

PUBLIC PETITIONS COMMITTEE

Tuesday 15 February 2000
(*Afternoon*)

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PUBLIC PETITIONS COMMITTEE

3rd Meeting 2000, Session 1

CONVENER

*Mr John McAllion (Dundee East) (Lab)

DEPUTY CONVENER

*Pauline McNeill (Glasgow Kelvin) (Lab)

COMMITTEE MEMBERS

*Helen Eadie (Dunfermline East) (Lab)

Phil Gallie (South of Scotland) (Con)

*Christine Grahame (South of Scotland) (SNP)

*Mrs Margaret Smith (Edinburgh West) (LD)

*Ms Sandra White (Glasgow) (SNP)

*attended

THE FOLLOWING MEMBERS ALSO ATTENDED:

Fiona McLeod (West of Scotland) (SNP)

Paul Martin (Glasgow Springburn) (Lab)

Mary Scanlon (Highlands and Islands) (Con)

Dr Richard Simpson (Ochil) (Lab)

WITNESSES

Professor David Hamblen (Greater Glasgow Health Board)

Chris Spry (Greater Glasgow Health Board)

COMMITTEE CLERK

Steve Farrell

ASSISTANT CLERK

Jane Sutherland

LOCATION

Committee Room 1

Scottish Parliament

Public Petitions Committee

Tuesday 15 February 2000

(Afternoon)

[THE CONVENER *opened the meeting at 14:10*]

The Convener (Mr John McAllion): Welcome to this meeting of the Public Petitions Committee.

I apologise for the short delay before members of the public and our invited guests were allowed in. We had to discuss our line of questioning and make sure that it was legally sound.

We have apologies from Phil Gallie, who is unable to be here. In his place, we have Mary Scanlon, who will look after the interests of Phil and his party. Also present are Paul Martin, Fiona McLeod and Dr Richard Simpson. All those MSPs take an interest in the matter that forms item 1 on our agenda, although they are not members of the committee.

Petition PE48 (Glasgow North Action Group)

The Convener: Our first item concerns the petition that was submitted by the Glasgow North Action Group.

I welcome Professor David Hamblen and Mr Chris Spry from the Greater Glasgow Health Board. We are grateful to you both for your attendance. Before we ask you to address the committee, I will paint in some of the background.

The petition opposing the proposed siting of a secure care centre at Stobhill general hospital was submitted to Parliament on 17 December 1999. The original petition contained just 19 signatures. However, 1,399 forms that indicated support for the petition were received from the *Kirkintilloch, Bishopbriggs and Springburn Herald* and 151 indications of support were received from the Scottish Liberal Democrats.

In the week before the petition was due to be considered by the committee at its meeting on 18 January, it was brought to my attention that Greater Glasgow Health Board was likely to reach a decision on the proposal for the siting of the secure centre at Stobhill at its next meeting, which was also on 18 January. I thought that it was unfortunate that the timing of the meetings would coincide and that the health board would be unable to take into account in its deliberations the views of the Public Petitions Committee or any

other committee of the Parliament on the issues that were raised in the petition.

I wrote to the chairman of the Greater Glasgow Health Board, Professor Hamblen, on 14 January, requesting, on behalf of this committee, that the health board consider postponing its decision until the committee's views and perhaps those of the Health and Community Care Committee could be taken into account. Professor Hamblen responded on 18 January and indicated that he did not intend to accede to this request and that, in his view, it would be helpful to the process of parliamentary scrutiny if the board were to review the decision on the secure day centre at Stobhill at its meeting on 18 January. In his letter, he states that that would provide "clarity of reasoning" for the Parliament.

This committee discussed Professor Hamblen's response at its meeting on 18 January. Members expressed a great deal of concern about the fact that the board was not prepared to agree to a postponement to allow the views of the Parliament's committees on the petition to be taken into account. That concern was heightened by the fact that the board agreed at its meeting that the project should go ahead. The committee agreed that representatives of the board should be invited to answer questions from members on its handling of my request for delay and to explain in detail the reasons for its decision.

Representatives of the board—the chairman, Professor Hamblen, and the chief executive, Mr Spry—are with us this afternoon. I want to make it clear that any questions will be restricted to the specific issues that I have mentioned and will not cover the reasons for the board's decision to proceed with the siting of the proposed day centre at Stobhill. Those matters are currently being addressed by the Health and Community Care Committee, to which the petition has been passed for its consideration.

I should also mention that I have received a letter from Milton community council, expressing its concern about the petition, containing more than 1,000 signatures, that it submitted to the board. It feels that the board ignored its petition.

14:15

Besides being a member of the Public Petitions Committee, Margaret Smith is the convener of the Health and Community Care Committee. Dr Richard Simpson is a reporter to that committee, which is dealing with this petition. Before I invite Professor Hamblen to make an opening statement, I ask Dr Simpson, as the reporter, to bring the committee and everyone else up to date on the progress that has been made on this petition by the Health and Community Care Committee.

Dr Richard Simpson (Ochil) (Lab): At its meeting on 19 January, the Health and Community Care Committee appointed me to undertake a review of the process of consultation on Greater Glasgow Health Board's decision to site the new medium secure unit for mentally ill offenders at Stobhill hospital. It was agreed at that meeting that I should produce an interim report in two weeks. Although no date was given for a final report, it was agreed that we should expedite the matter as soon as possible, although we should allow a reasonable length of time for input by Greater Glasgow Health Board, the two trusts that are involved, the public, local councils and other interested people.

I have produced my interim report, which is in the public domain so that people can correct and review it. This week, I shall conduct further interviews with people in the Glasgow area. I have received a considerable amount of additional documentation, which will be compiled in a final report. That report will be presented to the Health and Community Care Committee on 23 February, with conclusions and recommendations. There were no conclusions or recommendations in the interim report.

The Convener: Thank you, Richard.

Professor Hamblen, that was for your benefit. I hope that you recognise the stage to which the Parliament has so far progressed. I invite you to address the committee, whose warm welcome I extend.

Professor David Hamblen (Greater Glasgow Health Board): It was useful for Mr Spry to hear what the Health and Community Care Committee had said. I attended that committee meeting as an observer, so I was aware of what had been discussed. Nevertheless, it was helpful to have it reiterated. I apologise to the committee for the fact that I was unable to accept its request to attend its first meeting after the petition was considered. I was outwith the country at that time.

Thank you for allowing us the opportunity to clarify the reasoning behind our declining your request to the board to postpone its decision on the siting of a secure care centre at Stobhill. As I indicated in my reply to your letter, the board had already agreed at its July 1999 meeting to support the primary care trust in proceeding from an outline business case stage to the preparation of a full business case for the provision of a secure care centre for Glasgow. At the same time, we confirmed that the top priority for the use of the land that was not required for the ambulatory care centre at Stobhill was the secure care centre, and that the business case should proceed on that basis.

That decision, which was reached in July 1999,

precipitated numerous protests and the board's officers took part in several public meetings to debate the issues. We issued more detailed design work for the ambulatory care centre, to double-check the proposition that both it and the secure centre could be accommodated satisfactorily on the available site. In December 1999, the outcome of all those discussions and the further design work was widely published for comment. At its January meeting, the board was asked to consider the outcome of that work and whether to proceed with its original proposal to site the secure care centre at Stobhill or to seek an alternative site.

