to meet the requirements of the Bill. I am sure teachers are very good at chopping and changing and muddling through.

As I made clear at the start of my speech, I have contacted all the schools in my constituency and got feedback from some of them. One of them had a "requires improvement" judgment in February 2014, and one reason was that the students' achievement in both maths and English has not been good enough since 2012. The priority for the school and its leadership team is not to expand the curriculum to make us all feel better about ourselves because we are fulfilling a worthy sentiment; the teachers are working incredibly hard to ensure that their pupils leave as young adults who are equipped with the right level of maths and English to set them up for the future. That is the first priority of our schooling system in this country. We should not sit here and think everything is hunky-dory in all our schools; it is not. Those teachers want help do that difficult job, dealing with some difficult pupils, but the Bill does not give them that support.

The National Literacy Trust states:

"Around 16 per cent, or 5.2 million adults in England, can be described as 'functionally illiterate'. They would not pass an English GCSE and have literacy levels at or below those expected of an 11-year-old."

That is a serious problem, which schools should be addressing. The importance of that form of education, which is what parents expect when they send their children to school, cannot be overestimated.

As we have heard from various Members, many people learn their first aid skills with the guides or the scouts. The nub of one of my arguments is that children do not need to learn first aid at school, as there are many organisations and clubs which teach it, including St John Ambulance and the Red Cross. The first aid badge is one of the most important badges that people can get in those organisations. Individuals must show a thorough range of first aid knowledge before they are entitled to the badge. My hon. Friend the Member for Christchurch (Mr Chope) referred to the pride that people take in displaying their badge on their uniform when they have earned it through those sessions. The guides first aid badge is valid for only two years, at which point they are required to take the test again in order to keep the badge up to date.

Mr Rees-Mogg: My hon. Friend is making such an important point. When things are done well by the voluntary sector, is it always necessary for the state to come in in a heavy-handed way, get rid of all the good work that is being done by others, and impose its own solution? Is it not better to encourage voluntary activity to flourish?

Philip Davies: My hon. Friend is right.

It is clear from what happens at the guides that first aid skills need to be updated My hon. Friend the Member for South East Cornwall touched on this in an intervention. The guides do it every two years. For it to mean anything at all, schools will have to teach first aid every two or three years, which will mean even more time out of the curriculum. I remember doing a first aid course at school, but I have to admit that if I were faced with a medical emergency, I would struggle to remember all the training I received. In that sense it would be rendered completely useless. That would apply to many of those who would go through first aid training at school, particularly if they were not paying attention because they did not want to be there in the first place.

We in this place would be far better advised to encourage young people to go out and join the guides or the scouts, or to do the Duke of Edinburgh's award—the bronze, the silver and the gold. That would be a very worthwhile thing for them to do, and as part of that

they would get all the emergency first aid training they would ever need. That would be a much more worthwhile message for us to send out—

Mr Deputy Speaker: Order. We have had a lot of examples. The hon. Gentleman is absolutely right that previous speakers also mentioned good examples. Nobody is disagreeing that there are lots of good organisations, but the Bill is about schools and education. We are in danger of getting into an argument about those who provide training in the voluntary sector and whether they should do it. I know that the hon. Gentleman wants to stick purely to the Bill, which is about first aid provision in schools.

Philip Davies *rose—*

Sir Roger Gale (North Thanet) (Con): Will my hon. Friend allow me, while he has been interrupted?

Philip Davies: I will.

Sir Roger Gale: I understand what my hon. Friend is saying. I happen to be president of Herne Bay air cadets, I am heavily involved with the Sea Cadets, and I am involved in the scouts and the guides movements. I am a vice-president of St John Ambulance. I also participate in Duke of Edinburgh's award schemes. They are all very worthy organisations, but the bottom line, as my hon. Friend knows and as I know, is that the overwhelming majority of children, for whatever reason, do not take advantage of any of those schemes. We are talking about life and death, and he ought to consider that very seriously indeed.

Philip Davies: I take my hon. Friend's point, but I will explain why I do not think first aid is worth teaching in schools. My fear is if we start doing in school all the things that happen at the scouts, the guides and the Duke of Edinburgh's award, there will be no point in people joining them, and these very worthy organisations—

Mr Deputy Speaker: Order. We are not debating what is provided by the scouts, the guides or anyone else. This is about the provision of first aid training. We do not want to get into all the activities those organisations do or try to compare the two. You understand that, Mr Davies. You are very good.

Philip Davies: The point I am trying to make, Mr Deputy Speaker—I apologise if I am making it in a ham-fisted way—is why the Bill is unnecessary. We are discussing whether the Bill should be enacted, and I am making the point—I apologise if I appear to be doing it in a deviant manner, but I assure you, Mr Deputy Speaker, I am not doing so intentionally—that the Bill is unnecessary, for the reasons I am giving. I hope that is well within the scope of the debate.

Teresa Pearce: Surely the Bill would be unnecessary only if everybody was trained in first aid? We know clearly that only a very small proportion of people in this country are.

Philip Davies: It would be very worth while if everybody joined the scouts. It would be very worth while if everybody joined the guides. It would be very worth while if everybody did the Duke of Edinburgh's award scheme. I am not entirely sure that we want to pass a piece of legislation to compel that to happen. Learning first aid is a very desirable thing that we would all want to see, but that does not mean that it follows that it should become mandatory and part of our legislative programme. That is the point that I am making. The issue is not whether it is worth while, but whether it should become compulsory, because, after all, the title of the Bill refers to compulsory first aid in state schools. It applies only to state schools, but we did not hear any reason why that was the case.

My other concern is about implementing the policy. We must always consider the practical implications of rolling out a national policy such as this. In the Bill there is very little detail about how it would be implemented, which comes to the point made by my hon. Friend the Member for Bury North (Mr Nuttall). Clause 3(1) states:

"The Secretary of State shall, before making regulations under section 85B(4) of EA 2002"—

the Education Act 2002—

"conduct a public consultation about the content and delivery"

of emergency first aid education.

In a 2012 briefing on the campaign for life-saving skills to be taught in schools, the British Heart Foundation and the Resuscitation Council—presumably, they would be key to its implementation—said this about the costs:

"The BHF's own experience through the Heartstart programme provides one model that can be applied in England. Training supervisors with resuscitation and teaching experience to initially train teachers would provide their training. These teachers would then train replacement teachers in the event of staff changes in their school. Additional costs include venue hire for the training session, which can be reduced if schools are coordinated to have their teachers trained at combined sessions, and supply cover for the teachers to attend the day-long training."

Tom Pursglove (Corby) (Con): Unlike my hon. Friend, I support the Bill but I am sure that one thing that unites both of us is our desire for a vote on it. I want to vote firmly in favour of it and he surely wants the opportunity to register his very firm objection against it.

Philip Davies: It was not down to me that an hour and 15 minutes was taken up by urgent questions.

Mr Deputy Speaker: Order. We are not going to debate urgent questions. They are not debatable, and I do not want to hear them mentioned again.

Philip Davies: I will plough on with my remarks, Mr Deputy Speaker; such matters are outside my control. If 100 Members are here we will have a vote come what may, whatever I say or do.

There are the costs of the venue hire, training the teachers and training the replacement teachers—this is according to the British Heart Foundation, which goes on to say:

"The largest consumable cost is the initial supply of resuscitation manikins."

We have not heard about this in the debate so far. The BHF goes on:

"Ideally, in a class of up to 32 there should be one manikin used between two people (16 in total). Schools should have both standard resuscitation manikins and baby manikins. These are

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one-off costs for the lifetime of the manikin, with annual costs to maintain the equipment. Per school, we estimate that this costs around £2,200 each year. This takes into account the appropriate learning materials required in a programme to aid teaching these life-saving skills to pupils, in addition to general administration and monitoring costs."

That opens up a whole can of worms: schools will have to find supply teachers—an immense cost—so that teachers can go on a course for a day to learn the first aid information to teach. Even if the teachers do not go on the course themselves, they still need to find time to be taught the first aid information by other teachers. Furthermore, there is the cost of the manikins, mentioned by the British Heart Foundation, as well.

Earlier, I was discussing the problems that schools have. One problem cited by Ofsted is teacher turnover. Continually being required to send new teachers on to training courses is another burden that schools that are already struggling should not have to suffer. When I spoke to people at my local secondary schools about the Bill, that was one of their main areas of concern. Someone at one of the schools outlined their concerns as follows in an email:

"The Academy currently can probably meet this duty as we have a qualified first aid trainer on the associate staff body; however, this would pose difficulties as it would be a requirement to ensure that there is someone with the appropriate level of training on staff—or have to be a brought in provision, to ensure that all young people receive the correct advice".

That concern was echoed by other schools in my constituency, which were concerned by not only the staffing implications but the time allocation demanded of the school timetable.

