

PUBLIC PETITIONS COMMITTEE

Wednesday 4 February 2004
(*Morning*)

Session 2

£5.00

© Parliamentary copyright. Scottish Parliamentary Corporate Body 2004.

Applications for reproduction should be made in writing to the Licensing Division,
Her Majesty's Stationery Office, St Clements House, 2-16 Colegate, Norwich NR3 1BQ
Fax 01603 723000, which is administering the copyright on behalf of the Scottish Parliamentary Corporate
Body.

Produced and published in Scotland on behalf of the Scottish Parliamentary Corporate Body by The
Stationery Office Ltd.

Her Majesty's Stationery Office is independent of and separate from the company now
trading as The Stationery Office Ltd, which is responsible for printing and publishing
Scottish Parliamentary Corporate Body publications.

CONTENTS

Wednesday 4 February 2004

Col.

ITEM IN PRIVATE	515
NEW PETITIONS	516
Historic Scotland (Remit) (PE703)	516
Food for Good (PE704)	527
Hospital Closures (Consultation) (PE643)	540
Code of Conduct for Councillors 2003 (PE702)	552
Cullen Inquiry (100-year Closure Order) (PE685)	557
CURRENT PETITIONS	559
Adoption Procedures (Black and Ethnic Minority Children) (PE472)	559
Criminal Memoirs (Publication for Profit) (PE504)	559
Scottish Prison Service (Staff Facilities) (PE557)	560
Pharmaceutical Industry (PE595)	561
Expert Witness System (PE625)	564
Cullen Inquiry (100-year Closure Order) (PE652 and PE685)	564

PUBLIC PETITIONS COMMITTEE

3rd Meeting 2004, Session 2

CONVENER

*Michael McMahon (Hamilton North and Bellshill) (Lab)

DEPUTY CONVENER

*John Scott (Ayr) (Con)

COMMITTEE MEMBERS

*Jackie Baillie (Dumbarton) (Lab)
*Helen Eadie (Dunfermline East) (Lab)
*Linda Fabiani (Central Scotland) (SNP)
*Carolyn Leckie (Central Scotland) (SSP)
*John Farquhar Munro (Ross, Skye and Inverness West) (LD)
*Mike Watson (Glasgow Cathcart) (Lab)
*Ms Sandra White (Glasgow) (SNP)

COMMITTEE SUBSTITUTES

Frances Curran (West of Scotland) (SSP)
Susan Deacon (Edinburgh East and Musselburgh) (Lab)
Phil Gallie (South of Scotland) (Con)
Mr Rob Gibson (Highlands and Islands)

*attended

THE FOLLOWING ALSO ATTENDED:

Dorothy-Grace Elder
Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP)
Simon Macfarlane (Unison)
Lillian Macer (Unison)
Maureen Macmillan (Highlands and Islands) (Lab)
Raymond Marshall (Unison)
Jim Mather (Highlands and Islands) (SNP)
Charles McGhee
James Milligan
Stewart Noble
Mary Scanlon (Highlands and Islands) (Con)

CLERK TO THE COMMITTEE

Jim Johnston

ASSISTANT CLERK

Joanne Clinton

LOCATION

Committee Room 2

Scottish Parliament

Public Petitions Committee

Wednesday 4 February 2004

(Morning)

[THE CONVENER opened the meeting at 10:00]

Item in Private

The Convener (Michael McMahon): Welcome to the third meeting of the Public Petitions Committee in 2004. As usual, we have a busy agenda. Linda Fabiani has indicated that she will be late this morning but I have received no other apologies.

Under the first item on the agenda, we must consider whether to take item 4 in private. It is unusual for the Public Petitions Committee to take anything in private, but it is normal practice for committees to consider their work programmes in private, as the discussions relate to housekeeping matters. We can publish the outcome of our discussion in due course. Do members agree to take that item in private?

Members indicated agreement.

New Petitions

10:01

The Convener: I seek the committee's agreement to amend the order of the petitions this morning. A number of MSPs would like to comment on one of our petitions. As they have other committees to attend and pressing matters to attend to, I ask members to agree to move petition PE703 from its current position to first on the agenda. Are we agreed?

Members indicated agreement.

Historic Scotland (Remit) (PE703)

The Convener: PE703, from Hughie Donaldson, urges the Parliament, as part of its review of Historic Scotland, to amend the remit of the organisation to ensure that it is accountable for its decisions and responsive to the views of communities. Members will be aware that the petition is prompted by a dispute between the petitioners and Historic Scotland in relation to the restoration of a particular castle. I remind members that the committee is unable to become involved in individual cases. Members may wish to note that the consultation on the review of the functions and structure of Historic Scotland ended in October 2003. The responses are currently being analysed by an independent organisation. The Executive has confirmed that the accountability of the organisation was a key theme running through the responses and one that is likely to be addressed within the recommendations arising from the review when they are published in the next few months.

I invite Maureen Macmillan to give us some information on the petition.

Mike Watson (Glasgow Cathcart) (Lab): Before Maureen Macmillan makes her statement, I should declare an interest, as I was the minister responsible for deciding that the review of Historic Scotland should take place, although I had demitted office before it was undertaken.

Maureen Macmillan (Highlands and Islands) (Lab): All Highlands and Islands MSPs have been asked to support this petition, which was submitted by the community in Moidart, and I am glad to do so, as are the other Highland MSPs who are present. I know that Peter Peacock has previously made representations to the Executive on the issue.

Castle Tioram is a Clanranald castle. It was not Clanranald's principal residence but it lies in a magnificent setting on an almost-island off a beautiful silver beach near the village of Acharacle in Moidart. The community and visitors used to be

able to access the castle and enter into the courtyard behind the curtain wall. I know that at least one local wedding had the castle as its venue. Now, however, the wall is crumbling, it is unsafe to enter the castle and the community feels that it has been shut out. The castle has closed down, but it has an alternative future. The new owner of the castle proposed to restore it completely and sensitively, letting the community have access to it while reserving a dwelling house for himself inside. The local community and Highland Council, after some initial scepticism, agreed enthusiastically to those proposals. The restoration work would create jobs and apprenticeships in an economically fragile area where jobs are few and far between. There would also be a boost to the tourist trade in the area.

Historic Scotland, disregarding local opinion and the economic benefits that restoration would bring, objected to the work. It seems that Historic Scotland wants the castle to remain a ruin in its setting—I think that that is the expression that Historic Scotland used—rather than make it a living building. Local people, such as Hughie Donaldson, an Acharacle crofter, believe that Historic Scotland has accepted a false and romantic history of the castle. An Acharacle resident who attended the public inquiry each day confirmed that to me from the evidence that she heard Historic Scotland give.

As one of the petitioners said, Historic Scotland was the judge, jury and executioner. It objected to Highland Council granting consent for the restoration of Castle Tioram. It did not consult the community but disregarded public opinion—it said that it had its own specialist companies to gauge public opinion. It set up the inquiry, appointed the reporter, gave evidence and decided the outcome.

That situation cannot be allowed to perpetuate. Historic Scotland must take account of communities' socioeconomic and cultural needs when making decisions; it must also recognise that communities own their own culture. The people of Moidart know more about Castle Tioram's place in history than Historic Scotland ever will. The same is true of other communities where Historic Scotland seeks to preserve a building in aspic rather than allow it to develop to the benefit of the community.

I hope that the case that we have outlined today will be examined as part of any inquiry into the future of Historic Scotland. I realise that the Public Petitions Committee cannot make judgments on individual cases, but I believe that this case shows the committee that Historic Scotland must be more accountable and more open to communities and that it should take account of the socioeconomic disadvantages that can flow from its actions. I recommend that any inquiry into Historic Scotland

consider this case.

Fergus Ewing (Inverness East, Nairn and Lochaber) (SNP): I believe that there is a united front for the plans to restore Castle Tioram. Certainly, the matter was raised with me as a constituency MSP in the first session of the Parliament, when I wrote to the Executive and urged it to overrule Historic Scotland's decision, for the reasons that Maureen Macmillan described. I received a reply from Dr Elaine Murray, the then deputy to Mike Watson, who was the Minister for Tourism, Culture and Sport. She mentioned in her letter some of the points to which Maureen Macmillan referred. However, the Executive has not overruled Historic Scotland's decision.

The restoration proposals are supported not only by the local council but by the Royal Fine Art Commission for Scotland, the Scottish Environment Protection Agency, the Scottish Rights of Way and Access Society, the grand council of the clan MacDonald, Scottish Natural Heritage and a substantial majority of local opinion. However, there are concerns about the proposed degree of access. I think that 49 days was proposed but, like many other people, I would like a longer access period.

I want to dwell on the role and functioning of Historic Scotland because I do not think that it is correct legally to say that it is a quango, or a non-departmental public body. Historic Scotland is not a quango because it is directly accountable to ministers. Therefore, given the huge support for the restoration project, I do not understand why the Executive does not tell Historic Scotland that it must drop its opposition to the project. Historic Scotland apparently thinks that Castle Tioram should remain as "ruins in a landscape". It acknowledges that the castle is likely to fall into the sea in the next five to 10 years. The restoration proposals would put more than £1 million into the local economy, create long-term apprenticeships in the area—particularly in masonry work—boost the area and provide a national tourist attraction. I cannot see any grounds for opposing the excellent restoration proposals.

It would be useful if Historic Scotland came to the Parliament and put itself before MSPs to answer questions on why it has taken such a view on Castle Tioram and why it is resisting local people's wishes. That would allow it to be accountable and explain itself.

I would also like to hear from the minister, who could explain why he has not ordered Historic Scotland to reverse its decision. In order to be absolutely clear about matters, I would also like to clarify whether the Scottish Executive has the legal power to overturn Historic Scotland's

decision. I believe that it does, but it is important for the committee to establish the general principle beyond any doubt. I hope that the committee will consider inviting Historic Scotland to explain itself and the minister to state whether the Executive has the power to intervene. I make those two general propositions because I know that the convener is constrained when the committee deals with specific cases.

I thank the committee for allowing us to deal with the matter at the start of the meeting.

Mary Scanlon (Highlands and Islands) (Con):

I hope that the unusual sight of Fergus Ewing, Maureen Macmillan, Jim Mather and I standing shoulder to shoulder on an issue is appreciated. Our doing so says something about the solidarity among political parties on the issue. We have listened to people's anger and frustration, which we want to talk about today.

I thank Maureen Macmillan and Fergus Ewing and fully support and agree with every word that they have said. Although I would like to think that Castle Tioram is the only issue that people have with Historic Scotland, it is not; however, we will not run through all the issues today. There is undoubtedly a perception that the Highlands are treated by Historic Scotland in the same way as the outposts of the empire were treated by the bowler-hatted civil servants who visited them and that it thinks that crofters have heather coming out of their ears. We must change that attitude and culture.

Mike Watson mentioned the review. When an amended remit is produced that seeks to make Historic Scotland more accountable for its decisions, I hope that he will ask the Executive whether we can all have an input into and a debate in the chamber on the new recommendations. That would give us an opportunity to raise issues about how Historic Scotland behaves and how it treats remote and rural communities. As Maureen Macmillan said, those communities know far more about their history and culture than do the boffins who go up to those communities and tell them what to do. Indeed, those communities depend on their history and culture, which is their life-blood.

I will quote one sentence from Hughie Donaldson's letter—certainly, I could not put things better than he has:

"Most of highland and gaelic history is still to be written in any factual form and again this point seems to have been completely overlooked in the modern, elitist and undemocratic coterie of self-perpetuating, publicly funded, assemblers of opinion."

That gives some measurement of local people's anger.

I would like to say something briefly about Lex

Brown. Many people come to the Public Petitions Committee and MSPs to ask for public money, but Lex Brown is not asking for a penny of public money. He is using his own money to restore Castle Tioram, which represents a unique part of Scottish history. I was not taught about the Lords of the Isles at school, but Castle Tioram was the economic and administrative centre of the Lords of the Isles in the mercantilist era that nowadays few of us know about.

The whole community fully supports what is happening. Lex Brown has already used millions of pounds of his own money. I have seen the diagrams—every stone of Castle Tioram has been registered by the University of Glasgow. Lex Brown is not doing things haphazardly—he is totally sensitive to the culture of the era and has done everything by the book.

Apart from what my colleagues have said, I want members to be aware of people's anger and frustration over how Historic Scotland treats people in the Highlands. It talks down to them and does not engage with or consult them. It pays scant regard to what people say. I ask that we be given the opportunity to consider making Historic Scotland more accountable to local people.

10:15

Jim Mather (Highlands and Islands) (SNP):

I have known the petitioner for many years and have great respect for him. I live in the area so I know the drag-through from Castle Tioram on the local area. It sells bed nights and meals and generates tourism turnover throughout Moidart, which is an area where every job is dependent on tourism. I am keen that the committee notes the general pervasiveness of local support, which my three colleagues have put across so eloquently, and the criticality of the project to the local economy. The existing drag-through is what makes people hold weddings there, brings continuing tourism and underpins the evocativeness of the area. I also want the committee to note what has happened elsewhere, such as in the cases of the restored Castle Stalker and Eilean Donan castle.