We had also taken the view that it would be helpful to the process of parliamentary scrutiny if the board reviewed the discussions, and the work that it had done since its original decision in July, to determine whether that decision was now contraindicated. We did not intend any disrespect to the Parliament. We felt that it would be helpful to establish clearly in the public domain why we had taken the view that we had, so that the clarity of reasoning would be available to Parliament when it exercised its scrutinising role.

We were also aware that, even if the board did not alter the view that it took at the original meeting in July 1999, there were several stages to go through before any irreversible decisions were made. Since those stages would take several months, and were not happening immediately, it was felt that there would be ample time for parliamentary scrutiny of policy issues, value for money and the decision-making process before the point of any irreversible decision was reached. There would also be an opportunity for the health board to revisit the issue in public in the light of the outcome of the report of the Health and Community Care Committee. Convener, that was why I replied to your original letter as I did.

The Convener: Thank you. In your letter, you mentioned that there were further stages before the decision became irreversible. Can you confirm that those further stages involve not the health board as such, but Glasgow City Council planning department and a consideration by the Scottish Executive of the full business case? Can you also confirm that, at the time, as far as the health board was concerned, it had made its final decision?

Professor Hamblen: I will let Mr Spry deal with that, because he is better informed than I am.

Chris Spry (Greater Glasgow Health Board): One of the further stages is the preparation by the primary care trust of a full business case, which must be considered by the health board before it can go to the Scottish Executive.

The Convener: So at that stage it would be open to the health board to revisit, as you say, the

decision.

Chris Spry: Correct.

The Convener: Would it be open to the health board to reverse the decision?

Chris Spry: Yes. If the full business case was unsatisfactory in any way, we would send it back or reject it, whichever was appropriate.

The Convener: The helpful minute that you sent to committee members refers to the consultation process that was undertaken by the health board on the siting of the secure centre. Are you required by law to undertake consultation on an issue such as this, or is such consultation by the health board a matter of practice?

Chris Spry: There is a requirement in law to consult about closures of or significant changes in the use of existing hospitals but, as I understand it, there is no requirement in law to consult about new developments. However, it has become good practice to consult about significant changes in services.

The Convener: So what form did the public consultation by the health board take?

Chris Spry: At what point?

The Convener: You referred to the fact that there was consultation with the public on this proposal. What form did that consultation take?

Chris Spry: The consultation goes back over a long period; it was examined by the Health and Community Care Committee. We have to go all the way back to the preparation of a strategy for mentally disordered offenders. There was extensive public consultation on that, and the strategy received widespread support. The primary care trust—although it was the community and mental health services trust at that time—embarked on an option-appraisal process when looking at suitable sites for a secure care unit; it did so twice, for reasons which the Health and Community Care Committee has looked into. The trust acted on a multi-agency basis, so it did not just examine the issue in isolation and come to a view.

When the matter came back to the health board in July, the board's view was that we should, with the trust, talk to the local community about the choice of Stobhill and initiate a programme to brief MSPs. It is fair to say that that was derailed at the outset as the result of a chance conversation on the fringe of a meeting; the programme was never able to be put in place and the board found itself on the back foot from that point onwards. Thereafter, there was a significant period during which the issue was discussed at public meetings. Again, the Health and Community Care Committee has looked into that in some detail. We

might want to talk about it again this afternoon, or you might want me to pause there.

The Convener: As the matter is being pursued by the Health and Community Care Committee, I am happy with that.

Christine Grahame (South of Scotland) (SNP): What concerns me is that you are just pressing ahead when—for the sake of courtesy, to put it at its mildest—it would have been better for all concerned if you had deferred a decision until after the publication of Dr Richard Simpson's full report into your consultation process. The Public Petitions Committee courteously asked you on 14 January—and I assume that you received our request on 15 January—to defer the decision until we had dealt with the petition and passed the matter on to the Health and Community Care Committee.

The gist of your response in your letter of 17 January—received on 18 January—was that you were not prepared to defer a decision. That is reflected in the fact that there was a meeting on the following day—on the same day as the Public Petitions Committee met. On 8 February, Dr Simpson provided an interim report that, justly and fairly, is being distributed to all the parties concerned. Further comments are to be received by 17 February, before the whole thing comes before the Health and Community Care Committee on 23 February. That is hardly a long time.

You have failed to see that the political climate in Scotland has changed. It would have been in the interests of whatever decision is taken at Stobhill if you had deferred your decision pending investigation by the lead committee, the Health and Community Care Committee. Although statute may not yet require you to do these things, the moral and political climate does. Do not you feel that, by proceeding as you have done, you have stirred up something that might not have needed to be stirred up? You have also flown in the face of justifiable public concern. At the end of the day, you may be making the right decision, but who knows?

Professor Hamblen: I would not like to prejudge whether it is the right decision. The issue that I had to face was that the board had not had the opportunity to discuss the new evidence that was generated between July and our January meeting. That evidence included information on the detailed planning of the site and whether it was possible to achieve the positioning of the ambulatory care and diagnostic unit and the secure care unit at Stobhill.

Christine Grahame: You have taken the decision in principle. Your reservations are to do with financial considerations.

Professor Hamblen: No. They are nothing to do with financial—

Christine Grahame: The town planning process—

Professor Hamblen: The financial consideration related to the ACAD, not to the medium secure care unit.

Christine Grahame: I am looking at page 2 of your letter. It says that

“there are still several further stages to go through before any irreversible decisions were made. They include the town planning process, the development by the Primary Care Trust of a Full Business Case”.

Professor Hamblen: That is correct.

Christine Grahame: Am I wrong in saying that those are financial considerations rather than the consideration in principle of where to site the unit?

Professor Hamblen: No. We had a pretty clear idea of the financial consideration. The question that remained was whether space could be found to accommodate both the secure unit and the ACAD, which remained our primary replacement.

Christine Grahame: What difficulty would there have been in the board's deferring that discussion until the Health and Community Care Committee's final report on the consultation process had been issued? That would have allowed you to take account of the complex issues that arose.

Professor Hamblen: There were several problems. One was that we had produced a position paper that was informed by the debate that had occurred and by the further information from the planning process, which had been widely advertised to the public. At Mr Paul Martin's request, we arranged for him, the chairman of the local action group and Councillor Charles Kennedy to be present on the day to give their position from the other side. That meeting was attended by 125 members of the public.

Christine Grahame: You say that the consultation process was widely advertised to the public, but the petitioners say that it was not. The interim report gives a mixed analysis of the nature of the consultation and says that some people, including some professionals, feel that they were not properly consulted. You may consider that the process was widely advertised, but that is not the view of the petitioners or, at the moment, of the Health and Community Care Committee.

Professor Hamblen: With respect, our board meeting was widely advertised. Mr Martin had a role in ensuring that it was widely advertised through the *Kirkintilloch*, *Bishopbriggs* and *Springburn Herald*.

Christine Grahame: I leave the question of whether it was widely advertised to others as I

disagree on that point.

14:30

Chris Spry: On Christine Grahame's point, what would have been lost by deferring the decision was the opportunity for the parliamentary process to learn what the health board corporately made of the work that had been done between July and December.

There may be a wider issue about the relationship between scrutiny, consultation and decision making; we accept that that is not an issue for the health board and that the arrival of the Scottish Parliament made that issue germane for a range of public services.

If we had deferred the decision, the Health and Community Care Committee, which is where we expected that the petition would be referred, would not have been able to learn the health board's collective view on all the extra work that had been done between July and December.