Furthermore, schools would have to be required to find room in their budgets to pay for the provisions. We have heard about the cost of the manikins; I also spoke to some prominent union officials who live in my constituency. One said that making first aid education compulsory might not be cost-effective because at the moment first-aiders get a small allowance and training all teachers would be a massive expense. They would probably have to be retrained every three or four years. Is that cost-effective? Probably not.

Mrs Trevelyan: Those of us who support the Bill see it as an opportunity to educate a whole generation about life-saving skills. My hon. Friend is talking interestingly about cost, and he raises an important point. Would he be more inclined to support the Bill's direction of travel if there were a clear understanding of the savings to the national health service of having life-saving skills among our population that are not there at present?

Philip Davies: No, because as I was going on to say, I do not think we could get an accurate figure on the savings; it would be completely arbitrary. How could we measure the savings? I am concerned about the effect on our schools of the Bill—that is what is before us today and I want to focus on it.

How would first aid education be measured in schools? If we make something compulsory in schools, we have to have some way of measuring that the school is doing it, otherwise it becomes complete nonsense. When people do courses elsewhere, they get a certificate or a badge, which gives them recognition. Presumably, at the end of the session, to check that somebody has got through the training—I am sure the promoter of the Bill will correct me if I am wrong—somebody will have to assess that people have met the required standard. If there were a 30-minute lesson without anyone knowing whether anything had been learned, that would be completely pointless. There would have to be some kind of test to work out that what needed to be learned had been learned. That goes without saying.

Would schools be required to provide some form of examination at the end of the training as a formal recognition or qualification? How would that work? Will there be a national model test that everyone will have to pass at the end of their lessons or will schools have to produce their own test? *[Interruption.]* I detect from the sedentary chuntering around me that there would be no such test. What on earth is the point of a lesson in first aid without testing whether people have learned what they need to in order to save somebody's life? Surely the whole point is that people should become capable of saving somebody's life. What is the point if we do not even know that?

Mr Nuttall: Clause 1(5) states:

"The National Curriculum for England is not required to specify attainment targets or assessment arrangements for EFAE".

Philip Davies: I am grateful to my hon. Friend. In all honesty, that makes the whole Bill a farce. Even those in favour of compulsory first aid education would surely agree that if at the end of the training there was no way of measuring whether people had learned anything or got to the standard required to save somebody's life, the Bill would become a complete and utter nonsense—gesture politics of the worst possible kind.

Mrs Murray: Does my hon. Friend agree with the point I made earlier? If somebody uses their CPR training incorrectly, that can damage a person's health.

Philip Davies: That is a very good point. When we make something mandatory, it is inevitable, as people are there not because they want to be or are keen to be but because they have to be, that they will not be paying full attention and may learn the wrong lessons on the subject. My hon. Friend has expertise in this area, and we would do well to listen to it. This could, in such cases, make a bad problem worse. We should not think that this is all one-way traffic.

Teresa Pearce: Is the hon. Gentleman seriously saying that once someone is dead, they could be more dead?

Philip Davies: I am sorry that the hon. Lady has made such a ridiculous intervention. What my hon. Friend the Member for South East Cornwall was clearly saying—I think anybody bar the hon. Lady could have understood her point—is that if somebody is in a serious medical situation that may not be life-threatening, administering the wrong treatment could make that non-life-threatening situation into a life-threatening one. That was clearly her point, and I am sorry the hon. Lady is trying to trivialise the matter so much.

Teresa Pearce *rose—*

Philip Davies: However, I will give her another go.

Teresa Pearce: I am not trivialising this—it is a very serious matter, and that is why I kept my comments short at the beginning. The hon. Member for South East Cornwall (Mrs Murray) referred to CPR, which is usually given when someone's heart has stopped, and that is what I was talking about. This is not about bleeding, dizziness, or anything like that; it is about a heart condition and CPR. If someone's heart has stopped, there is a better chance of starting it again with CPR, even if it is not brilliantly executed.

Philip Davies: But the hon. Lady's Bill is not restricted to that—it will cover all sorts of other areas that may not be as she describes. My hon. Friend the Member for South East Cornwall made a serious point about a serious reservation.

I am very sorry that people seem to think they can come here with a worthy sentiment and expect it just to be nodded through because it is a worthy sentiment. That is not the purpose of this House; the purpose is to try to scrutinise legislation, and some of us take that seriously.

Sir Roger Gale: I have been in this House for 32 years, and I think I know my way around the Bill procedures. I think I am right in saying that if a Bill has a Second Reading, it usually then goes into Committee, where it can be studied line by line and, if necessary, amended line by line. I would like to think that given that this is a matter of life and death, my hon. Friend might allow this Bill to have a Second Reading and then allow it to be dissected, if necessary, in Committee.

Philip Davies: It is not often that my hon. Friend makes a ludicrous argument, but I am afraid he has just done so. That would be like saying that any Bill should automatically be nodded through on its Second Reading because then we can amend it to how we would like it in Committee. That is not how this place works, as he well knows with his 32 years of service; I hope there will be another 32 years. The point of the Second Reading debate, as he helpfully identified, is to decide whether we agree with the Bill in principle. The principle of this Bill is given away by its title—the Compulsory Emergency First Aid Education (State-Funded Secondary Schools) Bill. I do not agree with the principle of compulsory emergency first aid education in schools, so why on earth would I want to allow such a Bill a Second Reading, any more than he would vote for the Second Reading of a Bill whose principle he disagrees with? That is how this place works.

If this subject is to be added to the national curriculum, as proposed in the Bill, will Ofsted be required to assess and monitor its teaching to see whether schools are fulfilling their obligations under a revised Education Act 2002? Surely it follows that Ofsted must check to ensure that students are being taught appropriately, taught to a high standard, and taught well. It will have to be trained to judge the teachers to assess the level and quality of the first aid lessons they are offering to students. That seems to be another bureaucratic nightmare that Ofsted, and the teachers in the schools it is inspecting, could well do without. Nor do we know how much support the Government are going to give to allow that to happen. That is why I believe that this is better done on a voluntary basis.

Will Quince: My hon. Friend seems to suggest that education is valid only if it is tested. Sexual education is compulsory, so how did he perform in his sexual education tests?

Philip Davies: I should point out to my hon. Friend that, as it happens, sex education is not compulsory in schools, and long may that be the case, but that is a debate for another day; I am not going to get side-tracked.

The final point I want to make in my brief remarks, during which I have been interrupted on a number of occasions, is about the Bill's legal consequences for schools. That is one of the serious fears that my schools raised with me when I asked them to consider its implications. In its submission to the Social Action, Responsibility and Heroism Public Bill Committee in September 2014, St John Ambulance mentioned that 34% of people said that the primary reason people are deterred from intervening in any situation requiring first aid was concern about the legal repercussions. I am glad to say that we have in the Chamber one of the finest legal brains in the country, my hon. and learned Friend the Member for Torridge and West Devon (Mr Cox) —and, I might add in passing, the most expensive.

Such a concern was also raised during my consultation with local schools. One headteacher told me that they

"would have concerns that a school could be liable to be sued or held accountable if a student carried out first aid and 'got it wrong' and the school had delivered that training".

That covers the point made by my hon. Friend the Member for South East Cornwall, but it has not been touched on during this debate. We must consider such matters in a Bill before we press ahead with a worthy sentiment.

Clause 1(3) specifies that children will be taught which emergency first aid actions are

"appropriate in each such scenario, including the best management of circumstances where a person is or appears to be…unconscious and not breathing,…unconscious and breathing,…choking,…bleeding severely,…having a heart attack, or…having an episode arising from an underlying condition such as asthma or epilepsy",

and also taught the appropriate deployment of emergency first aid education

"procedures and equipment including…cardiopulmonary resuscitation, and…defibrillators."

Given that the text in the Bill explicitly sets out that schools will be responsible for teaching when first aid is appropriate as well as how to administer it, the concern raised by the headteacher of my local school is very real. What securities will be put in place to ensure that headteachers, staff and schools are protected from legal action should any first aid be incorrectly administered by a student, given that the Bill, by making it a compulsory element of education, directly creates a point of responsibility? I cannot find any such protections in the Bill.

Mrs Trevelyan: For clarification, is my hon. Friend suggesting that organisations such as St John Ambulance, which presently teaches first aid to large numbers of cadets, are at risk of legal action if one of their students fails to get their first aid right during an emergency?

Philip Davies: I do not know. *[Interruption.]* I do not know whether such organisations take out any insurance policies along those lines. I genuinely do not know and, from the reaction around the House, it seems that nobody here knows either. One of the things that causes me problems when debating legislation is that we go headlong into such things without anyone knowing what the consequences will be. My points is that without such protections for schools, an unreasonable burden and pressure will be put on them, which is completely outside their remit as teachers and headteachers.

