

MEETING OF THE PARLIAMENT

Thursday 6 May 2004

Session 2

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CONTENTS

Thursday 6 May 2004

Debates

	Col.
BUSINESS MOTION	8095
<i>Motion moved—[Tavish Scott]—and agreed to.</i>	
NATIONAL HEALTH SERVICE REFORM (SCOTLAND) BILL: STAGE 3	8096
NATIONAL HEALTH SERVICE REFORM (SCOTLAND) BILL	8139
<i>Motion moved—[Malcolm Chisholm].</i>	
<i>Amendment moved—[Shona Robison].</i>	
The Minister for Health and Community Care (Malcolm Chisholm)	8139
Shona Robison (Dundee East) (SNP)	8141
Mr David Davidson (North East Scotland) (Con).....	8142
Mike Rumbles (West Aberdeenshire and Kincardine) (LD)	8144
Janis Hughes (Glasgow Rutherglen) (Lab)	8145
Christine Grahame (South of Scotland) (SNP).....	8147
Carolyn Leckie (Central Scotland) (SSP)	8149
Mrs Nanette Milne (North East Scotland) (Con).....	8150
The Deputy Minister for Health and Community Care (Mr Tom McCabe)	8152
FIRST MINISTER'S QUESTION TIME	8155
QUESTION TIME	8167
SCOTTISH BORDERS COUNCIL SOCIAL WORK SERVICES	8190
<i>Statement—[Peter Peacock].</i>	
The Minister for Education and Young People (Peter Peacock)	8190
POINT OF ORDER	8206
SCOTLAND'S BEACHES: A NATIONAL RESOURCE	8207
<i>Motion moved—[Allan Wilson].</i>	
<i>Amendment moved—[Rob Gibson].</i>	
<i>Amendment moved—[Alex Johnstone].</i>	
<i>Amendment moved—[Mr Mark Ruskell].</i>	
The Deputy Minister for Environment and Rural Development (Allan Wilson)	8207
Rob Gibson (Highlands and Islands) (SNP).....	8210
Alex Johnstone (North East Scotland) (Con)	8212
Mr Mark Ruskell (Mid Scotland and Fife) (Green).....	8213
Nora Radcliffe (Gordon) (LD)	8215
Karen Gillon (Clydesdale) (Lab)	8217
Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD).....	8218
Mr Adam Ingram (South of Scotland) (SNP)	8219
Robin Harper (Lothians) (Green).....	8221
Iain Smith (North East Fife) (LD)	8222
Mr Jamie McGrigor (Highlands and Islands) (Con)	8224
Richard Lochhead (North East Scotland) (SNP)	8226
Allan Wilson	8228
COMMISSIONER FOR PUBLIC APPOINTMENTS IN SCOTLAND	8232
Bristow Muldoon (Livingston) (Lab)	8232
Mr Brian Monteith (Mid Scotland and Fife) (Con).....	8233
Mike Pringle (Edinburgh South) (LD)	8234
POINT OF ORDER	8235
BUSINESS MOTION	8236
<i>Motion moved—[Tavish Scott]—and agreed to.</i>	
PARLIAMENTARY BUREAU MOTIONS	8237
<i>Motions moved—[Tavish Scott].</i>	
DECISION TIME	8238
LOCH LOMOND RESCUE BOAT	8249
<i>Motion debated—[Jackie Baillie].</i>	
Jackie Baillie (Dumbarton) (Lab)	8249
Mr Stewart Maxwell (West of Scotland) (SNP).....	8252

Dr Sylvia Jackson (Stirling) (Lab)	8253
Murray Tosh (West of Scotland) (Con).....	8255
The Deputy Minister for Justice (Hugh Henry)	8256

Oral Answers

Col.

FIRST MINISTER'S QUESTION TIME	8155
Cabinet (Meetings)	8156
Economic Growth	8164
Health Gap.....	8163
Prime Minister (Meetings).....	8155
Prime Minister (Meetings).....	8160
Tertiary Education	8161
QUESTION TIME	
SCOTTISH EXECUTIVE	8167
ENTERPRISE, TRANSPORT AND LIFELONG LEARNING	8167
Rail Journey Times (Glasgow to Edinburgh).....	8169
Rail Travel (Edinburgh).....	8167
Road-equivalent Tariff Schemes	8173
Scotch Whisky Industry (Strip Stamps)	8171
Scotch Whisky Industry (Support)	8173
JUSTICE AND LAW OFFICERS	8175
Debt Arrangement and Attachment (Scotland) Act 2002	8178
Draft European Constitution	8179
Environmental Crime	8176
Prisoners (Education and Training)	8180
Prisoners (Mental Health)	8176
Violence against Transport Workers	8175
GENERAL QUESTIONS	8181
Ambulance Services (Advanced Care Teams)	8182
Climate Change and Biodiversity	8182
Freshwater Fishing	8188
Primary Care Services.....	8187
Property Market (First-time Buyers)	8184

Scottish Parliament

Thursday 6 May 2004

[THE PRESIDING OFFICER *opened the meeting at 09:30*]

Business Motion

The Presiding Officer (Mr George Reid): Good morning. The first item of business is consideration of business motion S2M-1275, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau, setting out a timetable for the stage 3 consideration of the National Health Service Reform (Scotland) Bill.

Motion moved,

That the Parliament agrees that, during the Stage 3 proceedings of the National Health Service Reform (Scotland) Bill, debate on each part of those proceedings shall be brought to a conclusion by the time-limits indicated (each time-limit being calculated from when Stage 3 begins and excluding any periods when other business is under consideration or when the meeting of the Parliament is suspended or otherwise not in progress):

Groups 1 and 2 – no later than 25 minutes

Groups 3 and 4 – no later than 1 hour

Groups 5, 6 and 7 – no later than 1 hour 50 minutes

Motion to pass the Bill – no later than 2 hours 30 minutes.—[*Tavish Scott.*]

Motion agreed to.

National Health Service Reform (Scotland) Bill: Stage 3

09:31

The Presiding Officer (Mr George Reid): We now move on to the stage 3 proceedings for the National Health Service Reform (Scotland) Bill. As members know, they should have the bill as amended at stage 2—that is, SP Bill 6A; the marshalled list, which contains all amendments that have been selected for debate; and the groupings.

I will allow a voting period of two minutes for the first division this morning. Thereafter, I will allow a voting period of one minute for the first division after a debate on a group. The voting period for all other divisions will be 30 seconds.

Section 2—Community health partnerships

The Presiding Officer: Amendment 1, in the name of Malcolm Chisholm, is grouped with amendment 6.

The Minister for Health and Community Care (Malcolm Chisholm): Amendment 1 is a minor technical amendment, or perhaps I should say a very minor technical amendment, as the words that it deletes are reinserted, albeit in a different place.

The error that amendment 1 corrects occurred in the printing of the marshalled list of amendments at stage 2. The amendment affects subsection (2)(a) of proposed new section 4A of the National Health Service (Scotland) Act 1978. That paragraph provides for the general community health partnership function of co-ordinating the planning, development and provision of certain services. In turn, the relevant services are set out in subparagraphs. The effect of the error is that the words

“with a view to improving those services”

are currently attached to subsection (2)(a)(ii), although the intention is that they should apply to all the functions that subsection (2)(a) covers. Amendment 1 ensures that the bill reflects the original policy intention.

I can appreciate what Duncan McNeil is trying to do with amendment 6, and I pay tribute to all the work that he has done on patient information. It is clearly very important that patients and the public should know about the services that they can expect the national health service to deliver and the targets that we have set for the provision of those services. We are committed to ensuring that that information is made available at national and local levels so that patients are comprehensively informed.

We consulted last year on the document "Patient Rights and Responsibilities: A draft for consultation", which sets out what patients can expect from the NHS, and we are currently working with the Scottish Consumer Council to finalise the document. It will be produced as a national document that states what the NHS is committed to deliver to the people of Scotland. We will require each health board to publish a local version of the document, which will show how those rights and responsibilities will be delivered locally. We are already working on, and are committed to, ensuring that patients have information on the services that they can expect to receive. When that local information is issued, we will ensure that it gives the full information that is necessary to inform the public of their rights as well as specific local services and provision that are available. We will also ensure that NHS boards disseminate that information widely in different forms so that it is available to the largest possible number of people locally.

Amendment 6 is not the best way to achieve what we are determined to do, and there are a number of reasons for that. For example, it covers all health services, whereas CHPs' remit will not extend to all health services. If any such duty were to be placed on a body, it would need to be placed on NHS boards, and, as I have already stated, we shall require boards to provide information.

We are committed to reducing waiting times in general and specific waiting times in some key areas of treatment, such as heart surgery. We fully agree that the public need to know which services are subject to waiting times guarantees and how they can ensure that their health board can fulfil those guarantees. The purpose of having a guarantee is to impose a requirement on NHS boards to ensure that the guarantee is fulfilled. If a board cannot itself offer treatment to fulfil a guarantee, it is required to arrange and fund treatment through another health board or through an alternative public or private provider in the United Kingdom or elsewhere. That reflects our absolute commitment to ensuring that guarantees are fulfilled.

If patients have any difficulty in obtaining access to treatment that should be available under a waiting times guarantee, that will be followed up in the first instance with their local health boards and then with the national waiting times unit in the Health Department, which is working with the NHS in Scotland to reduce delays for patients through more efficient use of capacity within and outwith the NHS and to help to ensure that waiting times guarantee commitments are fulfilled. The national waiting times unit will then ensure that a provider that is able to offer treatment is identified and that the necessary arrangements for treatment are completed through the local health board.

I am happy to provide the assurance that the commitments to waiting times guarantees will be set out in the patient information documents that we will issue nationally and locally and that that will include information on what patients should do if they feel that they are not receiving treatment within the guaranteed waiting times. Duncan McNeil might say that that has not happened yet, but I remind members that the guarantees started only this January, and I give another guarantee that the information that I have described will be disseminated nationally and locally in the near future. That is the most effective way to ensure that patients know which treatments are subject to targets and the rights that they have to ensure that those targets are hit.

I move amendment 1.

Mr Duncan McNeil (Greenock and Inverclyde) (Lab): I will make some brief statements of fact. The more socially disadvantaged and less well-educated members of our communities have the poorest health and shortest life expectancy. Our constituents, especially the more socially disadvantaged and less well educated, are not conversant with their rights to NHS treatment. It is not possible for somebody to exercise a right if they do not know that it exists, and a right that cannot be exercised is no right at all.

Amendment 6 seeks to put right that situation by placing a statutory duty on community health partnerships to take active steps to make the public aware of what they are entitled to, the timescale within which that should be provided and which alternative sources of treatment they can access in the event that the service cannot be delivered within the timescales. The amendment would also place a duty on CHPs to ensure that access to that information is as wide as possible. It would require that the information be made available in a range of formats—for example, Braille and languages other than English.

With amendment 6, I am determined to improve the health record of our most deprived communities and to close the opportunity gap, and so I am sure that I can count on Executive support for such a modest move.

Mr David Davidson (North East Scotland) (Con): I accept the minister's explanation of amendment 1 and I have great sympathy with what Duncan McNeil is trying to do with amendment 6. It is important that we stress at the beginning of the debate that the patient should be at the centre of the health service, not added on to it. We should do anything that we can to provide patients with the right information. We hear a lot of groups talking about patient empowerment, and I have great sympathy with what Duncan McNeil has said, so I do not understand why the minister wants to produce expensive, glossy documents for

national distribution given that when people have difficulties, they seek local health care in their communities. I beg the minister to change his mind about Duncan McNeil's amendment 6, which I will certainly support.

Karen Gillon (Clydesdale) (Lab): I am generally sympathetic to Duncan McNeil's amendment 6, because it is essential that patients should know what they are entitled to. I welcome the minister's comments, which are a step forward from the position at stage 2, but I would like more information from him about what he proposes and how he will ensure that that will reach the targets—the kind of people about whom Duncan McNeil is talking—and will not be just another glossy pamphlet that reaches only those who already know their entitlement, stand up for their rights and ensure that they get their treatment within the waiting times guarantees. How will he ensure that the people whom we are trying to target—those who have the worst health records and who might not read a glossy pamphlet—know what they are entitled to, what they should do to obtain that entitlement and the steps that they can take if a health board stands in the way of their accessing the health care that we in the Labour Party were committed to in our manifesto and are beginning to deliver?

Dr Jean Turner (Strathkelvin and Bearsden) (Ind): I support Duncan McNeil's amendment 6. General practitioners are used to giving patients information and to making patient leaflets that are updated with changes and contain maps. GPs' staff also help them to convey information.

Glossy leaflets are not enough. They are often found lying around health centres, where people may walk on them. They are just waste paper to gather at the edges of fences.

The Health Department frequently employs much cash to convey information to the public. Sometimes, £85,000 is not considered too much to spend on one publication.

Providing information is health boards' responsibility, as they are supposed to interact with the public and communicate information. If they are to place more responsibility on general practitioners, they must think about the money and time that will be spent on producing materials, such as posters and leaflets, in addition to postage and staff costs.

Given the new regulations that will mean that not all practices have to provide the same service, it is essential that patients have knowledge. A patient's own general practice is a good place of contact. Greater use of health visitors would also enable information to circulate in the community.

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): Duncan McNeil's objective is

good and perfectly achievable. The only question is whether it should appear in the bill. We are establishing community health partnerships by giving them aims and objectives and specifying the practices that they must undertake. Duncan McNeil is arguing for good practice—it is good practice that patients should receive such information. However, I am not convinced that it is necessary to put that in legislation and I urge him not to move amendment 6, because it would not be helpful to make such provision when we have not yet established the CHPs.

Shona Robison (Dundee East) (SNP): I support Duncan McNeil's amendment 6, which is reasonable. I remind members that it says that "all reasonable steps" should be taken

"to provide information, in such formats as may be reasonably requested ... about ... the health services to which"

people

"are entitled ... the timescales within which such services will be provided, and ... any alternative sources of treatment which they are entitled to access in the event that such a service cannot be delivered within such a timescale".

I do not understand why the minister is reluctant to accept the amendment. People should be fully informed and should receive information in a format that they understand. That is not too much to ask from our health service.

In answer to Mike Rumbles's question, the reason for putting the provision in the bill is simple: it would state from the start the principle of what we expect from the new bodies that are being established. That would send out the right message about what we expect from community health partnerships. I hope that the minister will reflect on that and accept Duncan McNeil's amendment.

Malcolm Chisholm: I agree with almost everything that has been said, but I do not draw the conclusion that it is therefore appropriate to put in the bill a duty on community health partnerships, which are new bodies that will already have massive responsibilities and challenges.

My fundamental point is the same as that which Jean Turner made. She said that she supported Duncan McNeil's amendment 6 but that providing information was the health boards' responsibility, which is the fundamental point that I made. Community health partnerships are committees of boards, so they will obviously have a key role to play, but the fundamental duty is on health boards. As I described in detail, we shall ensure that boards fulfil that responsibility.

09:45

I agree entirely with Duncan McNeil that people cannot exercise rights if they do not know that those rights exist. That is precisely why we are working with the Scottish Consumer Council on finalising a statement of patient rights and responsibilities. I assure him that that will be available in a range of formats.

Of course I agree with David Davidson that patients should be at the centre of the health service, but I am again astounded that he should imply that we think otherwise. As he thinks in stereotypes about the Executive's health policy and does not pay attention to what we are doing, he talked about national distribution and blotted out all my remarks about the information that would be available locally. The thrust of what I said was that information would be in local formats.

I agree with Karen Gillon that it is essential that patients should know their rights. She asked how we would ensure that the target was hit. To do that, we will not only produce the new document to which I referred, but ensure that boards disseminate that information, as I outlined. The reality is that the way in which we will ensure that that happens will not be fundamentally different from the way in which Duncan McNeil's amendment would be enforced. If his amendment were agreed to, we would have to ensure that community health partnerships provided information, just as we will ensure that boards fulfil that responsibility. In many cases, boards will act through community health partnerships to do that.

I dealt with Jean Turner's comments and I thank her for saying that providing information is the health boards' responsibility. I do not disagree with Shona Robison that all reasonable steps should be taken to provide information. I certainly agree that that should be done—I might even want to state it more strongly than that.

I implore members to accept that the primary responsibility must be on the health boards. Community health partnerships could be the most exciting part of the bill. They have enormous challenges. To place on them alone the duty to provide information, which would have quite a lot of ramifications, and to do so without consultation—although a massive consultation document on the partnerships was issued—would be received extremely negatively by those who are involved in the partnerships. It is not that they do not want to be part of fulfilling the responsibility, but I repeat that the primary responsibility rests with health boards. We shall ensure that they discharge it.

Amendment 1 agreed to.

Amendment 6 moved—[Mr Duncan McNeil].

The Presiding Officer: The question is, that amendment 6 be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Canavan, Dennis (Falkirk West) (Ind)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Muldoon, Bristow (Livingston) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, John (Ayr) (Con)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)

Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

Byrne, Ms Rosemary (South of Scotland) (SSP)
 Fox, Colin (Lothians) (SSP)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Sheridan, Tommy (Glasgow) (SSP)

The Presiding Officer: The result of the division is: For 38, Against 57, Abstentions 5.

Amendment 6 disagreed to.

Section 2B—Equal opportunities

The Presiding Officer: Group 2 is on equal opportunities. Amendment 2, in the name of Malcolm Chisholm, is grouped with amendment 5.

The Deputy Minister for Health and Community Care (Mr Tom McCabe): At stage 2, the Executive lodged an amendment to provide a legal underpinning to the existing policy of encouraging health boards, special health boards and the Common Services Agency to discharge their functions in a manner that encourages equal opportunities. The duty, as introduced at stage 2, will require those bodies to encourage equal opportunities and to observe equal opportunities requirements that are contained in existing legislation pertaining to equal opportunities. The duty applies to the functions of those bodies that arise from the National Health Service (Scotland) Act 1978.

The amendments extend the duty to promote equal opportunities to all health board, special health board and Common Services Agency functions, not only those that are listed in the 1978 act. Amendment 2 will extend the range of functions to which the duty to promote equal opportunities applies. Amendment 5 is a consequence of amendment 2 and will repeal the duty to promote equal opportunities in the Mental Health (Care and Treatment) (Scotland) Act 2003. That is required in order to avoid unnecessary and potentially confusing duplication.

The issue has been discussed in the NHS, patient bodies and equality bodies and the measures are widely welcomed and supported.

I move amendment 2.

Amendment 2 agreed to.

After section 2B

The Presiding Officer: Group 3 is on waiting times, the duty to provide goods and services and national tariffs. Amendment 9, in the name of Duncan McNeil, is grouped with amendments 10, 21, 22 and 11. There will be a slight pause until Mr McNeil is ready.

Mr McNeil: I apologise for the delay, Presiding Officer.

The partnership agreement pledges that the interests of the patient “will always come first”. Sadly, I am not sure whether our communities agree that that happens. When health bosses sit down to consider the most controversial issue that faces the national health service in Scotland—service redesign—they have certain legally binding obligations. There are, for example, the European working time regulations and the new consultant contract. In fact, there is some sort of statutory protection for everyone’s interests, except those of the patient. The interests of the patient get a look in only when the four corners of the debate, as defined by law, are agreed, and that cannot be correct.

Amendments 9, 10 and 11 seek to redress the balance and give patients’ interests parity with professionals’ interests. Amendment 9 would give ministers the right, through regulations, to set legally binding guarantees for patients on maximum waiting times for certain services. Amendment 10 would give health boards, in partnership, a duty to ensure adherence to those waiting times guarantees throughout Scotland, and amendment 11 would mean that the powers of intervention in the bill would apply to bodies that, or persons who, do not comply with the waiting time regulations. I do not pretend that the amendments in themselves will put patients at the heart of the national health service, or even the decision-making process—they would simply give

patients' interests the same status as those of the professionals.

I know from our discussions on the matter that the minister argues that what we currently have is better than what the amendments would deliver and that making maximum waiting times legally enforceable would lead to less ambitious targets being set. However, I do not follow that logic. If we really are already delivering on our tough targets, does the sanction for failure make a great deal of difference? If health boards are not meeting the guarantees, however, the option of recourse to the legal system would put the power to take action in the hands of the patient rather than in the hands of the bureaucrats at the national waiting times unit.

On the other hand, boards may have been relying on the public's lack of knowledge in order to meet their targets and they would be under real pressure if more patients knew their rights—as amendment 6 would have ensured—and were better able to exercise them. Whatever the case, I cannot see how what is proposed would be detrimental to the people whom I was elected to represent.

I move amendments 9 and 10.

The Presiding Officer: For the purposes of the *Official Report*, I advise that, for procedural reasons, although Mr McNeil has spoken to amendments 10 and 11, he can move only amendment 9.

Mr McNeil: Yes. I am sorry.

Mr Davidson: Throughout the discussion on regulations, the minister talked a lot about the duties of boards. However, we hear time and again about individuals who cannot get treatment locally at an appropriate stage and about their clinical advisers—whether they are out-patient consultants or GPs—wanting them to receive, on time, treatment that is suitable and which meets the needs of their particular case. In other words, a clinical decision is involved. If the local health board cannot supply a service at a time that the physician recommends, the system should be allowed to change to ensure that the health board facilitates the patient being taken to another health board area—or another source—to receive treatment.

The Minister for Health and Community Care already said at stage 2 that he will put a duty of care on boards to look after other boards' patients. Quite a mix-up is involved in the fund flows and in the understanding of the matter out there. With amendment 21, I seek to put clear reasons in the bill for that approach and to give support to patients in their patient journey, to which the minister frequently refers.

One issue that health boards have raised time and again is that when they have co-operated with another health board, they often get their own operation into financial difficulties—whether through the Arbuthnott formula or something else. They find that they must pay for treatment that has been provided by another board, although the funds do not necessarily follow. To avoid any connivance, in a sense, whereby a board thinks that it can get a service cheaper elsewhere, amendment 22 seeks to set up a national tariff system for NHS treatments that would be set in place by regulation and which could be updated quite simply in the same way that, in pharmaceutical supply, the drug tariff is updated on a weekly to monthly basis.

We must ensure that money timeously follows the patient and does not cause any hold-up in or damage to the system. We should have a national health service, and patients should have the right to transfer within that service. If, as the minister has said, the health service cannot supply a service, the patient should be able to obtain it elsewhere, whether in the independent sector, the voluntary sector or the not-for-profit sector.

All that I seek to do is to put in the bill the rights of patients to have their treatment at the appropriate time wherever their clinicians think that they should have it and wherever it can be dealt with accurately, properly and safely. I want funding to follow the patient. The patient is the core of the health service and every patient journey must have such rights attached to it.

Mr McNeil's proposals are unnecessary. I do not want yet more administrative effort and duties to be placed on health boards when they should be seeking to provide the best possible service at the earliest possible opportunity. The proposals would simply mean a cumbersome administrative exercise.

I move amendments 21 and 22.

The Presiding Officer: Mr Davidson can only speak to amendments 21 and 22; the opportunity to move or not to move them will come later.

Shona Robison: I support amendment 9, in the name of Duncan McNeil. We should be prepared to take the step that he proposes for a number of reasons, the most important of which is that, currently, a number of health boards are under considerable financial pressure. We are concerned that that could lead to an erosion of the waiting times guarantee. We know that health boards are under pressure and that, in some areas, waiting times will be impacted on. Giving patients the right to recourse if health boards fail to meet the waiting times guarantee would prevent that from happening.

Duncan McNeil made a strong case when he spoke about the patients' interests being protected in the same way that others' are. At present, the public and patients feel that the health service is not always run in their interests and that is a perception that we all want to change.

Accepting amendment 9 would send out a strong message to health boards that failure to fulfil their duty to patients would empower the patient to use the law to get what they should be getting from the health board in their area. I am happy to support Duncan McNeil's amendment 9.

10:00

Mike Rumbles: I will not comment on the dispute between Duncan McNeil and the minister about Duncan McNeil's amendments; I will stick strictly to David Davidson's amendments.

David Davidson gives the appearance of being the patients' champion in the national health service, but he is the champion of the private patient. Liberal Democrats believe that it is healthy to have an alternative to the state-provided health service, but we believe vehemently that the public health service should not be used to subsidise private health care. Amendment 22 would be a passport out of the national health service.

David Davidson has lodged a substantial amendment that strikes at the very principles of the national health service and at the principles of the bill. He did not lodge the amendment at stage 2 in committee—in fact, David Davidson signed up to the Health Committee's stage 1 report. It was only when that report was debated in the chamber at stage 1 that David Davidson turned about to oppose it.

It is disappointing that amendment 22 has been lodged in such a way because the point of the process of passing laws in the Scottish Parliament, which is so different from the process in Westminster, is that we involve the public. We involve everybody in the consultation process and take evidence as we go through the process. Lodging amendment 22 at the last possible moment represents Conservative party political principles—it is not appropriate at this stage. I do not question David Davidson's right to do that—he is perfectly entitled to lodge amendments in that way—but it is a little disingenuous of him to pose as the champion of the patient when he is the champion of the private patient.

Carolyn Leckie (Central Scotland) (SSP): I do not disagree that Duncan McNeil has the patient's interests at heart. He spoke about reorganisations in health boards and their lack of accountability, but his amendments do not address that point.

The experience of medical secretaries, for example, is that the management of waiting times

distorts clinical priorities and wastes their time in some areas because it takes them away from being able to deliver patient care. Legislating on the matter would be a simplification of the delivery of health care and would risk distorting clinical priorities.

I support Shona Robison's proposed measures to keep health councils and thereby the democratic accountability of health boards. I hope that Duncan McNeil will support those measures because they would provide a way of holding health boards to account for organisations that the public do not support.

I concur with Mike Rumbles on David Davidson's amendments. Instead of allowing the bill to abolish the internal market and trusts, amendment 22 would have the effect of making the internal market that wee bit bigger and it would offer up opportunities for the proliferation of the private sector. David Davidson's amendments are a bit sneaky—I say well done for trying, but we will not support them.