Pauline McNeill (Glasgow Kelvin) (Lab): You will know that it is early days for the Public Petitions Committee and that you will not be the only public body that we ask to defend itself; you happen to be the first, and we are grateful that you have co-operated by coming here this afternoon. I will give you an insight into this committee's perspective. We are the only committee that is charged with maintaining direct contact with the public—only individual MSPs have a similar relationship with constituents. Therefore, it is important that we get this right. If we are not seen to be pursuing an issue that is, as you said, Mr Spry, about scrutiny and audit, there is not much point in having a Public Petitions Committee.

It is also important to put on record the fact that a range of options would have been open to this committee if you had allowed us to consider the petition before you made your decision. One of those options would have been to refer the matter to the Health and Community Care Committee. Because you did not co-operate by delaying your decision, we also feel that we have missed the opportunity to refer the matter directly to the minister. That has a wider impact in terms of how we view the work of this committee. We know that there is no statutory duty to delay any decisions but, with hindsight, do you think that it might have assisted parliamentary process if you had held off a wee bit longer to allow us to make a decision?

There will be other opportunities for people to have their say about how they feel. Do you agree that it will be harder to reverse the decision now that it has been taken?

Professor Hamblen: Although I had read the remit of the Public Petitions Committee, and was

aware of your usual practice, I did not know that you could pass matters directly to the minister. We had assumed that this matter would be referred to the Health and Community Care Committee. We did not feel that not delaying our decision would make it more or less difficult to reverse our decision. At the time, I was concerned that the convener had not been fully informed that we had already reached a decision in July 1999. We were simply revisiting that decision with new information—we were not making an *ab initio* decision.

Mrs Margaret Smith (Edinburgh West) (LD): Before I ask a question, I would like to make a few points as convener of the Health and Community Care Committee. Pauline McNeill spoke eloquently about the role of the Public Petitions Committee and its awareness of what the public expect from the Parliament. The Health and Community Care Committee must also be mindful of courtesies to the people.

To pick up on what Christine Grahame has said, although we may not have a legal right to ask you to delay your decision, the Parliament is due some courtesy, because it is the embodiment of the people. The people have grave concerns about the way in which the matter has been handled. The Parliament and the Health and Community Care Committee also have a duty to the health service. Having been given the job of considering the matter by the Public Petitions Committee, the Health and Community Care took it on board urgently, comprehensively and timeously. Richard Simpson produced a report within two weeks and a final report will be produced within a month. I suggest that part of what you were thinking was that as soon as the matter entered the committee structure of the Scottish Parliament it would be lost for some time and that you did not want the decision to be delayed any further. However, it would have been perfectly acceptable to be delayed by a month to allow parliamentary scrutiny.

This is not about reaching an irreversible decision, as you have said to the convener. Are there cost implications following the work that you have done since taking your decision a few weeks ago? Would it not have been better for you to have had your discussions on the extra information that you received since July, but to have reserved your judgment—despite the fact that you may have had a position—until after the scrutiny of the matter by this committee and the Health and Community Care Committee? What cost implications arise from the fact that you did not delay the decision?

Professor Hamblen: There are no cost implications—no further planning process has been undertaken as a result of the discussions at the board meeting in January.

It is not true that we rushed the matter through in order to circumvent protracted discussions within the parliamentary committees. We anticipated that the Parliament would deal with the matter timeously. I congratulate the Health and Community Care Committee on the speed with which it addressed the issue. For that reason, we were concerned that the extra information should be in the public domain and available to the Parliament. You may argue that that was mistaken, but that was our view and in no way did we wish to short-circuit the process.

Chris Spry: It seemed to us that a key issue in the public debate between July and December was whether it was feasible to co-locate the secure care centre and the ambulatory care centre on adjacent sites at Stobhill hospital. Between July and December, further work was done on testing detailed designs.

We were concerned that, if we had suspended discussion altogether, when the Health and Community Care Committee asked the local health board its view about the possibility of co-location, the board would not have had a view. It seemed helpful to the process of scrutiny for the board to have expressed an opinion about that very important issue so that that opinion could then be tested and scrutinised to see whether it was a well-founded opinion and a well-founded judgement, or flimsily based.

Members may argue that we were mistaken in trying to create that environment for scrutiny, but it was a sincere attempt to put our position on the table corporately. Without that attempt, we would not have had a corporate position to be scrutinised.

Mrs Smith: I can genuinely see where you are coming from on that point, Mr Spry. The flip side is that there is a perception that, yet again, the board has bulldozed ahead with a decision-making process, irrespective of the views of public, or of the fact that views were being taken on the matter in this Parliament. Can you comment on that?

Professor Hamblen: I can understand in retrospect that that might have been the public perception. At the time, I wrote to the convener of this committee deliberately stating that I was anxious for this debate and this extra information to come out into the public domain and be available for parliamentary scrutiny.

The Convener: I apologise to the MSPs who are not members of this committee, but I have to call the members of the committee first. I will get to Paul Martin, Fiona McLeod and Richard Simpson.

Helen Eadie (Dunfermline East) (Lab): Public perception, in my opinion, is what this is all about. We, as representatives of the people, are supposed to champion their case. Where there is

a perception by any of us that consultation has not worked, it is obviously of some concern. I will return to that point in a minute.

I am sure that it will not be the wish either of the Executive or of the Parliament to be seen to be sucking up powers from health boards or from local government. We want to be sure about how we engage with and respond to the public and about how we ensure that the public gets a real say in all the decision-making processes.

My concern is that you have mentioned the consultation process a number of times, but you have not said how that consultation process was conducted. I can say that with a degree of authority because, in my own area in Fife, we have equal concerns about issues there. In that case, the health board had informal consultation and moved on to statutory consultation.

I would like you to comment on how that sits with your consultation. What were the meetings like? How were they structured? How were they advertised? Who was involved in all the meetings? I know that the Health and Community Care Committee will address that point to some extent, but we are the champions of the people and we need to satisfy ourselves that they have had involvement and engagement on the issues, and that account has been taken of their views.

The Convener: Before you answer that, I am advised to mention that we are not holding you to account on this issue. We do not have any legal power to do so.

Professor Hamblen: I appreciate that, convener.

The Convener: We are concerned about the role of petitions in this process; however, it would still be helpful if you could answer Helen Eadie's question.

Professor Hamblen: The question was put, and Mr Spry can deal with it.

Chris Spry: As far as this unit is concerned, we have been around the loop twice. The first time that we went round it, we halted the process, because, at that point, there was a slight—only small, but sufficient to be prohibitory—conflict between the site requirements of ambulatory care and the secure care centre.

On that first round, on the location of the secure care centre, we had a process which involved talking to the local community groups, including the community councils around the Stobhill area. We talked to them about what a secure centre involved, about the security issues, about the type of patients and so on—very important stuff.

It was put to us by the local MP that our attempt to engage with small groups so as to have a

focused discussion about the issue was not acceptable, and that we should have a big public meeting. With the good offices of the local MP, we agreed and he was going to help to organise the meeting. However, that meeting did not take place, because of the crunch meeting between the Stobhill trust and the community trust, which suggested that the ACAD unit and the secure unit would not fit on the same site.