When we consider whether or not something should become law, we should consider the evidence to decide whether there is weight behind the arguments. I do not think we do enough of that. There are examples from Wales, Northern Ireland and Scotland. We have heard nothing about how they relate to the Bill, because it applies only to England. We have not had time to look into that issue either. I am aware that you seem keen to press on, Mr Deputy Speaker, so I will not test the patience of the House by talking about what happens in Wales, Northern Ireland and Scotland, even though I think it is absolutely essential to understand such matters. Given that we are keen to press on with the debate, I will draw my remarks to a close.

I just want to make it clear that we have heard lots of reasons why it would be wonderful for more and more people to learn first aid. I do not think there is any disagreement about that whatsoever. However, we have also ascertained that there are plenty of places at which children can learn first aid if they really want to. I hope that one of the things the Minister will make clear is what the Government can do to encourage more young people to learn emergency first aid. The Government could usefully do that, perhaps by funding other organisations or by making it easier for schools to provide such education. Nobody would disagree with that.

What we disagree with is the compulsory element of the Bill, which would force schools to provide such education. My hon. Friend the Member for Newark said that he could not find a headteacher in his constituency who agreed with the compulsory nature of the Bill. The feedback from my constituency suggests the same. I think we should reflect on what the professionals at the coalface are saying about their concerns before we rush headlong into supporting a Bill. It undoubtedly has a worthy sentiment, but, as I hope I have gone some way to explain, this ill thought through Bill is an absolute dog's dinner and a can of worms.

1.39 pm

Will Quince (Colchester) (Con): I congratulate the hon. Member for Erith and Thamesmead (Teresa Pearce). I am not entirely sure how to follow the speech of my hon. Friend the Member for Shipley (Philip Davies). This campaign was kicked off by my predecessor in 1997. I suspect that one of his biggest regrets is that he did not see it succeed. I hasten to add that there are not many of his campaigns that I will continue, but this is certainly one of them. I therefore support the Bill.

The Bill defines emergency first aid education as

"formal lessons to equip pupils with age-appropriate skills and knowledge required to provide assistance, in the absence of a competent adult, to a person in need of emergency medical attention until medically-qualified personnel are present."

As my hon. Friend the Member for Chippenham (Michelle Donelan) said, doing this is a no brainer. As my hon. Friend the Member for Shipley said, it is obvious. The sad reality is that it is neither of those things, because it is not a statutory obligation.

There are cost implications, as my hon. Friend the Member for Shipley rightly pointed out, although I suspect that some of the costs he raised could be negated through the work of charities and social enterprises. Of course some head teachers will be against this move because there are implications of cost, time and resourcing. Nevertheless, that is not a reason not to support the vital aim of upskilling pupils in our schools and helping them to develop important life skills. Fundamentally and most importantly, this will save lives.

I accept that, as my hon. Friend the Member for Newark (Robert Jenrick) said, the Bill is not without its issues. I mean no offence to the hon. Member for Erith and Thamesmead in saying that. The Bill puts the onus on teachers to learn and teach first aid. In my view, it should be more flexible. I hope that that can be addressed in Committee to allow social enterprises, volunteers and charities to help. Perhaps my hon. Friend the Member for Twickenham (Dr Mathias) might even want to go to her local school and impart some of her considerable knowledge in this area. My wife is a teacher, albeit at primary level, so I fully understand the pressures on teachers and on the curriculum. There is a part for the third sector to play and the Bill could be tweaked to take that into consideration.

It is a shame that we have to consider legislating on first aid education to make it part of the curriculum. Ideally, I would want it to be part of the citizenship scheme. The national curriculum framework is clear that every state-funded school should teach a curriculum of subjects that

"promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society"

and

"prepares pupils at the school for the opportunities, responsibilities and experiences of later life".

First aid education clearly fulfils both criteria.

I can understand Ministers' reluctance to add anything to the curriculum—it is already pretty jam-packed—but let us not forget that swimming is compulsory, as is sex education. Despite what my hon. Friend the Member for Shipley said, there is a statutory obligation to provide sex education; it is just that parents can opt out. It seems to be an anomaly that we teach pupils how to make life but not how to save it.

The Bill seems to be a common-sense piece of legislation that would ensure that all school pupils who go through our state system have the chance to learn life-saving skills. It is right to focus on secondary school, where the pupils are sponges for this kind of information. It has been asked whether this education would be limited and whether the quality would be high enough. Often, pupils get a taster of something in school and then go on to do far more and to expand their breadth of knowledge. If people get a taste for first aid education, I suspect that there will be a much higher take-up in the scouts, guides and St John Ambulance, because they will want to expand their skills.

A number of hon. Members have touched on the Red Cross poll, which showed that 85% of adults agree with

this proposal, 84% of secondary school teachers agree, 95% of parents agree and 97% of 11 to 16-year-olds agree. That is pretty compelling.

It is important to recognise that life skills are as important as academia. That is why citizenship is on the curriculum in England. The cost of implementing this measure has been raised—including by me in an earlier intervention—but what about the cost of not implementing it? What about the cost to A and E of all those additional visits that could have been prevented if young people in this country had those initial first-aid skills? What price do we put on life? My hon. Friend the Member for Twickenham made that point eloquently when she spoke about her personal experiences.

There are, of course, worthwhile areas of study that are not specifically related to pupils' academic development, so why not include first aid education on that list? I strongly support the Bill. Indeed, I will upset my hon. Friend the Member for Shipley and say that I think we should go further. We have a big problem with knife crime in this country, and I would like weapons awareness to be included in the curriculum. A fantastic charity in my constituency, Only Cowards Carry, incorporates first aid and weapons awareness within its lessons in schools, but at the moment that is entirely optional. I do not want to take up too much time, and I would love the Bill to be passed if put to the vote. This seems like a common-sense Bill, and we could create a potential new generation of life savers, starting in our schools. I urge Members to support the Bill.

1.45 pm

Mrs Sheryll Murray (South East Cornwall) (Con): May I clarify the point that I made in an earlier intervention? If somebody has a pulse that cannot be detected, or if somebody is breathing very shallowly, someone who comes along and starts to administer CPR could do damage to their health. That is the point I was trying to make, and I hope that I have now clarified it. When I did CPR training—which I renew on a three-yearly basis—that point was clearly emphasised.

I congratulate the hon. Member for Erith and Thamesmead (Teresa Pearce). Although I do not agree with the process that she is using to ensure that everybody is aware of basic first aid procedures, the work that she has done to highlight this issue to the wider population and not just in schools is laudable. I pay tribute to her for promoting this Bill. In my opinion, however, making first aid education compulsory could weaken the quality of the good training done by voluntary organisations. We might get a lot of youngsters saying, "I've done the 30-minute lesson in school, so why should I bother to go to St John Ambulance?"

Dr Mathias: Has my hon. Friend any evidence at all that people who have done some first aid are put off doing other first aid courses?

Mrs Murray: I did not make a statement; I said that I was speaking about my personal opinion. I do not want to undermine the superb training that our voluntary organisations already provide. I believe that if we as Members of Parliament went out and used this debate as a basis to say to youngsters, "Why don't you go along and take up the quality and comprehensive training that is already available outside school hours?", we might perhaps achieve the same results.

I agree that the wider population should also be educated about first aid, which is why on Wednesday my three members of staff visited Liskeard fire station to receive precisely the type of training that the Bill promotes. However, they must continue with such training, and if the certificates that they receive are to remain valid, they must be renewed every three years. If we make first aid compulsory in state-funded schools, will people continue to update the education that they have received once they move on to further education or university? Will we make that compulsory as well?

Dr Mathias: One of our colleagues mentioned that the CPR skills she learnt as a brownie were good enough for her to pass, as an adult 20 years later, the St John Ambulance certification.

Mrs Murray: I left my employment at the doctors' surgery the day before I was elected to this House. The CPR training I received when I first started work at the surgery in the early 1990s was different to the training I received just before I was elected to this place in 2010. That is one reason why it is essential for training to be upgraded on a three-yearly basis. I am sure that my hon. Friend, as a medical practitioner, agrees with that. By the way, the doctors I worked for used to come to the training sessions as well. I understand that it is not compulsory for a doctor to take CPR training.

Dr Mathias: Does my hon. Friend agree, however, that while regular updates are the gold standard, someone who has had even one session of CPR can help as a good Samaritan at some point in their life? It is not ideal to have practised only once, but it will do no damage.

Mrs Murray: Damage could be done if the person has not had a heart attack. I am just basing what I am saying on what I was told when I did my CPR training.

There are other areas where first aid is already compulsory. For instance, those in the fishing industry have to do first aid training before they can go to sea. Their insurance is invalid if they do not have the up-to-date certificates. They do the training every three years, which backs up what I was saying: a certificate needs to be upgraded, updated or renewed every three years. Other community groups also undertake training, and we now have a lot of first responders in our communities. That is not to say that someone can be a first responder if they say, "I did my compulsory first aid training session at school."