Karen Gillon: I will not support David Davidson's amendments. It is good to have somebody like David Davidson in the Scottish Parliament because it reminds me of why I am in the Labour Party, why the Tories are the Tories and why we must do everything that we can to prevent them from getting into power at the next general election.

I support Duncan McNeil's amendments. If the waiting times guarantee is to be meaningful, it must be enforceable. I am interested to know why the minister opposed those amendments and why he does not think that a patient should have the right to enforce the guarantee if it is not met by the health board. That was a key plank of our manifesto and many people voted for us on that basis, so I would be grateful to know why they should not have that right.

There will be pressures on health boards and, in my area, we have been made aware of a couple of pressures in relation to how the consultant contract will impact on elective surgery. I would be grateful to know from the minister how we can continue to meet those guarantees without giving patients the right to recourse when we fail to meet them.

Christine Grahame (South of Scotland) (SNP): I rise in support of Duncan McNeil's amendments and against David Davidson's amendments. Many of the arguments have already been made; I simply endorse Duncan McNeil's amendments. We are not dealing with a simple matter of providing information—it is also about having equality throughout Scotland. The key is that we want to embody the waiting times guarantee in regulations to make it legally

enforceable. That is what the minister does not want to face—he does not want to deal with litigation based on the regulations. However, it is important to have them because there is no point in having a waiting times guarantee if it is just a piece of paper that one can do nothing about.

Much has been said about David Davidson's amendments. I say more kindly than Miss Leckie, with whom I agree entirely, that the amendments represent an unsubtle attempt to take us incrementally down the road of Tory privatisation. We know that some health services have already been purchased outside the NHS, but the Scottish National Party does not want to see that increase—we would like to see a return to a much more public service. David Davidson's amendments are unsubtle and will be rejected by the Scottish National Party.

Dr Turner: I have the joy of being an independent member and I do not feel obliged to vote one way or the other on the amendments—I agree with them all. I agree with Duncan McNeil because what he said was important.

I know what happens to patients and when I looked at David Davidson's amendments, I thought about the passports that everybody is afraid of. I hate to think that the national health service would ever be privatised, but I tell members that, in Glasgow, there are three different prices for orthopaedic operations. There is a price for the health board, there is a different price for the Golden Jubilee hospital, which might be the cheapest, and there is another price for the private sector. So many people out there are in desperate need of a hip replacement operation to keep them mobile that, as I have said before in the chamber, they have had to spend their hard-earned savings on having perhaps two hip replacements. They receive no tax rebate although they have paid into the national health service, which cannot provide.

One of my constituents would love to go anywhere in Scotland to have his hip replaced, but he has not been able to have that sorted out. I had a patient at the Glasgow royal infirmary, but when his consultant was transferred to the Golden Jubilee hospital, the whole waiting list did not move with that orthopaedic surgeon to the new hospital. My patient was deprived of having his operation in time. I should have said "constituent" rather than "patient"—I still forget that I am no longer a general practitioner. That poor chap would dearly have loved to go private because there was no other way for him to have his operation in time. He would have scraped up the money—his family would have provided the finances—but he was not fit to have his operation done in the private sector. We should remember that it is not always easy to choose to use the

private sector. It might be imperative to stay in the NHS and in an NHS general hospital because of one's other medical conditions.

I read David Davidson's amendments carefully and, if he has some ulterior motive, I am sorry about that. I agree with what he says, however, because I would like equality and I would like patients to have their treatment now.

Far too many people are having to wait. For example, I know someone who has to wait 72 weeks for her first orthopaedic appointment in an NHS hospital. The NHS is not working. The waiting times are dreadful. In fact, consultants do not know the real extent of the waiting lists; instead, they are given what they are told is their waiting list, although they know that the rest of their list is sitting in some other part of the hospital. As a result, any suggestions on how we can keep an eye on waiting times would be valuable. Targets are another matter: I would ban them. In any case, I agree with all the members who have spoken.

I remind members—

The Presiding Officer: Briefly, please.

Dr Turner: I will be very brief. I remind members that people in the outer Hebrides are able to receive physiotherapy the next day, the day after that or the next week whereas people in Glasgow have to wait 13 weeks for the same treatment. As patients within the health service do not have an equal opportunity, I support all the amendments that have been lodged in this group. Lucky me.

John Swinburne (Central Scotland) (SSCUP):

In many cases, we are talking about pain. Someone who is in pain will take any steps to alleviate it. I am a great supporter of and believer in the NHS. As the service already allows consultants to carry out private work, I do not see that there is a great deal of difference between David Davidson's proposals and the Executive's position.

I do not believe in private medicine, but neither do I believe in private pain. I was forced to have an operation privately, because I could not suffer the pain of my arthritic hips for another year. My heart goes out to anyone who is still waiting in that queue for treatment.

I support the amendments lodged by Duncan McNeil and David Davidson. As Jean Turner said, they are both right, and consensus on this matter would help everyone.

Malcolm Chisholm: I appreciate the intention behind amendments 9, 10 and 11 and assure Duncan McNeil and Karen Gillon that the patient guarantees will be met. That said, I am not convinced that those three amendments will

achieve the desired outcome or be in patients' interests.

To date, we have made some good progress in working with health boards to reduce waiting times and to ensure that the guarantee is delivered. I should remind members that the guarantee itself kicked in only this year. I accept Dr Jean Turner's comments about out-patient waiting times, which were left for too long in Scotland. However, we are very much making up for that now by introducing a major programme of work on reducing out-patient waits. Indeed, I am speaking tomorrow at a major out-patient event for one of the areas affected—ear, nose and throat—and will announce some money and ensure that action is taken to reduce those waits.

Progress has been helped by the work of the centre for change and innovation and the waiting times unit and by making available the resources of the Golden Jubilee national hospital to NHS patients across Scotland. I believe that that collaborative approach has achieved results and is more constructive than the legal approach that is proposed in amendments 9, 10 and 11. As I pointed out in relation to amendment 6, steps are being taken to ensure that patients are well aware of the waiting time guarantees, what the waiting times are; and what they should do if they feel that the guarantee has not been met in their case.

I have three general objections to the idea of enshrining maximum waiting times in primary legislation.

10:15

Christine Grahame: Will the minister give way?

Malcolm Chisholm: I will take an intervention after I make my three points.

First, creating legal duties in relation to services that are subject to a waiting times guarantee—including elective surgery such as hernia repairs and cataract removal—would give rise to a perverse situation in which those services could become a priority over other more clinically urgent services, such as emergency services, that are not enshrined in legislation in such a way. Indeed, I think that Carolyn Leckie made the same point. It would mean that boards would be under express legal duties in relation to services covered by the waiting times guarantee, but not under similar duties for other services such as emergency care.

Secondly, as waiting times are integral to the quality of the services provided, I do not think that it is appropriate to single out in legislation the particular issue of waiting times from other crucial aspects of quality.

Thirdly, our firm guarantees already go beyond what applies in the rest of the UK. Turning those

guarantees into a legal duty could be counterproductive in creating pressure to soften targets and guarantees as a result of the potential for expensive legal challenges against boards. Even if Duncan McNeil does not accept that that might be a possibility, I hope that he thinks it reasonable to give the guarantees some time to prove themselves. After all, as I have said, they were introduced only in January.

Christine Grahame: I think that the minister has already answered my question. However, for the sake of clarity, is he saying that the waiting times guarantee is not legally enforceable and that, if it were not met in my case, I could not take him, his department or any board to court?

Malcolm Chisholm: That is a statement of fact. However, I have already assured members that the guarantees will be met and there are many ways of ensuring that that happens short of putting them in primary legislation. I certainly think that many staff members and patients would be horrified at the idea that someone in such a situation should be taken to court. My point is that, if we push this provision beyond a guarantee, we will create a perverse situation in which minor elective procedures, which would then be legally binding, would have to be put before emergency care, which would not be. Such a situation would be neither clinically acceptable nor in patients' interests.

The other duties set out in amendments 9 and 10 do not add anything to the current arrangements. As the duty in section 12H of the National Health Service (Scotland) Act 1978 currently requires arrangements for monitoring and improving the quality of health care to be in place, it already applies to waiting times because that aspect of a service is an integral part of the service's quality. As a result, systems already exist for monitoring and reducing waiting times. For example, boards make regular submissions to the department's waiting times unit on how they are performing against the waiting times targets. Given that the 1978 act contains such an equivalent duty, amendment 9 is therefore unnecessary.

Amendment 10 seeks to affect the duty of co-operation. However, as currently drafted, the bill already requires boards to

"co-operate ... with a view to securing and advancing the health of the people of Scotland".

That wording already covers co-operation to reduce waiting times as that itself would advance

"the health of the people of Scotland".

Boards will continue to co-operate with the Golden Jubilee hospital on reducing waiting times and will also work with other health boards in a national effort to reduce them.

On amendment 11, I agree that if a board is systematically failing to meet waiting times targets it might be necessary as a last resort to use the new power of intervention. That is partly a response to Christine Grahame's earlier point. Such boards would clearly be failing to provide the service to a standard that Scottish ministers find acceptable.

That does not mean that I support amendment 11. It is unnecessary because, as drafted, the power of intervention already allows ministers to intervene when an adequate service is not being provided. I have said before that we will not be able to prescribe every circumstance in which Scottish ministers should intervene and waiting times should not be singled out over and above other issues such as quality. That matter will no doubt arise when we discuss the next group of amendments.

Moving on to David Davidson's amendments, I have to say that amendment 21 is quite unusual in how it takes the good aspects of the current service and makes them worse. At present, a patient has a consultation with a medical practitioner, who then decides on the treatment that the patient needs. Taking into account the seriousness or urgency of the patient's condition and the availability of services, the medical practitioner will then consider where the patient can receive that treatment and make a referral for specialist services on that basis.

The national waiting times database has been available to all GPs since December 2002 and to the public since October 2003. It is designed to help and support patient choice and to inform decision making for the patient, the primary care practitioner and hospital services. If the patient and general practitioner want a referral to a clinic in another board area, that can already happen.

Mr Davidson: The minister mentioned patient choice. I am trying to ensure that such choice can be delivered on the ground and that there are clearer duties in that respect. It should not simply be put into the melting pot of waiting times. Recently, a constituent of mine had a lump in her breast and was panic stricken. She went to her general practitioner and he asked for an immediate investigation, but the health board said that it did not have the capacity to do that within two months. She went for private treatment. She did not have health insurance but she and her family scraped the money together. Is it not right that, if a health board cannot provide the service, a patient can be referred elsewhere? We are certainly not proposing the privatisation of the health service, but if the health service fails, there should be provision for other services to provide the treatment. It is concern for the treatment of the patient that lies behind amendments 21 and 22.

Malcolm Chisholm: The reality is that, under the arrangements that I have just described, that constituent could have been referred to another board if the waiting time had been shorter there. The problem with amendment 21 is that it would seriously distort priorities at health board level because decisions on the timing of treatment would rest solely with individual medical practitioners, as stated in the proposed new subsection (2C). If anyone is thinking of supporting amendment 21, I ask them to read the proposed subsection (2C) within it, which makes it clear that a letter from a GP would supersede not only the targets and the waiting times guarantee but clinical priority as well.

Amendment 21 says that a medical practitioner could insist on the precise time of treatment. That could lead to a scenario in which a GP demanded that a minor surgical procedure be performed quickly, with the result that a far more serious operation had to wait longer. Different practitioners would make different professional judgments in situations that might seem similar to us. However, amendment 21 would place a legal duty on a health board to do whatever an individual doctor said that it must do. The board would have to ensure that a service was provided to the individual patient by a date dictated by the doctor. The health board would not be able to consider the disruption to other treatment, to consider wider priorities, or to consider other strategic matters. I fail to see how that would be good for patients or the NHS.

I turn now to amendment 22. The tariff idea is interesting. David Davidson has lifted it from Labour in England—albeit with a deadly Tory twist. The idea of having a uniform cost for a particular treatment is one in which I am interested. I have asked my department to give it detailed consideration. However, it would be quite wrong to agree to amendment 22 on the hoof without such detailed consideration and without consultation. For example, one of the downsides to the idea may be that treatments cost different amounts in different hospitals for quite legitimate reasons. It may well be that small hospitals would lose out under such a system.

The Tories support this idea as a Trojan horse for their unfair and divisive patient passport, whereby each patient would automatically receive a tariff—or “part of the tariff”, to use the very words of the proposed section 17J(c)(ii) in amendment 22—in order that those who can afford it can supplement their own private payment and access health care on the basis of income rather than on the basis of clinical priority.

The Presiding Officer: Minister, we have only nine minutes in which to get through both this

group of amendments and the next group, before the knife falls at 10:31.

Malcolm Chisholm: That is utterly unacceptable and is—[*Laughter.*]

I mean, David Davidson's amendment 22 is utterly unacceptable. [*Laughter.*] No, actually, I meant that the Tory twist was utterly unacceptable. [*Laughter.*] In itself, that twist is sufficient reason to reject amendment 22.

The Presiding Officer: Mr McNeil, do you wish to wind up briefly?

Mr McNeil: No. I have heard what the minister said and I am happy with that.

The Presiding Officer: Are you pressing amendment 9?

Mr McNeil: No, I am not.

Amendment 9, by agreement, withdrawn.

Section 3—Health Boards: duty of co-operation

Amendment 10 not moved.

Amendment 21 moved—[Mr David Davidson].

The Presiding Officer: The question is, that amendment 21 be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
Davidson, Mr David (North East Scotland) (Con)
Douglas-Hamilton, Lord James (Lothians) (Con)
Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallie, Phil (South of Scotland) (Con)
Johnstone, Alex (North East Scotland) (Con)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
Milne, Mrs Nanette (North East Scotland) (Con)
Mitchell, Margaret (Central Scotland) (Con)
Monteith, Mr Brian (Mid Scotland and Fife) (Con)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Swinburne, John (Central Scotland) (SSCUP)
Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
Baillie, Jackie (Dumbarton) (Lab)
Baird, Shiona (North East Scotland) (Green)
Ballance, Chris (South of Scotland) (Green)
Ballard, Mark (Lothians) (Green)
Barrie, Scott (Dunfermline West) (Lab)
Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brown, Robert (Glasgow) (LD)
Butler, Bill (Glasgow Anniesland) (Lab)
Byrne, Ms Rosemary (South of Scotland) (SSP)
Canavan, Dennis (Falkirk West) (Ind)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Crawford, Bruce (Mid Scotland and Fife) (SNP)

Curran, Frances (West of Scotland) (SSP)
Curran, Ms Margaret (Glasgow Baillieston) (Lab)
Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
Eadie, Helen (Dunfermline East) (Lab)
Ewing, Mrs Margaret (Moray) (SNP)
Fabiani, Linda (Central Scotland) (SNP)
Ferguson, Patricia (Glasgow Maryhill) (Lab)
Finnie, Ross (West of Scotland) (LD)
Fox, Colin (Lothians) (SSP)
Gibson, Rob (Highlands and Islands) (SNP)
Gillon, Karen (Clydesdale) (Lab)
Glen, Marlyn (North East Scotland) (Lab)
Godman, Trish (West Renfrewshire) (Lab)
Grahame, Christine (South of Scotland) (SNP)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, Mr John (East Lothian) (Lab)
Hughes, Janis (Glasgow Rutherglen) (Lab)
Hyslop, Fiona (Lothians) (SNP)
Ingram, Mr Adam (South of Scotland) (SNP)
Jackson, Dr Sylvia (Stirling) (Lab)
Jackson, Gordon (Glasgow Govan) (Lab)
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
Kane, Rosie (Glasgow) (SSP)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Leckie, Carolyn (Central Scotland) (SSP)
Lochhead, Richard (North East Scotland) (SNP)
Lyon, George (Argyll and Bute) (LD)
MacAskill, Mr Kenny (Lothians) (SNP)
Macdonald, Lewis (Aberdeen Central) (Lab)
Macintosh, Mr Kenneth (Eastwood) (Lab)
Maclean, Kate (Dundee West) (Lab)
Macmillan, Maureen (Highlands and Islands) (Lab)
Martin, Paul (Glasgow Springburn) (Lab)
Mather, Jim (Highlands and Islands) (SNP)
Maxwell, Mr Stewart (West of Scotland) (SNP)
May, Christine (Central Fife) (Lab)
McAveety, Mr Frank (Glasgow Shettleston) (Lab)
McCabe, Mr Tom (Hamilton South) (Lab)
McFee, Mr Bruce (West of Scotland) (SNP)
McMahon, Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
Murray, Dr Elaine (Dumfries) (Lab)
Neil, Alex (Central Scotland) (SNP)
Oldfather, Irene (Cunninghame South) (Lab)
Peattie, Cathy (Falkirk East) (Lab)
Pringle, Mike (Edinburgh South) (LD)
Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
Radcliffe, Nora (Gordon) (LD)
Raffan, Mr Keith (Mid Scotland and Fife) (LD)
Robison, Shona (Dundee East) (SNP)
Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
Scott, Eleanor (Highlands and Islands) (Green)
Scott, Tavish (Shetland) (LD)
Sheridan, Tommy (Glasgow) (SSP)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Iain (North East Fife) (LD)
Smith, Margaret (Edinburgh West) (LD)
Stephen, Nicol (Aberdeen South) (LD)
Stevenson, Stewart (Banff and Buchan) (SNP)
Stone, Mr Jamie (Caithness, Sutherland and Easter Ross)

(LD)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 15, Against 89, Abstentions 0.

Amendment 21 disagreed to.

After section 3

Amendment 22 moved—[Mr David Davidson].

The Presiding Officer: The question is, that amendment 22 be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fox, Colin (Lothians) (SSP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marilyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Grahame, Christine (South of Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)

Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kane, Rosie (Glasgow) (SSP)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 16, Against 88, Abstentions 0.

Amendment 22 disagreed to.

Section 4—Powers of intervention in case of service failure

Amendment 11 not moved.

The Presiding Officer: Amendment 3, in the name of Malcolm Chisholm, is in a group on its own.

Mr McCabe: Amendment 3 serves two main purposes. The first relates to the range of individuals who may be included within an intervention team that is to be sent into a health board to bring a failing service back to an acceptable standard. The bill currently restricts the individuals who are eligible for an intervention team to employees from health boards, special health boards, the Common Services Agency and the Scottish Executive. It is considered that local authority employees could usefully be added to this list, thereby broadening the pool of expertise and experience that Scottish Ministers could draw from. The first part of the amendment gives effect to that policy.

The second reason for amendment 3 is to clarify that the actings of the appointed person are to be treated as actings of the relevant body that is subject to the intervention. As I said during stage 1, the general principle to which we are working is that boards that are responsible for a failing service should be responsible for the costs of intervention to remedy the failure. The alternative would be for costs to fall on the entire Scottish NHS budget and therefore on boards as a whole. We believe that it would be wrong to penalise other boards for the costs of correcting the failings of one board.

However, the amendment also enables Scottish ministers to assist with the costs of the intervention if they choose to do so. For example, if ministers were to take the view that the costs were such that, if the board was to meet them, it would result in a material reduction in services in that board area, they could decide that it would be appropriate for the Executive to contribute to, or bear, the costs of remedying the failure. The effect of doing so would, of course, be to spread the costs across the whole of Scotland.

Amendment 3 also makes it clear that third parties do not have to distinguish between acts of the relevant board and those of the appointed person in the unlikely event that they suffer any loss during the course of an intervention.

I hope that I have provided the necessary clarification that the Health Committee requested at stage 1.

I move amendment 3.

The Deputy Presiding Officer (Murray Tosh): We have very little time. I call Shona Robison.

10:30

Shona Robison: The minister will be aware that there have been concerns about who meets the

costs of interventions. The Health Committee had a lot to say about that because we are talking about health boards that are already under severe financial stress. I am pleased that the minister has said that, when the costs would lead to a material reduction in services, the Executive could help to meet those costs. That is to be welcomed. However, we require a bit more information about what would constitute a material reduction in services. At what level would that be measured? How would it be assessed whether services had been reduced to that extent? It would be helpful to have more information on that.

The Deputy Presiding Officer: I apologise to the two members whom I cannot call.

Mr McCabe: It is clear that the Executive would want to take action to ensure that there was a comprehensive assessment of the situation in any area. The criterion is that, regardless of what has occasioned the failure of a service within a board, whatever actions we take should not have a detrimental effect on the other services within that area. The Scottish Executive, aided and abetted by the officials who serve us, would conduct a comprehensive assessment to ensure that we did not take any action that would have further detrimental effects on the people who depended on the services in that area.

Amendment 3 agreed to.

Before section 5

The Deputy Presiding Officer: Group 5 is on the membership of health boards. Amendment 12, in the name of Shona Robison, is in a group on its own.

Shona Robison: Amendment 12 is necessary because we cannot have a debate on NHS reform without talking about one of the most important reforms that could and should take place in the health service, which is to redress the balance by tackling the lack of public say in and power over the decisions that are made locally about people's health services. We know from all our patches that the public in constituencies throughout Scotland feel dislocated from the decisions that are made by health boards. In Caithness, the west of Scotland, Glasgow or wherever, there are feelings of disempowerment and a sense that the health boards will do what they want to do in spite of the public's opposition.

If we are to address that concern, the public will be able to regain their trust in health boards only if they are given a direct say in the decisions that health boards make. In my opinion, the only way in which to do that is to have direct elections for at least half the places on health boards. I am aware that Bill Butler has made a proposal for a bill on the subject and I look forward to hearing about

what is happening on that front and what the timescales are for the bill's introduction. We cannot afford to wait for such change for ever. The time is now right to send out a signal to the public that we recognise their disillusionment with the decisions that have been made and so we are prepared to take real action to address the imbalance of power.

I move amendment 12.

Mr Davidson: We will not be supporting amendment 12, for the reasons that I stated during stage 2 consideration. The proposal has a huge cost implication and we have far too many elections in Scotland as it is. Frankly, the introduction of elections for health boards would open up the boards to the risk of being taken over by single-issue campaign groups, which could bring nothing but disruption to the running of the boards.

We must seek ways of incorporating health patients' views to a greater extent in the health system. I felt that local health councils played a valuable role in that regard, before the bill came along. There is a big skills gap among the general public about how health boards are run. It is one thing to talk about patients' input and getting their voices heard—I have some sympathy with what Shona Robison said about the needs of communities in relation to consultation on changes such as the centralisation of maternity services—but I do not believe that having an electoral process, which could be repeated time and again during a session of Parliament, to deal with a single issue would be in the interests of the health service's efficiency.

Mike Rumbles: I do not think that Shona Robison seriously expects the Parliament to support her amendments today. I will make the same comment that I made on David Davidson's amendments 21 and 22, which I said would change the NHS's entire principles.

Shona Robison has already referred to Bill Butler's proposal for a member's bill. I am sympathetic towards the principle behind amendment 12, which also lies behind Bill Butler's proposed bill. However, there are two ways of ensuring health boards' accountability to patients and the public. The first is through ministerial powers of intervention and the other is through direct elections. I am sympathetic towards direct elections because, when the National Parks (Scotland) Bill was considered by the Rural Affairs Committee in the first parliamentary session, I lodged 15 amendments on the subject. They were successful—the Parliament agreed to them—and 20 per cent of all the members of the national parks boards are now directly elected by the people within the national park boundaries. That is a good thing and, from speaking to the people who

are involved, I believe that the system works extremely well.

I am supportive of the principle, but I return to the point that I have just made. There are two public accountability options—direct elections and ministerial intervention. Although I am supportive of the Executive's decision to go down the route of ministerial intervention, it presents me with a difficulty. How compatible with direct elections is giving the minister powers to intervene to ensure the public interest, if that means that the people who are directly elected are then subject to ministerial intervention? That is the crux of the matter. Members of all parties who want health boards to have more public accountability face a real dilemma.

On amendment 12 specifically, I do not think that now is the moment for the Parliament to take on board Shona Robison's proposal without a thorough investigation. We must give due attention to Bill Butler's proposed bill.

Janis Hughes (Glasgow Rutherglen) (Lab): I support the spirit of amendment 12, which is the same as an amendment that Shona Robison lodged at stage 2. I accept that the proposal forms an important part of reform of the NHS and links in with a number of other areas that are dealt with in the bill, such as consultation.

I fully agree that the public should have a say, through consultation, in how services are delivered in their area, but I also believe that they should have a say on the question of direct elections to health boards. That is why I think that it is premature to lodge such an amendment. Mention has already been made of making policy on the hoof and I think that that is what we would be doing by including in the bill provision for direct elections to health boards.

I have given my support to Bill Butler's proposed member's bill and I think that the way forward is through full consultation, which I understand will be happening in the near future. Through such consultation, we should give the public the opportunity to comment on how they view direct elections to health boards. For that reason, I will oppose amendment 12.

Carolyn Leckie: I support amendment 12, having lodged a similar amendment. It is unfortunate that such a measure was not contained in the consultation on the bill, as that would have provided the opportunity for it to be discussed fully. I, too, would like there to be a lot more debate about the composition of, and elections to, health boards. I have already indicated my support for Bill Butler's proposed bill.

I will explain why direct elections to health boards are necessary. Up and down the country—from Wick to the Borders and from the Highlands

and Islands to Glasgow—there is a lack of confidence in the democracy and accountability of health boards. That is a constant theme in the petitions that are submitted to the Public Petitions Committee. Nearly every reorganisation results in the public being up in arms and reaching conclusions that are the opposite of those reached by the health board. That is unacceptable; the situation is untenable.