14:45

We were going to pursue a similar process with the second option appraisal. One of the first steps was to brief MSPs as a matter of courtesy before the issue went into the wider public domain. As a result of a side conversation that took place before another meeting, the matter got into the public domain in a way that we had not intended and which was out of our control. From that point on, we were swept away by a tidal wave of opposition. Because we were asked to attend many large public meetings—and because we had been told the first time around that we should have had public meetings—we went with the option of having public meetings, instead of setting up a parallel set of consultations.

Although that is a very distilled description of events—I know that the reporter for the Health and Community Care Committee has gone into the matter in much more detail—it is a fair summary of our position.

Ms Sandra White (Glasgow) (SNP): I want to pick up on the issue of revisiting the site and the meetings that you had in early July 1998. Although the word “public” has been bandied about a lot today, I ask you to bear in mind that the Public Petitions Committee is accountable to the people of Scotland, who rely on us to scrutinise publicly the various petitions that we receive.

In your outline business plan in early 1998, the Stobhill secure unit has a capital cost of £37 million. You said that the health trusts and community trusts could not reach a decision on the issue in early July 1998. Although you revisited the issue in December 1998 to find out whether a decision could be reached, the public had not yet been informed of the proposals. In December 1999, you decided to go ahead with a very much reduced development with a capital cost of £26.2 million. Why were you not able to reach a decision in July 1998, when in December you still decided to site the unit at Stobhill at a reduced capital cost?

When the public learned about the development, there was a great outcry, and the issue of public perception has to be addressed. Professor Hamblen said earlier that the decision had been taken in July in Stobhill, despite the fact that there

had been no public meetings. Mr Spry said that it was not appropriate to present anything to the Health and Community Care Committee because the committee might not have known what the health board had been doing since July.

Surely an opportunity arose when we received the petition and asked you to postpone your decision until the petition went before the Health and Community Care Committee for consideration. That would have given you the chance to find out the views of the committee, and the public, on the matter. Would not that have been an example of good consultation? Public perceptions of your actions since that time were that you were just going ahead with the proposal.

Chris Spry: You have asked several questions.

Ms White: Sorry about that.

Chris Spry: Your first question was about the size of the ambulatory care centre. In the summer of 1998, the ambulatory care centre that was proposed at that time was of a certain size. There was a problem with the revenue affordability of the centre and, despite the health board saying to the then Stobhill NHS Trust that we were not happy with the revenue costs, the trust was not able to make the progress that we had hoped for in getting an affordable revenue cost. There is nothing unusual in that—that process of debate occurs with almost every capital scheme that is ever mooted in the NHS.

The work that was done in the intervening period to examine the concept, scale and affordability of the ambulatory care centre was in isolation from any work on secure care. We were able to reduce the size of the ambulatory care centre by examining the amount of duplicate contingency space, that is, unallocated space that had been built into the original concept, the design for which had a lot of single-use rooms. However, ambulatory care is about multi-use rooms. When we applied the multi-use principle and took a hard look at contingency space, we ended up with a much smaller ambulatory care centre that delivered the functionality that we wanted and helped us towards affordability. That reduction in size lessened the site conflict between the units.

It is important to note that the site conflict in the summer of 1998 was actually about where the carpark should go. The change meant that we could reconfigure the site in a satisfactory way, getting the car parking right, a good-sized ambulatory care centre and enough space for secure care.

This is a genuine chicken-and-egg situation. Would the health board have benefited from hearing the views of the Public Petitions Committee, the Health and Community Care Committee or, indeed, the Minister for Health and

Community Care? Would that have been helpful, or was it more helpful to the scrutiny process for the health board's corporate assessment of those issues to be on the record? I do not think that one can have both. We opted for one and people are asking, "Did you make the wrong choice?" Maybe we did and maybe we did not; however, we made that choice in good faith, rather than as some cavalier cocking a snook at Parliament. We were not in that frame of mind at all.

Paul Martin (Glasgow Springburn) (Lab): This discussion raises a number of issues for the Health and Community Care Committee. My comments today are for the Public Petitions Committee.

Mr Spry referred to a conversation that took place before this matter was officially released to the public. I do not know whether the convener wishes me to go into the details of that conversation for the record, but I would like Mr Spry to make it clear that he in no way holds me or Patricia Ferguson responsible for the release of that information.

The Convener: That is not a matter for the Public Petitions Committee.

Chris Spry: That was not my imputation at all.

Paul Martin: You said that the matter came into the public domain as the result of a casual conversation between a member of your staff and a member of the Scottish Parliament. That member was not me.

Chris Spry: That is correct. I am happy to make that clear.

Paul Martin: However, you made it clear that the matter was placed in the public domain as a result of that conversation.

Chris Spry: Yes, I think that it was.

Paul Martin: So your position is that, as a result of that conversation, the matter was released to the public.

Chris Spry: Not by us.

Paul Martin: Okay. So the matter was made public via my colleague or another MSP.

Chris Spry: Conversations took place between colleagues that resulted in—

The Convener: To be honest, that is not a matter for the Public Petitions Committee. Can we remain focused on the decision not to take on board the views of the Public Petitions Committee when we asked for a delay?

Paul Martin: Convener, would you find it helpful if I were to write to members confirming the exact position, for the record?

The Convener: You could do that. I would have no problem with that.

Paul Martin: I have three questions. The first relates to Margaret Smith's point about the resources that would be spent as a result of your continuing with this proposal between 18 January and the point at which the committee reached a view on it. Can you confirm that no resources, including design staff time and project staff time, have been committed to the secure unit proposal between 18 January and the present?

Professor Hamblen: I can confirm that there has been no extra expense or activity within Greater Glasgow Health Board. I am not in a position to say with any certainty that that is the situation in the primary care trust. However, following our meeting and the decision of the Public Petitions Committee, I spoke to the chairman of the primary care trust and it was decided that no further action would be taken at that stage. I am fairly sure that that is the case, but I cannot say so with absolute certainty.

Paul Martin: Will the chief executive confirm within seven days of this meeting whether any resources have been spent between 18 January, when the decision was taken, and today's meeting?

Chris Spry: We can ask the primary care trust. We as a health board are not engaged in the design process, the development of the full business case or anything like that. We have incurred no expense in taking the proposal forward. We have incurred great expense as a result of the issue generally, but that is another matter. I can put the question to the primary care trust, but I look for your guidance on the most appropriate way in which to put it.

The Convener: The primary care trust itself would have to confirm that no resources have been spent.

Paul Martin: The point that I am trying to make is that proceeding with the proposal costs money. The issue is whether resources are being spent on this proposal at present.

The Convener: I understood Professor Hamblen's previous answer to indicate that the health board had not spent any resources and that, as far as he knows, no further action had been taken on the primary care trust before the Parliament finished its consideration of this issue.

Professor Hamblen: Concern was raised when this committee referred the petition to the Health and Community Care Committee. I spoke to the chairman of the primary care trust, who assured me that no further action had been taken at that stage. However, I cannot provide the fine detail of what may have been happening within the trust.

Chris Spry: We must be clear that when we say that no further action has been taken, we mean that a case has not been put to the city planning department, or something of that sort. I do not think that we can give the committee a guarantee that someone in the primary care trust is not working on a draft of the full business case. That is quite possible.

The Convener: Paul Martin or whoever wishes to pursue this matter will have to raise it with the primary care trust. It is not something that can be dealt with at this meeting.