Mary Scanlon mentioned Lex Brown. His long-term commitment to the area is material, real and genuinely accepted by local people—indeed, he is accepted by local people. In particular, he has done even more to keep the local hotel open and viable with the guests whom he has brought up over the years than has the helpful and constructive local enterprise company. The huge commitment that he is proposing will mean that there is an enormous injection of capital into the local economy.

We should note the irony of Historic Scotland's

position. I will augment some of the points that were made earlier. Historic Scotland was very much on the front foot in its appearances on the BBC "Restoration" programme, suggesting the restoration of other sites. The availability of new technology means that Historic Scotland has the ability to capture electronically and digitise Castle Tioram in its existing state for all time, while letting the rest of us get on with ensuring the recovery of the local economy, which in this case would also bolster local confidence both tangibly and intangibly.

Helen Eadie (Dunfermline East) (Lab): I have heard compelling arguments about the building's effect on the local economy and I have every sympathy with those arguments. Part of the difficulty is that we are talking about a situation that is part of a planning process, and the Public Petitions Committee has always said that it will not seek to overturn planning decisions that have been made locally or by the Scottish Executive. Although a decision was made locally to approve and support the plans for the building, the reporter said no. The committee has considered many cases from throughout Scotland that relate to the planning process. The issue is tied up with other issues, such as third-party planning rights, which I know that members will address this afternoon in the Parliament's headquarters.

I do not see a way forward on the petition, other than communicating to the Executive the views that members have expressed so that it can hear and act on the community's anger. I am not aware of any way that one can overturn a decision made by the reporter. If there is, I would be glad to hear of it, because I have a similar big issue to deal with in my constituency. We should refer the petition to the Executive, along with a copy of the *Official Report* of the meeting so that it can read everything that has been said.

Mike Watson: On Helen Eadie's point, it is certainly the case that reporters' decisions have been overturned—effectively, the Executive has the final say.

I have a couple of points to make and a question to ask Mary Scanlon. Fergus Ewing is right—Historic Scotland is an executive agency, not a non-departmental public body; the difference is that the staff who work for an executive agency are civil servants, whereas those who work for NDPBs are not. The relationship is quite clear. The question whether Historic Scotland should remain an executive agency or become an NDPB is among those that are being considered as part of the review. There will be a decision one way or the other on that.

Maureen Macmillan raised another aspect of the review in her opening statement, when she made the point about others describing Historic Scotland

as judge, jury and executioner. It is right that that is one of the areas that will be examined, because Historic Scotland should not make the final decision when it has clearly set out its case; someone impartial should do that.

Mary Scanlon said that she hoped that MSPs would have an opportunity to have their say, perhaps in a debate in the Parliament. There may or may not be such a debate, but I find it surprising that Mary and other MSPs—particularly those from the area concerned—did not make submissions as part of the consultation process. There were more than 130 responses to the consultation process. Mary Scanlon and others should have participated by making their views known. If there is a debate, it might be on the outcome of the review, although that is not for us to say.

As an MSP, I know that there are complaints about Historic Scotland in a number of areas; other members can bear that out. We are not talking about an anti-Highland thing, as has been suggested. I can think of a number of other cases, such as Castle Toward in the south and Rowallan House in Ayrshire, in relation to which there has been disquiet about the way in which Historic Scotland has dealt with certain issues. Indeed, the Public Petitions Committee has considered a number of such cases, which are often about planning permission to improve or shore up buildings. In our experience, the situation certainly does not affect just a certain part of the country; there is general disquiet. Again, that will be addressed as part of the review.

John Farquhar Munro (Ross, Skye and Inverness West) (LD): At the outset, I express my delight at, and welcome, such unanimity of support across the parties; it is a pity that we do not have more of it.

I am well-acquainted with the arguments that have been generated over the years on the restoration of Castle Tioram. It seems strange that a body that has responsibility for protecting historic monuments in Scotland is quite happy to allow the remains of Castle Tioram to fall into the sea; in my view, that is not a very sensible proposal.

As we have heard this morning, the local community and the locally elected members who represented them on the Highland Council were in favour of the castle's restoration, which the council eventually approved. That significant step is well-documented and it was quite wrong for Historic Scotland to come in afterwards and scotch that decision by overturning it. The petition suggests an investigation into the activities and operation of Historic Scotland but, in the view of the members who are here to support the petition, that will not change the decision that has been taken. We need to widen the remit of the investigation to include the possibility of overturning Historic

Scotland's decision, because the proposed investigation will not change that decision. I wonder what views members have on that.

The Convener: I will come back to the visiting members, but I want to hear the views of members of the committee and to allow them to ask questions.

Ms Sandra White (Glasgow) (SNP): I wanted to make the same point as John Farquhar Munro. The petition is about the goings on in Historic Scotland, which, as Mike Watson said, affect not just the Highlands. We all know the past history of Historic Scotland, but I am concerned about what it said about the castle being ready to collapse and fall into the sea in five years' time. My concern about the review is that, by the time it comes about, we might not have time to save the castle. Like John Farquhar Munro, I want to know exactly what we can do to get the decision in question overturned. What is the timescale of the review expected to be?

Helen Eadie covered another point that I wanted to bring up when she talked about planning issues. The big problem I have with Historic Scotland is that it can overturn some planning decisions, as John Farquhar Munro mentioned. In the long term, the review will look at that question and we should get answers to it.

If action is not taken quickly regarding Castle Tioram, what is likely to happen in the short term and, obviously, in the longer term? Is it in the remit of the committee to ask Historic Scotland to come along and explain its actions regarding its ability to overturn planning decisions? I would like to see Historic Scotland at the committee. The police and various other bodies have given evidence to the committee, but Historic Scotland has never come along. That might open up a can of worms—

The Convener: Sandra, we have been on the committee long enough to know that it is not in our remit to sit as a court of appeal. We cannot keep raising the question whether we can intervene in particular decisions. I feel as though I repeat this at every meeting of the committee: we cannot sit in judgment on such decisions. Petition PE703 asks the Parliament to review the methods of accountability of Historic Scotland and that is what we should be discussing. There are issues about the individual case, but mechanisms exist through which they can be challenged. It is not for the committee to ask those questions or to make that challenge. We cannot ask the MSPs who are present to give evidence to answer your question. We have the same debate at every meeting.

Ms White: It is a matter that we should look at in the long term.

Jackie Baillie (Dumbarton) (Lab): I will make two factual points that might be helpful for Sandra

White. The review ended in October 2003. It is not, therefore, as though there will be an inordinate amount of time before matters need to be considered. It is important that we reflect to ministers not just the application that we are considering today, worthwhile project though it is—I am convinced by members' arguments about its worth to the local economy—but the principle behind the petition, which is about the actions and functions of Historic Scotland and how accountable it is for its actions. That is the key issue.

Given that the review has considered functions, transparency, clear separation of roles—we acknowledge that roles are blurred—and given that there is consistency in that the witnesses' complaint has been made at the former Education, Culture and Sport Committee and at the Public Petitions Committee, which triggered the review, I suggest that Historic Scotland cannot overturn any planning decision because, ultimately, such decisions rest with ministers. Historic Scotland is incapable of overturning decisions of that nature.

We need to be clear about what we are being asked to do. Without wanting to stifle debate, I suggest that, because of the consistency among views on the nature of Historic Scotland and its operation, we write to the minister—as well as submit the petition as part of the review—to say that we are picking up a clear train of opinion that suggests that certain areas do not function effectively in Historic Scotland.

Carolyn Leckie (Central Scotland) (SSP): Can I have more information about correspondence with the Executive and its responses from when the reporter took the decision until now? I am concerned that the committee should not appear to be impotent and unprepared to take on matters. We should attempt to pursue issues in any way we can, and to go through the machinery and do whatever it takes.

I would go further than Jackie Baillie. I do not know the outcome or assessment of the review—I do not know how information has been collated or what proposals the Executive will make. Such matters have not been decided and I do not want PE703 or any previous petition that related to Historic Scotland to disappear into the ether. We have to ensure that all the concerns that have been raised are reflected in the outcome of the consultation and the proposals. The committee needs an opportunity to assess that. We have the facility to investigate—a point that will be discussed on the agenda later today—so I would like to keep the topic under discussion.

We should also ask the Executive what opportunities it will give people to apply pressure to overturn the decision, since only the Executive has the authority and the power to do that. I am

concerned about the general issues, which are important, but we need some guidance on how this specific campaign can achieve its results.

10:30

John Scott (Ayr) (Con): I agree with much that has been said and I welcome the unanimous support for the petition. There are two issues. First, the committee cannot deal with the specific issues in this case. Appeals procedures are in place; I presume that they will be gone through. That is the route that should be followed.

Secondly, Jackie Baillie is absolutely right on the generality of the petition, but we may need to take matters a bit further in writing to the Executive. If members agree, we should suggest that Historic Scotland take a more pragmatic approach to taking into account local communities' views, and to balancing the purity of its work with a pragmatic approach to preservation, which it seems to be falling down on in this case. We should use that to illustrate the points that we want to make. I agree whole-heartedly that there is a thread running through many petitions that we receive, of which we need to make the Executive aware.

John Farquhar Munro: The suggested action is appropriate, given the questions that the petition raises. We should broaden out the process so that we get a decision on Castle Tioram. The suggestion is that we write to the minister or to an appropriate committee, which I am happy to support, but we have not decided to whom we should write. We should discuss that.

Jackie Baillie said that the situation has clearly changed, but I do not think that it has. The situation is the same now as it was 12 months or two years ago. If the Scottish Executive or Historic Scotland are looking for evidence of benefits to the community, they can look at Eilean Donan castle, which Jim Mather mentioned. In the late 1920s it was a raggle of stone, just like Castle Tioram. It has been restored and is one of the major tourist attractions not only in Scotland, but in Britain, for 12 months of the year, so there are benefits to the community.

The Convener: I do not dispute that for a second, but the committee cannot turn into a court of appeal or a planning committee. It is not Parliament's role to do either of those things. I understand that there are specific concerns about the case, but there is nothing that we or Parliament can do to overturn a decision that has been made by Historic Scotland. However, it is clear that, over time, petitions have been submitted that raise similar concerns about the lack of accountability of Historic Scotland and its failure properly to consult communities. That is where the committee has a remit.

Historic Scotland's review is on-going. If, after writing to the minister or to Historic Scotland to highlight the points that have been raised this morning, the decision on Castle Tioram is re-examined, that would be a good outcome, but we cannot direct that. We have to be careful that we do not set a precedent, because if we sit here in judgment on the decision, we will have every planning decision in Scotland coming before the committee, which is not what we are here to do. We must focus on what the petition asks for, which is for us to raise the concerns of the community, which are based on knowledge that its members have gained through experience, and to ask the Scottish Executive for its views on Historic Scotland's role in such matters. That is a general issue, which is what we must remain focused on.

Jackie Baillie: I will try to be helpful and build on what John Scott has said by way of a recommendation. If we write to the minister, we can perhaps use Castle Tioram as an example and an illustration of the concerns. We can also mention concerns that have been expressed in previous petitions. No member is suggesting that consideration of the petition be closed, but in our correspondence with the minister we can reflect on the fact that the review ended in October 2003 and that we look forward to hearing about a date when he will announce the changes to Historic Scotland, which would give the sense of momentum that members are looking for. That perhaps captures all the points that members have made.

Ms White: I will make some points that are much the same as those made by Jackie Baillie. The review took place in October 2003 and it is now February, but we have still not had a result. I would like to know when we will get the result of the review and I would like the petitioner to be invited to comment on the time scale if the castle is to survive. We could mention that in the letter to the minister.

John Scott: We should take Jackie Baillie's suggestion and go forward from there if that is the view of the committee.

The Convener: Yes. As is normally the case, when we get responses back from Historic Scotland and the Scottish Executive, those who have contributed to the committee's deliberations will be asked for their views on the responses; MSPs who have come to the committee today to make a case will be able to comment to the committee once we have received the views of the Scottish Executive. Are members happy with that proposal?

Ms White: Is the petition being kept live?

The Convener: Yes. The petition is very much being kept live—we are not closing anything off.

We will write to the minister and to Historic Scotland to highlight to them what has been said at the meeting this morning and to seek their comments on when the on-going review will arrive at a conclusion. We will ask for the Scottish Executive's views on Historic Scotland's accountability and the methods through which Historic Scotland achieves that accountability. Are members agreed?

Members indicated agreement.