Let us consider what is happening now. The issue is not just the public's inability to hold health boards democratically to account; it is the composition of boards. By my reckoning, 41 appointees to NHS boards are ex-Labour candidates or councillors, nine are Liberal Democrats, nine are independent, four are members of the Scottish National Party and four are Tories. That represents a clear imbalance if we consider the proportion of the population that is made up by activists of or candidates for the Labour Party and other parties. Two thirds of the appointees who have disclosed political affiliations are members of the parties of the Scottish Executive and only seven appointees—less than 10 per cent—have affiliations with non-Executive parties. There might be even more appointees with Labour affiliations, because only people who have stood as candidates in the past five years are required to disclose their party background. For example, Bill Speirs, the general secretary of the Scottish Trades Union Congress, is an appointee who does not have to declare his Labour Party affiliations, so he is not included in the figures that I have given.

If we are to address the public's suspicions, there must be greater openness and transparency, direct accountability and direct democracy. A secret report—although it is not secret, because we all know about it—expresses great suspicion about accountability, the number of quangos, the performance of the Scottish Parliament and so on. We could restore public confidence and deal with the quango issue by introducing direct elections to health boards. Quangos could be turned into democratically and publicly accountable bodies if we replaced the appointed members of NHS boards with directly elected members who would be answerable to local communities, rather than to the political party in which they are active.

Bill Butler (Glasgow Anniesland) (Lab): Shona Robison mentioned me in dispatches, so I will place a few matters on the record.

It is my intention to issue before the summer recess a consultation paper on my proposal for a member's bill on direct elections to health boards. I give my word on that to Parliament. I sincerely believe that that is the appropriate approach to what would be a far-reaching reform with profound ramifications. To tack on to the bill an amendment,

without consultation, would not be an appropriate way of introducing a much-needed reform, as I think that the Health Committee decided at stage 2.

If the results of the consultation are positive, as I think they will be, I hope that the ministerial team will give my proposal a fair wind. I will be interested to hear what ministers say about that later in the debate.

Mr McCabe: I was surprised that Shona Robison lodged amendment 12, after a similar amendment was withdrawn at stage 2. I understood that at that stage she thought that further consultation was needed and that Bill Butler's proposal offered an appropriate approach. I do not think that much has materially changed since stage 2, but we must consider the amendment nevertheless.

Bill Butler has indicated that he has every intention of introducing his member's bill and that there will be an opportunity for proper consultation on the proposals that his bill contains. I am not persuaded that we should legislate in advance of such a consultation and I hope that members want to wait for the outcome of the consultation before they consider whether and how to take forward legislation on such an important issue.

We should remember that the Executive has already taken steps to increase the public accountability of health boards throughout Scotland. The creation of 15 unified NHS boards in September 2001 extended the range of key stakeholders by including local authority councillors. The formal presence of elected councillors as full members of boards was specifically intended to strengthen local accountability, responsiveness to community issues and joint working between health boards and local authorities.

The Executive is also working to improve patient and public involvement throughout the NHS. That is demonstrated by other provisions in the bill. Community health partnerships, for example, will include at least one member of the public partnership forum, who will represent the public's interests. The new duty of public involvement will ensure that boards consult the public on plans and decisions that significantly affect the operation of services. We want to create mechanisms that allow interested members of the public to influence what happens in their health board area and I believe that we are doing that.

This is not the time to introduce the provisions in amendment 12 and I urge members to reject it.

Shona Robison: I will be brief. I thought that it was important to keep the issue of direct elections to health boards on the agenda, so I lodged amendment 12 as a probing amendment, to find

out what was happening about Bill Butler's proposed member's bill. I am grateful to Bill Butler for his commitment to proceed with the consultation before the summer recess and I look forward to that process. I am sure that there will be a large response from people throughout Scotland and we will certainly encourage people to respond. Given Bill Butler's commitment, I will seek to withdraw amendment 12.

Amendment 12, by agreement, withdrawn.

After section 5

10:45

The Deputy Presiding Officer: Group 6 is on health councils. Amendment 13, in the name of David Davidson, is grouped with amendments 14 to 20.

Mr Davidson: The Health Committee took a lot of evidence about the proposed new Scottish health council and discussed the matter fully. I find it strange that although the Executive has spun the fact that the council is to be established and will be an important body, the bill does not refer to it. That is staggering given that the minister has regularly stated in public that the health council represents a vital part of the modernisation of one aspect of health care in Scotland.

Amendment 13 would include the Scottish health council in the bill and would reinforce the fact that the council should be an independent body and not merely a department of NHS Quality Improvement Scotland or a body that is subject to joint management. The Scottish health council should stand alone.

Local health councils are keen to be linked into a proper national body—neither they nor I object to that proposal—but they want that body to be truly independent. In the past, they worked closely with but were funded by the health boards. However, the Scottish health council should be a truly independent body that considers NHS performance from the point of view of patients and staff and visits the different health establishments in which local health councils have been active and welcome in the past. Currently, one or two local councils do not have the resources or the manning to enable them to be efficient. Amendment 13 would clarify the position. I think that the minister is sympathetic to that aspect of the matter and I ask him to accept that the Scottish health council should be covered in the bill. It is vital that we give the public confidence that independent bodies are there for them and that they can turn to such bodies to investigate any failure in the system. NHS QIS measures quality standards in health service performance on a technical basis; it does not consider that aspect.

Dennis Canavan (Falkirk West) (Ind): I have some sympathy for the member's position, but amendment 13 states:

"The general duties of the Scottish Health Council shall be to ... co-ordinate the work of the local health councils on a national basis".

However, local health councils will be dissolved under section 6. I do not see the point of co-ordinating the work of bodies that will be dissolved.

Mr Davidson: The minister seeks to set up local advisory councils. The local health councils want those to come together in a national body that would support and help them. If the bill is passed, local advisory councils will replace local health councils, as the discussions in the Health Committee acknowledged.

I am sympathetic to Shona Robison's amendment 14 and I will listen carefully to what she says. If amendment 13 is not agreed to, we might support amendment 14.

I move amendment 13.

The Deputy Presiding Officer: I call Christine Grahame, to be followed by Carolyn Leckie.

Christine Grahame: I support amendment 13—

The Deputy Presiding Officer: I beg your pardon. I made an error; I should have first called Shona Robison to speak to the amendments in her name.

Shona Robison: I seek the retention of local health councils, but that does not mean that I do not recognise the importance of the new national body, the Scottish health council. The two are not mutually exclusive—they have distinct roles. I will say a bit about the independence of the Scottish health council in a minute.

Throughout the passage of the bill, I have expressed concern about the dissolution of local health councils and the loss of their important role, particularly their advocacy work. The councils help some of our most vulnerable people to complain or to find their way round the health service. People have given years of service to their local health council, but the local expertise that has been built up is, unfortunately, in danger of being lost. I have spoken to a number of people who have been involved in local health councils, and they are disappointed and feel that they have been cast aside because their services are no longer required. Although the intention is to try to involve some of those people in the new local advisory councils, those councils will not have the same role, and so a number of people will choose not to be involved.

As I have said throughout the process, I cannot understand why the establishment of the Scottish

health council should lead directly to the dissolution of local health councils. It is unfortunate that the Executive has linked those two measures. The Scottish health council and local health councils would have distinct roles. I urge members not to throw the baby out with the bath water and to retain the role of local health councils.

I share David Davidson's concerns about the independence of the new Scottish health council. It would be unfortunate if the message that the public received was that the council was not fully independent or able fully to protect their interests. It is difficult to argue that the council will be independent when it is to be located within NHS Quality Improvement Scotland, which is an NHS body. There are arguments for establishing a different structure to guarantee the new council's independence. I am happy to support David Davidson's amendment 13 to achieve that end.

The Deputy Presiding Officer: Since I started Christine Grahame, I will allow her to finish.

Christine Grahame: My colleague has addressed David Davidson's amendment 13. It is important that the new Scottish health council is put on a statutory basis for the reasons that David Davidson expressed. In evidence to the Health Committee, a recurring theme was the strongly expressed concerns about the independence of such an organisation. The Executive appears to be going for a symbiotic relationship with NHS QIS, but the evidence to the committee shows that there is a strongly perceived conflict of interest, if not an actual one, in relation to the proposal.

Dennis Canavan is right. Mr Davidson's amendment 13 states:

"The general duties of the Scottish Health Council shall be to ... co-ordinate the work of the local health councils on a national basis."

Mr Davidson is trapped by his amendment: he has no option but to support Ms Robison's amendment 14.

Carolyn Leckie: I concur with that point and I hope that Mr Davidson will support amendment 14.

I want to place the debate in context. I hoped that the Executive would listen to the views of organisations such as the Transport and General Workers Union, Unison and the Royal College of Nursing on the proposed abolition of local health councils, which is a serious assault on the independence of the system. A non-statutory body that is located within NHS QIS will be nowhere near a replacement for the rigorous work of local health councils, whose work could be improved further, because there is always room for improvement.

I support David Davidson's amendment 13, which would create a national body to oversee the work of the local health councils—I presume that he supports amendment 14. Amendment 13 would not introduce enough democracy, but it is better than nothing. To give a wee bit of political history, in England, proposals that were similar to the Executive's were at first removed because of opposition by the Tories, Labour back benchers and the Liberal Democrats, but Tony Blair, in his no-reverse-gear mode, insisted on reintroducing them. I hoped that that attitude would not be reflected in the Executive's bill, but unfortunately it is. However, it is never too late—we should stick up for health councils today.

I seek clarification on the policy and intentions of the Lib Dems. When Nora Radcliffe was the health spokesperson for the Lib Dems, she had a members' business debate on 4 October 2000 to celebrate the success of local health councils. I understand that it is published Liberal Democrat policy to support health councils and to oppose their abolition. Perhaps the Lib Dems will let us know what they are doing. We have an opportunity to reach a consensus through which we could retain health councils and introduce an independent national health council.

Mike Rumbles: I am delighted to respond to Carolyn Leckie. I cannot help thinking that if the Executive had proposed another quango, Carolyn Leckie, Shona Robison and David Davidson would have argued how terrible that was. As the Health Committee realised, a number of different options could have been chosen.

What has been missing from the debate so far is a focus on the bill, rather than the amendments. The problem is solved in section 5, which for the first time will introduce in legislation a duty to encourage public involvement. Section 5 states:

"It is the duty of every body to which this section applies"

to consult the public, not only on "planning and development" but, importantly, on "decisions to be made". As the Health Committee knows, people throughout Scotland are dissatisfied with the public involvement and consultation processes of the 15 health boards in Scotland. I am pleased that the Executive is taking action through the bill to ensure that we have real consultations, not consultations after decisions have been made. The bill turns round the situation by talking about "decisions to be made".

Shona Robison: We all agree about the importance of public involvement, but we are talking about the abolition of local health councils and the independence of the new Scottish health council. As Carolyn Leckie said, the previous incumbent of Mike Rumbles's post as health spokesperson had strong views on the retention of

local health councils. What is his view on their abolition?

Mike Rumbles: Thank you very much for that. I am trying to put across the point that the National Health Service Reform (Scotland) Bill will radically change public involvement in the health service in Scotland. I hope that SNP members will support the bill at decision time. They would be mad not to accept that the Labour Party and the Liberal Democrats are radically changing the situation, which has moved on in the past four years.

The key issue is the duty to involve the public. As the Liberal Democrat spokesperson on health and community care, I am satisfied that we have the right approach and that the bill will introduce significant changes in public involvement. Therefore I am relatively relaxed about not creating another so-called independent, non-accountable body, which is what David Davidson would like. It is not at all necessary. The whole *raison d'être* has changed, so placing the Scottish health council within NHS QIS is perfectly acceptable.

11:00

Dr Turner: The beauty of debate is that one is able to change one's mind. Bills go through fairly quickly; as a new member of Parliament, I have found that the process can be difficult, because there is so much to take on board and one changes one's mind many times. I have always felt that it would be a great pity to dissolve the local health councils. Many changes happen in the health service and the most disadvantaged are always penalised. It would have been a great idea to leave the Scottish health council in the bill. In committee, I was persuaded in the end by the minister's assurance that the intention was that the Scottish health council would be independent, under the NHS QIS banner. On reflection, and on reading what has been said in the past, I think that such an important body should have been included in the bill. I go along with everything that has been said.

Mr Davidson said something that made me stop and think. If the Scottish health council comes under NHS QIS but is not included in the bill, it will be subject to regulations. If everybody's intentions are honourable at present, everything will go well. However, if people change, regulations could change, and the whole idea, as it is set up at the moment, might change. Since I am independent, I will vote for amendments 13 and 14. I would have loved it if the Scottish health council had been included in the bill. Throughout the evidence, people's fear that the Scottish health council would not be independent was a constant theme. In the light of the public's mistrust of health boards and the Government, it was a mistake not to put the Scottish health council in the bill.

Malcolm Chisholm: I will explain why amendment 13 and amendments 14 to 20 should be rejected, just as they were rejected by the Health Committee. Amendment 13 seeks to establish the Scottish health council as a separate, independent body—or, should I say, a supposedly independent body; as Dennis Canavan rightly pointed out, the amendment would ensure that a Scottish health council would be composed of local health council representatives. The key point is that local health councils are appointed by local health boards. David Davidson, Shona Robison and Carolyn Leckie should all remember that point when they applaud the independence of local health councils.

The Executive has proposed that the Scottish health council should be established as a body with its own distinct role and status within NHS Quality Improvement Scotland. That is because the Executive regards patient focus and public involvement as an essential part of securing quality in the NHS. As I say repeatedly, the experience of every patient is the starting point for improving quality in health. In the Executive's view, improving quality should be about developing services that are more focused on patient experience and meeting what patients want through service redesign, managed clinical networks and other initiatives. The review and monitoring functions of NHS QIS will be strengthened by that body being able to draw directly on the expertise and patient networks of the Scottish health council. NHS QIS is at the heart of improving quality in the NHS. It operates separately from ministers and other boards. I am sure that anyone who knows the chair, Naren Patel, will understand what I mean when I say that.

I have written to the Health Committee setting out the Executive's proposals for ensuring the independence of the Scottish health council within NHS QIS, and I reiterate those proposals now. The council will be created through regulations as a committee of the board of NHS QIS. The chair will be appointed through the public appointments process. Members will be appointed through an open process by NHS QIS, and up to three members will be appointed from the local advisory councils to ensure strong local links.

Establishment of the Scottish health council through regulations will mean that there is parliamentary involvement in the process. The Scottish health council cannot be created by primary legislation, because NHS QIS was not created by primary legislation. Establishment through regulations will also mean that there will be a clear, legislative basis for the Scottish health council's work. It will ensure that the council's continuing existence is not just a matter for ministers and the Health Department, and that the

council cannot be changed or abolished without parliamentary approval. The council's local advisory structure will mean that it is not a remote or centralising body. By creating a Scottish health council, we will be able to bring more professionalism and expertise to patient focus and public involvement in Scotland. At the same time, the existence of the local advisory councils will mean that there is local input from patients and the public, thus ensuring that the health boards communicate with and listen to patients and local people.

On community health partnerships, there will be the new public partnership forums, which will be important in ensuring that there is strong communication and engagement with the public and, crucially, feedback on key issues and policies.

Christine Grahame: The minister said that the Scottish health council could not be included in primary legislation because NHS QIS is not included in primary legislation. I do not understand the rationale for that, because amendment 13 makes no reference to NHS QIS. With respect, the argument is not logical.

Malcolm Chisholm: Christine Grahame may not agree with the argument, but the Scottish health council will be set up as a part of NHS QIS and it is not possible to have a part of a body in primary legislation when the body itself is not in primary legislation.

Shona Robison's amendments 14 to 20, which are almost identical to those that the Health Committee rejected at stage 2, seek to preserve the status quo. A lot of good work has come out of local health councils—I pay tribute to all the people who have been involved in that—but everybody accepts that that work has been uneven. It is time to build on that good work and to move on. Preserving the status quo would be inadequate for the better public involvement that we want. Mike Rumbles got straight to the heart of the debate when he said that the new structure is all about ensuring better public involvement and better patient focus.

The bill's provisions for a new duty of public involvement and for dissolving local health councils are designed to support and underpin patient focus and public involvement. The Executive wishes to put greater responsibility on NHS boards to communicate with and involve patients and the public, and to encourage patients and community and voluntary organisations to represent their views directly to boards, rather than to have local health councils substituting, as it were, for the public and for those groups. I want to involve the public directly in the planning and design of health services, and not to have their views filtered through an outside body. The

Scottish health council will monitor and quality assure that process, and that will do more to help to achieve a more responsive and patient-focused NHS than would be the case if we kept the current system.

I know of the dissatisfaction among members about the way in which public involvement has been facilitated in the past. The Scottish health council's new role will be crucial to guaranteeing better public involvement. For example, all the service change proposals that come to me for approval at present, partly on the ground that there has been good public involvement, will all be considered by the Scottish health council. The council will report on that, and it will give annual reports on the extent to which boards are improving their work on public involvement. That is crucial to an objective that all members share.

From listening to Shona Robison today, and at stage 2, I know that she wants to maintain local health councils' discrete role in relation to advocacy. The Executive sees local advisory councils as having an important role in ensuring that health boards hear, understand and act upon the views, concerns and experiences of patients, carers, patients, organisations and communities. That is a wider role than advocacy in the traditional sense, which is about supporting individuals and helping them to speak for themselves in their relationship with health services. When a local advisory council feels that the patient's viewpoint is not being adequately considered, or when there is not an appropriate patient support group, the local advisory councils will be able to put forward the views of patients and ensure that appropriate action is taken. I made that point at stage 2, and I have written directly to Greater Glasgow Health Council on the matter.

We want to encourage health boards to engage much more directly with patients and with local opinion; at the same time, we will ensure that strong feedback arrangements are in place where the patient's voice, for whatever reason, is not being properly expressed or heard.

We are not disregarding existing interests and expertise. Those people who are currently on local health councils will have an opportunity to be represented on the local advisory councils. They will be the local presence of the Scottish health council; in many cases, those who are currently on local health councils will be the ideal people to fulfil that role and I hope that many of them will choose to do so. They have played a valuable role so far, and they can do more in their new roles in the future. That would have far more value than staying where we are. Accordingly, I encourage members to follow the example of the Health

Committee and reject the amendments in this group.

Mr Davidson: In fact, it was the whipped ranks of the partnership parties in the Health Committee that voted down my amendment at stage 2, not the committee at large—although we have to accept the numbers game.

Mike Rumbles: Will the member take an intervention?

Mr Davidson: No, not at this time. I will come to Mr Rumbles eventually.

This has been an interesting debate, but I do not think that the minister has grasped the significance of my amendment 13. I do not think that he understands the public's worry about the matter or the perception about having a health council that is not regulated, other than through ministers' directions. That is an example of the minister's desire to control all aspects of health in Scotland from his desk. The public are getting very concerned about that centralising approach.

I appreciate the support that I have had on this matter from the other side of the chamber, particularly the points that were made by Shona Robison and Carolyn Leckie. It is important to have a statutory body that can be clearly identified by all members of Scottish society and which acts not just at the behest of the minister, but in a clear, independent manner.

I thought that I heard Mr Rumbles talking about public involvement, and I think that the minister got round to speaking about that, too. What is wrong with public involvement? This is about how we deliver our public services, for goodness' sake. If the public do not have a right to say something, what rights do they have left? If NHS QIS is not enshrined in primary legislation, that is a fact of life. That is why we need to include the Scottish health council in primary legislation, as a distinctly separate, independent body, which is perceived to be independent and to act in the best interests of the patients. That is what the health service is there to do.

Once again, we have seen a Liberal Democrat squirm out of policy commitments from the past, just because there has been a new agreement. I find that very strange, and I think that the Liberal Democrats should be more honest about that.

Mike Rumbles: Will the member take an intervention?

Mr Davidson: In a moment.

Mike Rumbles: He will not do so, will he?

Mr Davidson: I am just trying to warm him up, Presiding Officer.

I refer to some of Jean Turner's comments. As a former practising medic in the community, she understands very well the public perception of the situation. Her route to Parliament demonstrated the public's desire for input.

In the interests of democracy, I will allow Mr Rumbles to intervene.

Mike Rumbles: I would have preferred it if the intervention had come from Nora Radcliffe, because she could have put Mr Davidson right on some facts. My point is that our policy has not veered one iota in four years. Is it not rather odd to suggest that committee members from an Executive party should be willing to vote against a policy that they are advocating?

Mr Davidson: That says it all, really.

I beg the minister to reconsider the Executive's position on this matter. The proposal in amendment 13 would be an important step forward. If the minister believes in democratic input, as I think he does, deep down, he should get away from wanting to do everything by regulation. He should have some courage and include the new body, the Scottish health council, in the bill, so that it can actively work for patient care throughout Scotland and build on the good work that has been done. Everybody who is involved seeks a properly resourced national body that is independent enough to work where it wishes in the NHS.

11:15

The Deputy Presiding Officer: The question is, that amendment 13 be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fox, Colin (Lothians) (SSP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kane, Rosie (Glasgow) (SSP)

Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Martin, Campbell (West of Scotland) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marilyn (North East Scotland) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)

Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Deputy Presiding Officer: The result of the division is: For 48, Against 61, Abstentions 0.

Amendment 13 disagreed to.

Section 6—Dissolution of local health councils

Amendment 14 moved—[Shona Robison].

The Deputy Presiding Officer: The question is, that amendment 14 be agreed to. Are we agreed?

Members: No.

The Deputy Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Curran, Frances (West of Scotland) (SSP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fox, Colin (Lothians) (SSP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Martin, Campbell (West of Scotland) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scanlon, Mary (Highlands and Islands) (Con)

Scott, Eleanor (Highlands and Islands) (Green)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marilyn (North East Scotland) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Watson, Mike (Glasgow Cathcart) (Lab)

Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Deputy Presiding Officer: The result of the division is: For 43, Against 61, Abstentions 0.

Amendment 14 disagreed to.

Schedule 1

MINOR AND CONSEQUENTIAL AMENDMENTS

The Deputy Presiding Officer: Group 7 is on the naming of health boards and special health boards. Amendment 4, in the name of the minister, is in a group on its own.

Malcolm Chisholm: Amendment 4 is a minor amendment to schedule 1. It removes the existing requirement under the National Health Service (Scotland) Act 1978 that the formal names of health boards should contain the words "Health Board". Under the 1978 act, ministers have a power to name health boards and special health boards by order but, by stipulating that the words "Health Board" appear in all health boards' formal titles, the act limits ministers' discretion on names.

The order that names the various health boards does so according to their geographical location, followed by the words "Health Board"; for example, we have Grampian Health Board and Lothian Health Board. Since 1999, the NHS brand has been developed across the health service in Scotland. Following representations from health boards, I agree that their official names should reflect their names under the NHS brand and their responsibilities for delivering the full range of NHS services, following the dissolution of the trusts.

Amendment 4 allows for the updating of health boards' names to reflect that branding, as has already been done for the special health boards with national coverage. The obligation to use the formulation "Health Board" will be removed. Members will know from their own areas that boards might already be using their new names; for example, NHS Highland and NHS Lothian are doing so. We want to make that possible as far as the legal use of such titles is concerned. I hope that members will support the proposal.

I move amendment 4.

Amendment 4 agreed to.

Schedule 2

REPEALS

Amendments 15 to 20 not moved.

Amendment 5 moved—[Malcolm Chisholm]—and agreed to.

National Health Service Reform (Scotland) Bill

The Deputy Presiding Officer (Trish Godman): The next item of business is a debate on motion S2M-1095, in the name of Malcolm Chisholm, that the National Health Service Reform (Scotland) Bill be passed, and one amendment to that motion.

11:20

The Minister for Health and Community Care (Malcolm Chisholm): The passage through Parliament of the National Health Service Reform (Scotland) Bill has been assisted by a great many people and I would like to thank those who have been involved in its progress. That includes the broad range of groups that have taken the time to give evidence to the committees and have represented the views of the national health service, staff, local authorities and the public. I am grateful to the members of the Health Committee, the Finance Committee and the Subordinate Legislation Committee who have debated and scrutinised the bill. Finally, I thank the clerks of those committees and my officials.

The National Health Service Reform (Scotland) Bill contains an important series of measures that will accelerate the development of NHS Scotland into a modern service that responds to and involves patients, that cares for its staff, is free to innovate and is not hindered by bureaucracy.

Having a patient-centred NHS means giving patients and the wider public a voice and an ability to express their views directly to the NHS rather than through a handful of individuals. That is why the bill will make it a legal requirement for health boards to take action to ensure that the public are directly involved in the planning and development of health services, as well as in significant decisions that affect those services. That is not a meaningless duty, but one that will be backed up by a robust public involvement structure that is able to act independently and ensure that health boards perform their duty of public involvement properly.

The key objectives of the bill are to make the planning and delivery of health care more responsive to the needs of local populations; to develop more services in primary care settings; and to break down the traditional barriers between social care, primary care and specialist health services. That is why we are establishing community health partnerships as a key part of our distinctive Scottish health reform agenda. Those partnerships will enable local health care professionals, local authorities, the voluntary sector and communities to work together to

improve the health of their local area. They will deliver services to the community in the community where it is safe and sustainable to do so.

The NHS needs to respond to the needs of a diverse Scottish society. That is why the bill also places a duty on the NHS to encourage equal opportunities and I am pleased that the Parliament has agreed to extend that duty to all functions, not just those that are contained in the principal National Health Service (Scotland) Act 1978.

Staff are the core of the NHS and must be properly managed. The bill imposes a duty in relation to the governance of staff that will require boards to have in place arrangements for improving the management of staff and for work force planning.

The bill will provide boards with the freedom to innovate through the duty to co-operate. While we will try to deliver as many services as close to the patient as possible, there are some services that can be delivered safely and sustainably only from highly skilled and specially resourced centres. I want boards to look beyond their boundaries more and to work together to ensure that there is greater and more effective regional planning.