I really believe it is not right to make training compulsory. I support the concept of promoting first aid and CPR training, and I support educating the wider community that it is okay to follow the instructions on a defibrillator. I cannot, however, support making that compulsory. I will just end with the words of the chief executive of the National Union of Teachers, who said in response to a proposition to extend the school day that teachers are already under enough stress without them having to have more work heaped on them.

1.54 pm

Mr David Nuttall (Bury North) (Con): As always, it is a great pleasure to follow my hon. Friend the Member for South East Cornwall (Mrs Murray). I congratulate

[Mr David Nuttall]

the hon. Member for Erith and Thamesmead (Teresa Pearce) on her success in the ballot and thank her for bringing this Bill before the Chamber. I also congratulate St John Ambulance, the British Heart Foundation and the British Red Cross, because, whatever we might think about the Bill, one must commend them for their campaign, which has brought this matter to national attention.

I want to concentrate on the concerns of schools in Bury North. I thought it would be good to seek the views of those secondary schools in my constituency that would be affected if the Bill were to become the law of the land. None of the headteachers who responded supported the idea of first aid training being compulsory because most already offered it. I am fortunate in that our schools in Bury North are very well regarded. There is great competition for places. One is being rebuilt, and many parents from outside the area seek to send their children to schools in Bury.

I contacted a school with 1,000 pupils that already teaches emergency first aid to year 7 pupils. We do not need a Bill imposing more red tape and bureaucracy when schools are already teaching first aid of their own free will. It said:

"We feel that it should not be a compulsory part of the curriculum as needs for PSHE change over time and the flexibility should be left to schools."

Another school said it offered a short first aid course as part of PSHE. Its headteacher stressed that the training could not be in depth because it was costly to cover a full year group of more than 200 pupils. He said that if the training imposed by the Bill was free or under £500, his school could

"gladly buy in to the offer",

but he went on to say:

"On the other hand, with restrictions due to reduced funding and the expectation schools find this type of funding from existing resources or efficiency savings, I would not advocate it being compulsory."

It also said it made first aid training available as part of the Duke of Edinburgh award scheme, in which about 60 of its pupils were taking part. In providing this education, it has to arrange staff first aid training and put in place first responder arrangements, at a cost to the school's budget.

The school was also concerned about the time made available to teach first aid in greater depth. It said:

"Another aspect is curriculum content versus time available. The consultation on the target of ninety per cent of pupils to undertake the English Baccalaureate will put further strain on an already crowded curriculum."

As a religious school, it was also concerned that, because 10% of its teaching time was spent on religious education, it was under increased time pressure over and above other schools.

Craig Whittaker: My hon. Friend makes a valid point about religious education, which is of course statutory within the curriculum. When it comes to how religious education is taught, we know that it is a postcode lottery around the country. Does my hon. Friend agree that putting this on a statutory footing will not necessarily mean that it will be taught or indeed taught well?

Mr Nuttall: My hon. Friend makes a very good point that merely passing a piece of legislation and enshrining something in law does nothing to guarantee the outcome at the end of the process, which is what I think we should concentrate on. Perhaps the Minister could address the issue of an overall strategy in his remarks. We as a nation should perhaps be looking more at what we can do for the whole of society by trying to educate not just pupils at school, but adults where they are able and willing to learn, to make it easier for all of us to learn the necessary skills for use in emergency situations.

Another school I contacted had over 800 pupils. It said:

"The school currently provides some emergency first aid training for students. We have also recently trained all teaching staff in…CPR. Our view is that emergency first aid education is a desirable aspect of a school curriculum but should not be compulsory because firstly, there are implications for the training of all staff which would need to be done to a 'failsafe' high standard; and, secondly, some knowledge and some manoeuvres could be dangerous. We do feel that all schools should be encouraged to develop and cover key aspects as a minimum, but determine what and how training should be delivered."

That is a fundamentally important point. We should encourage life-saving skills and encourage interest in the issue, but not simply prescribe it as a minimum requirement.

All the schools I contacted in my constituency, then, are supportive of the concept of teaching first aid, but they have concerns about the cost implications and the timetabling. Crucially, as I know from speaking to them, they do not want it to be made compulsory.

I am sure I am not alone in this place in finding that whenever I talk to teachers, it is not long before the subject of workload comes up. The very first thing teachers often say to me is, "Look, we are absolutely over-burdened with red tape and bureaucracy". In 2013, the Department for Education carried out a workload diary survey, which found that teachers spent on average 12 hours a week working outside normal hours. It found that on average, all teachers reported working over 50 hours a week, with headteachers working in excess of 60 hours a week.

On the basis of those figures, it is understandable why some teachers, while supporting the concept of first aid training and education—who would not, if asked in a survey?—have some reservations. I am a bit sceptical about this survey that we keep hearing about. I have not seen the details of it. We keep hearing that virtually all teachers are supportive of this training and education, but I think we need to look at how the question was asked. If the question had been linked with the notion that "by the way, we are going to increase your workload", I think we might have found a different response.

Wes Streeting: The hon. Gentleman has raised a number of concerns about school funding and workload, but I feel he is in danger of deviating from the topic of the debate. He has raised some interesting challenges for the Minister, too, so I wonder when he is going to conclude his remarks so that we can hear from the Minister. I, for one, have a constituency surgery to get on to, and I would like to vote before I leave.

Mr Nuttall: I am not sure whether there was a question in that intervention, but if I am in order, Mr Deputy Speaker, I shall carry on. I shall try to ensure that there is time for us to hear from the Minister, but I have some

concerns about the Bill, and I think it fair to point out that it would place an additional requirement on teachers. That, surely, must be a matter of fact.

Philip Davies: Does my hon. Friend not consider it striking that plenty of people who are in favour of the Bill have made the assertion that teachers are in favour of it, but he and I, and our hon. Friend the Member for Newark (Robert Jenrick)—who have actually spent time speaking to teachers in our local schools—have found something different?

Mr Nuttall: My hon. Friend is right. That is what causes me to have some doubts about the opinion poll whose findings keep being quoted at us. When I have actually spoken to people about the issue, I have received a slightly different answer, which is why I think we need to look at the questions that were asked in the poll.

Philip Davies: Who commissioned it?

Mr Nuttall: Absolutely. We do not know who commissioned it, or whether those who did so were hoping to get the answers that are being reported—or, indeed, whether they commissioned some reports that have never seen the light of day.

The issue of the burden on teachers is raised with me by teachers themselves. If the Bill became law, it would undoubtedly result in their having to do extra work in schools where they do not already teach this subject.

Another element is the cost of the Bill. I will not repeat the points that were made by my hon. Friend the Member for Shipley (Philip Davies)—

Philip Davies: Why not?

Mr Nuttall: My hon. Friend made some very good points, but I now want to make the point that as no explanatory notes and no impact assessment accompanied the Bill, we are essentially being asked to sign a blank cheque.

Philip Davies: Does my hon. Friend believe that the Bill will require a money resolution?

Mr Nuttall: Ah. My hon. Friend has made a good point. We have been given no detailed explanation of exactly how this training is to be delivered in schools, but I believe that, however it is delivered, its delivery will result in some additional cost to the education system. I am sure that we shall hear more about this from the Minister when he gives us the Government's view in a few minutes' time, but I should have thought that the Bill would require a money resolution.

My hon. Friend the Member for South East Cornwall (Mrs Murray) said that there was a danger that if the training was not carried out to a given standard, and was not tested properly, some further injury could be inflicted on someone, albeit unwittingly and with the best of intentions. Sometimes, as the phrase goes, a little knowledge can be a dangerous thing. We keep hearing that money will be safe for the NHS, but there is a danger that the NHS could end up with larger bills because people who think they know what they are doing are actually making things worse. That may not happen, but there is a danger that it could.

Joan Ryan (Enfield North) (Lab): I apologise for not being in the Chamber earlier. I had to attend to other business.

I think that what we are being asked to do is give the Bill a Second Reading. It is perfectly right that the hon. Gentleman wants a lot more detail, but I am sure he would be very welcome to serve on the Committee should he allow the Bill to make progress today. He could then raise all these points, and they could all be answered satisfactorily. Will he now please let us move on?

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. It is getting very emotional.

Mrs Sheryll Murray: On a point of order, Mr Deputy Speaker. Is it in order for a Member just to walk into a debate just before it is supposed to end—

Mr Deputy Speaker: Order. That is a decision for the occupant of the Chair. I will decide what is in order and what is not in order. It is in order. I did see the Member come in. I did make a note. I do not have to explain myself and I will not be questioned again on the matter.

Mr Nuttall: To deal briefly with the intervention, as my hon. Friend the Member for Shipley said a moment or two ago—I do not know whether the right hon. Lady heard his comment—if there were 100 Members here who wanted to close the debate and the occupant of the Chair was in agreement, I would be happy for that to happen. However, my concerns cannot be dealt with in Committee because I am concerned about the principle of the Bill. I oppose it in principle—not just some minor details. I do not think that my concerns could be addressed simply by sitting down and letting the Bill go through to Committee.