Food for Good (PE704)

The Convener: The next petition is PE704, on the national health service food for good charter. The petition is by Simon Macfarlane, on behalf of Unison Scotland. It calls on Parliament to urge the Executive to support the terms of Unison Scotland's NHS food for good charter. Copies of an additional paper that has been submitted by the Scottish Society for the Prevention of Cruelty to Animals have also been circulated. Simon Macfarlane is here, along with Lillian Macer and Raymond Marshall, to give a brief statement to the committee in support of the petition. I welcome you to the committee: you have three minutes to make opening remarks, after which members will pursue the issue.

Simon Macfarlane (Unison): Thank you, convener. We are here today to present the petition and I thank the committee for hearing us.

Unison's NHS food for good charter sets out 10 points, which we think could capitalise on the massive spending power that the NHS in Scotland has in securing produce to improve the health of patients and staff and to improve dramatically the food economy of Scotland. We welcome many of the initiatives that the Executive has taken in the areas that the charter covers, but we do not think that they go far enough in many respects, or that realistic targets have been set.

Rather than hear from me, it would be better for the committee—in the short time that we have—to hear from a Unison chef. Lillian Macer would like to make a few remarks to the committee.

Lillian Macer (Unison): The massive purchasing power that NHS Scotland has should be used to influence the Scottish food economy and to improve the dietary intake of tens of thousands of people in Scotland. The 10-point food for good charter sets out Unison's objectives for delivering healthy and more environmentally conscious communities in Scotland.

Scotland needs food that is good for health, good for the environment and good for the economy. Unison's 10-point food for good charter and the NHS's massive food-purchasing power could be used to help fast-track and deliver a food

economy that is good for Scotland. Local production means local employment, which is often not taken into account in relation to tendering. Of course, local employment also means that money will circulate locally. If we procure food locally, food miles are reduced, so fuel is not consumed pointlessly.

Health improvement should not just be about words in leaflets. We should demonstrate through the food that we serve in hospitals the type of recommended diet that is healthy, thus directing patients as to the diet that they should follow when they leave hospital.

Patients should be the only consideration in the respect of preparation of food in the NHS, but privatisation of catering departments means that profits take priority over dietary and quality considerations. That has to change if improvements are to be made. Food is a vital component in the recovery of patients. Its nutritional value is recognised by the catering professionals who work in the NHS as being an integral part of recovery. The skills, knowledge and experience that are required by those professionals in plying their trades, however, are not recognised in pay or in terms and conditions.

Carolyn Leckie: I am a member of Unison, so I know Simon Macfarlane and Lillian Macer, and Raymond Marshall, whom I met last week.

I have a few questions, because I would like more details about the evidence that you have gathered on the effect that privatisation of catering has had on the quality of food, its nutritional content and the size of portions, particularly in relation to special dietary requirements. What has been patients' experience where privatisation has occurred?

I want you to comment in a wee bit more detail on NHS catering staff's pay in comparison with that of chefs and catering workers in other sectors. If you do not mind, perhaps you could also comment on the Executive's response—of which I think we have a copy—particularly on the sections on "Patients not Profits" and on "Fair Pay".

I return to my first question on privatisation and the quality of food. One of the sentences in the response reads:

"The important matter is that the Standards are met and patient care is assured not how catering services are provided."

That is obviously the Executive's desire and wish, but how does that accord with the reality of your experience? Are quality standards being met?

The Executive's response has only two sentences under the heading, "Fair Pay". It says:

"Arrangements for determining pay in the NHS are already established. These include arrangements for chefs

and associated staff."

That does not answer the question about unfair pay for chefs in the NHS. I think that the Executive must be commenting on current pay scales and referring to on-going negotiations in "Agenda for Change". Where does that sit with your claim for chefs? Perhaps you could give us a bit more detail about that, because I do not think that the Executive has answered those points.

Lillian Macer: I shall answer the pay question first. Carolyn Leckie asked where the chef trade sits within the NHS. In the NHS, the majority of chefs are women, while other trades in the NHS are historically male dominated—there are no female plumbers in the NHS, for example. As a woman chef in the NHS, my trade is of equal importance, but it is not valued in the same way. We do not have the same terms and conditions or the same handbook and we do not have the same basic pay. We are lower down the scale; a chef gets £2 an hour less than a plumber gets. That is where we sit within the trades structure.

In "Agenda for Change", chefs come in at band 2, which means that I have to get protection to maintain my salary. The new pay structure in "Agenda for Change" does not take into consideration chefs or associated staff; it effectively reduces my pay, and I have to get personal protection. Newly qualified chefs coming in behind me are paid less than I am. The new pay structure does not take that into consideration.

10:45

On privatisation and where we sit on that, Scotland has three of the largest private finance initiative hospitals—Hairmyres hospital, Wishaw general hospital and the new Edinburgh royal infirmary. I work in Lanarkshire, which has two PFI hospitals: Wishaw general hospital and Hairmyres hospital. Wishaw general hospital has traditionally cooked food on site. As one of the chefs at the hospital, I have to say that we deliver high-quality food to the patients, staff and local community. At Hairmyres hospital, the food is shipped in from Manchester. It is cook-chill food; therefore, when a patient comes in, it could take a week for their dietary needs to be met. We do not keep meals for people on special diets on tap—on cook-chill—but must send for them. Unless food can be prepared specially on site, a patient who has a special dietary need has to sit and wait until that need can be met. I believe that it is the same at the Edinburgh royal infirmary, which brings in cook-chill food from Wales. That does nothing for the local community, the local environment, the local economy or fuel consumption. That is a major concern for us, as Unison has highlighted in its charter.

Simon Macfarlane: I will pick up on the Executive's response. Unison totally refutes the suggestion that the way in which NHS catering services are provided is irrelevant: we think that it is absolutely vital. One of the drivers behind the "Agenda for Change" pay-modernisation programme is the need to put people on common terms and conditions. It is about trying to break down barriers between different groups of staff. We think that catering and diets are absolutely central to the health of patients, and the people who provide them need to be recognised as part of the health care team. If those services are privatised and out-sourced, and if their management structure is driven by profit rather than by health, that is completely incongruous with patient health and delivering the best service to patients in Scotland.

Mike Watson: I want to return to the point that Carolyn Leckie made about your attitude to the Executive's reply. Perhaps you could say a bit more about two issues.

First, the issue of having five portions of fruit and vegetables a day is set out under one of your headings, and the Executive seems to have responded section by section. The Executive seems to give out quite a positive message about NHS catering outlets' achievement of awards and so on. It seems to me that this is an essential part of the Executive's promotion of healthy eating generally from schools upwards. Does the comment that the Executive makes about the five portions a day equate with your daily experience as a chef?

My other point relates to the question of fair pay. The "Agenda for Change" programme is an important exercise. I remember my own days as a union organiser with the union that is now called Amicus, when an equal-pay claim involving speech therapists in the NHS was made on the basis of equal pay for work of equal value. It seems that the example that you gave—comparing chefs to plumbers—fits within that idea. Has Unison any plans to take forward such a claim through industrial tribunals rather than through the negotiating machinery? That might be a way to ensure that chefs—male or female—are properly valued in terms of their jobs' being compared to other trades within the NHS.

Simon Macfarlane: I will pick up that last point and Raymond Marshall will answer the question on provision of five portions of fruit and vegetables a day.

We have, in seeking equal pay for chefs, examined the pay of plumbers and other trades within the NHS. Certain skills and qualifications are required to become a fully competent chef in the NHS—a chef requires the same level of Scottish vocational qualifications as a plumber.

However, we would much prefer to reach a negotiated settlement via industrial relations than to go down the protracted route of pursuing equal pay.

You referred to the specific example of speech and language therapists. It took years to reach resolution on that, after which funding of the settlement had a massive impact on the NHS. We would much prefer to have an agreed, negotiated and sensible approach to the issue within the NHS in Scotland. "Agenda for Change" picks up many equalities issues that relate to job evaluation; there is historic discrimination against chefs in the NHS. As Lillian Macer says, the vast majority of NHS chefs are women, which has meant that that discrimination has in some way fed through into the recalibration of jobs in the NHS under "Agenda for Change", which has not removed the inequalities that chefs face in the grading structure.

Raymond Marshall (Unison): We are addressing the matter of making available five portions of fruit and that it should not just be treated as a paper exercise and given awards, but should be backed up; there should be checks that patients are receiving five portions of fruit and vegetables a day, or more if possible. We aim to have a lot more fresh fruit on the wards for patients, so that they can have fruit whenever they want it, rather than its being specified on a menu.

Mike Watson: So, in the experience of your members, five portions are not being provided or, rather, it is happening but only when food is provided at set times of the day and not outwith those times.

Raymond Marshall: Yes. The only time a patient receives an extra piece of fruit is when a dietician says that they should receive it. We want bowls of fresh fruit on the wards; that goes back to the issue of buying fresh local produce. Rather than have frozen vegetables bought in, we suggest that they be bought and prepared locally so that there is more nutritional value in them for patients.

Simon Macfarlane: We would like a much more holistic approach; for example, occupational therapists working with patients on their ability to prepare meals, and on how much emphasis they put on diet and healthy eating. There is great linking of services and professions in the NHS, so focus can be put on equipping patients to maintain healthy diets when they go back into the community. NHS catering and its staff can deliver important lessons to patients if there is a more joined-up approach.

Jackie Baillie: I declare my interest as a Unison member and refer those present to my entry in the register of members' interests. That done, there is

much to commend the petition, but I want to ask the witnesses two questions.

First, it is clear from the Executive response that some attention has been paid to the issue. There is the Scottish health plan, and for the first time there are new NHS clinical standards on food, fluids and nutritional care. Quality is now supposed to be measured and assessed. Are targets robust enough? Has the system had time to settle, and are there gaps that should be plugged as part of that overall approach?

Secondly, I come back to the issue of gender discrimination. Although we cannot—and should not—be the pay negotiating machinery for the NHS, there is much to merit either the employment tribunal route or the Equal Opportunities Commission. I do not intend to tell you how to take the matter forward—you are more than capable of doing so—but I would have thought that those would be useful routes to go down.

Simon Macfarlane: We welcome many of the comments in the Executive's response, and we welcome improvements that have been made in a number of areas that the charter covers. To give a couple of examples, the response on organics is that organic food is ultimately a choice for individuals. However, there is no such choice for NHS patients who want to eat organic meals—there is no option of an organic meal on any NHS menu in Scotland, nor is there the option to purchase an organic meal in any NHS canteen. There is no opportunity for choice within the NHS.

The Executive's response on fair trade was one of the most disappointing responses. The Parliament is to be commended for having fair trade products. However, patients, NHS staff members or visitors have no opportunity even to purchase a fair trade product.

As a result, we feel that the Executive could, without contravening any procurement regulations, be far more creative and could encourage positive initiatives such as the two that I have outlined: people could simply be offered the choice for which the Executive has expressed its support.

We are considering other legal mechanisms or sources of resolution to the gender discrimination that we feel our members face. Ultimately, if we have to pursue equal-pay claims, we will have to look at the matter. However, as I said, such procedures are hugely time-consuming and expensive and do not provide swift results for our members. We have already been successful in negotiating deals in respect of low pay with the Scottish Executive Health Department, and we feel that it would be far better to resolve the matter through similar partnership and dialogue with staff trade unions, rather than resort to legislation. That said, we reserve our right to take that approach

and will pursue it on behalf of our members if required.

Lillian Macer: As far as the Executive's initiatives are concerned, I should point out that if we privatise catering departments we lose control of the food that is delivered to the patient. Although privatised catering departments are working within the NHS in Scotland, no one is monitoring them to find out whether they are considering Scottish Executive initiatives.

John Scott: I must first declare an interest as a farmer and a food retailer. I am also the chairman of the Scottish Association of Farmers Markets.

There is much to recommend in Unison's petition. I will not go anywhere near the pay structure debate, but I have to say that it is absolutely essential that we continue to raise food quality standards in the NHS.

The Executive's response ducks the issue of sourcing locally produced food. As the petitioners have pointed out, fresh, locally produced food tastes better, lasts longer and is more environmentally friendly. The Parliament is trying to pursue all those goals. Of course, the NHS also has a duty to the public purse to source its food as economically as possible. However, it should get a steer from the Executive to try to use locally produced Scottish food wherever possible.

With regard to organics, Unison's food for good charter states:

"The NHS should actively engage with all its suppliers with regards to the use of pesticides, steroids, antibiotics and additives".

Do you agree that those substances are not found in Scottish or British food? Instead, they are found in imported food, often from third-world countries. Steroids and additives were banned from use in this country about 10 to 15 years ago; the use of antibiotics in food is as much regulated as their use in humans; and pesticides are also heavily regulated. Does that sentence from the charter refer to imported food that the NHS uses?