The NHS needs to be able to operate free from unnecessary bureaucracy and barriers. That is why I have dissolved the trusts and will remove the power to create trusts. Primary and secondary care need to be more joined up and that is best achieved through single-system working. Single-system working will allow front-line staff to work together more effectively and, through the schemes of delegation, will empower staff to take decisions on the provision of health care.

When things go wrong, it is important to have effective means of intervening to correct service failure. The health service is a massive and diverse organisation. It would be impossible to prescribe every scenario in which an intervention might take place. However, it is important that intervention takes place only as a last resort and the measure that is contained in the bill will achieve that.

For too long, the NHS has been seen as a reactive health organisation that responds when people are suffering or injured. The NHS, with its partners, needs to be more proactive in promoting health and the new duty of health improvement will achieve that. It will also give boards the powers that they need to do that.

Tom McCabe will cover the details of Shona Robison's amendment to the motion in his speech and, while I look forward to hearing what Shona will say, I fear that I have heard it all before. The NHS is receiving unprecedented levels of funding and the costs of the bill can and will be absorbed

by that. It is certainly not right that more of the finite resources that are available should be spent on administrative costs rather than front-line services. The costs associated with the bill are not significant. The bill is about reforming and redesigning existing methods and practice to make them more appropriate for the national health service of the new century.

I am pleased that the Parliament supported the general principles of the bill at stage 1. The bill was improved at stage 2 to include some important new features and I hope that the Scottish Parliament will now approve the bill, which will allow the NHS to develop and continue to be a source of national pride.

I move,

That the Parliament agrees that the National Health Service Reform (Scotland) Bill be passed.

11:26

Shona Robison (Dundee East) (SNP): I thank all those who gave evidence during the passage of the bill. I also thank the Health Committee clerks, who did a great deal of work in getting us to the stage 3 debate.

I welcome the main thrust of the bill. As I have said throughout the process, the Scottish National Party has been keen for a long time to abolish trusts, because we want to remove the artificial barriers that exist between primary and secondary care and which have hindered the delivery of an integrated system of health care across Scotland, and because we want to simplify the system and get rid of the bureaucracy in the NHS that has been a major barrier to change and progress.

However, structural changes alone will not be enough. As I said when I spoke about my amendment 12, on direct elections, we have not seen enough of the real reform that is needed if the public are to be empowered. However, that will have to wait for another day. We need to address the fundamental issues in the NHS, such as capacity and financing, which I will deal with later.

As the minister said, the bill has many positive aspects, such as regional working and community health partnerships, which must be dynamic organisations responding to local needs. I do not believe that they represent in any way a cheap option, as was suggested by some during the evidence-taking sessions. I agree with the NHS Confederation in Scotland, which said:

The creation of new bodies almost inevitably has additional costs attached ... and Ministers should be aware of this.

Public involvement is another important element of the bill and we all support the idea. However, as I have said, we need to have real public

involvement through direct elections. As the NHS Confederation in Scotland said,

continuous public involvement is not cheap, as NHS organisations have found through experience.

We have had a debate around the independence of the Scottish health council and the abolition of local health councils. My concern about those two aspects remains and, although I will support the motion, I want that concern to be on the record.

On finance, I was interested to hear the minister say that he has heard it all before. I think that he is going to hear even more about the issue. I am sure that he is aware that, according to senior civil servants, three health boards are in dire financial straits at the moment and seven others could go either way. The minister will hear a lot more about the financial problems that are facing health boards. Legislators have a responsibility not to make the situation even worse by passing legislation without ensuring that the resources will follow.

Health boards will have to find the money from somewhere to fund the public involvement elements of the bill—such as community health partnerships—the powers of intervention, the duty of co-operation and the duty to promote health. I do not believe that there will be no overall additional expenditure as a result of those provisions, and I do not think that many health boards will believe it. The money will have to come from somewhere, but from where? Given that all the new responsibilities will have to be funded, the money will inevitably have to come from services and patient care. Surely we all want to avoid that situation.

The purpose of my amendment is to say that we remain concerned that the financial provisions in the bill are inadequate; I hope that members who share those concerns will support the amendment.

I move amendment S2M-1095.1, to insert at end:

“but, in so doing, remains concerned about the lack of detail in the Financial Memorandum regarding potential additional costs arising from the Bill.”

11:31

Mr David Davidson (North East Scotland) (Con): I join Shona Robison in thanking the clerks and those who gave evidence to the Health Committee; we were well supported during the scrutiny of the bill.

I am, once again, afraid that we have come back to a situation in which the minister runs everything from his desk and all is controlled from the centre. Today, he has—[*Interruption.*] I heard that. For the record, Tom McCabe said, “If only.” That is the

ideology of the ministerial team and probably of the Executive and those in the chamber who support it.

I regret the passing of the trusts, because they were a change in bringing forward health care in Scotland. Obviously, they were due for review but, as I have said before, I would have got rid of the health boards, if anything. In fact, many health board chiefs are beginning to think that there will be rapid moves either to amalgamate boards or to examine the roll-out of the managed clinical networks, which are strategic bodies that examine health care in the wider regional aspect, so I suspect that the changes that are made by ministers will not end here.

I do not, from what the minister has said, understand why the opportunity that exists in other parts of the country to use foundation trusts—such trusts are mutual bodies, so they do not represent privatisation—is to be denied in Scotland, where hospitals want to work in that way. I always thought that the minister was keen on public-private partnerships, but that gets spun into the idea that the only good job is a job that is done in the public sector. That is a load of nonsense—the health service was founded on a public-private partnership and many of the professionals who operate in our health service come from the private or voluntary sectors.

Shona Robison mentioned funding, and the minister said that an increasing amount of money is pouring into the health service, but we are not getting an increasing amount of outcomes from all that money. Since the Scottish Executive came to power, the growth in the number of administrative staff has far exceeded the increase in staff who deliver care in the health service. People might be fed up with my talking about the patient journey, but the patient should be the centre of the health service. The patient is what the service is all about, and we should facilitate patients receiving good care at the right time. That should be based not on a general practitioner saying, “This is my friend from the golf club and I want this to be done for him,” as the minister thinks, but on a clinical basis—we should trust our professionals.

In a situation in which there are so many points of failure, we must allow the patient to move and we must ensure that health boards that are in trouble do not have to fund care for other health boards without additional funding being offered. That is the basis of the comments that I made earlier today.

There are aspects of the bill that will lead to improvement. There are many good things about the community health partnerships and I welcome the fact that the voluntary sector—which provides an enormous amount of unpaid support in health care in Scotland—will be represented on them.

However, it is also important to ask when we are going to deal with local authorities and health boards working together on patient care, where they have shared responsibility. I still do not understand why the minister refuses to move to a situation in which the budgets are simply brought together and the local authority staff who work on delivering medical care move to the health board. We would then have single patient assessment, a single budget and single management of every case. The twin-track approach is not working in some areas, and I know that one or two councils are looking to take the joint future agenda down the route that I mentioned. There was an opportunity to do that in the bill, but the minister failed to take it.

Once again, we reach the end of passage of a bill that is riven with Scottish socialist tendencies, although there have been flashes of understanding from the socialists in some respects. I say to the minister that I do not think he will survive the journey for long because, to be quite frank, the people of Scotland expect delivery of health care and not just another big bill.

11:35

Mike Rumbles (West Aberdeenshire and Kincardine) (LD): The bill will fundamentally reform the organisation and management of the NHS in Scotland. It will abolish the last traces of the Tories’ discredited internal market by dissolving the NHS trusts. The reforms will also devolve decision making and resources to front-line staff through the establishment of community health partnerships. The bill will also give ministers greater powers to intervene when the health service is deemed to be failing. The principle that prevention is better than cure is an obvious one, and the bill places a duty on health boards and ministers to promote health improvement, which is a long-standing Liberal Democrat commitment. Community health partnerships will delegate existing resources to the front line.

One of the biggest improvements that the bill will introduce is the duty to encourage public involvement; I am pleased that I managed to say something about that while the bill was being amended. The bill will make a remarkable difference in addressing the problems that people throughout Scotland face with so-called public consultation. People will have to be consulted not only on planning and development, but on decisions

“to be made”—

those three words are extremely important—

“by the body significantly affecting the operation, of those services”.

That is a radical improvement, and I am pleased

that it will be enshrined in law, assuming that we pass the bill at decision time.

The Lib Dems will not support the SNP amendment, which says that we should be

“concerned about the lack of detail in the Financial Memorandum regarding potential additional costs arising from the Bill.”

As Shona Robison will recall, evidence was given on the issue by one of the smallest health boards in Scotland and it told us about what it had saved by streamlining its organisation. Throughout Scotland, that saving should run into millions, so I will not support Shona Robison’s amendment.

I turn to the Conservatives’ contribution to the debate. People are often turned off politics, and they say—mistakenly, of course—“You lot are all the same.” I take this opportunity to thank the Conservatives publicly for tackling that issue as far as health is concerned, because they are indeed being different. They are championing the cause of the private patient at the expense of our national health service. In Parliament, there are real differences between what the Executive parties offer and the ideological approach that is taken by the Conservatives. We are in favour of reforming and improving the national health service in Scotland but—it seems to me—the Conservatives are interested in undermining it in favour of private practice.

Mr Davidson: Mike Rumbles is missing this point: if there is health service failure, does not the patient have the right to go elsewhere? We should make the health service as efficient and as well managed as possible. We are not in favour of privatising the health service. We need to give to choice to the patient, and if care can be delivered by other sources, why should it be denied them?

The Deputy Presiding Officer: Mr Rumbles, you must wind up now.

Mike Rumbles: I want to respond to David Davidson. He is quite right to say that patients have rights when the service fails, and that is why the power of ministerial intervention is included in the bill. However, the problem will not be solved by his proposal to undermine the national health service by taking public money away from the public health service and giving it to a private health service. We must have a thriving public health service—in which that money makes a difference—and a separate private health service. We cannot subsidise one at the expense of the other. I obviously have to end at that point.

11:40

Janis Hughes (Glasgow Rutherglen) (Lab): I thank the clerks and other Parliament staff who have helped in the process of bringing the bill to

this stage and I thank those who gave evidence as part of that process.

The National Health Service Reform (Scotland) Bill contains much that is to be welcomed, so I am pleased to be able to support it. One of the main principles that underpins the bill is the removal of unnecessary barriers and bureaucracy from the national health service. The bill will devolve more power so that services can be delivered in communities. The NHS should not be a one-size-fits-all service.

The bill will facilitate much more local decision making. In part, that will be achieved by the creation of community health partnerships. CHPs—which will replace the current local health care co-operatives—will require the establishment of joint working with local authorities and other partnership agencies as part of the community planning process. They will have budgetary control and dedicated staff to allow the development of services that best meet local needs in communities and that can be integrated with social care and other local services.

Another important aspect of the bill concerns public involvement in decisions that affect service development and delivery. We have already heard much about public involvement today. In recent years there have throughout Scotland been major changes in the way health care is delivered. For many reasons—too many to go into today—change is necessary, but it is often not without pain, and consultation methods have varied greatly among health boards. Although the Executive has produced guidelines in the form of policy documents, those have not always led to meaningful consultation. The bill will enshrine the need to secure the public’s involvement in the planning and development of their health services.

In addition, the bill will place a duty on health boards to co-operate with other health boards and other agencies in planning and providing services. In recent months, there has been much criticism of the lack of regional planning of services. Health boards have taken in isolation decisions that have had effects on neighbouring boards. Although I welcome the measures in the bill, I would like further guidance from the Executive on the consultation process. I hope that the minister can give some assurances on that when he sums up.

One aspect of the bill that I welcome particularly is the promotion of health improvement. As I have said before in the chamber, health improvement has for too long been the Cinderella of the health service. Often, it is the first area to be targeted when money is short. The bill will impose a duty on ministers and health boards to promote improvement of the physical and mental health of the Scottish public. I very much welcome that and I hope that we will in the near future see more

details on how that will be done, especially on how boards will work with key partners, such as those in the voluntary sector.

During the Health Committee's evidence-taking meetings on the bill, the British Medical Association, the Royal College of Nursing, Ayrshire and Arran Primary Care NHS Trust and others highlighted the fact that staff governance had been omitted from the bill. The Health Committee raised that issue with the minister at stage 1. I am pleased that the minister took our comments on board and that the duty for staff governance will, after today, be enshrined in legislation.

In conclusion, the bill contains much that is to be welcomed. It brings together a number of recent health care policy developments, such as the joint future agenda, "Designed to Care" and "Partnership for Care". It also addresses a number of concerns that we have had about issues such as consultation and regional planning. I believe that the bill will do much to improve our health service and I will be pleased to support it today.

11:44

Christine Grahame (South of Scotland) (SNP): In the interests of brevity, I will speak only in support of the SNP amendment.

As my colleague Shona Robison pointed out, the budgets of three health boards are currently in extremis and the budgets of another seven are on the cusp of being so. From the evidence that the Health Committee received on the budget, we are aware that the increase in expenditure for Greater Glasgow NHS Board will cover only inflation, the increased staffing costs arising from the new contracts and the costs of complying with European directives. Therefore, any clinical initiatives that the minister wishes to prioritise will require cuts in other clinical services. Another example of such a situation is provided by Argyll and Clyde NHS Board. The Auditor General's report states:

"The auditor considers that NHS Argyll and Clyde's cumulative deficit could reach £60-70 million by 2007/08 and may be irrecoverable."

That is the background against which the Scottish National Party challenges the assertions in the financial memorandum to the bill. Our position is corroborated and supported by the Finance Committee's report. The financial memorandum pretty much states that the major changes—which we support—to the structure of the NHS will be cost neutral. Paragraph 41 of the financial memorandum states:

"The Executive is of the view that there will be no impact on other aspects of public expenditure, including local authorities, or on the costs of the voluntary or private

sectors or individuals, as a result of the provisions in the Bill."

Perhaps the minister should address that point when he sums up.

My comments on the financial memorandum are based mainly on the Finance Committee's report, which makes very interesting reading. The report from that secondary committee provided our committee with important and helpful support for our findings. Indeed, I associate myself with the remarks that the deputy convener and my other colleagues on the Health Committee have made about the evidence that was given by witnesses and about the hard work of the clerks.

Paragraph 13 of the Finance Committee's report makes an important point:

"The Committee questioned whether the Scottish Executive could have provided a clearer financial assessment of the costs and savings associated with abolishing NHS Trusts, especially in the initial phases, rather than assuming that they would offset each other."

At paragraph 17, the report states:

"The Committee also received evidence highlighting concerns that until details on the structure, number and scope of CHPs are determined, it is difficult to state whether or not the Financial Memorandum of the Bill is correct."

When members introduce members' bills in the Parliament, they need to ensure that their financial memoranda are correct: it seems to me that there is one rule for members' bills and another for Executive bills, because it is still not clear that those questions have been answered.

Paragraph 29 of the Finance Committee's report deals with the costs of intervention. The minister said that he would address that issue perhaps by spreading the cost across health boards, but that still does not answer all the questions that the Finance Committee report asks. Paragraph 29 states:

"The Committee remains unconvinced that the estimated average cost"—

not liability—

"associated with the power on intervention is reasonable based on the evidence it received."

The Health Committee also pointed out that no assessment has been made of the cost implications of the recommendations that a health board will have to implement following an intervention. Will those costs be paid by the health board in question or will they be spread throughout Scotland? What are the cost implications?

Finally, paragraph 43 of the Finance Committee report deals with public consultation, on which the minister has given us some undertakings. The report states:

"The Committee would recommend that the Health Committee further pursue whether the funding provided at present is adequate for carrying out public consultation as detailed in the Bill."

The health boards that were mentioned are quite small health boards, but other health boards cover large areas and have major deficits. My party is not convinced that the bill is financially neutral.

11:48

Carolyn Leckie (Central Scotland) (SSP): The Executive is either burying its head in the sand or wilfully under-resourcing the NHS. To suggest that the bill has no financial implications and that NHS boards will be able to absorb the changes flies in the face of the evidence. That is why I will support the amendment in the name of Shona Robison.

Let me quote from a letter that was recently issued to a division of one NHS board. The letter ably demonstrates the sort of pressures that boards face and the drastic measures that they are considering in order to bring themselves into financial balance.

Under the heading "Benchmarking acute services and identifying potential to reduce capacity", the letter suggests that the division will have to review its

"homeopathic service ... All 'standalone' rehabilitation hospitals ... Dermatology inpatient beds"

and

"Conversions to five day wards".

It will also have to

"Reduce continuing care beds"

and

"Close beds to reflect reduced cross boundary flow".

On prescribing, the letter states that the division will have to

"Restrict introduction of new drugs"

and implement an

"Aggressive cost reduction programme".

On pay, it says that the division will have to

"Manage introduction of Agenda for Change within funding available".

That means tinkering with the agenda for change, which was supposed to be an independent evaluation of people's roles.

The recommendations go on. The division will have to

"Reduce agency cost ... Identify potential for reduced and reshaped workforce"

—which means job losses—and

"Identify potential to reduce mental health beds".

I could go on. The letter contains 14 separate recommendations for cuts and many of the recommendations are broken down into further subsections. That letter describes reality.

Although we will support the bill, we have serious reservations about the impact that it will have on costs to NHS boards and the ensuing impacts on services to patients. I remain concerned about a number of the details. The jury is still out and continuous scrutiny will be required.

I will not repeat all the points that were made earlier in relation to the amendments on health councils. There is a serious lack of democracy and accountability in the provision of health services, which the bill does not address in any way. The bill deals with delivery of health and social care, which was previously part of the joint future agenda, but it does not address unequal terms and conditions, roles, responsibilities and training. The question of accountability of staff—who their employer is and how their status is monitored—is also not addressed. There are difficult issues on the ground.

There will not be enough trade union and clinical input into the composition of community health partnerships and the BMA has told us that there will not be enough input from GPs, for example. However, there will be an increase in the participation and influence of private business. I have deep concerns about that.

The bill provided us with an opportunity to introduce national collective bargaining for NHS staff in Scotland. That opportunity has been missed, which is unfortunate.

I challenge the Executive to be realistic about, to justify and to indicate what it will do about the current financial situation. It should justify the introduction of legislation that will place a burden on NHS boards, which workers must deliver and boards must manage. Where will the funding come from? The reality is that services are being cut left, right and centre.

11:52

Mrs Nanette Milne (North East Scotland) (Con): The problem with the NHS in Scotland today is not funding, but that it is driven from the centre and has constantly to respond to centrally set priorities and targets, each of which puts more pressure on the system and results in more administrative costs, harassed staff and frustrated patients waiting to access the system.

The National Health Service Reform (Scotland) Bill was a golden opportunity to put things right—to turn the system around and truly to devolve decision making in the health service from politicians to professionals and patients. If there

were a focus on the needs of the patient and funding went with the patient, choice would open up for them and the service would soon respond. Sadly, that opportunity has been lost.

The removal of NHS trusts apparently involves the removal of a layer of bureaucracy, but we see it as a move away from the patient towards centralisation because—essentially—the trusts have been subsumed as operating divisions of health boards, which are one step further away from patients.

There is merit in much of the bill, but we still have many concerns about it. The development of managed clinical networks deriving from regional co-operation between health boards is a step in the right direction, but it falls far short of our proposals to allow patients the option of receiving their treatment from any NHS provider or from the voluntary, not-for-profit and independent sectors if they choose, based on a national tariff system that would define set costs for specific procedures, as explained by David Davidson.

I will respond to the criticisms of our policies. As I have said often in the chamber, I am and always have been a passionate believer in the NHS. My family has more reason than many to be grateful to it, following my son's successful liver transplant 12 years ago. However, as Jean Turner did, I point out that many private patients are only private patients because they cannot timeously get the treatment that they need from the public service. I know many elderly people who are by no means wealthy and who have given their life savings to procure the treatment that they need. There is no reason why those people, who have contributed to the NHS all their lives through taxation, should not take a part of the cost of their treatment with them, which would free up space in the service for those who are still waiting to gain access to it.

The development of local health care co-operatives into community health partnerships has merit and will give local stakeholders and front-line staff a role in decision making on the delivery of local health care services, which must be in the interests of the patient. However, there is still much work to be done on the statutory guidance for CHPs—on their remit, role, membership, number and cost. It is extremely important that the Health Committee has the opportunity prior to their introduction to scrutinise the guidance and regulations relating to the operation of CHPs.

The duty on health boards to ensure public involvement is a positive step but, as the BMA stated, if the proposed Scottish health council and CHPs together are to engage the public and encourage them to play a meaningful role in community planning, it is essential that that work receive appropriate funding. We still have doubts about whether the proposed Scottish health

council can be truly independent as part of NHS Quality Improvement Scotland and we do not agree with the proposal.

We also have serious concerns about the cost of the provisions in the bill, particularly in relation to intervention, CHPs and the Scottish health council.

Christine Grahame: Will the member take an intervention?

The Deputy Presiding Officer: The member is winding up.

Mrs Milne: We question the Executive's claim that the bill will be cost neutral. It is a particular concern that health boards could incur the costs of intervention at the very time when they are facing serious financial difficulties.

We see merit in some of the proposals in the bill but we have serious concerns about others. Above all, we see the bill as a missed opportunity for true reform of the NHS in Scotland—to put the patient and health professionals at the very core of the service. Sadly we cannot, therefore, give the bill our support.

11:56

The Deputy Minister for Health and Community Care (Mr Tom McCabe): This has been an important debate for the future of the NHS in Scotland. I express my thanks to those who have been involved in the passage of the bill.

The bill that we are being asked to pass today will update the principal act that governs the national health service—the National Health Service (Scotland) Act 1978. It will ensure that the right legislative framework is in place to enable the NHS to move forward, to modernise and to adapt to the needs of a 21st century health service.

However, the founding principles—that health services should be free to all at the point of delivery and that health professionals should be able to work together without barriers to deliver the best possible care—remain as valid today as they were in 1948. Those principles are widely shared by the people of Scotland and by many of the people who gave evidence on the bill.

It is disappointing, though not surprising, that the Conservatives have fundamentally misunderstood what the bill is about. The bill is about decentralising as much as possible down to front-line staff. It is remarkable that David Davidson and his colleagues harp on about centralisation when, week after week, they ask for specific funding for particular conditions or for their pet project of the month. Week after week, they ask for central direction from the Executive, but in this debate they have harped on about their claim that the bill is about centralisation. It is not. The bill is about

health boards becoming single bodies and about community health partnerships delivering services locally with local authorities and other partners and pursuing safe, sustainable services. It is about our being able to take action to ensure that local and regional services are provided to an adequate standard. That is the reform agenda that is right for Scotland and which will provide high-quality health services right across the country.

As members know only too well, the Government is injecting record amounts of money into the national health service, but the money pot is not bottomless. Tough choices need to be made, especially in relation to specialised services, and the public need to be meaningfully involved in those decisions. In some cases, the status quo is not an option if we are to continue to provide safe high-quality services. No one group can opt out of making choices—not the Executive, not health boards and not the public. The duty of public involvement is just that—a duty to involve the public in decisions. It is not a duty to avoid making decisions.

As the Health Committee recommended in its stage 1 report, safeguards will be put in place to ensure that the proposed Scottish health council and its local advisory councils are able to act at arm's length from the bodies that they monitor. That will be achieved through the regulations that will establish the health council—regulations that the Health Committee will be able to scrutinise.

The National Health Service Reform (Scotland) Bill will also address the balance in the NHS between health treatment and health improvement. That is important to our vision of what a health service should be—a service that actively promotes health improvement, rather than just a service to which people turn when their health is failing. A focus on health improvement will lead to a healthier population, which is better for the NHS and better for our country.

Finally, I want to address Shona Robison's concerns about the financial memorandum that accompanied the bill. As Malcolm Chisholm said in the short debate on the financial resolution at stage 1, it is no surprise that the SNP's only substantive contribution is—yet again—to call for more resources.

The bill that we pass today will lead to some additional costs. That has always been clear, but there will be additional savings which, together with the redistribution and better management of resources, will more than make up for the additional costs.

Shona Robison: Will the minister give way?

The Presiding Officer (Mr George Reid): No—he must conclude.

Mr McCabe: Okay.

I will give the example of the dissolution of trusts. We know that Dumfries and Galloway NHS Board saved £500,000 in one year after its move to single-system working and that Borders NHS Board saved a similar amount, albeit over a longer time. However, the move to single-system working is not about cutting costs; it is about improving health care for patients through greater co-operation and collaboration. If savings can be made, I expect them to be reinvested in the front line.

The new duty of health improvement is designed to make it easier for boards and ministers to spend existing money more effectively on promoting health improvement. We already spend large sums of money on promotion of health improvement. Examples include the extra £173 million that was announced in "Building a Better Scotland", on top of the £134 million that is already being spent between 2003 and 2006.

As Malcolm Chisholm said in his opening speech, we have seen record levels of investment in the NHS in Scotland. Those resources can and must be used more effectively and that is what the bill is all about. I urge members to reject the SNP amendment.

Today, we are being asked to pass an important bill that will reform the NHS so that it continues to deliver quality health services to the people of Scotland. To do that we need to reduce bureaucracy, increase collaboration, delegate functions that can be delivered locally to community health partnerships, support staff and intervene effectively when necessary. The bill will achieve that and more. I strongly urge every member to support it.

First Minister's Question Time

12:02

Prime Minister (Meetings)

1. Mr John Swinney (North Tayside) (SNP):

To ask the First Minister when he next plans to meet the Prime Minister and what issues he intends to raise. (S2F-859)

The First Minister (Mr Jack McConnell): I have no immediate plans to meet the Prime Minister.

Mr Swinney: This week, once again, a prisoner was released in error from Scotland's courts. Yesterday, a senior official from the Scottish Prison Service told the media that mistakes such as the one this week were fully expected. What allowances were made for mistakes over prisoner release in the contract that was issued to Reliance Secure Task Management?