I mentioned earlier that I had surveyed the secondary schools in my constituency. One reason why I felt it was important to do that is that, according to the records I keep in my office, about a dozen people have contacted me about the Bill. Most of the dozen—there are one or two exceptions—have simply sent me a standard letter, which is in identical form to all the other contacts I have had. Therefore, with over 67,000 constituents, 99.9-odd per cent. have not contacted me about the matter. I would therefore suggest that it is not an overwhelmingly pressing matter for my constituents, as some would have us suggest.

I have concerns about the actual content of the Bill. It is not clear from the Bill how the training would be assessed or to what standard the training would be delivered. The impression has often been given in the debate that it is all about CPR and the use of defibrillators. However, in new section 85B(2)(d), introduced by clause 1(3), there is a long list of subjects that would have to be covered. I do not see how that could all be covered in half an hour in assembly. The reality is that the training will take quite a lot of planning. It will take several hours over a period of time. We have not been told what year the pupils will be in when they receive the training—is it the first, second, third, fourth or fifth year of secondary?

The Bill does say that there will be a consultation. Forgive me, but I would have thought that it was a good idea to have the consultation before we had the Bill.

[Mr Nuttall]

It seems to be a cart before the horse strategy. Rather than provide for a consultation in the Bill, surely it would have been a good idea to have had the consultation. We could then have had the debate on stronger ground.

I have rather slimmed down my comments because I want to hear from the Minister. In conclusion, I believe the idea of having a nation where everyone has the skills necessary to save someone else's life in an emergency is a very worthy one indeed, but I am not convinced this Bill is the right starting place to achieve that aim. I believe in the current position where schools have the freedom to make their own arrangements and, as I have explained, teachers are doing that so well in my constituency. I thank them for their excellent work, and I think they should be allowed to get on with it unhindered by legislation and yet more bureaucracy. Many teachers are already worried about their workload, and we should ask ourselves whether this is the right time to add to their burdens.

Emergency first aid skills can already be taught and I certainly recommend that every pupil should seek out opportunities to learn those skills. I believe individuals should have the freedom to make their own decisions on first aid training. That is the better way to truly create a nation of life-savers. For all these reasons, I oppose this Bill.

2.15 pm

The Parliamentary Under-Secretary of State for Education (Mr Sam Gyimah): I congratulate the hon. Member for Erith and Thamesmead (Teresa Pearce) on securing this debate. She rightly pointed out that nothing is more important than keeping children and the staff who educate them safe in our schools.

Emergency first aid skills are therefore very important. Having the skills to deal with emergencies such as severe bleeding, heart attacks, choking or episodes arising from an underlying condition such as asthma or epilepsy can save lives. It is also vital that people know how to summon emergency services in such situations.

Cardiac arrest can affect anyone at any time, regardless of whether they have previously been diagnosed with a cardiac condition. When such incidents affect children, it is terribly tragic. Unfortunately, there have been a number of tragic incidents in schools in which children have suffered sudden cardiac arrest and could not be resuscitated. The number of such incidents is, thankfully, very low, but of course every child, teacher and member of support staff who dies in this way is one too many.

Let us be clear: nothing is more important than keeping children and the staff who educate them safe in our schools. That is why I welcome the opportunity to discuss this important issue and to set out what the Government are doing in this regard.

We have done much to improve the way in which children are kept safe in school. For example, we have introduced a new duty requiring governing bodies of maintained schools, academy proprietors and management committees of pupil referral units to put in place appropriate arrangements to support children's medical needs. I set this out because as we delve deeply into this debate, we need to appreciate the context within which the Bill is being introduced.

Most schools already had satisfactory arrangements in place and therefore were not required to do anything new. However, poor practice can make children miss school unnecessarily and fall behind in their studies. At its worst, it can be life-threatening.

Through the Department for Education introducing the new duty, parents can ensure they have a better experience of getting the right support for their children with medical needs. We have published accompanying guidance, "Supporting pupils at school with medical conditions", and this is being used extensively by schools and parents. Crucially, we have also encouraged all schools to consider purchasing automated external defibrillators as part of their first aid equipment, making use of the new statutory guidance. To facilitate that, we have launched arrangements enabling schools to purchase high-quality defibrillators at a significantly reduced price. We have done that by working in partnership with the Department of Health to open up to schools the procurement routes used by many of our country's ambulance services, and by purchasing large numbers of devices to achieve significant savings.

Of course, buying an automated external defibrillator —an AED—is only part of the story. In a cardiac arrest situation, every second is important. Schools therefore need to have an understanding of the devices and their capabilities and the knowledge to position them accessibly and close to where they are most likely to be needed. That is why we have also produced a new guide, developed in collaboration with the NHS ambulance services and a range of voluntary and community sector stakeholders. It covers issues such as positioning, staff awareness training and the maintenance of AEDs on school premises. The guide is clear on the importance of defibrillation and CPR in the chain of survival.

Schools will of course already have first-aiders trained in CPR, but there is no reason why they cannot use the purchase of an AED as an impetus to promote the knowledge of these skills more widely in the school community, among staff and pupils alike. Indeed, we suggest this in our guide and hope that many will choose to do it. To facilitate this, we highlight the fact that many NHS ambulance services, voluntary and community sector organisations and local authorities already offer free or low-cost training to schools.

Mrs Murray: Will my hon. Friend congratulate the organisations such as St John Ambulance, the British Red Cross and the British Heart Foundation that help to provide this kind of training? Will he also congratulate the local Lions clubs that have helped to fund community purchases of defibrillators?

Mr Gyimah: My hon. Friend is absolutely right. A wide range of organisations have worked tirelessly over the years to make emergency first-aid training available not only in schools but more widely throughout our communities.

The widespread availability of defibrillators in our nation's schools also has the potential to be of wider benefit to society. School premises and facilities are often used for other purposes outside school hours. In particular, they are frequently the location for sports events and other types of physical activity, which we know can increase the risk of cardiac arrest in at-risk individuals.

Schools are also at the centre of their communities. The guide therefore suggests that, if they choose to purchase one or more AEDs, they might wish to consider making the devices externally accessible when such an arrangement also meets the needs of the school. Installing a publicly accessible defibrillator may be particularly helpful in isolated areas, where ambulance response times are typically longer. Many schools have viewed this as a tangible way in which they can give something back to the communities they serve. I am pleased to confirm that by the end of last week, 787 defibrillators had been purchased under the scheme.

Of course, access to an AED is only part of the story. Every second is important when someone suffers a cardiac arrest, and first aid skills are vital to ensuring that help is available when it is most needed. The guide is therefore clear on the importance of both defibrillation and CPR in the chain of survival. Schools will, of course, already have first-aiders trained in CPR, but there is no reason why they cannot use the purchase of an AED as an impetus to promote further knowledge of these skills, as I have said.

Some have argued that, because of the good intentions behind the Bill, it should go through on the nod today and continue into Committee. The hon. Member for Erith and Thamesmead made a powerful case that we should go further. She argued for the provision of emergency first-aid education in all state-funded secondary schools, including academies and free schools. She also argued for that education to include cardio-pulmonary resuscitation and defibrillator awareness. She argued for first-aid education to be included in initial teacher training and continuing teacher education. Finally, she made the case for the Government to publish best practice guidance for delivering and inspecting emergency first-aid education.

This is not a simple Bill. I recognise the hon. Lady's intention to ensure that more people have the kind of knowledge and skills that can prove so valuable in assisting a child or colleague suffering a cardiac arrest. I am afraid, however, that I do not share her view that such an addition to the national curriculum would be the best approach to securing her objective.

Mrs Murray: I have already raised the matter of renewing first aid certificates and CPR certificates. Will the Minister expand on that by saying where it would fit in with the curriculum if this Bill were to go through?

Mr Gyimah: My hon. Friend has made some very good points during this debate and she makes another one there. In thinking about this Bill, the intentions are important but we also have to consider how we implement it across thousands of schools to make sure that every child receiving this gets the highest-quality training and that it is refreshed at the appropriate times.

The new national curriculum, which has been mentioned a number of times, particularly by my hon. Friend the Member for Shipley (Philip Davies), introduced in September 2014, represents a clear step forward for schools. It provides an outline of core knowledge around which teachers can develop exciting and stimulating lessons to promote the development of pupils' knowledge, understanding and skills as part of the wider school curriculum. It will ensure that all children have the opportunity to acquire the essential knowledge in key subjects. Beyond primary English, mathematics and science, the slimmer national curriculum gives teachers greater flexibility to innovate in how they teach and to develop new approaches that will engage children in their education more effectively.

Craig Whittaker: On that point—

Mr Gyimah: I do want to make some progress. We want the new national curriculum to last, rather than having to be updated every few years. The new national curriculum is based on a body of essential knowledge that children should be expected to acquire in key subjects during the course of their school career. It embodies for all children their cultural and scientific inheritance, enhances their understanding of the world around them, and exposes them to the best that has been thought and written. That essential knowledge should not change significantly over time.