Simon Macfarlane: Obviously, the NHS procures food from a range of sources, including Scotland, the United Kingdom and much further afield. Regulations apply to all the areas that you mentioned and we are certainly not implying that the NHS is breaching any standards. However, as a major purchaser of produce, the NHS has a corporate responsibility to engage with suppliers and work with them to investigate what produce contains and to reduce levels of pesticides and so on. We recognise that the standard of British produce is often far higher than that of produce from other sources, but that does not mean that we should not always strive to improve the quality of British produce.

We welcome the Parliament's support for securing local produce. The example that Lillian Macer referred to of food being trucked up from Wales to supply patients in Edinburgh is an absolutely ridiculous situation in this day and age.

One positive example from overseas is the Scandinavian countries' use of natural resources such as berries to improve diet and reduce rates of coronary illness. Although Scotland has a high berry output, fresh raspberries are few and far between on NHS menus. We want a sensible approach that involves linking the two agendas.

11:00

John Scott: I do not know the situation with the Scottish berry project at the moment, but it has been talked about for many years. If it is working, I am glad about that; if it is not working, I wish that it was.

Ms White: Most of the issues have been covered. I agree entirely with the point that we need an holistic approach in Scotland and in hospitals to trying to improve people's health. I am reminded of a case, not long ago, in which food was shipped up to Glasgow royal infirmary and the security officers had to cook it because there were no chefs. That was also an employment issue.

Reports from yesterday and the day before have revealed that the millions of pounds that were spent on the Executive's healthy eating initiative elicited only around 300 calls. If that kind of money was put into the NHS to source local produce and provide fresh meals for patients—instead of being thrown at advertising companies—would that not be a better way of using the Scottish Executive's funds?

Lillian Macer: If moneys are directed to chefs, the chefs can cook and deliver quality meals to patients, staff and local communities. The Executive has set up an advertising campaign and printed glossy leaflets, but there must be something behind the campaign to re-educate people in their way of eating.

In my field, we have a captive audience—we have 600 patients in beds. They are our punters; we feed them and we do the best we can for them. Because the Wishaw general hospital is sited in the heart of the community, many people come in and the demand for what we produce is astounding. People, including families, come in to eat. You might think a Sunday shift would be quiet, but on Sundays people queue out the door because we deliver quality food that is cooked on the premises.

If we are going to set up a campaign with glossy leaflets, there must be substance behind it. A culture change is needed. Because we have a

captive audience, we can influence what people eat and re-educate them.

Simon Macfarlane: The Scottish Parliament has taken an interest in school meals and has considered reducing the frequency of chips on the menu. We took that point on board in our charter—it was one of the less popular measures among our members. Parents should not be let off the hook. The number of times that menus for staff in the NHS include chips must be considered. Staff need to take some of the pain.

Helen Eadie: I congratulate Unison on its initiative; it is worth while and everyone should work hard to support it. In the kingdom of Fife—Fifers like to blow their own trumpet a wee bit from time to time—catering was taken back in-house a couple of years ago. We are proud of that measure, which echoes what you have said this morning. We were persuaded some time ago that the measure was the right way forward.

The minister's response, under the "Real Food" heading, mentions

"good practice from the example of Forth Valley Food Links".

I do not know very much about that example, so I would invite any comments that you have to make on it.

Judging from the correspondence that I have received, and from representations that have been made during my constituency surgeries, I sense that, throughout Scotland, there is a big push for an initiative in March to get cities and towns to become places where everything possible is done to establish Fairtrade products as the way forward. The Executive mentions chocolate, coffee and tea in its response, but there are many other Fairtrade products that we could consider, such as bananas. I would invite your comments on that, too. Perhaps you might wish to link that with the idea that, while cities and towns could become Fairtrade zones, we can also make big Government departments throughout the United Kingdom Fairtrade zones.

John Scott mentioned the Scottish berry initiative. I declare an interest: I am a member of the Co-operative Party and I am sponsored by the Co-op to be a member of the Parliament. The Scottish berry project is a mutual, or co-operative, and I understand that it is already getting support from the Scottish Executive. Representatives of the initiative have told me that there has been a massive reduction in cancer and heart disease in Finland—a big study was done in Karelia in connection with berries. I applaud the efforts that you are making. To reiterate, I would invite you to comment on the specific points about Fairtrade and Forth Valley Food Links.

Simon Macfarlane: I am not able to talk about

Forth Valley Food Links in detail, because I do not know that initiative very well. However, I am aware that the Executive gave it as an example of a good local project that had achieved a lot of what we would be looking for in improving capacity to provide local produce. I did not see in the Executive's response anything about the extent of the involvement of the NHS—such initiatives often proceed without such organisations as the NHS being centrally involved. We are talking about looking holistically at the health agenda, particularly diet; the NHS has an important contribution to make, not just as a health care provider, but as a food purchaser.

You are right to say that the first couple of weeks in March are Fairtrade fortnight, when the Fairtrade Foundation tries to develop a national profile and to create momentum around Fairtrade products. There is indeed an increasing push to get local authorities interested and to establish Fairtrade towns, for example. The idea about trying to get departments or hospitals to use Fairtrade products is an excellent one and we will certainly take it away with us.

It is true that many Fairtrade products can be purchased—the range goes much wider than just tea, coffee and chocolate. As you will know, the Co-op led the way on many such products. However, there is a dearth of Fairtrade products in the NHS, both in what is provided to patients and in what is available for purchase in hospital canteens and shops. A far more proactive approach could be taken in that regard. Even just giving patients and staff the choice of Fairtrade products would be a step forward. It would also be positive if the NHS decided, like the Parliament has done, to use Fairtrade products for hospitality, including coffee for meetings, for example.

John Farquhar Munro: I have read your food for good charter and I think that it contains many laudable aims and that much of it is to be recommended. You should be congratulated on producing the document. How much research have you done on achieving the goals and objectives that the document sets out? For example, you have set a target for the NHS's purchase of organic food. Would the market be able to supply such a demand in Scotland—or in the UK—given that most of our organic produce comes from abroad?

Simon Macfarlane: Unison supported the Organic Food and Farming Targets Bill at Westminster and we were able to look at the research that lay behind the bill. The targets to which you refer are aspirational. We call on the Executive to set targets for the increased provision of organic food in the NHS. Without targets, it is difficult for management to focus on delivering change. As members will know, targets are a

thorny issue in the NHS in relation to what targets should be set and what their outcomes should be.

To be honest, we are not beholden to the fixed percentages for the Scottish NHS targets. However, we believe that a measurable standard should be set for the NHS's direction of travel to increase the amount of organic and Fairtrade produce that it sources from the food economy. We talk about improving standards over time. I hope that, by taking a longer-term approach, the capability of the market and the suppliers would increase to meet demand.

John Farquhar Munro: A target can mean that the onus is put on people to comply. However, if the NHS, in accordance with the food for good proposals, agreed to purchase organic produce, I do not believe that it would be able to source that produce.

You say in your paper that the catering market uses low-quality meat, but I think that that is a bit harsh. However, when I read what you say about the contents of the poor sausage, it frightens me terribly.

Simon Macfarlane: That evidence was taken directly from a report by *The Guardian* on meat quality in the UK. We do not claim that the meat that is procured for the NHS in Scotland is low quality. However, sausages with low-standard meat are procured for the public sector in the UK, particularly for the school meals market, in which the standards are different from those in the NHS. However, our point is that the NHS should strive for much higher-quality meat, with reduced levels of salt, water and fat. We want the best-quality cuts of meat to be used. That can be done by linking with farm assurance schemes, of which there are a number in Scotland—for example, Quality Meat Scotland. The schemes have well-recognised brands that assure the quality of the meat and, to some extent, the quality of animals' welfare. Again, the NHS should seek to use its influence and power to source from such schemes.

The Convener: We will hear from Carolyn Leckie and then Linda Fabiani. I am looking for recommendations about what to do about the petition.

11:15

Carolyn Leckie: It would be extremely interesting to track the story of a sausage from Wales. I do not have much confidence in the quality of such sausages, having tasted them in a privatised hospital canteen. My experience tells me that the Executive is not addressing the question of hospital catering and the cook-chill process specifically.

The Executive's response to Unison's charter is wholly inadequate; it does not even acknowledge that there is a problem. On the one hand, the Executive says that it wants to move towards sourcing food locally; on the other hand, it says nothing about how it will address the whole question of the cook-chill process, the transportation of food from Wales and so on. The Executive must tackle those hard issues. I would like the cook-chill practice to be eradicated.

The other thing that has not been mentioned is the state of the capital equipment in kitchens and the resources that are required to bring that up to scratch. Has the Executive commented on that?

As I said, the Executive's response is inadequate and I whole-heartedly support the petition, as I think the committee does. We should put the ball back in the Executive's court and ask it specific questions about the state of the food, privatisation, the cook-chill process and the other concerns that have been raised.

For several years, there have been successive pay claims in the NHS in relation to equal pay and low pay; it was claimed that the agenda for change would be the panacea that would sort that out. The idea that there are disagreements and problems that cannot be sorted out now but need to be thrown into an employment tribunal to reach a settlement is not appropriate. It will take a massive amount of work by the trade unions and employers to implement the agenda for change, which was supposed to solve the problem. We must communicate that to the Executive, which has to address the issue to avoid being tied up in employment tribunals. If its response continues to be inadequate, we should suggest that the Health Committee consider the charter.

Linda Fabiani (Central Scotland) (SNP): I apologise for being late, convener.

I have a quick question, although the petitioners might have answered it already in their presentation. I am aware that we often cite great models from Scandinavia, such as Finland's berry project. Has Unison considered how the Scandinavian countries deal with food issues in their hospitals? Do they achieve the standard that we aspire to? Do those countries have privatised or state-run facilities in their hospitals? If the facilities are privatised, how are they monitored and how are the Scandinavian countries able to make the difference?

Simon Macfarlane: I confess my ignorance on that; I do not know the intricacies of the Finnish health service. However, via Public Services International, which is a confederation of public sector trade unions, we look at health provision throughout the world. The increasing prevalence of the private sector in the provision of health care

is a consistent theme and leads to a decrease in the amount of free services; there is a correlation between the cost to individuals and the quality of patient care, at least in relation to care being free at the point of need. I do not know the specifics of Finnish catering services, but I will make a point of finding out about that.

The Convener: Carolyn Leckie recommends that we take the petition to the Executive and ask for its views. Do other members want to add anything? Input from other organisations might be beneficial and might help us to get the fullest picture of where we are on the issue.

Jackie Baillie: I have no problem with the principle of what has been suggested, but we must be more specific, given the petitioners' comments on organic food targets and Fairtrade, which are missing from the existing frameworks. Simon Macfarlane also mentioned the robustness of targets, so it would be helpful for us to write to NHS Quality Improvement Scotland to get information about the precise targets that are in place. Carolyn Leckie waxed lyrical about pay issues, but Unison is more than aware of the channels that are open to it to pursue those matters through the negotiating machinery. Given that the Executive gets the *Official Report* of our deliberations, I think that simply noting the pay issues will serve the purpose.

Helen Eadie: We should ask the Scottish Executive to have regard to the churches and trade unions. Civic Scotland is trying to get facilities such as hospitals declared as areas where all Fairtrade produce will be made available from March onwards.

The Convener: We can ask for the Executive's views on that. Are members happy with the suggested series of questions? We will expect a response from the Executive before we proceed with the petition.

John Scott: I suggest that the proposals be broadened out beyond hospitals to prisons and schools, where there is—to use a dreadful term—institutionalised catering. If a steer is to be provided on using fresh, locally produced food, it should not apply only to hospitals.

The Convener: I do not want to widen the petitioners' agenda to other areas without their permission, although I do not think that they would have any problems with that suggestion. Are members happy to take those recommendations forward?

Members indicated agreement.

Hospital Closures (Consultation) (PE643)

The Convener: Petition PE643, in the name of a good friend of the committee—Dorothy-Grace

Elder—calls for the Parliament to take the necessary steps to improve public consultation on any proposals to close hospitals for which additional public funding has been provided through fundraising and other donations. Dorothy-Grace Elder and Charles McGhee, editor of the *Evening Times*, are here to make a brief statement in support of the petition. Dorothy-Grace, you are very welcome.

Dorothy-Grace Elder: It is good to be back and to see familiar faces. Thank you for allowing us both to come. For the past six months, Charles McGhee's newspaper has been running a major campaign against the closure of the Queen Mother's hospital, which has involved intensive work by him and his staff. He is not my editor, so I do not have to declare an interest in that direction. I declare an interest only in a more benign direction, which is that, like a multitude of others, I have given birth to children in the Yorkhill complex and served for 20 years as one of the fundraising trustees of the then Yorkhill children's trust who worked as volunteers to raise money over the years.

In that 20-year period, the public donated something like £7 million. Much of it came from *Evening Times* readers, but money also came from people throughout Scotland. I recall oilmen arriving from Aberdeen with quite a fortune, sometimes stuffed in poly bags, which they had collected for the two special hospitals, the sick kids' and the Queen Mother's. The link between the two is absolute in the public mind as well as in the practicalities of saving the lives of babies and children. Why were people coming from Aberdeen and, my goodness, sometimes even from Shetland, the Borders and all over? It was because the Queen Mother's and the sick kids' are national hospitals.