The First Minister: The references in the contract with Reliance to prisoners released in error—I hope that I am not divulging information too far in advance of the full publication of the appropriate parts of the contract—refer directly to the penalties that Reliance will pay for releases in error.

Mr Swinney: That raises the questions what those penalties are and why we have waited for so long for the First Minister to publish the contract so that the public can be reassured on the issue.

On 22 April, the First Minister told Parliament that Reliance had failed to implement its contract and that, as a result, it would face a penalty. However, reports this week suggest that no penalty would be paid until 14 prisoners had escaped or had been released in error. Given that the Reliance contract has not yet been published, can he tell Parliament whether a specific penalty will be paid for the release of James McCormick, or will we have to wait for more prisoners to be released in error before the company faces any penalty?

The First Minister: As the Minister for Justice and I have said before, Reliance will have to pay penalties for the prisoners who have been released in error. The contract will be published as soon as possible. It will be published, as was explained in the chamber two or three weeks ago, in the interest of public safety. We will ensure that every piece of information in the contract that can be published in the public interest will be published.

Mr Swinney: What is stopping the First Minister giving an answer to a parliamentary question about the penalties that there will be for the

release in error of James McCormick and any other prisoners? It is now four weeks since the first prisoner was released, so there have been four weeks in which to resolve the issue. We have been told that the Minister for Justice is dealing with it as a priority, but it should take not weeks but days to resolve. Why has the contract not been published and why will the First Minister not accept the enormous public unease about the issue, dump the contract and start to rebuild public confidence?

The First Minister: The way to build public confidence in our justice system is to implement the reforms that we are implementing. Those include not only the reforms to the courts that the Parliament agreed last week, the further reforms that will come in our legislative programme and the reforms that have already been implemented in the Procurator Fiscal Service, which are delivering a more efficient and effective service, but the reforms to prisoner escorts. Not only will the reforms to prisoner escorts release professional officers to do the job that those officers want to do—to catch criminals and prevent crime—but they will ensure that the measurement of problems in the system is done properly, is transparent and, for the first time, allows us to act against those who are responsible.

Mr Swinney: Why is it taking so long to publish the contract and what are the specific penalties that Reliance has to pay for the release of the six prisoners who have been wrongly released to date?

The First Minister: We have already explained why it will take time to publish the contract. It is because parts of the contract should not be published. That is a clear position.

It is also important that we ensure that not only the prisoner escort service but the justice service as a whole is reformed and improved, and the events of this week merely prove the need for that reform. The fact that a prisoner was being taken to two different courts on the same day is a justification for reform, not an argument against it. Recriminations, rants and rhetoric might be good enough for the Scottish nationalist party's internal workings, but with the Labour-Liberal Democrat Administration in Scotland, we get investment and reform and we will get results.

Cabinet (Meetings)

2. David McLetchie (Edinburgh Pentlands)

(Con): To ask the First Minister what issues will be discussed at the next meeting of the Scottish Executive's Cabinet. (S2F-860)

The First Minister (Mr Jack McConnell): We will agree tomorrow the agenda for next week's Cabinet meeting.

David McLetchie: We await with bated breath the outcome of those deliberations. I suggest that the Cabinet discuss health in Scotland, because I am sure that it and the First Minister are aware that, despite a 30 per cent increase in funding for the national health service in Scotland since 1999, 40,000 fewer treatments are taking place in our hospitals while more than 20,000 more patients languish on hospital waiting lists. Is that not the ultimate indictment of the Executive's mismanagement of our health service?

The First Minister: It is a good thing that millions more people in Scotland are being treated in out-patient departments rather than being treated as in-patients. That is a great development in our health service and a tribute to the staff, including the management and the so-called administrative staff, whom David Davidson was castigating this week and who have dramatically reduced waiting times in Tayside, the area immediately south of the one that Mr Davidson represents in the Parliament. Those members of staff, who have been working hard with the consultants and the professional medical staff to reduce those waiting times, will have found Mr Davidson's comments very interesting indeed.

Mr McLetchie is wrong if he thinks that it would be better for us not to treat people as out-patients and not to increase dramatically the number of people who are treated as out-patients and who are in and out of hospital inside a day, but to force them to stay overnight in hospital beds so that we can keep the numbers up. In Scotland, we should have a modern health service that treats people efficiently, allows them to be in and out of hospital as quickly as is medically appropriate and ensures that they are treated to the highest possible standard of care. That is the objective and what is being delivered; it is certainly not what would happen if the Tories were back in power.

David McLetchie: Unfortunately, all the First Minister's fine rhetoric is completely at variance with the facts. If we look at the latest statistics measuring in-patient and day-case discharges from our hospitals that the information and statistics division has published, we find that there are 70,000 fewer than there were in 1999. If we look at the number of contacts with general practitioners in Scotland between 1999 and 2003, we find that there are nearly 1 million fewer. Those are facts from the Administration's own statistical body. If we examine the number of treatments in hospitals, we see not only that 40,000 fewer treatments took place in 2003 than in 1999, but that in comparison with 2001—when the First Minister took over—50,000 fewer treatments took place, and that 20,000 more people remain on the waiting list. Far from getting better, are things not getting worse?

The First Minister: All over the country, families realise that in the health service today a treatment that previously involved a stay in hospital can now be obtained within a day. A treatment that once required a visit to hospital can be obtained in a short visit to an out-patient clinic. It is good that that has happened. We should not reverse that and somehow force people back into hospitals, rather than giving them the care that they need in their community, where they can now enjoy it.

There is a long list of figures that have gone up in the national health service since 1999—it is five years to the day since the Parliament was first elected. The number of staff in the health service is up, but increases apply not only to the total number of staff. The number of nurses and midwives is up 5.3 per cent; the number of qualified nurses and midwives is up 7.5 per cent; the number of medical staff and doctors is up 10.4 per cent; the number of hospital and community health service professionals is up 19.3 per cent; and the numbers of consultants, dentists and practice nurses are also up. That is good for the health service. Those staff are working in communities and making a difference. Some day, the Conservatives will realise that they were wrong and that we are doing it right.

David McLetchie: The First Minister tells us everything that is up but forgets the most important matter: results, which are down. That is the key feature of the centralised, target-driven service that he and the Scottish Executive are running. The chairman of the British Medical Association in Scotland criticised that service this morning.

Things are getting worse, not better, so why will the Executive not reverse a process that is failing people in Scotland on health care and instead devolve power and responsibility to give patients and hospitals choice and control over how the service develops in response to their needs?

The First Minister: I reiterate that it is better for people to be treated in their communities than in hospitals. It is better for people to be treated quickly in one day than to be treated overnight. That allows nurses, doctors and allied health professionals to make a better contribution to the health service and to treat people themselves rather than always to refer somebody up the tree. It is better that administrative, clerical and managerial staff take work away from doctors and consultants to free up their time to perform more operations and treatments and to treat people more quickly. That is the way to change and improve our national health service. The Tories cannot even imagine having such a record, but we will have that record.

The Presiding Officer (Mr George Reid): We will hear two urgent questions.

Pauline McNeill (Glasgow Kelvin) (Lab): The First Minister will be aware of Greater Glasgow NHS Board's controversial decision to close the Queen Mother's hospital, which is in my constituency. The regional director of the service for transporting ill babies has described that decision as taking an unacceptable risk. Does the First Minister acknowledge that the foetal therapy department at the Queen Mother's is recognised internationally as the home of foetal medicine? Does he acknowledge that, until now, Scotland has been at the leading edge of tackling neonatal and child illness? Will he assure me that he will not allow that national service to suffer? Will he listen to experts at the Queen Mother's hospital?

The First Minister: Ministers are well aware of the strong support that Pauline McNeill and other members have given to the campaign on the issue. She will be aware that the Minister for Health and Community Care, Malcolm Chisholm, is considering a proposal from Greater Glasgow NHS Board. He and I have said consistently that the proposal will be considered carefully. All the arguments will be heard. Ministers can say no as well as yes to proposals from health boards. When the final decision is ready, it will be announced to the chamber.

Mr Kenny MacAskill (Lothians) (SNP): The First Minister will undoubtedly agree that the collapse of the airline Duo Airways was a blow for travellers and employees in Scotland. Does he agree that in the creation of new direct routes, some turbulence must be expected? If so, will he confirm that the route development fund will continue, albeit with a review of its payment methods and operation? Will he undertake to seek new operators for the highly successful routes that operated from Edinburgh to the likes of Oslo, Geneva and Munich?

The First Minister: I am delighted to have Kenny MacAskill's support for our route development fund, which is one of the greater successes of the coalition Administration in Edinburgh. The new routes have been a success. It is clear that the outcome this week for the company that Kenny MacAskill mentioned is a major blow for passengers who had booked to use that company, as well as for those who are involved in it. However, not only will the route development fund continue, it will be reviewed in order to find out whether we need to increase it and develop its use.

I will do a deal with Kenny MacAskill. If he is willing to support the fund and we are willing to keep it going, perhaps in future he will avoid saying in Edinburgh that Glasgow gets too much, and saying in Glasgow that Edinburgh gets too much. If he is prepared to back the fund nationally, we will join him.

Prime Minister (Meetings)

3. Tommy Sheridan (Glasgow) (SSP): To ask the First Minister what issues he will prioritise for discussion with the Prime Minister at his next meeting with him. (S2F-875)

The First Minister (Mr Jack McConnell): No immediate meeting is planned with the Prime Minister.

Tommy Sheridan: Last year, the First Minister said in the chamber:

"The mark of leadership in Scotland is to speak on the big issues of the day, but to do so honestly and consistently."—[*Official Report*, 13 March 2003; c 19437.]

The First Minister also said that military action in Iraq was justified because the Iraqi regime was unwilling to give up its weapons of mass destruction and that he was on the side of the Iraqi people. More than 12 months later, is he honest enough to admit that he was wrong about Iraq's weapons of mass destruction? If he is still on the side of the Iraqi people, will he call on the Prime Minister to bring our troops home immediately and to put an end to the illegal occupation of Iraq by British and American troops?

The Presiding Officer: Before the First Minister answers that, I should say that he is, of course, responsible for what he has said to the Parliament and that it is in order to ask him about what he has said to the Parliament. However, it is not in order to ask the First Minister about matters that do not fall within the general responsibility of ministers. So far, I judge Tommy Sheridan's questions to be just within the limits.

The First Minister: I hope that you judge my answer to be just within the limits, Presiding Officer; for that purpose, I will keep it brief.

It would be wrong-headed and extremely ill judged to take British troops out of Iraq at the moment. I cannot think of anything that would make such an unstable situation far worse. It is important that the people of Iraq are supported by Britain and other countries around the world, whether or not those countries were involved in the conflict at this time last year, which, I remind Mr Sheridan, was successful in removing the world's worst dictator from power. It is important that countries that were or were not involved are engaged in supporting the people of Iraq to move as quickly as possible not only towards looking after their own internal and external security but towards democracy and free elections. If we achieve that, we will have achieved something that is very worth while.

The Presiding Officer: Mr Sheridan should remember my ruling.

Tommy Sheridan: Around five months ago, the

First Minister said that the positive outcome of the illegal invasion of Iraq was that

"The people of Iraq now have a chance to express their opinions."—[*Official Report*, 20 November 2003; c 3470.]

CNN is a biased source, but even the CNN/*USA Today*/Gallup poll that was published last week found that 64 per cent of Iraqis believed that coalition actions have turned out to be worse than they had hoped. Some 57 per cent said that all coalition troops should be withdrawn immediately and 70 per cent said that they view the troops not as liberators but as an occupation force. Those are the opinions of the Iraqi people. Will the First Minister be honest and consistent enough to call on Mr Blair to follow the example of the Spanish socialists and withdraw troops from their illegal occupation of Iraq?

The First Minister: I have expressed my view on the matter. To remove British troops from Iraq now would be ill judged and wrong. It would lead to greater instability and would almost certainly lead to more Iraqis dying in the weeks and months ahead. It is important that we work with those people in Iraq who want to ensure that there is proper security and democracy in Iraq, to defeat those who want to bomb their way out of the situation and to ensure that people in Iraq have a future that they can enjoy in an atmosphere of democracy and peace. That should be our objective and we should stick to it.

Tertiary Education

4. Mr Kenneth Macintosh (Eastwood) (Lab): To ask the First Minister how the Scottish Executive plans to improve Scotland's tertiary education sector. (S2F-870)

The First Minister (Mr Jack McConnell): We want a Scotland that has both world-class universities and top-quality colleges accessible in every community. That is why we are not only investing increased resources but maximising the use of those resources on teaching and research. That will benefit not only individual students but Scotland as a whole.

Mr Macintosh: Will the First Minister reassure those of us who woke up on Friday morning to rather mystifying reports that we might be about to abolish Scotland's universities that that is far from being the case? Will he confirm that, as he has said, we are committed to building on substantial increased investment in our higher education sector; that additional resources for our universities have already been committed through this year's spending review; that we are committed to widening access and supporting students through the abolition of tuition fees and the reintroduction of bursaries; and that the proposed merger of the funding councils will allow us to take

fair and strategic decisions that affect the whole of further and higher education in Scotland to allow us to take continued and justifiable pride in the world-class reputation of our universities?

The First Minister: It is important to reduce bureaucracy at the centre and to ensure that resources are devoted properly to teaching and research, whether that is in our colleges or in our universities. Our commitment to increased investment in our universities and colleges remains. Our commitment to improving the breadth of access in our universities, rather than just increasing the numbers, is clear. Our commitment to increasing the numbers of people who have the benefit of further education at all ages in this country is clear. Our absolute commitment not to abolish Scotland's universities—in contradiction of some of the nonsense that was around last Thursday night and Friday morning—or, for that matter, our further education colleges, should not only be clear to the chamber but have been obvious to anybody who thought about the matter for longer than five minutes.

Fiona Hyslop (Lothians) (SNP): Does the First Minister agree that it makes no sense for Scotland to move away from a distinction between further and higher education just as the Bologna process is getting into its stride and when other European countries are looking to the Scottish system as the ideal? Does he acknowledge that his Deputy First Minister has managed—not for the first time—to create a problem where there was none before? Does the First Minister understand that it is the detail of the draft bill to merge higher and further education that might undermine our position in the European higher education area and damage our ability to attract students from elsewhere? Does he understand that it is the extra details in the bill, on top of the simple merger of the funding councils, that are in danger of causing chaos and confusion where there should be collaboration and co-operation between the university and further education sectors?

The First Minister: I am sure that many people would enjoy the creation of chaos and confusion, but it would be a shame if the debate were to continue in that way. The proposed change is important and it needs to be the subject of proper consultation. Some people in the chamber are not impressed with consultation—we understand that from the Tory perspective—but we are committed to consultation and we will listen to the points that are made.

However, we are determined to ensure that resources are focused on front-line teaching and research; that the highest possible quality exists both in our universities and in our colleges; that the identity of and distinction between our

universities and colleges remain crystal clear; and that the seamless transition from school to college to university that exists in Scotland under our qualifications framework is a strong one that is admired throughout the world. That framework is now being taken up by the Chinese Government. It is important that we are able to ensure that we promote and continue to improve our universities, but we must also have a qualifications framework that allows people to climb through the system to reach the very top if they can.

Lord James Douglas-Hamilton (Lothians) (Con): With regard to tertiary education, is the First Minister aware that, as part of the European year of education through sport 2004, a number of projects at local, regional and national level will be selected and co-financed by the European Commission? Will he assure the Parliament that the Executive will give every support to securing as many as possible of those projects for Scottish educational institutions?

The First Minister: There should be no doubt about our commitment to maximise the availability of European funds for the benefit of Scotland and to participate enthusiastically in the symbolic European years to which the member refers and which can be important in raising the profile of certain issues. I only hope that between now and the year in question a Conservative Government is not elected in London, as that might lead to our leaving the European Union and not participating in the year at all.

Health Gap

5. Robert Brown (Glasgow) (LD): To ask the First Minister how the Scottish Executive is addressing the health gap between rich and poor. (S2F-873)

The First Minister (Mr Jack McConnell): It is unacceptable that anyone should be consigned to a life of ill health, restricted opportunity and a shortened life span because of the circumstances into which they were born or because of where they live. We have targeted measures at areas of greatest need and developed the most comprehensive health improvement programme ever seen in Scotland. It is working—indeed, it was praised this week by the World Health Organisation—and we are committed to following it for the long term.

Robert Brown: Is the First Minister aware that a team at the University of Liverpool recently found that Scotland and London had the widest health gaps between social classes? Does he agree that Scotland's health picture is heavily influenced by the situation in Glasgow, where the reported life expectancy is as low as 63? Although I accept that much good work has been done in this area, is the time not ripe to tackle the city's health problems by

setting up a ministerial action team that would establish key milestones to achieve significant improvements, in particular the improvement in health to which the First Minister has rightly given so much attention?

The First Minister: We have already targeted new resources not just at Greater Glasgow NHS Board but at Glasgow City Council, which is funding many of the exercise and diet programmes that are making such a difference in the city. Furthermore, our partnership agreement contains a commitment to establishing a new centre for the study of population health, which will be based in Glasgow. I hope that the centre will not be a symbolic measure but will produce real solutions and offer real opportunities for us to take forward the health improvement debate in the Glasgow area.

I should say that this problem not only afflicts Glasgow in particular but affects many other parts of Scotland. We know for a fact that our diet, lack of exercise and level of smoking and alcohol abuse all contribute to the level of poor health that is one of the country's worst national embarrassments. As we tackle the problem, we need to take people with us and stay with the issue for the long term. We must improve the country's health not only by improving health treatment but by improving individual health and by ensuring that people look after themselves.

Economic Growth

6. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the First Minister whether the Scottish Executive is satisfied with the growth of the Scottish economy. (S2F-857)

The First Minister (Mr Jack McConnell): Over the past year, the Scottish economy has shown one of the best growth performances in Europe. The labour market is strong and inflation is low. However, we must do more, which is why our top priority is to encourage conditions for higher growth in Scotland and why we are investing record amounts in skills and training and in transport and other infrastructure.

Murdo Fraser: Even the Executive's recalibrated growth figures, which came out last week, show that Scotland's growth continues to lag behind that of the UK as a whole. Given that we have now had five years of the Executive's economic policies and five years of consistent economic underperformance, what policy changes will the First Minister introduce to turn round that serial underperformance?

The First Minister: Murdo Fraser should be accurate. After all, the recent figures show that for the past two years growth in gross domestic product in Scotland has been ahead of such

growth elsewhere in the UK. The fact that the rest of the UK might have been catching up with us in the last quarter of 2003 is—I am sure—a matter of some celebration for them. However, it poses a fresh challenge for us and further policy developments will be announced over the coming months.

I should point out that the best policy changes are those that have been implemented since 1997. For example, the new deal and other initiatives have led to a dramatic drop in the level of youth unemployment and we are now investing in the roads, rail, air and ferry infrastructure that was abandoned and ignored in Scotland and the rest of the UK in the 1980s and 1990s. Because of those policy changes, we are now investing in education, skills and training in a way that ensures that Scotland can once again be the skills capital of Europe and recover from the years when the Tories left so many people on the sidelines. That is the challenge. Those policy changes are starting to work and we will stick with them.

Jim Mather (Highlands and Islands) (SNP): Will the First Minister explain how it is that, when Scotland has many positive attributes and great natural resources, the arithmetic suggests that we have continuing low levels of economic growth as a result of low productivity that is hardwired into the Scottish economy? The registrar general forecasts the loss of 270,000 economically active people by 2027.

The First Minister: Jim Mather is probably the most depressed person in Scotland at the fact that growth in GDP has been higher than he thought it was over the past two years. He might need some counselling to help him, because his whole economic analysis has been based on a rather distorted version of the facts. However, in the coming months, I hope that he will see the light of day and acknowledge that, in Scotland, we need a number of important elements in our long-term plans and long-term commitment to deliver higher economic growth. We need to be part of the European Union; we need to be sure that we are in that single market, contributing to the EU but also gaining from it through thousands of jobs in Scotland. Playing around with the EU constitution in a referendum is not going to help us to achieve that. The nationalist party should think again.

We need to ensure that we have a stable UK economy underpinning our Scottish growth—a UK economy with low inflation, low interest rates and low unemployment. The macroeconomic stability that we get from being part of the United Kingdom economy is a great strength for the Scottish economy.

However, here in Scotland, we also need to have our own competitive edge. We need to invest in skills, in infrastructure, in innovation, in research and development, and in companies that can

grow. And yes, we have to attract more people into Scotland to help our population to grow again. We can do all that with the powers of this Parliament—if we stick with it and are in it for the long term. Mr Mather might join us some day in doing that.

The Presiding Officer: If it is kept tight, we can have one last question.

Dr Sylvia Jackson (Stirling) (Lab): What proposals are in place to support further education colleges and other providers to ensure that we have the skills for the various housing, transport and water infrastructure projects that are very much needed for the Scottish economy?

The First Minister: Clearly, one of the significant improvements in skills and training availability in Scotland over recent years has been the substantial expansion of further education provision—both full time and, much more important, part time. The large number of people who are benefiting from that are finding it easier to access new opportunities in the jobs market.

However, one critical change that we need to make—to correct a fault that I strongly believe was made back in the 1980s in our schools—is to ensure that youngsters who want to choose a vocational future have the opportunity at school to start to learn the skills and trades that will benefit them and our country in the years to come. A consultation is currently under way to open up access, through schools and colleges, for young people to have those new opportunities, which have been denied to many over the past 15 or so years. That is a massive and very important change in our school and further education system. Scotland as a whole will reap real benefits from it in the years to come.

Phil Gallie (South of Scotland) (Con): On a point of order, Presiding Officer. In his opening comments in response to the question asked by Tommy Sheridan, the First Minister said that you would judge his answer to be within limits. Will you confirm that you have no control whatsoever over the scope of the First Minister's responses to questions, although you do have powers over members' questions? What steps could be taken to ensure a level playing field?

The Presiding Officer: I most certainly judged the First Minister's answer to be within limits, but you are quite right, Mr Gallie—standing orders are silent on the subject of answers. On the subject of questions, standing orders make it clear that they must relate to the general responsibility of ministers. Mr Sheridan was in order—just—and so was the First Minister.

12:34

Meeting suspended.

14:00

On resuming—

Question Time

SCOTTISH EXECUTIVE

Enterprise, Transport and Lifelong Learning

Rail Travel (Edinburgh)

1. Christine May (Central Fife) (Lab): To ask the Scottish Executive what action it is taking to improve rail travel to Edinburgh. (S2O-2348)

The Minister for Transport (Nicol Stephen): The Executive is committed to a wide range of improvements, including the Edinburgh airport link, the Stirling-Alloa-Kincardine line, the Airdrie to Bathgate link, the Borders rail line and improvements to Waverley station, such as longer platforms, which, along with the new trains, will dramatically improve the peak-time capacity of services into Edinburgh. That represents the most significant investment in rail services in Scotland's capital city since the original construction of the east coast main line.

Christine May: The minister will know that, as well as welcoming the improvements to which he has just referred, I have welcomed the proposed improvements to Markinch railway station in my constituency, which have now been on the stocks—or, more accurately, on the sleepers—for some considerable time. I have shared with the minister my concerns that the public inquiry into the compulsory purchase order has been scheduled for 29 July, which is in the middle of the Fife fair fortnight. So that my constituents do not think that the Executive has something to hide, will the minister reassure me that the date of the inquiry will be moved?

Nicol Stephen: I have taken up Christine May's concerns and she will be pleased to hear that, although the decision is not for me to take, the public local inquiry is now likely to take place on 19 or 26 August, depending on the availability of the parties involved. I am pleased that that adjustment has been made as a result of Christine May's representations and that the project, which has been delayed for too long, is now likely to proceed more quickly. I have in front of me a long list of the benefits of the project, which include a new booking office and waiting room, a fully accessible pedestrian bridge, a new 140-space car park, a bus turning circle and taxi rank, and closed-circuit television covering platforms and the car park. I am sure that everyone in the Markinch area who uses the station will warmly welcome

those improvements. Let us ensure that we get the project delivered as quickly as possible.

Roseanna Cunningham (Perth) (SNP): Those improvements are welcome, but they will amount to nothing if there are not enough trains running on the tracks. Is the minister aware of the level of concern about the Perth to Edinburgh rail link? Does he know that there is no Perth to Edinburgh train between 7.10 am and 8.50 am? Can he say, hand on heart, that that level of service is sufficient to encourage people out of their cars and on to the railways? If not, what proposals does he have to improve the service between Perth and Edinburgh?

Nicol Stephen: If a scheduled service is not running, that is clearly a cause for serious concern. One of the most important factors in convincing people to shift from the car to public transport is reliability. We need quality and reliability in our public transport services and that applies very much to rail services. I am happy to investigate any difficulties with the Perth to Edinburgh service, as there should not be such difficulties. We have invested in 29 new trains to increase the capacity of the services into Edinburgh and in other parts of Scotland. There are a range of significant increases in peak-time capacities, all of which are well over 20 per cent, in services such as the Edinburgh to Glasgow service, the Bathgate service, Fife services and the Dunblane service. I will write to Roseanna Cunningham about the problem that she is encountering.

Chris Ballance (South of Scotland) (Green): The minister will be aware that there are campaigns for better rail services between Lanark and Edinburgh and between East Lothian, particularly Dunbar, and Edinburgh. I have just been at a meeting—about something completely different—with a lady who asked me also to mention the campaign for a new station at East Linton. How will all the new services—including the Borders railway—be catered for by the minimal Waverley reconstruction that has been forced on the Executive?

Nicol Stephen: The reconstruction at Waverley station will be phased. The first phase, which we have now announced, will cost around £150 million. That is not a minimal improvement in anyone's terms. It will increase the capacity of the station from 24 trains per hour to 28 trains per hour. That increase of four trains per hour will allow us to deliver the significant new improvements that we are planning throughout the Scottish rail network—the new rail lines and the new services that I mentioned in my reply to Christine May. The Airdrie to Bathgate line, the Stirling-Alloa-Kincardine line, the Waverley line and the Edinburgh rail link will all require that

additional capacity at Waverley station. That is why we have got to get moving on the reconstruction now.