It has somehow been routine for Education Ministers to come to this place to make the case against the inclusion of a particular new requirement in the national curriculum. Such proposals, like the one in this Bill, are often supported by a persuasive argument, but their sheer number means that I start from a position of caution. I have to read out some of the topics that have been suggested for inclusion in order to make Members aware of the sheer burdens that people wish to be imposed on the national curriculum. The topics include: understanding the causes and issues around homelessness; teaching children about their rights in the context of forced marriage; teaching against violence; understanding transgender issues; knowledge about the health dangers of tobacco; understanding animal welfare; anti-bullying, including online bullying; the risks and dangers of gambling; promoting gender equality; knowledge about cancer and how to cope when cancer affects your life; knowledge of the symptoms of brain tumours in young people; fire and road safety, as was mentioned by my hon. Friend the Member for Colchester (Will Quince); positive body image; the UN declaration on the rights of the child; the dangers of carbon monoxide; gardening; knife crime—

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. I must say to the Minister that he cannot read out a telephone book of examples. He needs to try to get to the point we are dealing with.

Wes Streeting: Why is he talking out the Bill?

Mr Gyimah: I am not talking out the Bill, as the hon. Gentleman suggests from a sedentary position. I think it is insulting to this House, which is a bastion of free speech and the cradle of democracy, that people should not be able to develop their arguments fully.

Mr Deputy Speaker: Order. I hope you are not suggesting that I am trying to stop a democratic speech.

Mr Gyimah: Not you, Mr Deputy Speaker. I am talking about the hon. Gentleman. As I was saying, mindfulness; parenting; the theory of knowledge; fertility; map reading skills; encouraging children—

Mr Deputy Speaker: Order. I think we have all got the examples—I don't need the rest of the telephone book to be read out! Please, let's get back to the debate. You have got plenty of pages with you there, just pick a different one.

Mr Gyimah: I am glad that you have grasped the point so quickly, Mr Deputy Speaker. Some of those proposals are niche, to say the least, but when made they all have a strong and persuasive argument behind them, with support from a strong campaign. If we were to include each of them in the national curriculum, we would have to ask what they displace, how we account for the time and how things develop. If the Government were to tell schools that they should teach about the dangers of tobacco, about gardening and about road safety along with every one of the issues that I listed earlier, we would be prescribing a very long list of specific content that should be covered, which would be unproductive. It could lead to a tick-box approach, as my hon. Friend the Member for Newark mentioned, that does not properly address the most important issues.

Nic Dakin *rose—*

Sir Roger Gale *rose—*

Mr Gyimah: No, I wish to make progress. High-performing school systems—

2.30 pm

The debate stood adjourned (Standing Order No. 11(2)).

Ordered, That the debate be resumed on Friday 29 January 2016.

Business without Debate

ON-DEMAND AUDIOVISUAL SERVICES (ACCESSIBILITY FOR PEOPLE WITH DISABILITIES AFFECTING HEARING OR SIGHT OR BOTH) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 5 February 2016.

MENTAL HEALTH (INDEPENDENT ADVOCACY) (ENGLAND) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 26 February 2016.

HEALTH SERVICES COMMISSIONING (EQUALITY AND ACCOUNTABILITY) (NO. 2) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 March 2016.

PUBLIC NUISANCE FROM WIND FARMS (MANDATORY LIABILITY COVER) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 26 February 2016.

PERINATAL MENTAL ILLNESS (NHS FAMILY SERVICES) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 11 March 2016.

REPRESENTATION OF THE PEOPLE (YOUNG PERSONS' ENFRANCHISEMENT AND EDUCATION) BILL

Resumption of adjourned debate on Question (11 September), That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 4 December.

DEFENCE EXPENDITURE (NATO TARGET) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 26 February 2016.

Adult Skills Budgets: Enfield

Motion made, and Question proposed, That this House do now adjourn.—*(Julian Smith.)*

2.32 pm

Joan Ryan (Enfield North) (Lab): I am grateful for this opportunity to discuss the important matter of adult skills budgets in Enfield.

First, I want to put on record my gratitude to the further education colleges in the borough for the excellent services that they deliver. The College of Haringey, Enfield and North East London—known as CONEL—Barnet and Southgate college and Capel Manor college have a proud history of providing essential technical and vocational skills training. The training, confidence and qualifications that students have gained from those institutions have been of tremendous benefit to their career prospects as well as to the economy in Enfield, London and beyond.

I am sure that the Minister will want to join me in paying tribute to FE colleges providing adult skills training in Enfield, as they need and deserve our wholehearted support. I hope that the Minister also agrees with the statement made by the University and College Union that

"further and adult education is a crucial part of our society and economy and that it should be invested in properly."

However, a consideration of current Government policy indicates that genuine support for that statement is less than forthcoming. FE colleges have seen their adult skills budgets hit with unprecedented cuts. According to the University and College Union, the adult skills budget for those students aged 19 and over has fallen by almost 40% since 2009. While apprenticeship funding will be protected, there has been a 23% real-terms cut in non-protected adult skills budgets since 2014.

The effects have been felt particularly keenly in further education colleges serving Enfield. In 2008-09, the newly combined college of Haringey, Enfield and North East London had an annual income of £52 million. By 2014-15, the figure had fallen to £36 million—a drop of 31% in six years. Its income for this coming year is budgeted at £31 million, which is a further 13% cut. At Capel Manor college, adult education and training funding has been cut by 28% this year alone. This comprises a 24% cut when its funding allocations were made in February, followed by a sudden 3.9% cut announced in July. This was after the college had finished for the summer break and the governors had signed off the budgets.

What assurances is the Minister prepared to give today that no further cuts to adult skills budgets will be announced in the spending review next week? Does he understand that announcements of sudden cuts, such as those that we witnessed over the summer, undermine colleges' ability to make strategic decisions, and damage their ability to respond to the needs of employers, students, the local community and the wider economy?

The consequences of the cuts to adult skills budgets are jeopardising colleges' ability to support adult learners. In a letter to London Members of Parliament, Dr Stephen Dowbiggin, the principal of Capel Manor college, said:

"The reductions in funding between 2013-2015 mean we have had to turn away over 700 students—the majority of which have, in the past, gained employment or set themselves up in business."

CONEL made 42 teaching posts redundant earlier this year. It has also suffered greatly from the complete withdrawal of ESOL—English for speakers of other languages—mandation funding for English courses. As David Hughes, the chief executive of the National Institute of Adult Continuing Education, has said, this cut will

"hit people who are working hard to gain the language skills they need to participate in work and in our society."

CONEL is working on plans to deal with additional cuts. That is likely to have a major impact on staffing levels at the college and the scope of the curriculum on offer.

It is clear that the Government's policy has a huge impact on the provision of courses. The Association of Colleges has said that up to 190,000 adult education places across the country could be lost in 2015-16. It warns that

"Adult education and training in England will not exist by 2020 if the Government continues with its swathe of cuts to the adult skills budget".

Its research has shown that the squeeze on adult education and training funding in recent years has seen the number of adult students participating in level 3 courses fall by almost 18% since 2012. According to the Government's own statistics, participation in adult further education courses has fallen by more than 500,000 since 2011.

I am sure that the Minister will be aware of the report, "The economic impact of further education colleges", by a consortium of FE colleges, the 157 Group. Its research found that the approximate average impact of a college on the regional economy is £550 million. In addition, its study shows that

"Learners receive an average 11.2 per cent return on their investment in terms of higher future earnings…Society receives an average 12.6 per cent return on its investment in terms of an expanded tax base and reduced social costs…The taxpayer receives a 12.3 per cent return on its investment in terms of returns to the exchequer."

Bearing the report by the 157 Group in mind, how can the Government's cuts be anything other than bad for learners, bad for society and bad for the taxpayer? The assault on the adult skills budgets is a deeply misguided decision. The UK desperately needs to improve its productivity and competitiveness. FE colleges serving Enfield and elsewhere should be at the forefront of training, educating and reskilling our workforce.

Colleges serving Enfield have other particular issues that I want to address. Enfield boasts the fourth highest population figure of all London boroughs. According to the last census, Enfield's population increased by more than 14% in one decade. If we see the same growth in the next 10 years, with many more adults coming into the borough, common sense suggests that there will be even greater demand for adult skills training, and increased demand for adults to retrain and upskill. Can the Minister tell me how they would be able to do that if the rate of cuts to adult skills budgets continues at its current pace?

Enfield has employers such as Chase Farm and North Middlesex University Hospitals, Siemens, Kelvin Hughes, Johnson Matthey and others who are heavily involved in health and life sciences, digital skills and the engineering sector. They are always on the look-out for skilled recruits. Given the uncertainty over adult skills budgets, how can the Minister expect FE colleges to invest in the necessary equipment and facilities required to deliver high-quality training in these areas?