Paul Martin: I will move on to my second question. In his response to my letter requesting that the proposal be postponed, on 17 January, Professor Hamblen noted that Greater Glasgow Health Board's relationship with the Scottish Parliament was new territory. Following my letter requesting that the board postpone its decision, was contact made with civil servants in the Scottish Executive to discuss whether that should happen and whether account should be taken of the petition?

Chris Spry: There were two key contacts during the period to which you refer. I hesitate because I am trying to remember what happened at the beginning and what happened at the end of the week. We alerted the Scottish Executive to the proposition that had been put to us, because it seemed to raise an interesting point of principle for which, as far as we were aware, there was no precedent. As a result, we were not sure of our ground. I do not want to put words in the civil servants' mouths, but I do not think that they were terribly sure either about the position. They did not give us any definitive advice. I had a conversation with the clerk to the committee—

Paul Martin: I meant to specify contacts apart from those with the committee clerk.

The Convener: We are talking about contacts with the Executive. The clerk to the committee is completely independent of the Scottish Executive.

Chris Spry: I understand, but the most important conversation that I had—because my chairman was out of the office at the time, I had to do a lot of the work on his behalf—was with the clerk to the committee.

15:00

Paul Martin: Can I ask that you provide a record of that conversation with the Scottish Executive civil servant and the advice that you received? It has been made clear from the outset that this is a matter for the local health board. If you are suggesting that contact was made with the Scottish Executive as to how this matter would be managed, it would be helpful for this committee to

know the form that that conversation took.

Chris Spry: I do not have a contemporaneous written record of that conversation. It was a conversation rather than anything else. I faxed the Scottish Executive a copy of Paul Martin's letter and a copy of the earlier reply, which we had sent to him; on 10 January. There was a telephone conversation, the gist of which was that this was new territory and that the points that we had put into the letter to Paul Martin appeared reasonable. It was left to us to work out how to deal with the convener's letter.

There was a conversation with the clerk of the committee, as to whether the clerk and the convener were aware of the letter that my chairman had sent to Paul Martin earlier in the week. We were told that they were not, so we faxed a copy of the letter to the clerk. We were told on Friday afternoon that the convener had seen the letter to Paul Martin. We were told that the convener understood our dilemma, could see the difficulty and would appreciate a letter similar to that which had been sent to Mr Martin. As you know, my chairman sent a letter to the convener along similar lines. It differed mainly in trying to make clear the nature of the history of decision making on this issue.

Our impression after that exchange was that there was understanding that we could proceed without embarrassment, because we would put into the public domain the information that we wanted to put into the public domain. We were certainly not engaged in a decision that was the point of no return.

The position would have been different if the health board, at its meeting on Tuesday, had been having a discussion that would have resulted in the signing of a contract the following day. The health board would not have proceeded with that, but, because there were many other stages to go through, the health board felt that getting a corporate position on the analysis of the issues into the public domain would be helpful for the scrutiny process and would not be an irrevocable step in terms of the long-term decision.

Paul Martin: Will Mr Spry release into the public domain details of the conversation that took place between himself and the civil servant?

Chris Spry: I am in the hands of the committee. If the committee would like me to provide details of the conversation, I would be happy to do so, but there is no contemporaneous record. I would have to rely on memory, with the flaws that that would involve.

Paul Martin: I have a final point for Professor Hamblen. Will he confirm that, with hindsight, he is more than happy with the way in which Greater Glasgow Health Board managed this matter in

relation to the public petition? That might touch on the point that Pauline McNeill made earlier—that is perhaps the disadvantage of being the fifth questioner.

Professor Hamblen: I was entirely happy with the decision that I took at the time, for the reason that I have tried to explain to the committee, perhaps not as clearly as I should have. As well as placing in the public domain the further work that we had done as a board and the further public consultation, I was also extremely anxious, as I indicated to you on the day, that your views and the views of the action group and the other local politicians were available to inform the debate and inform parliamentary scrutiny.

Fiona McLeod (West of Scotland) (SNP): My point follows on from what Pauline McNeill said. The issue concerns the whole perception—and we have talked a lot about assumptions and perceptions—of the public's part in the decision-making process.

Perhaps the highest level at which the public participated in that decision-making process was the presentation of a petition to the Public Petitions Committee of the Scottish Parliament. A lot of assumptions were made by the health board about what would happen to that petition. However, they were assumptions and no weight was accorded to the fact that that petition was to be presented and discussed within three hours of the start of the health board's meeting that morning. That exemplifies the attitude that Greater Glasgow Health Board has taken all along towards the public and consultation.

You have said twice already that you are satisfied that, at the time, you made the right decision. I was at the meeting, in December, when the primary care trust board reviewed its position on the secure care centre. In the minutes afterwards, Mr Robertson, the chairman of the PCT, made it quite clear that the consultation process had been flawed and had given rise to concern about the way in which it had been conducted. Given the fact that the first time that the matter was considered by the public, in July 1998, it was obvious from the public reaction that there was grave concern, do you maintain that you are happy with the decision that you made not to defer that board meeting until after the Public Petitions Committee had considered a petition from the public?

Professor Hamblen: I took the view that the decision to continue discussion of the issue at the health board was in no way going to influence the decision of the Public Petitions Committee. That may be a mistaken assumption, but that was my assumption. I recognised how that might impinge on further parliamentary scrutiny, by the Health and Community Care Committee in particular, but

I did not think that it would inform, either positively or negatively, the Public Petitions Committee's decision on that day. The convener will no doubt tell me that I am wrong.

Dr Simpson: It seems to me that there are two decisions within the decision that you made. The first decision was to hold a public discussion, to clarify the issue on the basis of the papers that you issued at the beginning of December, and to consult the public representatives—Paul Martin, Charles Kennedy, the representatives of the Glasgow North Action Group and the members of the public who were present. I do not have a problem with the fact that there was a discussion, but it would have been helpful if, at the beginning of that discussion, you had made the second decision—to say, from the outset, that a final decision on the matter would not be reached until the petition had been addressed.

That would have allowed you to proceed with the discussion on an open basis. It would have made clear the fact that you respected the Parliament and the Public Petitions Committee, whose decision you did not know. It would also have made it clear that you recognised that, if my report to the Health and Community Care Committee—and I stress “if”, as it is not a final report, and there is no suggestion in the interim report of a wholly inadequate consultation process—said that the consultation process had been wholly inadequate, you would have had to enter into a process of reversing that decision.

I am sorry that that is such a long-winded way of putting it. However, on reflection, surely it would have been more respectful to have said that, in the light of the Public Petitions Committee's request, you would have a discussion but that you would not reach a decision until the outcome of the Public Petitions Committee's meeting was known.

Professor Hamblen: I recognise the argument that you are putting to me. I do not want to be legalistic about it, but the decision had already been made. You then put to me a dilemma: do I allow discussion and leave our previous decision lying, or do I declare the previous decision null and void?

Dr Simpson: I am suggesting that you say simply: “We will have a discussion, but we will neither affirm nor overturn our previous decision. We will leave it. It is on the table and minuted. We will not change that decision or make a new one.” Your decision was that if the board

“does not think that any change in its July decision is indicated then it will at the very least be establishing clearly in the public domain why it takes that view.”

You also said that, if the board overturned its decision, the petitioners would welcome that. However, if the process of consultation by which

you reached that decision was regarded as wholly inadequate, it does not matter in which way you reached it—the decision would still have been an inappropriate one to make.