I am pleased that the First Minister acknowledged in Glasgow on Monday that the Queen Mother's is a national hospital and a national issue. However, the so-called consultation by the local health board has been only local, which is wrong. The consultation period ends in two weeks, which is why our petition is so urgent.

Charles McGhee has brought along devastating evidence concerning what people outside Glasgow think and what clinicians throughout Scotland think. The consultation has been the usual sham. Greater Glasgow NHS Board is hell-bent on closing the Queen Mother's—a hospital of world status—on its present site at Yorkhill and absorbing it into the distant Southern general hospital. The plan is simply dreadful and it goes against the wishes of the 120,000 members of the public who signed a petition. What hope do those 120,000 members of the public have, given the record that health boards have of acting, frankly,

like tin-pot dictators? Greater Glasgow NHS Board has acted like that before and other boards have followed the same practice. We are sick of that lack of democracy, which pops up in health boards in various parts of Scotland. The boards present a fait accompli to the public and provide Hobson's choice as if that were consultation. It is not.

Greater Glasgow NHS Board even suppressed a leaflet that had been produced by the trust that represented the two hospitals. The board whisked it away and did not allow it to be distributed. The leaflet was locked away in a cupboard because it revealed that the specialist team that is needed for extremely sick babies cannot be easily reassembled on another site. The clinicians protested about that, but their voices were suppressed. That is not democracy.

That is why I hope that the Executive will not rubber-stamp any decision by the health board to close the Queen Mother's. On Monday night, Mr McConnell declared that the Executive does not need to rubber-stamp those decisions. Unfortunately, we have seen the rubber stamp being used over the years, but it does not need to be used again. I am glad that the First Minister and the Minister for Health and Community Care have now taken what seems to be a real interest in this great national hospital.

Without wishing to take up much more of the committee's time, I respectfully ask that the committee consider making an immediate request to Greater Glasgow NHS Board to delay the closure so as to allow a Scotland-wide consultation to be launched. The health board must be asked to account for its decision. It must also account for the millions of pounds that the public have given to Yorkhill and to Ronald McDonald House, which is on that site.

I urge the committee to pass the petition to the Health Committee and to remind that committee that its predecessor, the Health and Community Care Committee, compiled a report that came out against shoddy consultation. That kind of consultation was supposed to end, but the health boards continued that practice the minute that the Parliament's back was turned.

I also kindly ask the committee to write to the Executive, the First Minister and the Minister for Health and Community Care to let them know about what Mr McGhee, who has come along today, will reveal to the committee. I thank you for hearing us.

Charles McGhee: As the committee has heard, more than 120,000 readers of the *Evening Times* signed a petition to save the Queen Mother's hospital. I am here to represent them. Our readers have also been major fundraisers for the hospital, so they are pleased to support Ms Elder's petition.

I can reveal important evidence today on why this is not just a local issue that pertains only to the future of a Glasgow hospital, but a national issue that threatens a range of vital life-saving services that are currently available to mothers and babies throughout Scotland. I have with me copies of letters from Scotland's leading obstetricians. They represent every major Scottish maternity hospital outside Glasgow. They all argue for the retention of the Queen Mother's and, just as important, for the preservation of the hospital's unique link with the Royal hospital for sick children. The obstetricians want the committee to be aware of their belief that Greater Glasgow NHS Board's proposal to close the Queen Mother's and separate it from the sick children's hospital is not in the best interests of Scotland's mothers and babies. Their letters will be submitted to the public consultation process.

Like Ms Elder, the *Evening Times* believes that the consultation process is flawed, as it has not been carried out in an open, transparent and democratic manner. That is the view of a growing number of senior clinicians, who have gone public in saying that they have been ignored and misrepresented by the board. That is also the view of the staff at Yorkhill hospital, whose view was contained in the leaflet "Delivering a Healthy Future", to which Dorothy-Grace Elder referred—the leaflet was locked away in a cupboard at Yorkhill because of the board's intervention. The view is also shared by the 400 people who turned up at what was the largest public meeting on the issue so far. The meeting was attended by a cross-party group of 12 MSPs, but the health board failed to send a representative to defend its position.

11:30

The Queen Mother's is not just a Glasgow hospital and this is not just a Glasgow issue. The hospital and the neighbouring sick children's hospital provide a number of vital national services to the whole of Scotland. It is important for the committee to remember that every health board in Scotland and the Scottish Executive help to fund the services at Yorkhill. They pay a proportion of its annual budget to supply national services. Those national services include paediatric intensive care, paediatric cardiac surgery, keyhole heart procedures for children, foetal medicine, newborn screening and extracorporeal membrane oxygenation. Yorkhill is one of only four specialist centres in the UK, and the only one in Scotland—it also serves Northern Ireland and the north of England—with the ECMO machinery and the clinical expertise to offer that service, which takes over the functions of the hearts and lungs of critically ill babies who are too weak to breathe for themselves.

The integrated mother, baby and child facility that has been created at Yorkhill has a world-class reputation, not just a Scottish or British reputation, which has taken nearly 40 years to build up. The services provided there are the envy of the UK and represent the very best of NHS provision in Scotland. In the published opinion of the leading clinicians in the field, it would be medical vandalism of the worst kind to tear the hospitals apart, thereby increasing the risk to the lives of Scotland's most vulnerable mothers and babies.

We join Dorothy-Grace Elder in respectfully asking the committee to refer the petition as a matter of urgency to the Scottish Executive and to the Parliament's Health Committee. We also endorse her call for a national consultation process, so that the future of those wonderful hospitals can be decided in the best interests of Scotland, not in the narrow interests of the local health board, which does not appear to value the national treasure that it is about to destroy.

Mike Watson: As ever, we are in the situation of saying that we cannot look at the individual case, because that is not the function of this committee. However, in relation to the matters on which Dorothy-Grace Elder and Charles McGhee have spoken, most of us—not just members like me, who represent a Glasgow constituency—are well aware of the issues because of the national consequences. I have made my views clear, and urged Greater Glasgow NHS Board to re-examine the decision. In fact, I said that in Mr McGhee's newspaper. Re-examining the decision is important and I hope that the board does that.

There is an issue about consultation. Dorothy-Grace Elder referred to other consultations. I have been involved in at least one consultation that was unsatisfactory and I am sure that other members have similar experiences from their parts of the country. It is important that consultation is seen to be meaningful. That does not just mean the board changing its mind. Health boards should put issues out to consultation without first making their own views clear, so that at least they are inviting opinions rather than saying, "Do you back us or do you not back us?" That is what has happened in Glasgow in the past, and it happened in the case that we are considering. The issue was farmed out to a special review group, but the board's intention was clear. That is the wrong way to do it.

I notice that the Executive is producing guidance on how boards should consult. That is an important aspect, but our input should be based on the case that we are considering, and on other cases that members may wish to refer to in the next few minutes. The consultation process is not viewed by the people of Scotland as meaningful, and there is a view that it is designed to achieve certain outcomes that may or may not be in line

not just with the views of the general public but, as both our witnesses said today, with the views of highly experienced clinicians. Their views are often seen to be overridden, which is a matter of concern, certainly in this case.

We need to turn our attention to the general issues, encompass the views that we have heard this morning, and urge the Executive to make the consultation process that is employed by all health boards in Scotland more meaningful than it has been until now.

Jackie Baillie: I want to clarify one point that is giving me some difficulty. The petition seems to suggest that there should be more consultation where significant donations have been made. I am not entirely happy with that, because the test should be not the scale of the donation, but the value of the hospital.

I shall move on to the substantive issue of whether the consultation is flawed and whether it acknowledges that we are operating within a national context. A number of members around this table are convinced of the need to retain the Queen Mother's hospital because of its unique link with the Royal Hospital for Sick Children at Yorkhill. At this point, I should declare an interest. Some problems in the area that I represent might be resolved if mothers and babies at the Vale of Leven hospital, which has a wonderful community midwife-led unit, could access consultant-led services at the Queen Mother's hospital. Indeed, that would be an ideal solution.

I want to focus on the specifics as well as on some of the general principles of what is going on in the west of Scotland. As far as consultations are concerned, almost 80 per cent of women and three out of five local authorities rejected the conclusion of NHS Argyll and Clyde's consultation on maternity services. There was no evidence of any regional planning or that clinicians from the Queen Mother's hospital had been involved in shaping some of the conclusions about the Vale of Leven hospital and indeed about the rest of Argyll and Clyde. We could look at this matter simply as a consultation that the health board has carried out; however, I have enormous sympathy with the petitioners' wider point that, depending on the circumstances, any such consultation should be carried out on a regional, if not national, basis. For that reason, I have no difficulty in supporting the petition and am quite happy to sign up to sending it to the minister and to the Health Committee, with the caveat that we do not make the size of donations the key issue.

Dorothy-Grace Elder: Thank you so much.

On the question of donations, the petition was rather changed from the time that I wrote it. However, I added the reference to donations

because I thought that that kind of approach gives the public a double stake in a hospital. People have most generously subscribed to this hospital beyond their initial stake as taxpayers who pay their NHS stamps. It is rather like the hospital endowment situation, in which we do not know what happened to the large sums of money that were left over in the 1940s. However, in this case, we are talking about money that has been donated recently—indeed, money is still coming in from an enormously generous public as a signal of respect for the hospitals in question.

As a result, I thought that that aspect should be taken into consideration, particularly given the fact that some of the money has been used to create buildings at Yorkhill. What is going to happen to the big and beautiful Ronald McDonald House, which was built to allow parents of sick children and babies to stay overnight? The Cancer and Leukaemia in Childhood Trust also has a house on that site. I added the reference to donations to raise the question of what on earth will happen to the public's money and generosity.

Of course, when I talk about consultation, I do not mean to infer that we should have umpteen more sterile meetings in various halls, of which there have been quite a number and at which no one from the Executive or the Parliament has been present to monitor how loaded the questions are. We need to examine the process to find out what kind of questions are being asked and whether we have proper consultation that is being targeted at the right people such as specialists, midwives and nurses.

Ms White: I note that the petition was submitted in May 2003 and that the consultation process did not start until October. I presume that that is why Dorothy-Grace Elder did not change its wording.

There is a point to be made about donations, no matter how large, small or indifferent they might be. When the question was raised at one of the public meetings, Catriona Renfrew said that anything that was bought with public money would be absorbed into the rest of the NHS. People have raised concerns about the money that they have donated for equipment for the Queen Mum's and Yorkhill.

I, Mike Watson and everyone else around this table, particularly those from the west of Glasgow, have all attended meetings and support the claim that the consultation process has been flawed from the beginning. I fully endorse Jackie Baillie's comments about sending the petition and the *Official Report* of the meeting to the Minister for Health and Community Care. However, things have moved on.

At a public meeting with the health board on Monday night, questions were asked about the

services that the Queen Mother's hospital in Yorkhill provides. The board said that the hospital provides a gold-standard service, but that it could not provide such a service in the future once the Queen Mother's hospital's link with Yorkhill had been destroyed. A member of the public asked why the board wished to destroy a gold-standard service and whether we should be emulating the service and moving towards a gold standard for the whole of Scotland. The health board said that that matter would need to be considered in a few years' time. Therefore, I think that there is a real reason for a moratorium and that the issue must be considered nationally.

The petition mentions a single issue—Mike Watson mentioned that—but we are not talking about a single-issue campaign. If the hospital closes, that will greatly affect the west of Scotland, Jackie Baillie's area and the rest of Scotland. The hospital is a national, gold-standard treasure. At the public meeting, the health board said that it wants a general hospital, with maternity and children's services on one site, and that it would need to consider matters again in some years' time. That is an important admission. All that the board is concerned about is having to go from three hospitals to two hospitals. However, the public do not necessarily want to have two hospitals rather than three hospitals.

We should send the petition to the Minister for Health and Community Care and the Health Committee with a copy of the *Official Report* of today's meeting. I also call for a moratorium. I have supported moratoriums in other areas. The issue is of national importance and the proposals would have a tremendous effect not just in Glasgow, but throughout Scotland. I thank Dorothy-Grace Elder and Charles McGhee for speaking to the petition, which I fully support.

Carolyn Leckie: I congratulate the petitioners on their presentation, which was extremely profound and very convincing. I do not have to be convinced about what the petition says, as I am still a registered midwife and I have been involved in the campaign.

I am seriously worried about maternity services in Scotland. When I consider the various so-called consultations that have taken place in neighbouring health boards and the common themes of lack of consultation, lack of regional planning and exclusion of certain clinicians, I wonder who is taking decisions, what expertise they have and what agenda underpins the proposals. There are policy contradictions in respect of regional planning, national strategies and what health boards are doing. The boards are not implementing Executive policy commitments.