[Joan Ryan]

The college of Haringey, Enfield and North East London has been particularly exposed to cuts in adult funding, as London attracts a greater proportion of adults from the rest of the UK and from overseas. Less money for the college means fewer members of staff, fewer courses available and fewer opportunities to help those most in need. I welcome the Government's proposal to increase the number of apprenticeships on offer. However, they should not and must not be a substitute for sustainable funding for other forms of adult skills training. As Andy Forbes, the principal and chief executive of the college of Haringey, Enfield and North East London has said:

"The problem is that many of our students are nowhere near ready to undertake an apprenticeship and often have significant barriers—such as childcare responsibilities—which prevent them from working the 30 hours a week needed to be an apprentice."

The college has a great deal of high-quality vocational training at level 2 and below for adults for whom apprenticeships are not appropriate. It also has a lot of ESOL provision.

Both of those reflect the demographics of Enfield, which has diverse communities and high levels of need. What measures is the Minister willing to put in place to ensure that the most vulnerable adults—those most in need of further education—are not excluded from opportunities to train, learn and thrive?

I recognise the importance of ensuring that investment in adult skills funding is as effective as possible. It is, therefore, important to ensure that certain FE colleges offering specialist provision are given due care and attention when funding decisions are made. Capel Manor college is one such institution. It is London's only specialist land-based college. It provides education and training for adults, not only in Enfield, but at four other centres across London, in land-based and related areas, including horticulture, animal management and conservation. I commend the work of Dr Dowbiggin who, in over three decades of service, has overseen the development of Capel Manor college from 130 students to more than 3,000 students today.

The college has an excellent reputation. As a regional college with centres across London, Capel Manor is helping to address a key skills shortage in the capital. In the latest research, almost 50% of employers in the vocational areas that Capel Manor college serves said that no one living in London applying for a recent vacancy had the necessary skills. I hope the Minister will agree that we should be backing colleges such as Capel Manor, and that the Government should be encouraging as many adult students as possible to acquire the skills necessary to support a sector which is vital to Enfield and to London as a whole.

I am sure the Minister will recognise that the land-based sector is made up mostly of micro-businesses and voluntary and charitable organisations. It is an ideal industry for adults who want to set themselves up in business—for example, as gardeners, florists and landscapers—or who want to work, often unpaid, in animal shelters, conservation groups and the like. But I am sure the Minister understands that these are areas in which apprenticeships cannot really work or there are too few opportunities on offer.

I know that the Minister will be following closely the work of the Public Accounts Committee as it conducts its inquiry into financial sustainability in the further education sector. During oral evidence last month the specific case of Capel Manor college was raised. The Chair of the Committee, my hon. Friend the Member for Hackney South and Shoreditch (Meg Hillier), said in reference to Capel Manor:

"For their balance of budget to work for the sort of students they have, more adult skills and slightly fewer apprenticeships would work, but they are getting more apprenticeships and fewer adult skills—a big cut in the adult skills budget."

Peter Lauener, chief executive of the Skills Funding Agency and Education Funding Agency, acknowledged that

"some kinds of education do not fit quite as well in the apprenticeship world."

I am interested to know what the Minister has to say in relation to Capel Manor college.

Over the summer, the Department for Business, Innovation and Skills announced a national review of post-16 education and training. I very much hope that FE colleges offering training opportunities for adults will also play an important part in the review's considerations. That is important because FE colleges offering education for students aged 16 and over in Enfield and elsewhere also offer training and opportunities to adults aged 19 and over. It would be problematic to divorce the two.

I also urge the Minister to ensure that, when the area review process is conducted, suitable allowances are made for FE colleges with campuses in different local authorities, such as those that operate in Enfield. In the case of Capel Manor college, can the Minister provide an assurance that it will be considered as a regional specialist provider in the area review, instead of having to take part in five separate reviews—where each of its centres is looked at separately—or to be restricted to one local review where its head office is based in Enfield?

The purpose of the Department's review is to

"provide an opportunity for institutions and localities to restructure their provision to ensure it is tailored to the changing context and designed to achieve maximum impact."

It is vital, therefore, that this process is not so locally focused as to prejudice successful organisations such as Capel Manor, which, as I have said, is a truly regional college.

I believe that the Government's current policy on adult skills budgets is wrong and short-sighted. I urge the Minister to come to Enfield, to visit the fantastic FE colleges serving the borough and beyond, and to see for himself the great work they do, in very difficult circumstances, to provide high quality adult skills training. I look forward to the Minister's response.

2.47 pm

The Parliamentary Under-Secretary of State for Business, Innovation and Skills (George Freeman): It is a pleasure to respond to the right hon. Member for Enfield North (Joan Ryan) in this Adjournment debate. I pay tribute to her advocacy of the further education sector generally and the colleges in her constituency; she is an effective and outspoken advocate, as we have witnessed during this debate. The right hon. Lady may be surprised at the extent to which the Secretary of State and I sympathise with and support the points that she makes.

Since 2008, we have all heard much about the value of adult learning as a driver of economic recovery and renewed business growth, and rightly so. It continues to

be a major part of the Government's long-term economic plan and of our commitment to help get more people back to work and support our economy in its recovery.

Further education has been a crucial part of our education system as far back as its roots in Victorian times, and it is a powerful catalyst for and supporter of the promotion of people's aspiration and achievement. That applies particularly to young people whose early education experiences may not have been entirely positive. FE gives so many people the chance to get the skills, education and training that they need to go on and flourish in their lives and careers. I shall come in a minute to the specific points relating to the excellent colleges in the right hon. Lady's constituency.

It is also true that FE continues to fire the interest of older people, often through more informal learning opportunities. Furthermore, it promotes the integration of recent arrivals into communities, offering crucial courses in English as a second language—an issue that the right hon. Lady has raised before, and which is ever more important today given the issues of cultural integration and assimilation. Nevertheless, at times it has been popular not only to describe but to treat further education, and the wide range of differing local needs that it serves, as the poor relation of a system dominated by the needs of mainstream schools and universities. However, I sincerely believe that that is not the case today. Notwithstanding the very difficult funding decisions that the Government have had to take, I believe that within the Department and across Government more generally, and through the work of the Chancellor of the Exchequer, we are deeply committed to supporting FE, not just through the apprenticeship programme but more generally.

The experience in the previous Parliament and the contribution that more than 2.5 million new apprentices are already making to a fairer, more prosperous Britain and to our economic recovery has been much discussed. We went further and promised that by 2020 at least another 3 million apprentices will have begun learning on the job, spreading aspiration, opportunity and employment further across our society. Colleges in London have a crucial role to play in this. Figures published in *The Times Educational Supplement* only last week show that colleges in London currently spend less of their general adult skills funding on providing apprenticeships than those in any other region—a mere 12% of the total.

The right hon. Lady spoke of the extra funds required for the further education sector to function, and that is indeed an important consideration, but, as I am sure she agrees, funding is not the only consideration. Also important are the organisation of the network and the need to remove duplication, to support best practice and centres of excellence, and to make sure that our FE college infrastructure is operating at peak efficiency. The proper measure of education is not how much is spent on it but how well or otherwise it meets the needs of those who depend on it. The two are linked—I am not suggesting they are not—but the organisation and structure of the network is important.

These colleges and the people who depend on them, whether employers, trainers, learners or families, need to be brought inside the tent rather than left outside, as they have sometimes tended to be. Their voice in this matters, and that is what we are endeavouring to achieve. That includes, notably, prioritising the provision of apprenticeships to exploit the proven benefits that they bring to young people's prospects and lifetime earning potential, and involving employers and their representatives closely in the design of the training courses that their firms and sectors will rely on and put to use. I am proud that the involvement of approximately 1,000 employers in our trailblazers scheme to design new apprenticeship standards is already proof of the success of that approach.

Before I turn to the specific points that the right hon. Lady made in connection with her constituency, let me put this in context. We spend £1.7 billion a year on FE, the bulk of that—£770 million—now on apprenticeships, and the rest on classroom learning and some loan funding. There are 240 FE colleges in the UK and 2.7 million learners going through the system. As she knows, they are all independent charitable institutions regulated by the Business Secretary. Between 2010-11 and 2015-16, we have indeed seen a change in the way in which that funding has worked, with a significant increase in funding for apprenticeships from £360 million to £700 million, and £1.3 billion for classroom learning and an additional £490 million available from the Treasury. Any independent observer would say that over the course of this Government's stewardship of the economy we have made a significant commitment to the apprenticeships programme and to continuing to fund further education, for the reasons I have set out. It is equally true that in times of straitened public spending in which everybody is having to work out how to deliver more for less, the FE sector must play its part in that.

Let me turn to the points that the right hon. Lady made about the three colleges in her constituency—Barnet and Southgate, CONEL, and Capel Manor. They are all excellent colleges, grade 2 Ofsted rated and doing more of the sort of work that we want to see, including in apprenticeships. She raised three particular issues that I want to touch on. Time is limited, and if I do not deal with them all I will happily write to her to do so in more detail.