Chris Spry: The first part of the July decision, which is the only decision that was on the table, was to support the primary care trust's proceeding from an outline business case to a full business case. The second part of it was to confirm that the top priority for the use of the land that was not required for the ambulatory care and diagnostic unit at Stobhill was the secure care centre. A key, although not the only, issue in the debate in the autumn and early winter was whether it was feasible in practice to co-locate the two units. Some detailed work was done on that issue, which was considered by the board.

Given the way in which human beings work together in a meeting, I think that it would have been quite hard for board members to consider the issue, kick it around, prod it, poke it but not reach a conclusion on whether it was feasible to co-locate the two units on the hospital site.

Mary Scanlon (Highlands and Islands) (Con): You said that you were on the back foot from July 1999. That is also the date when you agreed to go ahead with the unit. You state in your letter of 17 January that your decision precipitated protests and you were bounced into taking part in public meetings. Petitions were then submitted, MSPs became involved and the matter was discussed at members' business.

Did you not begin to get the impression that you had behaved in a high-handed manner and had upset and offended many people? When there was so much concern about the fact that you had not engaged in partnership with the people or anyone else and your reputations were so damaged, why did you decide to ignore the conveners of the Public Petitions Committee and the Health and Community Care Committee? Had you not learned anything? Have you learned anything now?

Professor Hamblen: To be fair, the Health and Community Care Committee had not come into the frame at that point. I was dealing with a request from the Public Petitions Committee to defer or revisit the decision. As you heard, we were put on the back foot. That was unfortunate. We had put in place a plan for providing information to the public, but preceded it quite deliberately with briefings of the local members of the Scottish Parliament, as well as the local councillors. We felt that it was important that they were informed first.

Unfortunately, news of the decision leaked into the media and widespread concern was raised among the public. From there on in, we were

playing catch-up. We agreed readily to attend public meetings, which Paul Martin was very active in organising. We had our own agenda for organising public meetings, but we felt that to keep the two kinds of meeting separate was inappropriate. The due process on which we had intended to embark was pre-empted by the leak to the media.

Chris Spry: One of the dilemmas that we had when the option appraisal for the siting of the secure care centre was being carried out was how to make that publicly inclusive and to allow for strong participation by the public, as opposed to representatives of different agencies, without causing an absolute brouhaha throughout the city. A large number of options were considered in the option appraisal. If there had been lots of local discussions, not just on Stobhill but on Leverndale, Belvidere and other places that were considered, we suspect that the reaction to the location of a secure care centre would have been similar to that which we saw in Stobhill.

That dilemma was picked up in some of the work of the reporter, Dr Richard Simpson. A similar dilemma will crop up whenever health boards try to find a location for secure care centres. A balance needs to be struck between having a centre that is relevant to the whole city and the impact that it will have on the area in which it is situated.

There is no doubt that some of the people involved in the work in the summer took the view that the consultation that had been done through the town planning process was sufficient. They were mistaken and we said so in September.

It did not enter our heads that the question about the location of a secure care centre would get tied up with the future of Stobhill hospital as an acute hospital in the way that it did. As far as we were concerned, a practical exercise had been done about how two new units could be co-located. Normally, people celebrate health service developments because they bring new jobs and facilities. Our oversight is water under the bridge, but we have learned a lesson from it.

15:15

Mary Scanlon: I am pleased that lessons have been learned, but would it not have been better if the health board, rather than being drawn along by leaks and brouhaha, had led the agenda professionally, been open and honest, and engaged people in partnership?

Chris Spry: I hope that the Health and Community Care Committee will pick up on that. Our reading of the interim report is that some aspects of the way in which we conducted ourselves were good, while others were not so

good. I hope that the committee's report will reflect that balance. At this stage, it is not possible to crystallise a judgment on the process in a couple of simple sentences.

The Convener: I thank Professor Hamblen and Mr Spry not only for attending, but for answering our fairly comprehensive questions in a courteous and patient way, particularly since they are under no legal obligation so to do.

We will consider the information that we have heard this afternoon and I hope that it will help the committee to deal with similar situations that might arise in future.

I stress that although we strayed into areas that are not our preserve but that of the Health and Community Care Committee, this committee is not simply a postbox for petitions. We are the guardian of people's right to petition the Parliament. Through the Parliament's mechanisms, the public can hold to account the unelected quangos that have run Scotland for a long time. This afternoon's exercise should send the clear message to quangos that although the fundamental democratic right to petition has been ignored in the past, this committee will allow it to be ignored no longer.

Professor Hamblen: I thank the committee for allowing us to put our case. The broadening of the question allowed us to put our position a little more clearly.

New Petitions

The Convener: We have several new petitions to consider, but before we do so we must return to the issue of Mr Frank Harvey. As members will know, there are four petitions from Mr Harvey on today's agenda. However, there are a further four petitions from Mr Harvey on the provisional agenda for our next meeting on 29 February. In addition, Mr Harvey has submitted a further six petitions, which have not yet been formally lodged with the committee. To date, Mr Harvey is responsible for 20 per cent of all petitions submitted to the Scottish Parliament. In most cases, it appears that Mr Harvey is simply responding to press articles on issues that he thinks merit the Parliament's attention. Many of those are high-profile issues on which the Executive, a local authority, the Parliament or some other body has already taken action.

No one doubts Mr Harvey's sincerity, but it is clearly not a good use of the resources of this committee or the other committees to consider petitions on the scale of those submitted by Mr Harvey as a normal part of committee work. As I have reminded committee members before, we can decide to take no further action in respect of any petition that we receive. We might decide that action cannot be justified in terms of parliamentary time or, if action is being taken outwith the Parliament, that that action is likely to be sufficient to address the concerns of the petitioner.

I suggest that the clerk write to Mr Harvey, setting out the committee's views and suggesting that he be more selective in the petitions that he submits. There is a danger that if he continues to submit petitions at the current rate, committees may consider that his petitions carry less weight than those from other petitioners. That would be unfortunate, but understandable.

We might also suggest to Mr Harvey that he consider approaching the organisational body that is directly involved with the issue about which he is concerned before he petitions the Parliament. We must write to him and tell him that he is in danger of not being taken seriously by the committee, simply because of the number of petitions that he is submitting. If every member of the Scottish public were to do that, the Parliament would not be able to operate.

Are there any views on that? Is it agreed that we ask the clerk to write to him along those lines?

Members indicated agreement.

The Convener: Having said that, the first petition we consider today comes from Mr Harvey. PE79 is on the subject of the use of unemployed people by Glasgow City Council. Mr Harvey is concerned about the operation by Partick Housing

Association of the WestWorks scheme, which offers training opportunities to local unemployed people. He is concerned that the unemployed people may be doing work that is the responsibility of Glasgow City Council cleansing department. Mr Harvey requests that the Parliament stop all housing associations from using unemployed young people to do the work of that council's cleansing department.

We could deal with the petition by passing it on to the appropriate committee—the Social Inclusion, Housing and Voluntary Sector Committee—to note. We could suggest that the committee take no further action on that petition, but that the clerk of the Public Petitions Committee write back to Mr Harvey to explain our position.

Helen Eadie: I would agree with that, but with the caveat that we state why we are taking such action. The explanatory papers suggest that there is no problem, as the work that is being done by the scheme is not work that is being done by Glasgow City Council. If we make that clear, I am happy to support the convener's suggestion.