Mr John Home Robertson (East Lothian) (Lab): The minister knows about the problems that people who live in the Dunbar area are experiencing in getting trains to and from Edinburgh. Does he accept that there is a powerful case for including commuter services to Dunbar in the renewed ScotRail franchise? Will he instruct his officials to work with East Lothian Council in working up that initiative?

Nicol Stephen: I have discussed those issues with John Home Robertson and we had a meeting on the services to Dunbar. The retendering of the franchise is based on the existing rail network. However, we are allowing for improvements to that network and we want those improvements to be delivered. The improvements that are made will automatically be a part of the new franchise. The service that the member mentions will not be part of the core franchise that will be introduced from October, but it is possible that it will become part of the developing franchise as one of the improvements that we will make over the coming years.

We are determined to make significant improvements to rail services in Scotland. There is huge demand for improvements to the rail network and, for the first time in decades, we can respond to that demand by reopening lines, introducing new lines and reopening stations. We want to do more of that, because we want to grow the public transport network and the number of rail passengers in Scotland.

Rail Journey Times (Glasgow to Edinburgh)

2. Karen Whitefield (Airdrie and Shotts) (Lab): To ask the Scottish Executive what discussions it has had with ScotRail regarding rail journey times between Glasgow and Edinburgh. (S2O-2347)

The Minister for Transport (Nicol Stephen): As well as introducing trains every 15 minutes between the two cities and increasing peak-time capacity on the route by 37 per cent through introducing new and longer trains, the Executive is willing to discuss practical and deliverable ways of improving journey times on that vital route.

Karen Whitefield: Does the minister agree that another route, the Shotts line, is seen as the Cinderella service and that it is essential that the people of Lanarkshire have a fast service through Lanarkshire to Glasgow and Edinburgh? Does he also agree that there is a need to create transport hubs both in Lanarkshire, at Shotts, and in West Lothian, at Livingston, to allow for a properly

integrated rail network and co-ordination with bus services to ensure maximum access?

Nicol Stephen: I would very much like to see the sort of improvements that Karen Whitefield is talking about. We need a fast, efficient and reliable service between Edinburgh and Glasgow. We also need to serve the communities between Edinburgh and Glasgow. However, some of our decisions involve a trade-off, such as new stations requiring new stops, which can slow the journey time between Edinburgh to Glasgow. For example, there will perhaps be difficult decisions concerning the number of communities that are to be served by the Airdrie to Bathgate line. The introduction of Edinburgh Park station, which has been widely welcomed, has involved trains stopping and then starting again as they move away from that station. If that was done in relation to Edinburgh to Glasgow trains, it would lead to a slowing of the journey time, albeit by just a few minutes. I would like us to get the balance right and, over the next 10 years or so, to achieve the ambition of reducing the journey time between Edinburgh and Glasgow from its current 48 minutes. I believe that that would attract more passengers and lead to greater confidence in the service.

Fiona Hyslop (Lothians) (SNP): Is the minister aware that by 2006 the Dutch will be able to travel the 51 miles between Rotterdam and Amsterdam in only 28 minutes? Will he reconcile the need for a fast link between the cities of Glasgow and Edinburgh with the need for commuting opportunities for communities such as those in West Lothian? Does he agree with Karen Whitefield's valid point that more consideration should be given to making the Shotts line into the fast line in order to allow us to open up commuting opportunities for other communities? It is vital that we have fast and regular communications between Glasgow and Edinburgh and the communities in between.

Nicol Stephen: Fiona Hyslop makes the point very well. I assume that the service that she is talking about is a non-stop one. I agree that we should not completely reject that kind of speed for future services, but there are important communities between Edinburgh and Glasgow and one of the key reasons for the service is to serve those communities and to enable commuters to access the two cities. The demand for such services is growing and, during the next 10 years, we will be able to serve more of those communities with good-quality and reliable rail services and to increase significantly the number of passenger journeys in Scotland. As part of that, I undertake to consider issues relating to the Shotts line and to report back to Parliament. Inevitably, those matters will be a medium to longer-term part of the aspiration of reducing the

journey time between Edinburgh and Glasgow from 48 minutes.

Bristow Muldoon (Livingston) (Lab): I direct the minister's attention to another key Glasgow to Edinburgh link—the Airdrie to Bathgate line. I understand that the Executive and West Lothian Council have received the draft engineering feasibility study on the reopening of the line. Will the minister confirm that that is the current position? Does the feasibility study indicate that the reopening of the line is affordable under the Executive's budget? Will he give a clear commitment to making the resources available for further progress on the line? Will he indicate when he expects a private bill to be introduced?

Nicol Stephen: The timing of the private bill is a matter for the project promoter. The Executive believes that the Airdrie to Bathgate line is a sensible and deliverable project that could represent value for money. A full business case will have to be made, but I know of nothing in the draft engineering report or in any other information that has been given to me that suggests that the Airdrie to Bathgate line is anything other than a very good project that the Scottish Executive should continue to support.

Scotch Whisky Industry (Strip Stamps)

3. Mr Brian Monteith (Mid Scotland and Fife) (Con): To ask the Scottish Executive whether, in light of the report of the Scottish Affairs Committee at Westminster last week, it will make further representations to the Chancellor of the Exchequer to ensure that strip stamps are not imposed on the Scotch whisky industry. (S2O-2270)

The Deputy Minister for Enterprise and Lifelong Learning (Lewis Macdonald): We will continue to engage with the Treasury and the Scotch whisky industry on the proposed introduction of tax stamps in two years' time.

Mr Monteith: I am pleased to hear that the minister will take that position. No doubt he is aware that the Scottish Affairs Committee said of Her Majesty's Customs and Excise fraud estimates:

"For any government to introduce important measures which could have major implications for industry and employment, based on what could be inaccurate figures, might be considered precipitate to the point of being reckless."

What specific representations will he now make to convince Gordon Brown to change his mind? Will he join me in condemning those Labour MPs, such as Martin O'Neill and Anne McGuire, who voted against their constituents' interests on the basis of evidence that the Labour-dominated committee said was unconvincing?

Lewis Macdonald: I am sure that Brian Monteith does not expect the Scottish Executive to take the place of the UK Government in making its estimates of the fraud. No one disputes that significant levels of fraud exist in the spirits industry, hence the case for the introduction of tax stamps. The National Audit Office has taken a clear view of the estimates from the whisky industry and HM Customs and Excise. It has said that, although those estimates require further work, they are within the possible range of accuracy. In other words, although the NAO has not dismissed either set of figures, it has said that both are only a snapshot of a wide range and that much more work needs to be done. I recognise the validity of that view. Given that it is not proposed to introduce the stamps until April 2006, there is an opportunity for the NAO and the Treasury to look closely at the figures.

Jim Mather (Highlands and Islands) (SNP): What specific counter-arguments is the Scottish Executive using with the Treasury to defend the interests of the whisky industry and of Scotland in the light of the strip stamp threat?

Lewis Macdonald: We are talking to our colleagues in the Treasury about the economic implications of their proposals. As we have described in the chamber in the past, we are making the case that we want the Treasury to talk to the industry about how fraud can be tackled in a way that does not impose undue compliance costs on the industry. There is broad agreement about what the compliance costs might be, although there is a difference at the margins between the two estimates. We are talking to the Treasury about that. We recognise, of course, that it is for the Treasury to make a decision on the stamps, but we believe that, if it proceeds with them, it should use a mechanism that will minimise the impact on the industry. The Treasury should reach agreement with the industry about the most effective way of implementing tax stamps.

Jackie Baillie (Dumbarton) (Lab): The minister will be aware of the significant and consistent representations by my colleague John McFall MP in opposing the introduction of strip stamps. Indeed, John McFall recently facilitated a welcome meeting between the Scotch Whisky Association and the chancellor. Given that the strip stamps are awkward and difficult to work with, what progress has been made with the Treasury in considering alternatives, such as fiscal marks?

Lewis Macdonald: It was striking that the Scottish Affairs Committee's summary of the position identified 17 different options suggested by the industry and by people such as John McFall who are advocates for the industry. I am sure that all those suggestions will be on the table at some point in the discussions that are going forward. We

will continue to work closely with the industry on those matters. It is worth acknowledging John McFall's efforts to get those arguments across at the highest level in the United Kingdom Government.

Scotch Whisky Industry (Support)

4. Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): To ask the Scottish Executive what action it is taking to support and encourage the Scotch whisky industry. (S2O-2268)

The Deputy Minister for Enterprise and Lifelong Learning (Lewis Macdonald): We support the Scotch whisky industry in a number of ways within the context of the framework document "A Toast to the Future", which we issued in November 2000. When I met the Scotch Whisky Association in March, we agreed that we should revisit that document in the near future.

Mr Stone: I wonder whether the minister can be a bit more specific. Through my conversations with the Scotch whisky industry, it is clear that there are difficulties, not the least of which comes from a Government body by the name of the Scottish Environment Protection Agency. I do not want any arm of our Government to place perceived impediments in the path of what is a flagship industry. I want more detail on what we can all do to promote what is one of our biggest foreign export earners.

Lewis Macdonald: Both the Government and members of the Parliament can do a good many things. Indeed, Jamie Stone's raising of that question is an effective way of drawing to people's attention the significance of the whisky industry, which makes a substantial contribution to gross domestic product and to our export earnings. The industry also gives rise to a significant amount of employment, particularly in constituencies such as Jamie Stone's—I know that he is familiar with the Glenmorangie spirit, for example, which comes from his part of the country, and I am sure that he will continue to promote that product in the way that he has done in the past.

Road-equivalent Tariff Schemes

5. Colin Fox (Lothians) (SSP): To ask the Scottish Executive what advantages a road-equivalent tariff scheme has for transport costs to and from Scotland's island communities. (S2O-2330)

The Minister for Transport (Nicol Stephen): A road-equivalent tariff scheme would generate significant additional subsidy costs, which could be funded only by displacing high-priority transport projects. We have no current plans to introduce ferry fares based on road-equivalent tariffs.

Colin Fox: The minister will be aware of the success of RET schemes in Norway and Greece in sustaining island communities that have been penalised by high transport costs. He might also know that I recently visited the Western Isles, where I spoke to council representatives who are trying to put together a pilot study to examine the full economic impact of RET schemes. Will he give a commitment to support that study to assess the potential benefits of RET in counteracting outward migration from the islands and in attracting visitors and business investment to help economic development in our island communities?

Nicol Stephen: We certainly want to strengthen and improve ferry services to all parts of Scotland—the northern isles services and the Clyde and Hebrides services. It is far from certain that road-equivalent tariffs would benefit communities such as those in the Western Isles, because the longer ferry routes could well be more expensive as a result of the tariff—one must be very cautious before suggesting that all communities would benefit from RET schemes.

We have done a lot in recent years to invest more in our ferry services. We are significantly increasing the level of investment, both in Caledonian MacBrayne and in the northern isles services. For example, we have frozen the commercial freight fares on the CalMac services and we intend to introduce freight as part of the new, retendered northern isles contract. Those improvements will bring significant benefits to Scotland's remoter island communities. I believe that we are on the right track and that we are investing the right sums of money.

George Lyon (Argyll and Bute) (LD): In view of the minister's meeting last week with the European Commission about whether the Scottish Executive is required to tender the CalMac routes, is he now in a position to make an official announcement on whether that tendering will go ahead?

Nicol Stephen: I am not. We had a constructive meeting with the Commission last week and it was agreed that some final technical issues require to be resolved and that we should agree a clear statement, which will be made available to all members of this Parliament. I would like to make members aware of the situation as soon as possible, but I should not raise expectations that there is any prospect of moving away from the tendering process.

For some time now, it has seemed—most importantly, in the letter from the Commission to George Lyon as a consequence of his meetings and inquiries—that the Commission does not regard the Altmark case as a justification for dropping the tendering process. However, it is important that the reasons for that are identified,

so that we can answer the searching legal questions that will be put to us about why tendering is required. That is something that we will be doing over the next two or three weeks and I hope to be able to make an announcement on that important issue to everyone involved in the CalMac retendering—not only the staff, but the communities affected—later this month.

Justice and Law Officers

Violence against Transport Workers

1. Christine May (Central Fife) (Lab): To ask the Scottish Executive what plans it has to address the issue of violent attacks on transport workers. (S2O-2365)

The Deputy Minister for Justice (Hugh Henry): A full package of measures will be announced later in the year to address the problem of attacks on public service workers. In the meantime, the Executive is supporting a number of measures to address the problem of attacks on transport workers, including the installation of closed-circuit television cameras in all buses operating in Dundee and a trial CCTV project in Glasgow on buses operated by FirstGroup plc. Train and bus operators have implemented a number of initiatives, often in partnership with local police authorities and the British Transport Police. We strongly welcome those partnership approaches, which are already delivering results.

Christine May: I am grateful to the minister for that answer and would be interested in contributing to the consultation when it takes place. Is he aware that, in the past 11 months, 11 Stagecoach bus workers in Fife, including workers in my constituency, have been assaulted? I am sure that he will join me in condemning those who perpetrate such assaults. Is he also aware of the British Transport Police's recent announcement on the use of DNA testing for transport workers who have been spat on by those who would assault them and that some of those tests are likely to result in prosecution? Will he agree to convene a meeting between his officials and transport operators to see whether that testing regime can be extended to transport operators other than railway operators?

Hugh Henry: The Scottish Executive is not directly involved in those initiatives, which are the responsibility of the transport operators. I share Christine May's disgust and concern at the type of incidents that she describes and I very much welcome the work that is being done by ScotRail in issuing swab kits. As she said, that scheme is already beginning to demonstrate some success. The initiative has also been tried out in the west of Scotland by First, where, again, it is proving to be

a success. Far too many transport workers, whether on the rail or bus network, are being attacked in such a way. Anything that can be done to ensure the conviction of those responsible is to be welcomed. I encourage other operators to learn from what ScotRail and First are doing in order to see whether they can give the same protection to their employees.

Prisoners (Mental Health)

2. Mary Scanlon (Highlands and Islands) (Con): To ask the Scottish Executive, in light of Lord Bonomy's recent judgment, what action is being taken to address any issues of inadequate regimes, overcrowding and slopping out for prisoners who are suffering from a mental health condition. (S2O-2276)

The Minister for Justice (Cathy Jamieson): We are considering Lord Bonomy's judgment carefully. The Scottish Prison Service is examining the operational implications of the judgment for the management of all prisoners. The service seeks to address the individual mental health needs of prisoners irrespective of whether they require to slop out.

Mary Scanlon: Is the minister taking steps to ensure that claims will not arise as a result of the triple-vice effect, which I described in my question, on prisoners with mental health problems? Will she further ensure that adequate and appropriate psychiatric and clinical psychological support is given to all prisoners who need it?

Cathy Jamieson: On the first point, I have indicated that we are still carefully considering the judgment. As I outlined, we have of course asked the Scottish Prison Service to look at the operational issues. As Mary Scanlon is well aware, many people who end up in our prisons have a range of defined psychiatric disorders or other mental health problems. It is important to stress that those who require psychiatric or psychological care in particular can get that help. It is also important to recognise that, when people are admitted to prison, the Scottish Prison Service undertakes an assessment that focuses on the risk of self-harm and suicide and on whether the person is presenting with mental health problems. That practice will continue.

Environmental Crime

3. Nora Radcliffe (Gordon) (LD): To ask the Scottish Executive what action it is taking to ensure that environmental crimes are prosecuted in the courts. (S2O-2275)

The Solicitor General for Scotland (Mrs Elish Angiolini): The Crown Office and Procurator Fiscal Service has recently established a national network of specialist environmental prosecutors.

That will ensure that expertise in environmental law is made available to prosecutors throughout the country and will enhance our robust approach to enforcement.

Nora Radcliffe: I am very encouraged by the Solicitor General's answer. Is she satisfied that the prioritisation framework within which procurators fiscal inevitably must operate gives sufficient protection against prosecutions for environmental and wildlife crime—including breach of the planning consent conditions—being squeezed out of the system by other types of crime? How urgently should we be looking at the establishment of environmental courts?

The Solicitor General for Scotland: In relation to prioritisation, I can say that the establishment of the network of 17 specialist prosecutors will ensure that appropriate priority and expertise are given to these serious matters so that cases are prosecuted as expeditiously as possible. Some cases are complex and technical, which means that they have to be looked at thoroughly. We also have to take into account what needs to be done before the case comes to court. I am assured that the new network will address the matter.

On support for those prosecutors, we have two training seminars a year and there is access to a number of environmental seminars—indeed, a seminar on waste prosecution is taking place in Edinburgh tomorrow in conjunction with the Scottish Environment Protection Agency. There is no doubt that the support that is now available through the new network will improve and enhance our enforcement regime.

As for access to the courts and the establishment of environmental courts, we will have to work within the current framework to enhance and improve our performance. Undoubtedly, there are issues that need to be looked at. As the matter is cross-departmental, we are considering those issues with other ministers.

Ms Rosemary Byrne (South of Scotland) (SSP): I welcome the Solicitor General's assurances. However, despite the establishment of a pollution register in Scotland, companies such as SmithKline Beecham plc, which is the most polluting company in Scotland, are allowed to monitor and record their own emissions. How will that improve the situation in respect of bringing prosecutions against companies, such as SmithKline Beecham in my constituency, when they breach the rules?

The Solicitor General for Scotland: The prosecution service can deal only with matters that are reported to it, but I am aware that SEPA, with which we are working closely, is enhancing its provision for enforcement and monitoring. When cases are reported to the prosecution service, we

will ensure that the facts are rigorously examined and thoroughly investigated and that, where possible, cases are brought to court. That is the responsibility of the prosecution service in Scotland.

Debt Arrangement and Attachment (Scotland) Act 2002

4. Jackie Baillie (Dumbarton) (Lab): To ask the Scottish Executive what mechanisms are in place under the Debt Arrangement and Attachment (Scotland) Act 2002 for people affected by Scotland's growing level of debt. (S20-2352)

The Deputy Minister for Justice (Hugh Henry): The 2002 act did two things. First, it replaced poindings with the new diligence of attachment. Secondly, it set up the framework for the debt arrangement scheme, which is a new mechanism to help people to repay multiple debts while they are protected from enforcement.

Jackie Baillie: The minister will be aware that organisations such as citizens advice bureaux are concerned about the scope of the debt arrangement scheme. They are concerned that it will not be sufficient to cover many people who have serious debts and little disposable income, and that not providing for the freezing of interest in the draft debt arrangement scheme regulations may further reduce the number of people who are able to benefit from the scheme. Does the minister agree to monitor the implementation of the debt arrangement scheme and, if necessary, take steps to improve its coverage?

Hugh Henry: The new scheme is a significant step forward in protecting those who are most vulnerable because of excessive debt. We want to examine the effectiveness of the new arrangements, so we will monitor closely how they work. After a year we intend to carry out research through the central research unit to see whether any arrangements need to be improved. We will seek information from all people who have direct experience. We will liaise closely with the Accountant in Bankruptcy to ensure that we have that relevant information. We will seek to engage with parliamentary committees on the progress and effectiveness of the scheme.

Christine Grahame (South of Scotland) (SNP): I refer the minister to a recent report from central Borders citizens advice bureau, which states that 1,000 Borderers owe more than £4 million. That is in an area with the lowest wages in Scotland, being as they are £80 per week less than in the rest of Scotland. The minister will also be aware of advertisements on afternoon television by consolidated loan companies. What representations have been made by this Government to the Westminster Government with

regard to those advertisements which, by using a soft sell, conceal the hard fact that many debtors would be taking on even more interest? If it appears to be too good to be true, it is too good to be true.

Hugh Henry: Our colleagues at Westminster are aware of the situation that Christine Grahame describes, and they are concerned about it. We had discussions with our colleagues at Westminster when we were considering the scheme that we wanted to put into effect. General concerns about access to loans have been raised in this chamber before. I know that, as a member, the Deputy Presiding Officer Trish Godman has raised the issue of irresponsible lending. We will continue to feed any information that we have to our colleagues at Westminster, but much of the matter is, as Christine Grahame indicated, reserved.

Draft European Constitution

5. Phil Gallie (South of Scotland) (Con): To ask the Scottish Executive what the implications would be for the Scottish justice system if the draft European constitution were to be implemented as proposed. (S2O-2240)

The Lord Advocate (Colin Boyd): We welcome provisions in the draft constitution that will ensure more effective enforcement of judicial and extra-judicial decisions throughout the European Union and more effective action against cross-border and serious crime, but we also share the view of the UK Government that the development of EU-wide law must proceed in a way that is compatible with our own domestic legal systems within the UK. That is particularly important to us, given the separate status of Scots law, both civil and criminal, and my role in relation to the investigation and prosecution of crime.

Phil Gallie: Could the Lord Advocate describe for me his interpretation of article 3.2 of the constitution, which states:

"The Union shall offer its citizens an area of freedom, security and justice without internal frontiers"?

I emphasise the words "justice" and "internal frontiers".

The Lord Advocate: I brought the draft treaty on the constitution with me, in case I was asked a searching question about it.

Phil Gallie is right. Article 3 of the draft treaty states that the EU's objectives are, first, to

"promote peace, its values and the well-being of its peoples"

and secondly to

"offer its citizens an area of freedom, security and justice without internal frontiers, and a single market where competition is free and undistorted."

I am sure that Phil Gallie agrees that those are laudable objectives.

The promotion of freedom, security and justice involves certain elements. One of those is personal and individual liberty, another is national security and a third is personal security, to ensure that the fight against crime is properly carried out. Of course, that is my particular interest, which I am sure that Phil Gallie shares.

Irene Oldfather (Cunninghame South) (Lab): I welcome the Lord Advocate's comments. Does he agree that the European arrest warrant enables us to tackle cross-border crime more effectively and efficiently, thereby improving the security and safety of Europe's citizens? I would have thought that Mr Gallie would have wanted us to sign up to that.

The Lord Advocate: The European arrest warrant is a valuable development that allows for the speedy extradition between EU states of people who are accused of serious offences or who are fugitives from justice. It represents a significant step forward in the fight against serious international crime.

Six such arrest warrants have been issued in Scotland since 1 January, three of which relate to one individual—the most recent warrant was issued on 23 April and I am advised that we expect the individual to be returned to this country imminently to face serious charges of a sexual nature.

Prisoners (Education and Training)

6. Donald Gorrie (Central Scotland) (LD): To ask the Scottish Executive what measures it is taking to ensure that as many prisoners as possible benefit, while in prison and after release, from effective educational and training for work programmes. (S2O-2266)

The Minister for Justice (Cathy Jamieson): The Scottish Prison Service delivers a wide range of core work and life skills programmes using SPS staff and through partnerships with four learning providers and a range of specialist agencies. The range of vocational skills delivered includes hairdressing, joinery, bricklaying, painting and decorating and industrial cleaning.

Donald Gorrie: What research is done to establish whether programmes achieve effective results, whether they are educational programmes or programmes that try to change people's behaviour or offer training for work? Currently, many prisoners do not take up the good opportunities that are offered. What support is given to external, voluntary organisations, which seem to have some success in interesting more prisoners in education?

Cathy Jamieson: Donald Gorrie raises a number of points, some of which were covered in last week's debate on reducing reoffending. Basic literacy and communication skills are important for people who serve custodial sentences as well as for those who attend alternatives to custody programmes. It is important that we continue to invest in education and vocational training and that we assess the effectiveness of programmes. Work is going on in the Scottish Prison Service to examine some of the skills and educational programmes that are provided and there is obviously additional work to assess the effectiveness of such programmes. Effectiveness must be assessed in terms of outcomes. As I have said many times in the Parliament, we must consider outcomes in terms of the likelihood that reoffending will be reduced and in terms of people's ability to make the transition from being an offender in custody back into local communities. That is why it is important that we work with the voluntary sector.

A construction project is currently going on at Barlinnie prison. Four of the eight people who started on the project have reached the ends of their sentences and are now employed with Laing O'Rourke Scotland Ltd. We need to take things forward through such projects, to ensure that people secure real employment when they are released.

Miss Annabel Goldie (West of Scotland) (Con): Where such prisoners are the victims of substance abuse, to what extent do the measures include rehabilitation, both inside and outside prison?

Cathy Jamieson: My answer links back to my earlier reply to Mary Scanlon. A high proportion of the prison population has been involved in substance abuse, either prior to coming to prison or, in some instances, while in prison. It is important that services are provided in prison and that, on release, people are linked into local health services and other facilities in their areas to try to tackle the problem. I do not underestimate the difficulty of trying to cut out the supply of drugs in prisons. However, many prisoners want to get away from that kind of lifestyle; they want support to come off drugs and to get back into their communities to live law-abiding and substance misuse-free lives. We ought to focus our efforts on that.

General Questions

The Deputy Presiding Officer (Trish Godman): Question 1 has been withdrawn.

Ambulance Services (Advanced Care Teams)

2. Karen Whitefield (Airdrie and Shotts) (Lab): To ask the Scottish Executive what discussions it has had with the Scottish Ambulance Service with regard to the possible introduction of advanced care teams. (S2O-2324)

The Deputy Minister for Health and Community Care (Mr Tom McCabe): Officials from the Scottish Executive Health Department met recently with the chairman and chief executive of the Scottish Ambulance Service to discuss their plans for future service development, including those that cover the possible introduction of advanced care teams. It was agreed during those discussions that such proposals need to be developed in collaboration with the service's national health service partners and with the public before they can be introduced in Scotland.

Karen Whitefield: Does the minister agree that the recently introduced community first responder units provide a valuable service and that the Scottish Ambulance Service should ensure that everyone who volunteers for the service is given the opportunity to contribute? At present, if insufficient numbers of volunteers apply in a given area, they are not used. That is a particular problem in the Lanarkshire area.