First, on the impact of the funding reductions, I am not going to pretend that the rebalancing of the spend and the reductions we have had to make do not have an impact: they clearly do, and many colleges are dealing with that. To some extent, that can be absorbed by rationalisation, consolidation and concentration of skills in the right centres. Generally speaking, the right hon. Lady's colleges are not being affected any worse than those elsewhere. I will come to the ESOL and Capel Manor issues in a moment.

Secondly, on ESOL funding, it is true that Barnet and Southgate has been hit hard by the decision that has had to be made to reduce ESOL funding, and particularly by the suddenness of the decision. That is partly because this was an election year and the normal process of longer term funding, under the three-year comprehensive spending review, did not apply. I acknowledge that the decision has come pretty quickly and the college has not had a lot of time to adjust to it. However, as the right hon. Lady has highlighted, the management and those behind this and the other colleges are first class. I anticipate that they will be able to make the necessary adjustments, but I do not for a minute pretend that that will be straightforward or easy.

Thirdly, I wanted to pick up the right hon. Lady's point about Capel Manor. I join her in paying tribute to the great work of the team there. The Ministers in the

[George Freeman]

Department very much sympathise with the need for the specialist provision at the college to be reflected properly in the ongoing area reviews. She will have noticed—indeed, she has helped to ensure this—that the Mayor has taken a strong interest and role in making sure there is a proper strategic view of specialist provision London-wide. I assure her that the area reviews will take into account the nature of the specialist centres in the London-wide context, and we intend to make sure that the specialist provision at Capel Manor is properly reflected in the London-wide strategy.

The right hon. Lady asked about the comprehensive spending review. Mr Deputy Speaker, you will have noticed that I am not the Chancellor of the Exchequer. I would love to be able to give her the reassurance she wants, but the Chancellor will shortly be on his feet to tell the House the details of the spending review, and it would be quite inappropriate, as I am sure she understands, for me to do so, even if I knew the detail of the allocation. I can however reassure her that the points she has made eloquently this afternoon and elsewhere about the importance of FE are very well taken, and Ministers will make sure that they are taken into account in the London-wide area review.

Joan Ryan *rose—*

George Freeman: We are very short of time. Perhaps I can undertake to take away the right hon. Lady's points and get back to her on the detail in writing, but I will take one quick intervention and then I must wrap up.

Joan Ryan: May I just reiterate my offer to the Minister to visit us in Enfield to see the good work for himself and talk to our principals, staff and students about these issues?

George Freeman: That is an incredibly kind invitation. Perhaps I may pass it on to the Minister for Skills—he has responsibility for further education—who I know will appreciate it. If I am ever passing nearby, I will gladly come and have a look.

I will take away and address the right hon. Lady's specific points. I hope that there will be some good news through the area reviews. We will see how we may be able to help post the comprehensive spending review.

Question put and agreed to.

2.58 pm

House adjourned.

Written Statements

Friday 20 November 2015

TREASURY

ECOFIN

The First Secretary of State and Chancellor of the Exchequer (Mr George Osborne): A meeting of the Economic and Financial Affairs Council was held in Brussels on 10 November 2015. Ministers discussed the following items:

Ministerial Dialogue with the European Free Trade Association (EFTA) Countries

ECOFIN Ministers met their EFTA counterparts before the formal Council meeting to exchange views on economic growth and structural reforms.

Current Legislative Proposals

The presidency updated the Council on the state of play of financial services dossiers.

Capital Markets Union

The Council adopted conclusions on the Commission's Capital Markets Union action plan.

Implementation of the Banking Union

The Commission gave an update on transposition of several dossiers linked to the banking union including the bank recovery and resolution directive and the deposit guarantee scheme directive.

Single Resolution Mechanism—Rules for Bridge Financing

Ministers provided guidance on the proposal for providing bridge financing for the single resolution mechanism.

Economic Governance and Follow-up to the Five Presidents' Report

The Council held an initial discussion on the Commission's recent package of proposals following the five presidents' report.

Climate Finance

The Council agreed conclusions on climate finance which constitute the second part of the COP21 negotiating mandate.

Follow-up to the G20 and IMF meetings in Lima of 8-11 October 2015

The presidency and the Commission reported on the G20 and IMF meetings in Lima in October.

[HCWS321]

ENERGY AND CLIMATE CHANGE

EU Energy Council

The Minister of State, Department of Energy and Climate Change (Andrea Leadsom): In advance of the forthcoming Energy Council in Brussels on 26 November, I am writing to outline the agenda items to be discussed.

The Commission plans to hold an orientation debate on new energy market design with the view to adapting the current electricity market design rules to new challenges. The Commission has suggested questions to frame the debate which will focus on two of its recent communications; on the public consultation process on new energy market design, and delivering a new deal for energy consumers. The UK will welcome the Commission's communications since the efficient delivery of our ambitious decarbonisation objectives requires modernisation of our electricity markets, while stressing the importance of maintaining an appropriate balance of competence between the Commission and member states.

The Council is then expected to agree to adopt the 'general approach' on proposals on energy efficiency labelling with the objective of setting a revised and improved legal framework for the energy efficiency labelling of energy-related products. The proposal retains the main principles of the current legislative framework but further clarifies, strengthens and extends the scope of the current rules and features the move to an 'A-G' scale for energy efficiency labelling and the introduction of a product database. The UK supports the rescaling of labels on an A-G scale to increase consumer understanding thus resulting in greater energy efficiency and also the introduction of a product database to facilitate better market surveillance.

The Council will later agree to adopt Council conclusions on the governance framework for the energy union, the draft version of which was agreed by senior officials earlier in November. In October 2014 the European Council agreed that a reliable and transparent governance system would be developed to help ensure that the EU meets its energy policy goals. The framework will underpin the implementation of long term energy goals including the 2030 targets. The UK welcomes the conclusions which recognise that any governance framework must be flexible, and balance the need for EU frameworks on issues such as market integration and emissions reduction, with national flexibility to choose the best and most cost effective way to meet greenhouse gas targets.

Vice-President Sefcovic will present on behalf of the European Commission the first 'State of the Energy Union' report which will be published on 18 November. This report reflects on action taken over the course of this year to implement the energy union and looks forward to the proposals that will come forward over the next 12 months.

Over lunch Commissioner Arias Canete will provide an update to Ministers ahead of the UNFCCC negotiations in Paris (COP21). In the afternoon the Council will provide further updates on developments relating to international relations in the field of energy. Items will include Ukraine/Russia/EU trilateral, the Energy Community and Energy Charter Treaty, the International Energy Agency, the strategic group for international energy co-operation and EU-MED energy co-operation.

Finally the incoming Dutch presidency will provide information on their expected programme of work.

[HCWS319]

FOREIGN AND COMMONWEALTH OFFICE

Burma: Elections

The Minister of State, Foreign and Commonwealth Office (Mr Hugo Swire): I would like to take the opportunity to update the House on the outcome of the recent elections in Burma.

National and regional parliamentary elections took place in Burma on 8 November. Official statements from international observers paint a positive picture and suggest that election day passed in a calm and orderly manner. These landmark elections are an important step towards democracy, and a victory for the people of Burma. This is the first time in over 50 years that they have had the opportunity to choose their parliamentary representatives, and to make their voices heard in support of democratic change.

The general good conduct of the election is also a credit to the current Burmese Government and the Union Election Commission. The dignified manner in which the result has been accepted by the governing Union Solidarity and Development Party is also commendable. Of course the process was not perfect—it was inevitable that there will have been flaws and complaints. It is important that these are properly investigated through official mechanisms.

The UK has supported this technical process throughout. This support has included, amongst other things, allocating £2.7 million to provide specialist technical advice to the Union Election Commission (through the International Foundation for Electoral Systems), £1.5 million to train 5,000 domestic observers, and £400,000 to provide international best practice on security planning, focusing on communication and community engagement. Embassy staff from the Foreign and Commonwealth Office, Department for International Development, Ministry of Defence and UKTI took part in the observation of the preparations for voting and election day itself.

The next stages, including a peaceful and orderly transition to a new Government, will not necessarily be easy. There is a lengthy interregnum before, constitutionally, newly elected parliamentarians convene in February to choose a president. The president should, in turn, form a Government in March. During this period we call on all sides to engage in a spirit of openness and dialogue to manage a peaceful handover of power. The new Government will face high expectations and a demanding workload. Building on the nationwide ceasefire agreement to achieve a comprehensive sustainable peace and addressing the dire situation of the Rohingya minority in Rakhine will be pressing early concerns. The UK will continue to support the people of Burma in their aspiration for a democratic and accountable Government, including those unable to vote in this election. This will include providing practical and material support as well as raising human rights abuses, which remain a significant challenge.

[HCWS320]

WRITTEN STATEMENTS

Friday 20 November 2015

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