I wrote to Catriona Renfrew about a number of issues and asked her about the national

consultation and who has been involved in it. She replied that national consultation has taken place with the other health boards. I asked for evidence of any communications or inputs. I am not aware of extensive inputs from other health boards to the proposals relating to the closure of the Queen Mother's hospital. In that context, I am interested in the letters from obstetricians throughout the country.

Charles McGhee: I am happy to leave them behind for the committee.

Carolyn Leckie: That would be great.

Will you comment in more detail on the extent of any national consultation that has taken place of which you are aware?

Charles McGhee: Like you, we are not aware of such national consultation. I think that that is evidenced by the proposal to move the maternity unit at the Queen Mother's to the Southern general hospital. The proposal would create a super-hospital that would manage 4,000 to 5,000 births a year—Carolyn Leckie can correct me if those figures are wrong—and yet, less than 10 minutes away is the Royal Alexandra hospital in Paisley, which has a super maternity unit with provision for the same number of births per year. Two major maternity hospitals are less than 10 minutes apart, which does not seem to be evidence of cross-boundary planning, regional planning or national thinking. We cannot find any evidence that consideration on provision, particularly of maternity services, took place at national level.

11:45

Carolyn Leckie: I am concerned about maternity staffing levels. I asked an oral question on the subject a couple of weeks ago and received a commitment from the minister about the implementation of birth rate plus, which is a different method of working out staffing levels. I wrote to health boards across the country to ask what is happening with that implementation. I understand that a 20-bed ward, for example, in which birth rate plus has not been implemented, might have two midwives. Where birth rate plus has been implemented, in a few hospitals the same number of patients have five midwives. Birth rate plus takes account of changes in practice.

Birth rate plus has not yet been rolled out nationally. My concern is that, although such changes are happening, they are not all being put together in the context of the provision of maternity services nationally. At the same time, the number of midwives has fallen in one year by 16 per cent. There are questions about the birth rate, staffing levels, the number of maternity units and, in some cases, the competing arguments of clinicians.

There is an urgent need for a national assessment of the provision of maternity services that takes all those things into account.

The Public Petitions Committee is not supposed to deal with specific issues, but it is incumbent on all members of the committee to try to expedite a solution to the unacceptable possible closure of a national facility such as the Queen Mother's maternity hospital. We should undertake all the actions that Dorothy Grace-Elder has requested. We should do everything that we can to halt the process and to prevent this disaster from befalling Scotland.

Helen Eadie: It is nice to see you again, Dorothy. Having served on the Public Petitions Committee with you in the first session of the Parliament, I am pleased to renew your acquaintance. You might be aware of the National Health Service Reform (Scotland) Bill, which is completing stage 1 in the Parliament. The bill deals with the statutory requirement for consultation, which is the issue that dominated the lives of all MSPs in the first session of the Parliament and continues to do so in the present session.

I do not think that there is a single MSP who is not aware that the most emotive issue for all our constituents is the likelihood of a hospital closure. As evidence for that assertion, I can say that more than 1,000 people in my area turned out to a public meeting. There was not enough room for everybody and we had to reconvene the meeting in other locations.

We can consult until the cows come home, but the essential point that is always made about public consultation concerns feedback. That is the loophole that often does not get closed. We take lots of evidence, but we do not go back to people and say, "This is what we have to do and here are the reasons for our having to do it." Sometimes, specific decisions are taken for reasons that are beyond everybody's control.

The point has been made about one hospital being built almost next door to another hospital. We need to imagine ourselves in the minister's shoes, looking down on Scotland. Some sort of geographical spread is needed across the county to ensure good access and provision of facilities. There is a need not only for local health boards to take planning decisions, but for there to be a strategic vision of what sort of speciality hospitals we need and where they should be located in order to allow good access to them.

If we are to write to the minister, I hope that we will make the two key points: we need to close the consultation loophole, and a strategic perspective needs to be taken on where the hospitals should be located across Scotland.

The Convener: I want to respond to Carolyn Leckie's comments. I do not always comment on the petitions that come before the committee, but a trend has become apparent whereby we have received petitions on almost every consultation that is being conducted by the health service. The health service exists to serve the public and the public must have confidence in the outcome of consultation, wherever it takes place in Scotland, and in decisions that the health service makes. The fact that the committee receives many petitions on many issues related to the NHS makes it clear that the NHS does not consult well.

I have to say—this is perhaps controversial—that it appears to me that Greater Glasgow NHS Board in particular does not consult well. A number of consultations that have taken place in the health service in other areas since I have been an MSP have been very satisfactory, but I cannot remember any consultations that have been carried out by Greater Glasgow NHS Board and which have retained the confidence of the people of Glasgow. Given the strategic importance of Greater Glasgow NHS Board across Scotland, that is an issue that we must take on. I make no judgment on the rights or wrongs of the maternity services review in Glasgow or on the siting of a secure unit anywhere in the west of Scotland.

We have to get such decisions right and we rely on the NHS to get them right. For that reason, the petition must go to the Minister for Health and Community Care with some urgency. Our normal practice would be to wait for a reply from the minister before deciding what else to do with the petition, but I think that in this case we must send the petition directly to the Health Committee and ask it to consider our concerns, which have been clearly and explicitly expressed. We must ensure that there is public confidence in the NHS in whatever it is doing.

We must get some movement from the Executive towards ensuring that the public can have confidence in the consultation processes that the NHS conducts. It would be helpful if we could take those recommendations forward.

Helen Eadie: If the *Official Report* of our meeting is going to be passed on, I would not like anyone to be under the misapprehension that there was satisfaction with the consultation process in Fife. The problem is that you are damned if you put out a specific option, as is suggested in the petition, and you are damned if you do not. We did both in Fife and neither was satisfactory to the people.

It is a matter of establishing a style of consultation that is acceptable to everyone; that must be the bottom line. I assure members that that has been taken into account in the stage 1 consideration of the National Health Service

Reform (Scotland) Bill, in the context of which I presume that statutory guidelines will be laid down.

John Scott: If we are broadening out the discussion to include Fife, I would also like to mention Ayrshire, because a consultation process with which many people are not happy has recently been undertaken about paediatric services in Ayrshire. As has been said, you are damned if you do and damned if you do not. The trouble is that the consultation process often appears to be window dressing for decisions that have already been made. Satisfactory guidelines must be produced quickly.

I add my tuppenceworth on the importance of this vital maternity unit to the west of Scotland and, indeed, to Ayrshire. I was horrified to learn from Sandra White's comments that the gold standard on which we depend in Ayrshire will not be able to be replicated if we lose one or other of those units. It is crucial that we do not do so.

Carolyn Leckie: I agree with everything that the convener said. However, I stress that as well as having concerns about the consultation process I have a serious concern about the strategic decisions—or lack of them—that are being made in relation to maternity services. There is a political question about how the services are being organised. I hope that the Health Committee will look at the configuration of maternity services and take on board some of the concerns that I have raised about the conflicts in relation to staffing levels and other assessments, such as the falling number of midwives. All those issues and many more that we do not have time to go into must be examined.

Maternity services are at a crucial point. We cannot continue to judge individual consultations. Health boards are coming into conflict with communities throughout the country and it is clear that there is a big problem. The Executive must take responsibility for that and try to sort out what we are doing with our maternity services. We should have a political debate about the direction in which we are heading.

On the specific question of the consultation process, I hope that the minister and the Health Committee will consider the allegations that have been made about the withholding, misrepresentation and distortion of information. Any statutory measures relating to consultation processes should include an absolute requirement to make public every contribution that is made during a consultation process, as long as the contributor agrees. The health boards should not have the right to withhold contributions.

The Convener: The only caveat that I would add is that this committee, in sending the petition

to the Health Committee, should not tell that committee what to do with the petition. Once the Health Committee has been made aware of the concerns that have been expressed, it will be for that committee to decide what action to take. We can ask specific questions of the minister, but I do not think that we can tell the Health Committee what to do.

Dorothy-Grace Elder: Could I add some information that might help? In the first session of the Parliament, the Health and Community Care Committee produced a thorough report, written by Dr Richard Simpson, on the lack of consultation by health boards. The report contained some good recommendations. Of course, all the health boards promised to be good boys but subsequently they seem to have ignored the recommendations.

I think that ministers and their deputies are kept in the dark in relation to the consultation processes—the Minister for Health and Community Care is not being given 100 per cent of the information by the health board. Given that that is the case and that we are talking about a national issue, why should we wait until a national decision is made by a local and unelected board?

Ms White: I agree with what was said earlier. Although we might think that it is a pity, we cannot tell the Health Committee what to do.

I mentioned the possibility of having a moratorium. I would like it to be noted, for the benefit of the Health Committee, that this is not just a Glasgow issue; it is a national issue. My fear relates to the admission of Catriona Renfrew that, in a few years, problems will face not Greater Glasgow NHS Board but some other board and the issue will have to be revisited. There are big problems in store for Glasgow and the rest of Scotland. I would like the Health Committee to be asked to consider the petition in a national context.

The Convener: We cannot tell the Health Committee to do that. Further, we cannot interfere in the decisions of Greater Glasgow NHS Board or ask the Health Committee to do so. The views of the Public Petitions Committee will be passed to the Health Committee, which will judge what action to take. The same points will be made to the minister, from whom we will expect a response.

Ms White: It is important to state that the Public Petitions Committee is concerned—

The Convener: We cannot become involved in the decision of Greater Glasgow NHS Board.

Ms White: Are we passing this committee's concerns about the consultation process to the Health Committee?

The Convener: Sandra, all the comments—

Ms White: I am asking a question, convener.

The Convener: And I am answering it. All the comments that you have made will be passed to the Health Committee for consideration. However, we will not conclude by telling the Health Committee what to do.

Ms White: I never said that we should. I said that the concerns of this committee should be communicated to the Health Committee.

The Convener: I have made my position clear.

I thank Dorothy-Grace Elder and Mr McGhee for raising this matter.

Code of Conduct for Councillors 2003 (PE702)

12:00

The Convener: Petition PE702, from James Milligan on behalf of Helensburgh community council, calls on the Parliament to review the 2003 code of conduct for councillors, particularly in relation to councillors' role in planning applications. I welcome James Milligan and Stewart Noble, who are here to give a brief statement in support of the petition. They have three minutes, after which we will ask questions.

James Milligan: I thank the committee for inviting us and the support team for helping us to get here. I propose to make a short statement, because we have already hit the committee with 12 pages of supporting documents. We are here to answer any questions about those. I will make an opening statement and Stewart Noble will feed in as he can.

The petition arose from Argyll and Bute Council's advice to candidates for the May 2003 council elections, which suggested strongly that if candidates declared their policies for particular sites or areas of towns, they could be denied participation in deciding on future developments in those areas. That advice was based primarily on the 2003 code of conduct for councillors and it resulted in electors being denied knowledge of candidates' policies on a matter of widespread public concern. Stewart Noble might speak later about the intensity and widespread nature of that concern and why it arose. For many years prior to the introduction of the code, the council offered similar advice to councillors about their participation in public meetings, which was based on the assumed quasi-judicial status of planning committees and on the principles of natural justice. Although the issue is a simple phenomenon, it has big implications.

Since the May elections, Argyll and Bute Council has publicly recorded its opposition to a nuclear waste storage proposal, but it has claimed that

that action will not deny councillors a vote on subsequent planning applications. That advice was given on the basis of counsel from the Standards Commission for Scotland. That was a hopeful development, but in current local plan consultations, the freedom of councillors to advocate appropriate future uses for identifiable sites along the waterfront or elsewhere in Helensburgh has been called into question.

Our community council welcomes the aims of the code, particularly the nine key principles on which it is based, which are duty, selflessness, integrity, objectivity, accountability and stewardship, openness, honesty, leadership and respect. The 1997 Nolan committee based its recommendations for Scotland, England and Wales on those same principles, omitting only duty and respect as separate categories. We believe that our proposed amendments reflect those seven common and well-founded principles.

If our amendments are found to be broadly acceptable, a wider review of the code may be required to ensure that they do not conflict with other parts of it. We advocate a review as a way of clarifying some terms that are elsewhere in the code, such as "pressure" and "personal". We object to improper pressure from councillors on staff, but we are not clear what the term "pressure" means. I will not develop those points further because the committee has not been given notice of them, but a review would help. Above all, we seek a general review because we think that the code should, like the Nolan committee recommendations, give much greater emphasis to the representative, executive, advocacy, leadership and educational functions of councillors and of people who seek to become councillors. Councillors are important leaders and informers in the community; we think that they are being barred from action in a number of important fields.

In sum, we want a code that encourages councillors to inform public debates and offer reasoned justification for their decisions on planning applications and other matters of public concern. We think that the way in which to protect planning applicants and other people whose proposals have to be judged and decided on by councillors would be to give complete explanations for the decisions of councillors; that would provide most benefit. We are ready to answer any questions.