The Convener: Apparently, Mr Harvey is aware that that is the case. WestWorks has already written to him along those lines.

Helen Eadie: Yes.

The Convener: Is that agreed?

Members indicated agreement.

The Convener: Petition 80 is also from Mr Harvey; it calls for a public inquiry into the national health service. That is a daily concern of the Scottish Parliament and its committees. Once again, we should pass the petition to the appropriate committee—in this case the Health and Community Care Committee—and suggest that it note the petition but take no further action. We should also write to Mr Harvey to explain the action that we have taken. Is that agreed?

Members: Yes.

The Convener: The next petition, which again is from Mr Harvey, concerns violence in Scotland. It calls for a change to the law in relation to the sentencing of those convicted of violent crime; steps to reduce violence and bullying in schools; and a ban on professional and amateur boxing. It is a hybrid, three-in-one petition. Again, we will pass the petition to the appropriate committees—the Justice and Home Affairs Committee and the Education, Culture and Sport Committee—and suggest that they note it but take no further action, unless they feel that further action is justified.

Pauline McNeill: I propose that we take no further action on this petition, which is far too wide. Banning professional and amateur boxing is not a matter for us, as it involves the Queensberry rules.

The Convener: Does anyone disagree with that?

Ms White: I agree with Pauline McNeill that the call for a ban on boxing relates to a reserved matter. The petition's other concerns—violent crime and bullying in schools—are being dealt with by the committee, so we should take no further action.

The Convener: The clerk will write to Mr Harvey to explain the committee's decision.

Petition PE82 is from Comann nam Pàrant (Nàiseanta), which seems to be

"the national parental support organisation which acts as an 'umbrella' group to represent the interests of parents who choose Gaelic-medium education for their children."

It calls on the Scottish Parliament to take active steps

"to recognise the validity and educational benefits of Gaelic-medium education".

The petition wants the Parliament to introduce legislation to require local authorities to make provision for Gaelic-medium education where there is reasonable demand for it. Gaelic-medium education is supported through the specific grants scheme, but local authorities do not have a statutory obligation to provide Gaelic-medium education where there is demand for it. The petition suggests that measures should be included in the Standards in Scotland's Schools etc Bill, which is at stage 1 and is being considered by the Education, Culture and Sport Committee. I suggest that we pass the petition to that committee so that it can take the petition into account in its consideration of the bill. Is that agreed?

Members: Yes.

The Convener: Petition PE83 is from the group Concern for Justice. Initially, the group called for one thing, but it has now written to the clerk to call for stronger action. It wants the Parliament to conduct an inquiry into the condemnation by sheriffs or judges in Scottish courts of named persons who are not present as witnesses and are not represented in court, because such condemnation can result in injustice and possible public humiliation in the media.

The issue arose in the aftermath of the 1996 sheriff court case, *Crown v Donald Macleod*, which resulted in the acquittal of the defendant, who had been charged with the sexual assault of five women. It seems that the sheriff named the people concerned during the trial, even though they did not appear as witnesses and could not defend themselves at the trial. Copies of a booklet that gives further background are available from Concern for Justice. This is a matter for the Justice and Home Affairs Committee.

Pauline McNeill: This is a very complex case. Without reading the sheriff's judgment, it is hard to see what the group wants. I understand from the supporting document that the Moorov doctrine does not require every witness to be in court when crimes of a similar nature have taken place, and that the sheriff has the right of absolute privilege. It strikes me that the remedy here is for the prosecution to appeal, as the case was heard by the sheriff court. I have reservations about referring the petition to the Justice and Home Affairs Committee, because it is not clear what that committee's remit would be—is it being asked to examine the privilege of sheriffs, or the law of defamation?

The Convener: Donald Macleod's defence was that certain people were conducting a conspiracy against him. Those people were named during the trial, and their names were reported in the media. They feel that they have been defamed without having the chance to defend themselves. They want the Scottish Parliament to

"enact legislation which will provide opportunity for people who find themselves in such circumstances to seek legal remedy."

At the moment, they cannot seek legal remedy.

Ms White: We are all familiar with this particular case, but I am concerned that the situation raised in the petition could happen to anybody—to you, me, kids, a stranger on the street, or anybody.

I am not a member of the Justice and Home Affairs Committee and I am not a lawyer, but I am very interested in what goes on round about us. None of us is an expert, but the problem raised clearly shows an anomaly. If such things are happening, there is an injustice, and the Justice and Home Affairs Committee should have a look at it. Whether the petition concerns the sheriff's privilege, somebody else's privilege, or people not having the privilege, it should be looked at and brought to the public's attention. The only way that that can happen is for the Public Petitions Committee to send the petition to the Justice and Home Affairs Committee, which is the best place for it. Anyone who reads the petition would be concerned.

15:30

Pauline McNeill: I will go with the flow, but I want to put on record that I am reluctant to do so. I still feel that this is a back-door way of getting Donald Macleod's case aired in this committee, and I am not happy about that. I am not happy about focusing on individual cases, and I can see what the petitioners are trying to do.

If the Justice and Home Affairs Committee is being asked to consider the general issue of the absolute privilege enjoyed by sheriffs, I would

agree to that. Do not get me wrong; I too am concerned about the issue, and would be happy to consider it in my role as a member of the Justice and Home Affairs Committee. However, this case is on the borderline.

The Convener: It had not occurred to me until Pauline mentioned it that this could be a back-door method of reopening and drawing attention to a case that has already been dealt with by the courts. Perhaps we should take legal advice to find out whether there are legal remedies available to people. I do not know whether there are.

Helen Eadie: Could we ask for a legal opinion for clarification? I can see what Pauline is driving at.

The Convener: Yes—Pauline has raised a good point.

Helen Eadie: There is a danger when any political process intervenes in an individual case, and I think that that is when the generality issue would come up.

The Convener: Shall we delay a decision on this until we have taken legal advice?

Ms White: I do not know Mr Macleod or anything about the case. Everyone has read about it in the papers, but that is not my concern. Mr Macleod's case has highlighted the problem, but the same thing may have happened to thousands of people who would not write to us. I am frightened that if we decide not to take up the case because of our opinion on the case of one individual, that will set a precedent.

The Convener: No such decision has been taken. The issue will stay on the table until our next meeting and, in the meantime, we will take legal advice.

Ms White: I am happy to go along with legal advice because we cannot come to a decision, but I am worried that—by not proceeding simply because of our opinion of the person who has presented the case to us—we will set a precedent.

The Convener: We have not decided not to proceed. After taking legal advice, we will deal with it at our next meeting.

Ms White: I take on board what you are saying, but I am worried about what has been said. I would not like the committee to set such a precedent.

The Convener: We are not setting a precedent; we are leaving it on the table until the next meeting. Is that agreed?

Members indicated agreement.

The Convener: The next petition is from Mr Frank Harvey, again. It is on door-to-door sales

techniques, and it calls on the Scottish Parliament to order a public inquiry into the door-to-door sales techniques of Scottish Power and Scottish Gas and to ban all door-to-door salesmen in Scotland.

Mrs Smith: Convener, a member of my family is employed by Scottish Power. Do I have to declare an interest?

The Convener: You have just done it.

The Convener: I understand that Scottish Power is investigating this issue. It has been suggested that we pass the petition to Scottish Power and ask it to write to Mr Harvey about the action that it is taking, to see whether that satisfies him. If it does, I hope that we will not hear from him again. Is that agreed?