Mr McCabe: I agree that that service has considerable potential. I assure the member that the Scottish Ambulance Service, subject to my previous comment, is committed to the introduction of community first responders at four sites in Lanarkshire—Carluke, Lanark, Larkhall and Shotts. Unfortunately, the service's efforts to attract community first responders produced only three applicants. At that time, the service felt that the number was insufficient to justify setting up training. Another publicity campaign will start in the next few weeks, after which decisions will be taken about how to proceed with training for responders.

Climate Change and Biodiversity

3. Sarah Boyack (Edinburgh Central) (Lab): To ask the Scottish Executive what plans it has to combat climate change and protect biodiversity, in light of recent research results on the early arrival of spring. (S2O-2259)

The Minister for Environment and Rural Development (Ross Finnie): The Executive, together with the United Kingdom Government, statutory nature conservation agencies and others, is engaged in on-going research on the impacts of climate change on biodiversity in the UK and its surrounding waters. The forthcoming Scottish biodiversity strategy recognises that climate change will alter Scotland's habitats and affect the distribution of species. It provides a framework to conserve and enhance biodiversity in that context.

Sarah Boyack: Is the minister aware of the concerns of many wildlife and nature conservation groups, particularly the Woodland Trust, that some natural habitats are being lost through climate change and that we need urgent action, which I hope will happen through the biodiversity strategy? Can the minister assure me that the new biodiversity strategy will be published at an early opportunity so that nature conservation groups, local councils and a range of other organisations can start the battle to tackle climate change and protect biodiversity?

Ross Finnie: I acknowledge Sarah Boyack's interest in the environment, and particularly in the impact of climate change. She rightly refers to a number of research projects that have indicated the potential for serious changes. We hope that, when we publish the Scottish biodiversity strategy, it will establish a framework that will work to protect and conserve biodiversity in Scotland during the next 25 years. We are taking a long-term view. I am confident that we will publish the biodiversity strategy before the end of this month.

Mr Mark Ruskell (Mid Scotland and Fife) (Green): The minister will no doubt be aware that a collapse of the north Atlantic thermohaline circulation has been described as plausible in a recent report by the Pentagon. The theory is the subject of on-going United Kingdom Government research, and it is supported by modelling work carried out by many highly reputable scientific establishments. Does the minister accept that to consider such a scenario is neither extreme nor hyperbolic, as he suggested last week? Is he prepared to take full account of the potentially grave social and environmental implications of such an event?

Ross Finnie: I hope that I did not give the impression last week that I thought such a collapse was implausible. It is a question of how we prioritise the work that is being done. It is not for me to comment on whether the phrases "plausible" and "the Pentagon" can necessarily be run together. The report to which Mark Ruskell refers is potentially very serious, but he will be aware of many other pieces of work that are being done in that field, all of which indicate that we have to take much more seriously the impact of climate change. I can only assure the member that, in the review of our adaptation programme and in the publication of the biodiversity strategy, the Executive is taking the issue seriously. We recognise that all our policies—not just environmental but throughout the Executive, as part of the adaptation programme—have to be adjusted to take account not just of the report to which the member refers, but the other studies that have raised the profile of the issue.

Alex Johnstone (North East Scotland) (Con):

I thank the minister for that last answer in particular, because I was going to ask him whether he would undertake to ensure that, at all times, the most up-to-date information is taken into account. My experience as a farmer in the north-east of Scotland is that trends may have been for earlier springs in the past, but in the last two years it has been freezing.

Ross Finnie: We know how recently Alex Johnstone has been farming. The information that he gives the chamber, therefore, may be a little out of date. I take his point, though. Never mind the slight variation in the member's experience, I am much more concerned about the kind of report that was drawn to my attention earlier by Sarah Boyack. Such reports are important because they point to a body of evidence that suggests that there is a long-term change, to which we must adapt. Throughout the Executive, we will have to make changes in our policy delivery to take account of that.

Property Market (First-time Buyers)

4. Richard Lochhead (North East Scotland) (SNP): To ask the Scottish Executive how it plans to assist first-time buyers looking to access the property market in their local area. (S2O-2258)

The Minister for Communities (Ms Margaret Curran): In the current year, the Executive will provide funding of £17.6 million to support a range of low-cost home ownership schemes. That is a 9 per cent funding increase over 2003-04. In addition, as part of our current affordable housing review, we are looking closely at the level of support provided for low-cost home ownership schemes. As part of that work, we are giving careful consideration to the particular needs of first-time buyers.

Richard Lochhead: Does the minister accept that people are entitled to buy their own home, as well as to rent affordable houses, if that is what they want to do? Is she aware, from a survey carried out by the Scottish Council for Single Homeless, that there is a chronic shortfall in the Government's plans?

Turning to first-time buyers, is the minister aware that, a couple of weeks ago, the Clydesdale Bank said that one in four first-time buyers has given up looking for properties because they simply cannot compete in the market, and that, at places such as Banchory in north-east Scotland, people recently camped out for several days to try to bid for fixed-price properties? Will the minister give us some new measures for urgently addressing the situation? Is there anything that she can do to stop people—usually millionaires—from bulk buying flats in new housing developments in city and town centres, which

freezes out local first-time buyers? Is there any way in which we can give those first-time buyers first option on the purchase of fixed-price new builds?

Ms Curran: There are a number of comments I could make in response to that, because Richard Lochhead covered quite a bit of ground. I am sure that I can reassure him with some degree of confidence about the work that the Executive is undertaking in our review of affordable housing. We are well aware of the evidence that is emerging in Scotland of concerns about the lack of affordable housing. There are concerns about quality as well, and we will remain focused on quality, and continue our policies on that. I refer the member to the criteria for the Executive's affordable housing review, which I am sure will give him the reassurance that he requires. When that is concluded, I am sure that we will discuss that further.

The Executive is considering possible changes to planning requirements in relation to affordable housing. We are considering options for increasing land supply for affordable housing, including strategic land banking and the servicing of sites. There are ways of getting better value for money from public resources, and expanding low-cost home ownership.

The Executive agrees that we must facilitate the ability of the ordinary people of Scotland to make decisions that reflect their aspirations. That means ensuring that there is social rented accommodation of the highest quality in the areas where people want it. It also means that we should facilitate home ownership where appropriate.

Colin Fox (Lothians) (SSP): As the minister will be well aware, the City of Edinburgh Council this morning announced plans to sell off its entire council housing stock. Can the minister tell me why the £2 billion bribe to City of Edinburgh Council tenants to leave local authority control is money that cannot be made available to build publicly-owned, affordable, high-quality rented accommodation that would help address the severe housing crisis in Edinburgh, a crisis that, as the minister knows, has priced local people out of the city and that offers little hope to future generations who will need affordable housing here?

Ms Curran: I am grateful for Colin Fox's question, because it gives me an opportunity to demonstrate the clear difference between the policies of the Labour-Liberal Democrat Executive and the absurd policies of the Scottish Socialist Party. In his question, Colin Fox reveals his view of the social rented sector in Scotland. When he talks about a bribe to sell off council housing, he insults all the housing associations in Scotland.

Colin Fox: It takes an insult to know an insult.

Ms Curran: He completely misunderstands their role and completely misunderstands what the social rented sector is. When people move from local authority accommodation into the housing association sector, they are not moving to the private sector. That is still social rented accommodation, and Colin Fox should pay more respect to the many community activists who are successfully running housing associations throughout Scotland, and—[*Interruption.*]

The Deputy Presiding Officer: Do not call out from a sedentary position, Mr Fox.

Ms Curran: It is revealing that Mr Fox will not listen to what I have to say, and that he has been constantly interrupting me. If he listened to the substance of the arguments from those of us who support community ownership, he might appreciate the fact that ours is a very progressive policy, which meets the needs of ordinary working people throughout Scotland.

George Lyon (Argyll and Bute) (LD): As the minister is well aware, there is a particular problem with the shortage of affordable housing in rural areas. As a result of the consultation that is being carried out on changes to the planning system, planning is now one of the fundamental barriers to the market being able to respond to the needs of first-time buyers and buyers in rural Scotland in general. Will the minister pledge today that the planning review will take into account the desperate need for more affordable rural housing?

Ms Curran: I recognise the arguments that planning is a barrier to development, and we will of course consider that in our review. We need to balance that argument, however, as the planning system can protect people's rights and can ensure that land is appropriately used. Developers need to take into account various factors when planning their developments, as George Lyon will acknowledge.

One of the main motives behind our review of affordable housing was the clear evidence of an absolute pressure on housing in certain rural communities and of the need to consider that strategically. It is not simply about opportunities for unmitigated development, as if that in itself would somehow solve the problem. There are some arguments that say that the planning system is a barrier, but we also need to consider maximising the range of available public subsidy to secure the returns for the people whose needs George Lyon is trying to meet.

Sarah Boyack (Edinburgh Central) (Lab): I welcome Margaret Curran's response and I look forward to her support for a new framework for planning. We have a framework in Edinburgh, and it is working, with the involvement of the City of

Edinburgh Council. The supply side—the public subsidy to which the minister has referred—is also important. Will the minister and her department work with the City of Edinburgh Council to tackle a problem that bedevils every MSP's surgery: that local people cannot afford to buy new houses, and that those who are in the rented sector cannot get a trade with other rented sector accommodation, because there is simply not enough affordable accommodation available? I welcome the commitment that the minister has already made today and I ask her to go further in future.

Ms Curran: I recognise the arguments that Sarah Boyack and the City of Edinburgh Council have put to me and to the Development Department on many occasions about the need to develop housing options for people in Edinburgh. It is a matter of great concern that people are being priced out of their housing aspirations. The proposals from the City of Edinburgh Council give us a menu of options and attempt to meet the challenges that are faced by Edinburgh and other cities. The strategy is a reasonable one, which offers people real opportunities and answers, rather than the outdated slogans of the past, which should properly remain in the past. The Executive looks forward to working in partnership with the City of Edinburgh Council to give people real options for the real circumstances that they face today.

Primary Care Services

5. Paul Martin (Glasgow Springburn) (Lab): To ask the Scottish Executive how it is improving primary care services. (S2O-2315)

The Minister for Health and Community Care (Malcolm Chisholm): There have already been significant advances such as infrastructure development, more practice nurses and reduced waiting times to see the appropriate health care professional. There will be new resources and expanded services in primary care over the next few years, particularly through the development of community health partnerships and the introduction of the new general medical services contract, which will improve the quality of care and the management of chronic disease in primary care.

Paul Martin: There is a need to invest in the facilities where we provide primary care services. Does the minister agree that, if we are to tackle the health inequalities that have been highlighted in recent documents, particularly in relation to Glasgow, the Executive should commit additional resources to dealing with the situation? I stress that the health statistics are extremely challenging in the Glasgow Springburn constituency.

Malcolm Chisholm: Paul Martin emphasised the importance of premises and infrastructure. For

the past three years or so, there has been a primary care modernisation fund. In fact, a few weeks ago, we announced streams of money for joint initiatives between health and social care in primary care, such as the excellent Dalmellington centre in the constituency of the Minister for Justice. Further, we announced a new stream of money for community health service centres, which were flagged up in the partnership agreement, and combined diagnosis and treatment. A lot of money is being invested in infrastructure.

Paul Martin mentioned wider issues with particular reference to Glasgow. An appropriate response to the second part of his question would be to repeat what we said a week or two ago about unmet need pilots, which are concentrated in Glasgow, where the poorest section of society is concentrated to a greater extent than elsewhere. A lot of the money that we have devoted to addressing unmet need in Glasgow will be targeted at primary care.

Freshwater Fishing

6. Dennis Canavan (Falkirk West) (Ind): To ask the Scottish Executive what progress it is making with its review of freshwater fishing. (S2O-2234)

The Deputy Minister for Environment and Rural Development (Allan Wilson): An initial review of the system of protection orders was undertaken last year. A freshwater fisheries forum will help the Executive in developing proposals. The first meeting will take place on 23 June. In the green paper, "Scotland's freshwater fish and fisheries: Securing their future", a commitment was given to review the Freshwater and Salmon Fisheries (Scotland) Act 1976 with a view to repealing it and replacing it with a system of Scotland-wide protection designed to balance the needs of anglers and riparian owners. The review was undertaken to inform decisions on the future of the protection order system.

Dennis Canavan: In view of the commitment to repeal the 1976 act, how can the Executive possibly justify using such socially exclusive legislation to grant a protection order to the Assynt estates, especially when the original application was, rightly, rejected and the subsequent application was sneaked through without the knowledge of some anglers who regularly fish in that area? The Scottish Executive did not announce the subsequent application on its website or inform me of it, despite my previous expression of interest in the original application.

Will the minister allow positive consideration of any objections before the order is implemented?

Allan Wilson: I acknowledge Dennis Canavan's longstanding involvement in the issue. I know, from *Hansard*, that his interest goes back to the 1970s.

While the primary legislation is in place, applicants remain entitled to submit proposals under the 1976 act and we have to consider them. I have replied in writing to Mr Canavan on some of the points that he has raised with me and I will check up on those he has raised that were not in his letter to me.

I know that there was a wide-ranging consultation on the matter. There is a requirement to publish information in a number of periodicals, including the *Daily Record*. That was done, but I will check whether there were any outstanding failures of the system.

Changes to the protection order—or its removal with or without a replacement—require changes in primary legislation. Those changes will necessarily need to be addressed in the fisheries bill, for which we have a preliminary slot in 2006-07. I know that Mr Canavan and others with an interest will welcome that bill.

Scottish Borders Council Social Work Services

The Presiding Officer (Mr George Reid): The next item of business is a statement by Peter Peacock on Scottish Borders Council social work services.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): On a point of order, Presiding Officer.

The Presiding Officer: I will take any points of order after the statement, at about 20 to 4, as the statement is serious. The minister will take questions at the end of his statement, so there should be no interventions.

15:00

The Minister for Education and Young People (Peter Peacock): In March 2002, a woman with learning disabilities was admitted to Borders general hospital having suffered extreme levels of physical and sexual abuse for an extended period. In September 2002, three men were imprisoned for that abuse. Following those events, Scottish Borders Council commissioned David Stallard, Anne Black and Peter Bates to undertake separate pieces of work to help it to identify the actions that are necessary as a consequence of the issues that came to light.

Following examination of the first two reports to Scottish Borders Council, the social work services inspectorate recommended to me that it should conduct a full inspection into the department of lifelong care at Scottish Borders Council and its handling of the case. Euan Robson and I agreed that that inspection should take place and I am publishing the SWSI report today. In addition, I am publishing a joint statement from SWSI and the Mental Welfare Commission that includes the recommendations from a separate report that the Mental Welfare Commission undertook of its own volition on the health service dimension of the case.

In all my experience in public life, dating back more than 20 years, and in my experience of dealing with social welfare issues for a national voluntary organisation for many years, I have never come across a more harrowing or appalling case than this. So horrific are many of the incidents that Parliament will understand that details of the individuals and what happened to them should not and will not be revealed.

As MSPs and the wider public will see, the SWSI report is a damning verdict on a catalogue of repeated and significant failings by individuals and key managers in the social work service in the Borders. The Mental Welfare Commission has

highlighted failings in health services. Both reports show that there are also some issues that the police need to address. The failings are not of recent origin but span a prolonged period of time. Those who are involved had their first contacts with the social work departments back in the early 1970s. The conclusion of the report is that a number of other individuals were the subject of neglect and abuse as well as the individual who was admitted to Borders general hospital. Over a period of three decades, those individuals variously suffered severe forms of physical and emotional neglect, sexual abuse and exploitation and financial exploitation. The report concludes that much of the abuse and exploitation over—I repeat—three decades could have been avoided had appropriate action been taken by the agencies involved.

The report graphically illustrates not just individual failings, but failings in comprehensive assessment and care planning, in the understanding of provisions for guardianship and in adherence to local policy and national guidelines. There was failure to follow Scottish Social Services Council codes of practice, grossly inadequate recording practices in casework, failings in information sharing between agencies and by key managers at key times and inadequate supervision and monitoring of staff performance. It is a depressingly familiar tale, which resonates with the findings of all too many inquiries over the years into child abuse cases throughout the United Kingdom.

The case started as a child abuse case; the children were failed by the system, just as they were subsequently failed as adults. As I indicated, the report graphically illustrates the failings, and I will quote a number of extracts from the report. It says:

"The repeated failures of social work to act effectively in response to allegations of abuse over some 3 decades undoubtedly contributed to the serious sexual abuse of at least 3 individuals and to the serious physical neglect of another ... Unequivocal prompts to act occurred routinely over the decades prior to March 2002. Between 1976 and December 2001, 28 allegations of physical and/or sexual abuse were reported to social work ... Between early December 2001 and 24 February 2002, there were 16 separate contacts or referrals by the individuals themselves, members of their family or social work staff, expressing concerns. Each one of these events should have initiated decisive action, but none did."

Most disturbing of all, the report states:

"The repeated horrific sexual and physical abuse for which 3 men were convicted in 2002, could have been prevented had the department acted on the mounting evidence available over the previous two decades."

I could quote further such references from the report, but members will be able to read its full contents for themselves. As I said, the report is a

damning verdict on a catalogue of repeated and significant failures.

The SWSI report and the separate Mental Welfare Commission report together make 42 key recommendations. The recommendations are directed at Scottish Borders Council, Borders NHS Board and Lothian and Borders police. They also make specific recommendations for the Scottish Executive to follow up.

The recommendations span many issues. Two of the SWSI recommendations are specific to the individuals in the case, but 21 of them are directed at Scottish Borders Council. The SWSI recommends that the council should: review all cases involving vulnerable adults; comply with the Scottish Social Services Council codes of practice; improve training for mental health officers; develop better risk assessment methods; improve case recording and review mechanisms; introduce random case monitoring processes; reform case transfer arrangements; and share information more effectively. The Mental Welfare Commission recommendations reflect all those critical issues.

In addition, the Scottish Executive is specifically recommended to continue our existing work of reforming, supporting and developing social work practice through: reviewing the role of the chief social work officer; making provision to record all abuse allegations in new database frameworks, which we are developing; auditing local guidelines to protect vulnerable adults; introducing a vulnerable adults bill; and reinforcing the need to comply with SSSC codes. We accept all the recommendations and we will take all the necessary steps to ensure that they are acted upon.

The social work services inspectorate report is based on a process that involved the trawling of files for the entire period during which the individuals involved had been known to the social work department. Inspectors also had access to other reports that Scottish Borders Council had commissioned as well as to staff disciplinary and training records and the transcripts of interviews with key staff that were made in the earlier investigations. A detailed chronology, drawing heavily on case notes and the wider evidence base, was produced as findings of fact, which were agreed with the agencies. The SWSI report is based on those findings of fact. The published report is an anonymised version of the findings of fact, which cannot be published because of the need to protect the identities of the victims and the details of what happened to them.

Yesterday, I met representatives of Scottish Borders Council, the chief constable of Lothian and Borders police and the chief executive and chair of Borders NHS Board. Scottish Borders Council and the other agencies have accepted

without reservation the findings of fact and the conclusions and recommendations of the SWSI report. The purpose of my meeting with the council representatives in particular—and with the other agencies as well—was to impress upon them the extremely serious nature of the findings. I wanted absolute assurances that: first, they accepted the findings; secondly, they would take immediate steps to address the remaining needs of the victims; and, thirdly, they would take all necessary actions to ensure that such failings do not occur again. I can tell Parliament that I have received those assurances.

I will ensure that there is on-going liaison between my officials and Scottish Borders Council, and my colleagues will ensure that there is similar liaison between the Health Department and NHS Borders and between the Justice Department and the police. I have asked Scottish Borders Council to submit plans to the SWSI on how it will address the issues that are raised in the report. The SWSI will carry out a follow-up inspection to ensure that the action plan is fully implemented and that the necessary changes are brought about.

As members will be aware, a number of Scottish Borders Council's key officials have only recently been appointed. For example, the council has a comparatively new chief executive and it has an acting director of lifelong care, following the departure of the previous director. Scottish Borders Council must make some major changes to its culture and to the way in which it operates its services. Dedicated effort and clear political commitment will be required to bring that about. The council is fully aware of the challenges that it faces. It has started the necessary process of change by allocating additional resources and implementing, for example, the recommendations of the Bates report.

In the short term, the council still has a lot to do to support the individuals who were at the centre of the case and who have suffered so much. Those individuals are still extremely vulnerable, but they are making significant progress in their lives in new settings. In conducting our deliberations and in properly scrutinising the events, we in the Parliament must also protect those individuals from unnecessary exposure or hurt. I urge members not to refer to the case by the former label, as that is known to cause distress to the individual concerned.

Beyond the individuals who are involved in this case, Scottish Borders Council has a duty to ensure that no other individuals with similar learning difficulties are suffering as a consequence of systems or individual failings. It requires—and is undertaking—an immediate audit of cases to ensure that there is adequate protection and support for such individuals.

The findings and recommendations in the SWSI report that are directed at Scottish Borders Council and the police and health services are relevant to every other social work service, police force and health board in Scotland. Together with the Minister for Justice and the Minister for Health and Community Care, I will today write to every Scottish local authority, health board and chief constable to bring the report to their attention and to ensure that they ask themselves whether the same could be happening in their area. I will ask them to work together to audit their services for adults with learning disabilities, based on the recommendations of the SWSI and the Mental Welfare Commission for Scotland. Where that audit identifies areas that need attention, agencies should produce timetabled action plans identifying how all the issues will be addressed.

Parliament recently made clear its intention to raise the standards of social work practice. We have created the Scottish Social Services Council to register social workers and to require them to publish codes of practice that set out standards of conduct for social workers and social work employers. I have been deeply troubled and am deeply concerned by the fact that this report has revealed failings in both systems and individuals. I am very clear that I have a duty to act on those concerns as they relate both to systems and to the actions of individuals.

The proper way in which to deal with the matter is to refer the SWSI findings and conclusions to the Scottish Social Services Council. I expect the council to take them into account as it develops standards of registration over time and as it goes about its task of registering individual social workers. Parliament should be in no doubt about my intentions. I expect the Scottish Social Services Council to exercise its statutory duties and to use the evidence that we supply to it to decide whether an individual is failing to meet the required standards and so is not fit to be registered. That will enable any potential employer to know that they are unsuitable and will thereby protect the interests of vulnerable clients. Parliament or the public would not expect any less than that assurance from me.

Practising social work is one of the most demanding and complex tasks that we ask any group of professionals to carry out on our behalf. Today, as we speak in the chamber and deliberate on these matters, social workers the length and breadth of Scotland are confronting extraordinarily challenging circumstances. Many social workers, health staff and social work and health managers in the Scottish Borders and elsewhere are exercising sound judgment, assessing difficult situations, making the right interventions and improving the lives of vulnerable citizens. We will

hear little or nothing of their good work on society's behalf.

However, when things go wrong, we have a duty to act, to learn the lessons and to ensure accountability. As the Executive and the Parliament, we also have a duty to ask ourselves critically whether we are doing everything that we can to be clear about what we expect of social work in the modern era. The Executive has decided that it is now time to take a more fundamental look at social work. As ministers and parliamentarians, we need to ask what task we are asking social work to do for our society in this ever-changing world. We need to be clear about what we expect in the early part of the 21st century, which is so different from the 1960s when social work as we know it today found its statutory basis. We need to be clear about where it fits in and how it relates to others in the complex landscape of public, voluntary and private agencies. We need to be clearer about the contribution that we want and need social work to make as we move through the early part of the century, in order to strengthen its contribution to our society.

As members know, we are already active on the agenda that I have set out. There are more social workers in Scotland than ever. We have introduced a new social work honours degree, set minimum standards for continuing professional development, run successful campaigns to attract new people into the sector and introduced a fast-track scheme for graduates to boost by a third the number of social workers qualifying over the next three years. However, it is clear that we need to go further—beyond what we are already doing. I know that there is an appetite for change and development within the sector. For example, Unison has recently written to my officials stressing the importance that it attaches to the task of identifying exactly what the social worker does.

I will return to Parliament before the summer recess to set out more fully the Executive's thinking on how we should progress consideration of these issues. In the meantime, it is important to take action now to improve services. Therefore, I am making immediate changes in the SWSI, which will now concentrate on inspection activity alone. Its former policy role will stay within the Scottish Executive Education Department, but the inspectorate will sit at arm's length from ministers, which reflects the arrangements that we put in place for schools inspection two years ago.

The reports published today also raise issues relevant to police, health, education and social work. One of the first tasks for the revamped SWSI will be to develop with other inspectorates and regulatory bodies a joint inspection of learning

disability by the end of the year. That inspection will monitor the audits by the service providers that I mentioned.

I have emphasised the importance of the Scottish Social Services Council and the codes of practice in raising standards and protecting vulnerable people. We have already agreed to protect the social worker title under the Regulation of Care (Scotland) Act 2001. I now intend to take further action to strengthen the statutory basis of the codes of practice.

It is critical that agencies share and act on the right information. The presumption must be to share information, but too often that does not happen. We must challenge that approach, particularly when vulnerable children and, in this case, adults are involved. I will now ensure that the databases being developed by the Scottish Consortium for Learning Disability, in partnership with local authorities, include a field for abuse and neglect.

Malcolm Chisholm is also asking the Health Department to develop national guidelines to strengthen the protection of vulnerable adults. That will complement local guidelines recommended by the report, "The same as you? A review of services for people with learning disabilities".

We will also introduce legislation to complement the statutory measures that exist to protect vulnerable adults under the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

As I said in my opening remarks, the SWSI report reflects a damning catalogue of failings. As I read the report, I was not only profoundly moved and deeply affected by what happened to the individuals involved, but I became increasingly incredulous and angry that such things could be allowed to happen over such a prolonged period of time. I also became more and more committed and resolute in my determination to do anything that I can to bring about the changes that are undoubtedly necessary.