Linda Fabiani: Thank you for coming along. From all the background information that you have provided, it appears that there is an anomaly somewhere. When one is bound by a code of conduct, quite often it can be the reading of a particular clause rather than the original intention that creates the problem. Do you have experience of how other councils have dealt with the matter?

Is Argyll and Bute Council being particularly prescriptive in the advice that it is giving out? Has the Convention of Scottish Local Authorities been approached for a view on the subject? My quick recommendation would be that, as well as writing to the Executive, we should ask COSLA for its views.

James Milligan: We understand that COSLA and the Executive developed the code. We wrote to both; our first letter was about Stewart Noble's motion, which was adopted unanimously by the community council in March of last year. We received a reply that had every intention of being helpful but which was in fact a repetition of the position that, because a planning committee was determined as a quasi-judicial committee, it was essential to have impartial people judging planning applications at the time of the decision. That was the basic response that we got.

Although, to begin with, we thought that the problem was with Argyll and Bute Council, because it had been advocating such practice long before the code was framed, we cannot blame the council because, in the paragraphs that we want to delete, the code specifically discourages councillors from being involved in such matters. We were of the opinion that that was a local interpretation, but it is not.

The code indicates that if someone is engaged in a major public action—let us say that they want to do something with Princes Street gardens—a councillor who expresses an opinion that such-and-such should or should not be done will not be allowed to participate in the final decision. That is what we are being told and it is made explicit in the code—three times. That is why we have come to the Public Petitions Committee. We wondered whether we were interpreting the code wrongly, so we approached the Standards Commission and the Executive prior to this meeting; we are not getting it wrong.

Jackie Baillie: I declare an interest: I am the local constituency MSP and I have obviously had some involvement in the issue. I do not want to fall out with the petitioners, but I think that there is an issue to do with the clarity of interpretation, which has not been consistent throughout Scotland or even within the local authority that has been mentioned.

The fact that the code of conduct has been used to stifle debate is anti-democratic for all of us. There is the question whether councillors who participate in a planning committee should comment specifically on an individual application without having seen all the reports. I am not convinced that that is the issue here; we may be talking more about having the ability to comment on principles. We have witnessed individual councillors being told not to attend public meetings

just to listen, never mind to express an opinion. We have been told that councillors were unable to comment on general principles when no planning application existed. Even though there were issues of significance to Helensburgh, councillors and prospective councillors were gagged during what I feel was quite an important deliberation process. It would be helpful for the committee if Stewart Noble could expand on that.

The subject becomes interesting when we consider local authorities that do not have all-member planning committees. That arrangement addresses the democratic deficit, because a number of councillors are able to comment freely on the nature of applications and the principles behind them. Other local authorities manage with a degree of flexibility whereby their councillors can engage in a discussion about wider principles, without necessarily expressing a view on individual applications.

As I said earlier, it is not just a question of consistency throughout Scotland. It is a question of consistency within individual local authorities. You highlighted a superb example: suddenly, the local authority—which is now the planning authority that will judge whether a nuclear waste site is appropriate in planning terms—comments on whether the nuclear waste site should indeed be there. That strikes me as being contrary to everything that the local authority said previously. I do not disagree with the stance that it has taken, but I wish that it had taken that stance on other issues.

My view is that we should write to Andy Kerr as the minister with responsibility for local government. We should not ask for a review of the terms of the code alone because the issue is about its implementation and how it is interpreted by local authorities. Given some of the specific issues to do with notification of planning decisions, I wonder whether we should also write to Margaret Curran, the minister with responsibility for planning. I know that those issues are being looked at in the context of a forthcoming planning bill.

Helen Eadie: I support the view that we should also ask COSLA's opinion on the matter because there seems to be a variation in practice throughout Scotland. In Fife—where I spent 13 years on Fife Council and where my husband continued to be a councillor after I left—councillors were seriously concerned that there was a very strict interpretation of the law. There should be a review to try to ensure that councillors are able to participate in their democratic duty. However, I understand—although I stand to be corrected on this—that this part of the code had some source in European legislation. We need to check up on that. That point arose when the subject was

debated in Parliament a few years ago.

I flag up a general sympathy with the petition. I understand the rationale behind ensuring that councillors have honesty and integrity, but those councillors who are not members of a development or planning committee must have total freedom to express their opinions. In some councils, it is only the councillors who are on the planning committee and who vote on planning applications who have to go into purdah when an application comes before them.

John Scott: I complement what Jackie Baillie said. Helen Eadie also said that there appears to be an inconsistency of approach across Scotland. For that reason, if no other, the petition should be submitted to the consultation process on the new planning bill, which I understand is not far off.

The Convener: I do not disagree at all. As someone who served on the Local Government committee in the previous session, I was involved in the progress of the bill on this matter—it was called the Ethical Standards in Public Life etc (Scotland) Bill, but everyone forgot about that because it contained one paragraph that pertained to section 28. The bill was a substantial piece of work, which had unanimous support from all the agencies that were consulted as well as from those that were involved in implementing the bill.

From my recollection of the discussions that took place, I think that petition PE702 is the result of the interpretation of only one local authority. I genuinely do not believe that the bill was intended to create the difficulties that we seem to be experiencing. We have to clarify that, if for no other reason than that it would be helpful to know exactly how the Ethical Standards in Public Life etc (Scotland) Act 2000 and the code of conduct for councillors are being implemented throughout Scotland. I have been concerned that some councillors might not yet have grasped the idea that they should retain some sense of purdah, as Helen Eadie called it, in respect of planning applications and that they openly support planning applications through media outlets at every opportunity that they get while sitting on the planning committee that is making that decision.

12:15

There is a balance to be struck between recognising an elected member's role in representing the local community and allowing planning applicants to be confident that their proposals will be heard by councillors of an independent and open mind. From what you have said and from the information that you have provided this morning, that balance might not have been struck in your case. We have to ask the Executive to explain exactly where it stands on the

matter. The recommendations that have been made would help us to draw out the situation in relation to the interpretation and implementation of the act. If the act is properly implemented, I think that it will help the planning process.

Stewart Noble: I want to clarify a couple of points. Helen Eadie said that she thought that there was a European aspect to the matter. I think that that is correct; if a councillor goes into a planning application without an open mind, that is judged to be some kind of infringement of the European convention on human rights.

However, that has to be balanced with the loss of our democratic rights. That happened in our case, which was to do with the proposal that was lodged in relation to Helensburgh seafront about three or four years ago. There had been various proposals for Helensburgh seafront over the years, but that particular proposal was for a supermarket at the pier-head. The fairest thing to say about the proposal would be that it split opinion down the middle in Helensburgh. People felt very strongly on both sides. A report was eventually made and the Scottish Executive decided against the supermarket.

However, before the local authority elections last May, it was reported in the local press that the developers who had been turned down were considering lodging a revised application. That alone apparently was enough for Argyll and Bute Council to advise all candidates in the election that if they voiced any opinion on the matter, they might well not be allowed to take part in any future planning application. There was considerable anger around the town—more than I have known in a long time—and it was felt that the council's behaviour was highly undemocratic and had used an interpretation of the code of conduct that had not been intended. A bit of clarification is required.

The Convener: I think that everyone agrees with that.

Jackie Baillie: As a matter of record, that planning application never came forward. Debate was stifled on the basis of something that might happen and that still has not happened.

The Convener: Are we agreed that we should seek the clarification that the petitioners want?

Members indicated agreement.

Cullen Inquiry (100-year Closure Order) (PE685)

The Convener: We have one more new petition to consider. As I have said a couple of times this morning, I am keen not to set precedents, but I suggest that, if members agree, we have a comfort break after we have considered this petition.

Petition PE685 was lodged by William Burns and calls on the Parliament to enact legislation to define the nature of files that can and cannot be the subject of closure orders and to define accurately the maximum time limit that can be imposed on closure orders. The committee will recall that we considered Mr Burns's previous petition, PE652, at our meeting on 29 October 2003. We will consider a response from the Lord Advocate in relation to PE652 later in the meeting.

In his response, the Lord Advocate states:

"the Scottish Executive is developing a Scottish Public Records Strategy which will take a fundamental look at existing legislation on Scottish public record."

Do members have any comments on PE685?

Carolyn Leckie: I read the Lord Advocate's response to PE652 and I am not convinced that it answers the call in PE685 for legislation to determine how long files can be kept. We should not dismiss PE685; we should keep it on hold until we have a further discussion about the Lord Advocate's response, because the petitions are obviously related.

The Convener: Are you recommending that we do not dismiss PE685, but carry it forward and tie it in with our discussion about PE652?

Carolyn Leckie: It is really about how we handle the agenda. The two petitions are related and we need to discuss the Lord Advocate's response in detail. Do we have that discussion now or later?

Mike Watson: I suggest that we consider PE652 now and roll up the two petitions together.

The Convener: Alternatively we could wait until we come to PE652. We will have a comfort break now and we will take the two petitions later.

Mike Watson: Convener, I sense that there is some urgency about this comfort break.

The Convener: Not for me, but I am getting indications that there might be for someone else. Does everyone agree to take a comfort break?

Members indicated agreement.

12:20

Meeting suspended.

12:28

On resuming—

Current Petitions

Adoption Procedures (Black and Ethnic Minority Children) (PE472)

The Convener: Item 3 on the agenda is current petitions, the first of which is PE472 on adoption procedures. The petition calls on the Scottish Parliament to investigate current practice to assess procedures for black and ethnic minority children and whether local authority social work departments have met their obligations in that area under the Race Relations (Amendment) Act 2000 and the Human Rights Act 1998. At its meeting on 7 May 2002, the Public Petitions Committee considered the response from the Executive and agreed to copy it to the petitioners for comment. It would appear that the national care standards that relate to adoption may address the petitioners' concerns. However, despite a number of reminders, no response has been received from the petitioners. Do members have any views on what we should do with the petition in the circumstances?

Linda Fabiani: When a petitioner does not respond after so long, we have no option but to close the petition.

The Convener: Is that agreed?

Members *indicated agreement.*

Criminal Memoirs (Publication for Profit) (PE504)

12:30

The Convener: The next petition is PE504 on criminal memoirs. The petitioners call on the Scottish Parliament to take the necessary steps to stop convicted murderers or members of their families from profiting from crimes by selling accounts of them for publication. At its meeting on 3 September 2003, the committee agreed to defer consideration of the petition pending the outcome of the Press Complaints Commission's deliberations on the matter. The commission has now responded to the committee and has said that the complaint raised by the petitioners

"did not raise a breach of the Code of Conduct."

The Executive has indicated that a UK-wide approach to this issue would be the most effective and that it would not make sense to take action in Scotland until other work has been completed. However, the petitioners have provided further

evidence that consideration of the matter at UK level is at a very early stage and have requested that the committee asks the Scottish Executive to lead the way on the matter.

Helen Eadie: I suggest that we write to the minister to invite comment on the petitioners' response.

The Convener: Is that agreed?

Members *indicated agreement.*

Scottish Prison Service (Staff Facilities) (PE557)

The Convener: PE557 is on Scottish Prison Service social clubs. The petitioners call on the Scottish Parliament to encourage the SPS to continue to provide adequate social and recreational facilities for its staff and to avoid the closure of existing well-used and well-run facilities such as the prison officers' social club at Polmont. At its meeting on 29 October 2003, the committee considered the response from the SPS and agreed to seek clarification from the SPS of an apparent inconsistency in relation to the periods of notice that are given to social clubs when their leases are not to be renewed.

In its response, the SPS states:

"The terms under which facilities are leased by SPS to the respective Club Committees were identical for all Social Clubs. In particular, each lease was for a 12-month period with either party entitled to terminate the lease at the end of the period by providing notice of around one month."

The Executive previously stated that the SPS

"at no time formally offered to sell the Club to the Committee".

The committee has received letters from Dennis Canavan MSP, Michael Matheson MSP and Cathy Peattie MSP, expressing their support for the petitioners. Members are reminded that it is outwith the remit of the committee to become directly involved in the individual dispute between the SPS and the petitioners. What do members think?

Helen Eadie: I have been involved with this issue since 2002, when the petition was first considered. It is absolutely monstrous that local people have been trampled on in this way. If members read the letters from Cathy Peattie and Michael Matheson, they would concur. However, I do not know what more we can do—I do not think there is anything more we can do. I realise all the financial implications, but the only way forward for the petitioners will be to take legal action. I do not think that the committee can do any more. We might want to write to the minister to put on record our grave disappointment at the outcome. I do not know how other members would feel about that.

Carolyn Leckie: I agree with that suggestion. The Scottish Prison Service's explanation about one-year leases and five-year leases is inadequate. It does not answer the questions that we have asked or explain the discrepancies or the injustice. I do not think that the social club or the Prison Officers Association Scotland have seen the response from the SPS. I would like to hear their suggestions about further progress that could be made.