Members indicated agreement.

The Convener: The next petition is from the Aberdeenshire Federation of Tenants and Residents Association. There are a further four petitions—from South Lanarkshire Tenants Confederation, Hamilton Federation of Tenants, Carbrain Residents Association and North Lanarkshire Tenants and Residents Federation. All the petitions call for a moratorium to be placed on stock transfers until such time as the Scottish Parliament has addressed the concerns that have been raised about stock transfers.

We have already passed similar petitions to the Social Inclusion, Housing and Voluntary Sector Committee, which is undertaking an investigation into stock transfer. I suggest that we do the same with these.

Members indicated agreement.

The Convener: The next petition, PE88, is from the Northern College Christian Union and has 519 signatures. It calls on the Scottish Parliament:

"To reject the Government's proposal, out lined in the Ethical Standards in Public Life Bill, to repeal Section 28 of the Local Government Act 1988. To consider other alternatives of ridding Scotland from prejudice and discrimination."

A number of the Parliament's committees are considering the repeal of section 2A, but the lead committee is the Local Government Committee, to whom it has been suggested that we pass this petition. That committee's consideration of the reform of local government legislation will include section 28 or 2A.

Members indicated agreement.

The Convener: The next petition, PE89, is from Mrs Eileen A McBride. It concerns enhanced criminal record certificates and calls on the Scottish Parliament to repeal the legislation that allows non-conviction information to be included on enhanced criminal record certificates. Mrs McBride is concerned that the inclusion of such

information

"negates a person's right to be presumed innocent until . . . proven guilty in a court of law."

That seems to be a matter for the Justice and Home Affairs Committee.

Pauline McNeill: Mrs McBride has written to me and I have written back. I know that she has also written to other members. I think that the subject is worthy of consideration; she makes a valid point and I would be happy to refer her petition to the Justice and Home Affairs Committee.

The Convener: Are members agreed that we refer PE89 to the Justice and Home Affairs Committee?

Members indicated agreement.

The Convener: The final petition, PE90, from Aberdeenshire Council, concerns the funding of public services. It calls on the Scottish Parliament to take a range of steps

"to provide Aberdeenshire Council with the means to continue to provide the high quality public services",

and

"to implement an independent review of the way local government is funded".

Once it has finished its inquiry into the McIntosh commission, the Local Government Committee will embark on an inquiry into local government funding. It seems that we should refer this petition to that committee.

Mike Rumbles raised the matter in a debate last week, when he and Jack McConnell had an exchange on this very issue. Extracts from the *Official Report* are available if members want to read them. However, I suggest that we refer the petition to the Local Government Committee, as it will be handling the issue. Is that agreed?

Members indicated agreement.

Current Petitions

The Convener: We will now consider the progress of previous petitions. I want to draw members' attention to a number of them.

Petitions PE18 and PE19, which went through some time ago, concerned the proposed new A701 and called for a public inquiry. Apparently, the Scottish Executive has now arrived at a decision and has given Midlothian Council permission to go ahead with the road. In effect, it has thereby denied the call for a public inquiry. At this stage, therefore, we must simply regard those petitions as a closed issue—unless any members think differently. We passed those petitions to the Scottish Executive, which has notified the petitioners of the decision. Do members agree to close those petitions so that they do not appear on future agendas?

Members indicated agreement.

The Convener: The next petition is PE22. We received a letter from Allan Wilson MSP that referred to the letter from Sarah Boyack about that petition, which we discussed at our last meeting. Allan is keen to consider the Executive's share information, which it says is necessary to calculate the profitability or otherwise of individual ferry routes. He would also like a timetable to be set out for the receipt of that information. Those matters are being addressed by the Transport and the Environment Committee, of which Helen Eadie, who has just left the room, is a member. I suggest that we simply pass Allan's letter to that committee. Is that agreed?

Members indicated agreement.

The Convener: Mr Frank Harvey crops up again in petition PE58, which called for the Scottish Parliament to take action to terminate the contract to process student loan applications that was awarded to a company in India by the Student Loans Company.

We have received a lengthy letter from the Student Loans Company, which gives details of the background to this contract. The letter makes clear that the press reports, to which the petitioner referred, simply were inaccurate. The contract was awarded to a company called Hayes DEI Limited following a competitive tendering process. Hayes is a multinational company based in the United Kingdom, and it makes arrangements for the work to be processed in India and Sri Lanka, because it is not possible to accommodate in the UK alone the volume of work and the turnaround times that are required by the Student Loans Company.

Hayes processes the Student Loans Company's work at two sites in India and one in Sri Lanka. It has to comply with international law on human

rights and satisfy its clients—in this case the Student Loans Company—that its arrangements are robust in that respect. A senior member of staff from the Student Loans Company visited all three sites and found no evidence of poor conditions.

Hayes employs a high level of graduate staff and the Student Loans Company understands that wages are set at a level that is intended to attract the best people available. In Sri Lanka, typical wages at Hayes are 36 per cent higher than the average for comparable workers in the public sector in that country, and competition for the jobs is described as fierce. The letter seems to address Mr Harvey's concerns and it is suggested that we copy it to him for his information.

Ms White: I asked for this at our previous meeting: can we have copies of any responses that the committee receives? It would be nice to have them so that we could look through them.

The Convener: We can do that. Are you asking that responses received by the committee should be circulated to all members?

Ms White: Yes.

The Convener: Is that agreed?

Members indicated agreement.

The Convener: There are no more petitions to be addressed.

Ms White: Do we have an update on the status of the three Trident petitions PE31, PE34 and PE35?

The Convener: No, we do not. When the Lord Advocate wrote to us on the matter of Piper Alpha, he said that he would write to us separately on Trident. So far he has not done so. He may be waiting for the referral of the case to the High Court. I do not know. We will get a reply at some point.

Convener's Report

The Convener: The final item on the agenda is the convener's report. We have received approval from both the conveners liaison group and the Parliamentary Bureau to meet in the Borders. The date proposed for the meeting is Monday 27 March. It is a shame that Christine Grahame is not here, because her preferred venue—Tweed Horizons Centre at Newton St Boswells—is not available on that day. Other venues are available that day, or we can postpone the meeting until Monday 3 April. Christine is happy to put the meeting off until 3 April in order to get the correct venue. What are members' views on that?

Mrs Smith: Are particular petitions being discussed at that meeting?

The Convener: The Borders rail petition, which is a big petition, is coming to us.

Mrs Smith: Is that date okay with the petitioners?

The Convener: We will check with the petitioners first to ensure that the date is okay with them. The Borders rail link petition is being submitted quietly next Tuesday, but will officially be presented down in the Borders at our meeting. As soon as we get the arrangements cleared up, a news release will be issued to publicise the meeting so that people may attend.

The final point is that there is a paper before the conveners liaison group today concerning the procedures to be followed in the event that a committee of the Parliament would like a petition to be debated at a meeting of the Parliament. That would happen when we believe that a petition is so important that it should go to the full Parliament, rather than just go to a committee or to the Executive. The paper asks for the conveners liaison group's views on that, because it might mean stealing half days from other committees so that the Parliament can debate the petition, therefore we would rather get the other committees onside before preparing a similar paper for the Parliamentary Bureau. Are there any questions? There is no other business so I declare the meeting closed. Thank you for your attendance.

Meeting closed at 15:43.

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