The Convener: As Helen Eadie says, we could write to the Executive to express our disquiet at the response from the SPS, but I do not know that we can do much about the actual decision. It would be legitimate for us to express our concerns about how matters have been handled.

John Scott: Things could have been handled better.

The Convener: Are members happy that we should write to the Executive?

Members indicated agreement.

The Convener: Once we have done that, do members agree that the petition should be closed?

Members indicated agreement.

Pharmaceutical Industry (PE595)

The Convener: The next petition is PE595, which calls on the Scottish Parliament to investigate the influence and impact of the pharmaceutical industry on psychiatric services in the national health service and on the passage of the Mental Health (Scotland) Bill. That bill, which became the Mental Health (Care and Treatment) (Scotland) Act 2003, received royal assent on 25 April 2003.

In response to the petitioners' concerns about why the pharmaceutical company Lilly was allowed to sponsor a conference in September 2002, as part of the consultation process on the bill, the Executive states:

"The conference ... was organised by Holyrood Conferences and Events—not by the Scottish Executive".

On being invited to clarify whether it is aware of any pharmaceutical company that indirectly promotes prescribed drugs for children by giving presentations to local authority education departments, the Executive has stated that it is

"unaware of pharmaceutical companies giving presentations to such staff or to officials in Local Authority Education Departments."

In response to the final point that the petitioners raised about too much emphasis being placed on the treatment of psychiatric patients using prescribed drugs, the Executive has stated:

"In all cases medical practitioners must apply their clinical

judgement to determine the best treatment for individual patients."

Do members have views on those responses?

Linda Fabiani: I certainly have great sympathy with what prompted the petition in the first place and I suspect that others have such sympathy, too. However, the petition very much relates to the passage of the Mental Health (Scotland) Bill, which has now been enacted, so things have been negated.

I note the Executive's response, which I would not expect to be otherwise, and I do not think that we can do much more with the petition. Consideration of it should be closed. However, I would like it to be noted that I am greatly disappointed that the Association of the British Pharmaceutical Industry did not respond, despite numerous reminders. It does its members no service at all by promoting the view that there is an arrogance about the industry.

Mike Watson: Linda Fabiani has made the point that I was going to make. The ABPI regularly writes to MSPs with its views on various aspects of what the industry is trying to do and to invite us to receptions and similar events. I assume that either Jim Johnston or Steve Farrell wrote the letters. I suggest that the convener should write to the ABPI to say that, whatever the merits or otherwise of the case in question, it is a gross discourtesy to the committee for an organisation—particularly an organisation that is meant to have good relationships with MSPs—not to reply. If the convener does not mind doing that, that would be fine.

The Convener: I would be happy to do that.

Carolyn Leckie: I was not an MSP when the petition was lodged on 10 January 2003. I was wondering what evidence had been presented with regard to the claims about presentations in schools. I know that the Executive has said that it is not aware of such presentations, but I would like to know from local authorities whether there has been any such practice. The issues that the petition raises refer to what happened during the passage of the Mental Health (Scotland) Bill, but they have implications for how the pharmaceutical industry conducts itself in consultations on health. I am not sure that the petition is approaching the end of the line.

Like Mike Watson, I think that the strongest possible message should be sent from the committee to the ABPI that it is totally unacceptable for it not to respond. Not responding does nothing to allay people's suspicions and fears about how the pharmaceutical industry operates.

The Convener: I take your point, but the

petitioners did not provide evidence at the time of any such presentations and the Executive has said that it has no evidence that any local authority education department has been involved in any such presentations, so there does not seem to be any evidence. There might have been suspicions or an interpretation by the petitioner of something that might have been happening, but I am guessing. There is no specific evidence that such things happened.

Mike Watson raised an important issue. The ABPI's not wanting to participate in a discussion with the committee over allegations that have been made about it allows suspicions to be created. It has not helped itself. We should try to clarify matters.

Carolyn Leckie: I have more than a suspicion about the pharmaceutical industry. The Executive's response states:

"Under the Pharmaceutical Price Regulation Scheme (PPRS), which regulates the profits which the pharmaceutical industry can make on sales of branded medicines to the NHS, expenditure on sales promotion is limited to an average of 7% of NHS sales."

Those parameters need to be reviewed because expenditure of 7 per cent of NHS sales means that advertising and promotion can increase in line with increases in expenditure on pharmaceutical products. Therefore, there is no limit on how much the industry can market, advertise, sponsor conferences and so on.

The NHS drugs budget is rising at an astronomical rate, which means that the advertising and promotion budget is also rising at an astronomical rate, as it is only regulated on the basis of a percentage. I am not satisfied that we have got answers to the issues.

The Convener: I do not know what else we can do to get the answers. We have written to the Executive. The petition is concerned with certain things happening and no evidence has been produced that they happened. The Executive's response highlights that. I know that you are not satisfied, but what do we do?

Carolyn Leckie: The whole issue of sponsorship of consultation events, whether in the Executive's name or in the name of a different body, needs to be re-examined. I want to ask the Executive a specific question about whether it has any plans to change how much the pharmaceutical industry's budget for advertising and promotion is regulated. I do not think that regulation on the basis of NHS sales is sufficient.

The Convener: Again, I am not disagreeing with you that those are genuine issues and that we have to check them out. However, the discussion is about the petition; it is not about the issues that you are raising. We have to do something with the

petition. We have received the Executive's response. Your concerns can be raised through other avenues, but I do not think that we can use the petition to raise them. I will take views from other members.

Jackie Baillie: I am happy to rest with the recommendation—made by Linda Fabiani and supplemented by Mike Watson—that we take no further action because the petition relates to the passage of the Mental Health (Scotland) Bill, which is now an act, and that we register the discourtesy done to the committee by the ABPI and leave it at that.

The Convener: Are members happy with that?

Members indicated agreement.

Expert Witness System (PE625)

The Convener: PE625 concerns the expert witness system in the Scottish courts. The petitioner calls on the Scottish Parliament to investigate the use of the expert witness system in Scottish courts. The committee considered the petition at its meeting on 29 October 2002 and agreed to seek comments from the Scottish Executive and the Law Society of Scotland.

The Executive has indicated that it

"has no plans to introduce any kind of formal system of accreditation of expert witnesses."

and the Law Society of Scotland states that it

"would not support the introduction of a formal system of accredited expert witnesses as suggested by the Petition."

John Scott: Given the responses from the Executive and from the Law Society of Scotland, I do not think that we need to take any further action.

The Convener: Is that agreed?

Members indicated agreement.

The Convener: We have had a response from the two bodies that would take the issue forward and they do not see that the proposal in the petition is a solution to the issue. There is therefore nothing that we can do.

Cullen Inquiry (100-year Closure Order) (PE652 and PE685)

The Convener: We agreed to Carolyn Leckie's suggestion that PE652 should be linked to PE685, which we discussed earlier.

PE652 concerns the events surrounding the Dunblane massacre. The petitioner calls on the Scottish Parliament to consider a range of issues including the initiation of a new inquiry into the events surrounding the Dunblane massacre, the 100-year closure order on certain files relating to

the Cullen inquiry and membership of the freemasons, the Speculative Society and other similar organisations by the Scottish judiciary.

Mr Burns has provided further evidence in support of his petition and it has been circulated to the committee. At its meeting on 29 October, the committee agreed to write to the Lord Advocate. In his response, the Lord Advocate states:

"the Scottish Executive is developing a Scottish Public Records Strategy, which will take a fundamental look at existing legislation on Scottish public records."

The response from the Scottish Executive would also seem to relate to PE685. We had not taken up PE685 when we wrote to the Executive, but it seems that as the review is being undertaken both petitions would be covered by that answer.

What do members want to do with the petitions, given that that is the Scottish Executive's view? Carolyn Leckie expressed some views earlier.

12:45

Carolyn Leckie: The petitioner submitted PE685 because of the discussion that we had about PE652. That is why he decided to focus on the question of the disclosure order.

We asked the Lord Advocate for a timescale but, although his response talks about how cumbersome the process might be with regard to cataloguing and so on, he does not give us a timescale for when we might be able to have an idea of what information would still be covered by the 100-year closure order and whether some information might be released. There does not seem to be any explanation of why it has been deemed necessary to keep all the information secret for 100 years, which is an excessive amount of time.

I would like the Lord Advocate to give us a tight timescale for when he will be able to answer us with regard to specific proposals about the Dunblane information. I think that the question of closure orders—when it would be appropriate to use them and what the maximum time should be and—is still live. I would not want to close these petitions.

The Convener: I concur with that view. I know that the Scottish Executive has written to us to say that it is reviewing the matter but, if we close the petitions, we will not be able to consider the matters that they raise in the light of the conclusions of the review. We should at least allow the review to come to an end and then assess the petitions.

Mike Watson: I am happy with that proposal. However, the petitioner asked why all the papers were subject to the 100-year closure order when a number of them made no mention of children or

any other individuals.

In his response, the Lord Advocate says:

"When the productions were lodged with the then Scottish Records Office no effort was made to distinguish between productions making references to children and other productions because of the sheer volume of the material."

It seems that, following major inquiries that have a lot of productions and paperwork but do not have enough staff to go through the mass of information, a blanket disclosure order is issued. That is not acceptable. It might take longer to decide which documents should be subject to the full order and which ones should not be—as seems to be happening now, largely as a result of representations that have been made—but I do not think that the reason not to do that should simply be that there are

"36 lever arch files and additional miscellaneous documents".

We should make the point that, while we are aware of the resource implications, we believe that a more objective and sensitive approach should be taken.

The Convener: Do members agree that we should write to the Lord Advocate on the point that Mike Watson just raised?

Members indicated agreement.

Jackie Baillie: On a technical point, given that the new petition homes in on the key point about the 100-year closure order and timescales, I would be inclined to close petition PE652 and keep the new one live. That would be more appropriate.

The Convener: Are members happy with the suggestion that we close PE652 and wait until the outcome of the review before assessing PE685 in that light?

Members indicated agreement.

The Convener: As agreed earlier, we now go into private session.

12:48

Meeting continued in private until 12:57.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice at the Document Supply Centre.

No proofs of the *Official Report* can be supplied. Members who want to suggest corrections for the archive edition should mark them clearly in the daily edition, and send it to the Official Report, 375 High Street, Edinburgh EH99 1SP. Suggested corrections in any other form cannot be accepted.

The deadline for corrections to this edition is:

Monday 16 February 2004

Members who want reprints of their speeches (within one month of the date of publication) may obtain request forms and further details from the Central Distribution Office, the Document Supply Centre or the Official Report.

PRICES AND SUBSCRIPTION RATES

DAILY EDITIONS

Single copies: £5

Meetings of the Parliament annual subscriptions: £350.00

The archive edition of the *Official Report* of meetings of the Parliament, written answers and public meetings of committees will be published on CD-ROM.

WHAT'S HAPPENING IN THE SCOTTISH PARLIAMENT, compiled by the Scottish Parliament Information Centre, contains details of past and forthcoming business and of the work of committees and gives general information on legislation and other parliamentary activity.

Single copies: £3.75

Special issue price: £5

Annual subscriptions: £150.00

WRITTEN ANSWERS TO PARLIAMENTARY QUESTIONS weekly compilation

Single copies: £3.75

Annual subscriptions: £150.00

Standing orders will be accepted at the Document Supply Centre.

Published in Edinburgh by The Stationery Office Limited and available from:

The Stationery Office Bookshop
71 Lothian Road
Edinburgh EH3 9AZ
0870 606 5566 Fax 0870 606 5588

The Stationery Office Bookshops at:
123 Kingsway, London WC2B 6PQ
Tel 020 7242 6393 Fax 020 7242 6394
68-69 Bull Street, Birmingham B4 6AD
Tel 0121 236 9696 Fax 0121 236 9699
33 Wine Street, Bristol BS1 2BQ
Tel 01179 264306 Fax 01179 294515
9-21 Princess Street, Manchester M60 8AS
Tel 0161 834 7201 Fax 0161 833 0634
16 Arthur Street, Belfast BT1 4GD
Tel 028 9023 8451 Fax 028 9023 5401
The Stationery Office Oriel Bookshop,
18-19 High Street, Cardiff CF1 2BZ
Tel 029 2039 5548 Fax 029 2038 4347

The Stationery Office Scottish Parliament Documentation
Helpline may be able to assist with additional information
on publications of or about the Scottish Parliament,
their availability and cost:

Telephone orders and inquiries
0870 606 5566

Fax orders
0870 606 5588

The Scottish Parliament Shop
George IV Bridge
EH99 1SP
Telephone orders 0131 348 5412

RNID TYPETALK calls welcome on
18001 0131 348 5412
Textphone 0845 270 0152

sp.info@scottish.parliament.uk

www.scottish.parliament.uk

Accredited Agents
(see Yellow Pages)

and through good booksellers