Everyone must deeply regret what has happened to the individuals involved, but apologising or regretting does not go anywhere near far enough. We need to take the actions that we have set out today to seek to ensure that we are doing all in our power to prevent a repeat. No one in this Parliament or more widely should doubt the steely determination of this Executive to ensure that widespread action and change flow from the report, which adds to all that we know from the past.

Today marks a watershed in how we need to think about social work. We will ensure that all the big questions are asked in our determination to

ensure that social work can make a stronger contribution to meeting Scotland's modern needs.

We will take whatever actions are necessary to ensure—as far as it is humanly possible to do so—that Scotland's vulnerable adults are not let down in this way again.

The Presiding Officer: Mr Peacock will now take questions. Members have an absolute right to scrutinise thoroughly the issues raised in the minister's statement, but in so doing they have an absolute responsibility to ensure that vulnerable people are not hurt further.

Shona Robison (Dundee East) (SNP): I thank the minister for the advance copy of the statement. I associate myself and my party with his comments about the appalling nature of the case.

The report makes appalling reading. The conclusion is that there has been total institutional failure by the social work department in Scottish Borders Council. However, total institutional failure is only a product of the failure of individuals within the institution. My questions are about that.

What will be done to address those individual failures? The report states that although Scottish Borders Council staff have not been identified in the report, they are named in the findings of fact and so are known to Scottish Borders Council. Responsibility for staff management, development and discipline rests with Scottish Borders Council as the employer. Obviously, the council has failed to take any action in that respect to date. The minister says in his statement that the Scottish Social Services Council has the role of deregistering individuals if they are found not to be worthy of being registered any longer. If any staff are found to merit being deregistered, will that lead to automatic disciplinary action on the part of Scottish Borders Council?

What about the senior managers who have either left or are in the process of negotiating retirement packages? Surely action must be taken against those individuals if they are named in the findings of fact. Will the minister assure us that that will be the case?

Peter Peacock: I thank Shona Robison for her questions and for the tone in which she asked them. I have taken very seriously indeed the question of the apparent individual failings that are revealed in the report. From where I sit, I see, like Shona Robison, that the failings involve not just the front-line case workers, but extend beyond those workers and relate to the supervision and proper management of front-line staff. That is exactly why I have taken the action that I have outlined.

Members must acknowledge, as I do, that I have no legal basis on which to intervene, given

employment laws. Scottish Borders Council is the employer of the individuals concerned and it requires to take the decisions that it believes are right in the circumstances. Equally, I am required to take the decisions that I believe are right, which is what I have done. I believe that I have acted in the public interest by ensuring that all the information goes to the Scottish Social Services Council, for it to take account of as it goes about registering social workers. As I indicated in my statement, I expect it to take seriously that information as a matter of priority and to take any action that it judges appropriate—it is in the right position to judge that—in relation to those individuals, whether they are front-line social workers or members of management staff.

Given employment law, the question whether there will be automatic disciplinary action is, again, a matter for Scottish Borders Council to determine in the light of what the Scottish Social Services Council says—if it says anything—about any individual who is still in the system. Scottish Borders Council will have to take its own advice and decisions on that. Let us be absolutely clear that my intention in taking the course of action that I have outlined, which I think is unprecedented—although it is still early days in the life of the Scottish Social Services Council—is to ensure that the questions that Shona Robison, I and other members are asking are properly taken account of in the regulatory framework that we have set up and that appropriate action is taken to ensure that people who are not fit to practise social work will not do so.

Lord James Douglas-Hamilton (Lothians) (Con): I welcome the minister's full statement and the measured way in which he has approached an extremely distressing and disturbing subject. Does he accept the principle that it is desirable that victims should have privacy for their peace of mind so that they can rebuild their lives?

Secondly, at a time when the social work service is in great need of more social workers, surely well-thought-out guidance from the minister on best practice in such difficult and sensitive matters would provide an invaluable way forward.

Finally, in order to draw a line under this matter—this echoes what Shona Robison has said—will the minister make the necessary inquiries to make certain that those involved in serious malpractice are not currently employed by social work departments in Scotland, whose standards are necessarily high?

Peter Peacock: On the latter point, I covered most of what needed to be covered in my answer to Shona Robison's question. Again, let me be clear that the Executive and then the Parliament have taken the necessary steps to put in place the regulatory frameworks to ensure that only those

who are fit to practise are allowed to practise. As part of rolling out the process, we must do more to protect titles and to ensure that people who call themselves social workers are social workers and have met the required standards. Work is in hand to ensure that that happens.

On Lord James Douglas-Hamilton's point about guidance, clarity and best practice, the purpose of carrying out the inspections is to ensure that we see in detail what has happened and where practice has fallen down, that we understand the reason why that happened and that we take the necessary action to rectify the situation. That implies that there should be clear guidance and a clear understanding from everyone in the profession and more widely of what is required and expected. I assure members that that is part of the work of the Scottish Social Services Council and that further work will be carried out to ensure that we continue to provide clarity.

On the first point, Lord James Douglas-Hamilton is absolutely right: we have an absolute duty to protect the young people who are now adults who are involved in the situation. They have been failed dramatically over their lives and the least that we can do is to ensure that the remainder of their lives is an improvement on the start of their lives.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): I thank the minister for his full statement in response to a professional and thorough report. The report on the repeated failure of the state to carry out its duty to care and protect the most vulnerable people in society is deeply disturbing.

I met the leaders of Scottish Borders Council and NHS Borders last week to ensure that they accepted all the conclusions in the then pending report and that they would ensure that their procedures were in place and that their staff knew their responsibilities. I also wanted to ensure that the most senior officials of the council, the health service and the police would meet regularly and work together at the highest level.

Does the minister agree that, in responding to the report, it is important to consider the care that is currently provided for the victims at the centre of the case, who are struggling to rebuild their lives in the face of increasingly lurid press reporting and, at times, parliamentary exchanges? Does he agree that responding to the report in a firm way and recommending national actions and legislative changes do not mask my nor others' absolute determination to see the end of bad practice and to identify and correct failings in order to care for the most vulnerable adults in our society?

I would be interested to know when the minister expects legislative proposals to be introduced in

the Parliament. Does he agree that it is only then that we will begin to rebuild trust and deliver what we owe to the victims, the hard-working and dedicated social work staff, the people of the Borders and all vulnerable people in Scotland?

Peter Peacock: Jeremy Purvis is correct to say that we owe it to those individuals to ensure that we put in place the legislative framework to make the necessary changes to regulations and practice and to address these issues. In ensuring that we are doing the right thing by the individuals concerned, we can perhaps spare others the suffering that they have endured. As members will be aware, we are considering the timing of such legislation, and our intentions will be announced in due course once we have worked out fully what we want to cover and what the right legislative vehicles are. We are determined to make the changes that are necessary to protect vulnerable adults in the future.

Jeremy Purvis is also correct to point out that the current care of the individuals who are involved in the present case is a priority that Scottish Borders Council is and should be looking at. The report picks up comparatively recent instances of independent advocacy not being available to those people and certain circumstances in which what ought to happen under the guardianship provisions has not happened in the recent past. I raised those issues with Scottish Borders Council yesterday and it has satisfied me that it has now acted on those matters and that the necessary provisions are in place. It has also assured me that it takes very seriously the need to make restitution to the individuals concerned in whatever way it can and to ensure that their care is properly established and looked after into the future.

Jeremy Purvis is also correct to say that, in the light of this case, we need to ensure in every part of Scotland, in particular the Borders, that the police, the health service and the local authority are working closely together. When I met all three at a joint meeting yesterday, I was convinced by their clear commitment to work together, to take effective action and to address the problems that have arisen. However, they have a serious amount of work to do between them. We will ensure that that work is followed up and we will inspect Scottish Borders Council again to ensure that the necessary actions have been taken.

Scott Barrie (Dunfermline West) (Lab): Like other members, I am saddened and shocked by the minister's statement. It is clear that there has been a catastrophic breakdown in social work practice over several years, not only in Scottish Borders Council, but in the preceding Borders Regional Council and possibly even in the former county council.

I am confident that my former colleagues who remain in social work will welcome the minister's intention to launch a thorough review of the lessons that can be learned not only by Scottish Borders Council but by every local authority in Scotland. We need a fundamental review of what exactly we expect from social workers and what exactly we believe is the role of social work in the 21st century. Although I welcome that, I ask the minister to ensure that the review is carried out with the sole intention of ensuring that our social work services—whether for vulnerable children, for vulnerable adults or for older people—are of the highest standard and that staff who deliver the services know that they are being properly supported in carrying out what is often a difficult task. I also ask him to ensure that the action plan that has been announced today will lead to the general public having the fullest confidence in those staff and the task that they carry out.

Peter Peacock: Scott Barrie has many years of experience as a professional in this field and I am grateful for the comments that he made and for the welcome that he gave to our asking ourselves fundamental questions about the social work service. When I was reading the report and the background papers, I asked myself how many more times ministers would be in the position of reading such material and finding exactly the same pattern of difficulties, albeit in different parts of Scotland and with different individual circumstances.

I have not concluded that we have to examine social work by attacking it in any way. I want to examine the issues in a positive light. In this part of this century, we politicians have an obligation to reflect seriously on what we ask social workers to do in our name. I made a point of saying in my statement that I am acutely conscious that there are social workers who are doing an extraordinarily complex and difficult job, which does not get the recognition that it requires. Most of the time, social work works extremely well to the benefit of individuals. Equally, as we have seen in this case, when it goes wrong, questions arise as to where else it might be going wrong that we have not yet found out about.

We must ask ourselves fundamental questions, but I want to do so in a positive spirit and in a way that will strengthen the contribution of social work to Scotland in the future. I want to do exactly what Scott Barrie said: to ensure that the highest standards apply to social work, that the public gain the confidence that such standards exist and are being applied and that we increase confidence in our social work services in future.

Robin Harper (Lothians) (Green): I congratulate the minister on the presentation that he made to us about a very difficult situation. I

applaud his commitment to protecting the privacy of the individuals and to making sure that the same thing never happens again either in the Borders or in any other part of Scotland. I welcome the report.

I support Scott Barrie's plea that as much support as possible should be given to social work in Scotland. We have had many discussions about social work and the lack of support for it, and there are still lessons to be learned.

I noted the commendable decision of the Minister for Education and Young People—along with the Minister for Justice and the Minister for Health and Community Care—to write to every Scottish local authority, health board and chief constable to draw the report to their attention and ask them to ask themselves whether what the report describes could happen in their areas, and to work together with their services for adults with learning disabilities. Would anything be gained by taking that one step further? The minister will ask those agencies to report back and if their audit identifies anything that needs attention, those agencies should produce timetabled action plans. Will he require them to report back as soon as possible on the levels of compliance with present codes of conduct? That might be sensible.

Peter Peacock: I thank Robin Harper for his comments and the tone in which he made them. I reiterate the point that I made to Scott Barrie; as we go on, I want to make sure that not only are we seen to be supporting social work but we are actually supporting it in its difficult task, while not hiding from the difficult questions that we have to ask of ourselves and more widely in that process. We have to do that if we are going to do justice to the social work profession in the future, and to the Scottish population.

Robin Harper made a point about requiring every local authority to submit plans. I have discussed with my officials who are dealing with these matters the need to make sure that we monitor what is going on across Scotland. We are strengthening the social work services inspectorate to give us the capacity to do that and to examine services for those with learning disabilities in a multidisciplinary way. We expect those services to be vastly improved by the end of the year and to be operating an inspection process. That will help us to do much more of the monitoring that we require to do and, which is more important in the long term, to share good practice and roll it out through the work of the inspectorate and the many other institutions and agencies that exist to improve the quality of social work. I assure members that we will seek to do that.

Christine Grahame (South of Scotland) (SNP): I, too, welcome the report's publication,

which was delayed, and the minister's statement. The delayed publication must have added to the misery of the young lady who is at the centre of the report—I am all too aware that she is a real person—and, indeed, must have affected social workers throughout Scotland, who did not deserve to be blighted by some bad eggs. I also welcome the audit of the guidelines for the protection of vulnerable adults. I first called for that step in October 2002 and it is long overdue.

I want to ask the minister, in a constructive manner, three particular questions on whistleblowing. What the minister said has exonerated the whistleblowers, who did not feel that they could go through the local authority's systems. First, what steps will be taken to ensure that whistleblowers are not prosecuted or persecuted—overtly or covertly—when real issues come to light, wherever that may be? I know that the review of the cases involving vulnerable adults is under way and that Scottish Borders Council and the new acting deputy head of social work are seriously determined to cleanse the system. Secondly, will the minister confirm that the inspectorate will have an active role in assisting and examining the review of all the cases? One hates to think about it, but we do not want the particular case involving the young lady to be the tip of a horrible iceberg. Thirdly, does the minister share my concerns that senior managers who might be named in the report as being culpable—I have not had the opportunity to read the report thoroughly because I have just received it—might already have negotiated early-retirement packages and might walk off scot-free?

Peter Peacock: I will answer those questions in the order in which they were asked. Provisions for whistleblowers are much more established now in our society than they have ever been. Whistleblowing is encouraged when people feel that things are going wrong. There are whistleblowing provisions for how government and other public agencies operate. I do not expect something specific about learning disabilities to flow from the issues that we are discussing, which are more broadly covered across the whole of the public sector and beyond.

On the review of cases and the role of the social work services inspectorate, I indicated in my statement that I want continuous dialogue between my department and Scottish Borders Council—and between the Justice Department and the police and between the Health Department and the health board—to ensure that we keep an eye on what is happening and act as a reference point for expertise on how the processes ought to be undertaken, and ensure that we are satisfied by that. I also indicated that there will be a follow-up inspection to ensure that all that is implemented effectively.

On individuals who might have left Scottish Borders Council, I should indicate that no members of staff are named in the report that was published today. However, all the information that lies behind the report will be forwarded to the Scottish Social Services Council in the way that I described and for the purposes that I described. On the question of anyone who has left Scottish Borders Council, I reiterate that the council is responsible for that matter and that it must be accountable locally for that. I have done today what I believe to be right, given the interests that I protect. I have taken what I believe to be the right action in the public interest, to protect people in the future.

Miss Annabel Goldie (West of Scotland) (Con): I, too, thank the minister for the clarity and robustness of his statement. I note that the statement confirmed that the report concludes that a number of other individuals were, sadly, the subject of neglect, abuse and exploitation. Is that the subject of on-going police inquiries? If so, is it the intention of the minister or of his colleague the Lord Advocate to come to the chamber at some future point to report further on that aspect?

Peter Peacock: The report of the findings of fact has been passed to the Lord Advocate and he, in turn, has instructed the procurator fiscal to consider whether any further allegations of criminality should be investigated.

Robert Brown (Glasgow) (LD): I welcome the part of the report that refers to the changes in the role of the social work services inspectorate, which is important. A number of individual and system issues come out of the report. One might say that the price of success is eternal vigilance. Is there a need for more probing monitoring of social work department records? From the report's tone, it is clear that there was sufficient record keeping. Will the minister have talks through his officials with the inspectorate and the Scottish Social Services Council to identify ways in which the inspection regime can be made more effective in order to discover early on issues that would be of concern to the public not just in Scottish Borders Council but wherever they might appear?

Peter Peacock: I thank Robert Brown for welcoming the changes in the social work services inspectorate. He has raised the issue of probing and monitoring records, and that is one of the clear failings in the case in question. Indeed, one of the reasons for not naming members of staff in the report is that the record keeping in the past has at times been so inadequate that it is not possible to tell exactly who was involved, so it would be invidious to name some people and not others in those circumstances. That is only one reason for the decision not to name members of staff.

On Robert Brown's wider point about the need to probe records, there are several issues that we need to address. First, one of the failings to emerge from this report, which we have also seen in other reports, is the lack of quality assurance processes in the operation of the profession in a wide sense. That is what we need to tackle first and foremost. We require quality assurance processes, locally monitored by local managers and supervisors, to ensure that things are happening. One of the recommendations of the inspectorate is that there ought to be random looks at case files and case reporting to ensure that things are being done properly. That is only one aspect of the much wider work that is required.

Equally, I assure Robert Brown that, in all the things that we want to examine and improve in relation to social work, those aspects are at the centre of how we will help to bring about improvement. It is interesting to compare current social work legislation with other recent legislation that the Parliament has passed. For example, the Social Work (Scotland) Act 1968 is now 30-odd years old, and its origin is even older than that. By contrast, the Standards in Scotland's Schools etc Act 2000 sets out a purpose for education and clearly states the ambition and clarity of purpose of education—in that case, to fulfil the potential of individual young people. It then goes on to talk about the concept of continuous improvement and sets up structures to look at that, with inspection and reporting mechanisms.

We need to consider that type of framework for social work legislation in this century, so that we can make it clear to social workers what it is that we expect of them. In turn, that will allow them to prioritise decision making. We need to be equally clear about the improvement and monitoring processes and about the relationships and accountabilities between the social work profession and the Parliament. Those are all questions that we need to ask ourselves seriously to bring about the improvements that Robert Brown has mentioned.

Point of Order

15:43

The Presiding Officer (Mr George Reid): Margaret Jamieson very patiently agreed to postpone a point of order, which I shall take now.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): I wish to raise a point of order relating to comments that were made today at question time. Will you rule on whether it is appropriate for a regional member to refer to an area within their region as their constituency?

The Presiding Officer: The mandate for a regional member is, of course, specifically that. A regional member represents people across the full region and should not refer to a smaller part of the region as a constituency. I hope that those involved will employ that usage in future.

Scotland's Beaches: A National Resource

The Deputy Presiding Officer (Murray Tosh):

The next item of business is a debate on motion S2M-1266, in the name of Allan Wilson, on Scotland's beaches, a national resource, and on three amendments to that motion.

15:44

The Deputy Minister for Environment and Rural Development (Allan Wilson): Having opened the debate on bathing water quality last December, I am particularly pleased to move a related motion today on the importance of Scotland's beaches.

I am sure that everybody would agree that the debate should celebrate the success of the 40 Scottish beaches, including 14 first-time winners, that have recently secured Keep Scotland Beautiful seaside awards for quality and cleanliness. I am sure that all members will want to join me in congratulating all those involved who have worked in concert to win those awards. It would be remiss of me not to single out Montrose for a special mention as the most improved beach in Britain, not just in Scotland.

Although none of us would want to diminish that achievement, it would be wrong to say that all is right with the seaside world. It is clear that that is not the case; there is always room for improvement. We have been reminded of that recently with the publication of the Marine Conservation Society's "Beachwatch 2003" report last week. The report showed that litter on Scotland's beaches continues to be a problem. I would argue that we have a collective social responsibility to address in that respect. I want to say more about that a little later.

The debate should also send a clear signal about the national importance of Scotland's beaches as a natural attraction for visitors to our shores. Given that tourism accounts for around 9 per cent of Scottish employment, it plays a crucial role in the Scottish economy. In the latest VisitScotland tourism attitudes survey, three of the top five attributes that were attached to Scotland as a tourism destination were linked to our environment. The key factors were peace and quiet, fresh air and scenery. As all members know, Scottish beaches can provide all those attributes, so I make no apology for talking them up.

Although I will not go over the ground that we covered when we debated bathing water quality in December, it is difficult to draw a distinction between beaches and bathing water, so I will refer briefly to bathing water quality before I move on to

address other matters. The debate last year drew attention to the best-ever Scottish bathing season in terms of water quality. It acknowledged that there is no room for complacency, however, and trailed a public consultation on our bathing waters designation policy. The consultation is now well under way and it will help to shape the way in which we review the designations, based on new data on bathing water usage. Some members might be tempted to use today's debate to press for the bathing waters in their area to be designated. I hope that they will be patient and allow us to go through due process before we come to a view.

Important though it is, the quality of bathing water is not the only determinant of the quality and standard of a beach. The majority of people who visit a beach are more likely to walk or sit on the sand than they are to enter the water. I will let members guess why that is the case. High standards of cleanliness on the beach must be provided and must continue to be a priority.

It is natural for central and local government to bear the brunt of regular criticism about unclean beaches. That is fair enough and I have no general problem with that, as it goes with the job. However, it overlooks a fundamental point, which is one that I hope we can collectively drive home in the debate. The point is a fairly obvious one, which is that it is not central and local government that is dropping the litter; it is the person in the street or on the beach who is doing so.

Mike Pringle (Edinburgh South) (LD): Does the minister agree that to a large extent the serious problem on our beaches is plastic waste, which is becoming a hazard to many marine life species both on the beaches and in our seas? I refer the minister to the recent death of a rare Cuvier's beaked whale in Loch Tuath on Mull. Its stomach was found to be full of black plastic. Does the minister agree that any measures that the Executive might take to address the problem with regard to plastic would be welcomed?

Allan Wilson: I agree entirely, which is one of the reasons why I will move on to address plastic waste. The new recycling targets that we are setting for plastic will mean that we will recover more plastic packaging than has been the case in the past.

Local authorities spend millions of pounds each year clearing rubbish and that is money that could be better spent elsewhere. It is a sad fact that many people in this country discard their plastic refuse or other litter carelessly. They have no pride in their surroundings, no respect for their environment and no consideration for the image of their country. That attitude has to change and that can happen only through education, raising awareness and effective deterrents. No one body

or person can do all of that on its or their own. The only way to achieve those goals is by working together.

A review of litter and fly-tipping legislation that was carried out for the Executive in 2002 highlighted a lack of a strategy in many areas of Scotland. With support from us, Keep Scotland Beautiful has established the Scottish fly-tipping forum, which includes representatives from major stakeholders such as the Scottish Environment Protection Agency, the local authorities, the police, Network Rail, NFU Scotland and landowners. Significant progress is being made by the forum to create local working partnerships that can tackle fly-tipping incidents in their areas. Members will no doubt have seen or heard the adverts highlighting the creation of the fly-tipping stop line as part of the forum's dumb dumpers campaign. The stop line has received 400 calls since its launch in March, which is a significant number. Co-operative action is also in hand to update the code of practice on litter and refuse, which includes beaches and sets minimum standards of cleanliness.

All of that helps to address the range of issues in the "Beachwatch 2003" report, but I would like to say something specifically about plastic waste, as it features so prominently in the report and is the subject of recommendations about packaging use and recycling. As I hinted, in 2004, for the first time, we are setting a specific target for the amount of plastic packaging that must be recycled; the target is 21.5 per cent and will increase to 23.5 per cent in 2008. As members know, we are already disbursing hundreds of millions of pounds through our strategic waste fund to meet our landfill reduction targets and our own target of recycling 25 per cent of waste by 2006.

There is much more that I could say, but I want to listen to what others have to say. We are doing and planning to do a lot. Those efforts should help to ensure that we have even more to celebrate at the seaside awards and that we have better results in the next Beachwatch report. Our beaches are a national resource that attract economic benefits to the country, and we should treat them with the respect that they deserve.

I move,

That the Parliament recognises the importance of Scottish beaches in attracting visitors to Scotland; welcomes the results of the recent Keep Scotland Beautiful survey of resort beaches with the granting of Seaside Awards to 40 Scottish beaches including 14 new recipients; acknowledges the impact of beach litter as highlighted in the recent Marine Conservation Society's Beachwatch 2003 Report; commends the partnership approach taken between the Scottish Executive and other bodies to help address the issues raised in Beachwatch 2003; endorses the continuation of that approach, and encourages the public to take more responsibility for its own litter to ensure

that Scotland's beaches continue to be a valued and productive national resource.

15:51

Rob Gibson (Highlands and Islands) (SNP):

Although beaches are an important aspect of what people see of Scotland, it surprises me that we are discussing them for the second time in my short time in the Parliament, given the large number of topics that I would have hoped the Executive would bring forward. Some members of the Executive parties are here who do not even have beaches in their constituencies, so welcome to "life is a beach" once again.

Scottish beaches should be a sustainable resource to attract visitors, but for that to happen the Scottish Executive will require to co-ordinate all marine laws. We will look at the marine environment in more detail, but beaches are part of that. We need to take full control of our coasts, because far too many of the powers over them are reserved, and they are not co-ordinated in any way.

Clearly, the bathing beaches of the Mediterranean are much cleaner than our own. Only 2 per cent of bathing beaches in Spain fail the quality measures, but 5 per cent of bathing beaches in Scotland fail. The debate has to get to the root of why that is so. We have no time to be self-congratulatory, but we can report some progress, as the minister has shown to some degree.

We all have to help to keep Scotland beautiful, so that we can address why our beaches are twice as likely to fail European Union requirements, despite many of them being less crowded than those of our neighbours down south. However, who among the public feels any personal responsibility for the care of our beaches? The minister mentioned that people need to be made to feel more responsibility. I think that there is a need for transparency and local ownership. The care of beaches will be maintained and improved only if people feel they have some say in how they are looked after.

Mr Jamie McGrigor (Highlands and Islands)

(Con): I do not know whether Rob Gibson knows this, but on the island of Sardinia local traders are not allowed to sell items in plastic bags in case the bags end up in the sea. Those traders have to sell items in paper bags. Does he think that such a system would be a good one for Scotland?

Rob Gibson: It would be a good idea, but as much of the plastic that blows around and ends up in the sea is not dropped by traders, we would have to take the wider issue that plastic is a major problem, as Mike Pringle said. We should recognise that plastic is only one of a range of issues that has to be addressed to clean up our

beaches. If he is given time to speak, my colleague Adam Ingram will give an excellent example of the local control of beaches in Ayrshire, which could be a great help.

The results of the Marine Conservation Society's "Beachwatch 2003" report show a huge increase in pollution on our beaches—a 99 per cent increase since 1994, 29 per cent of which has occurred since 2002. Of the litter that was removed from a sample of 23 Scottish beaches, 31 per cent—about a third—was from beach visitors, 10.8 per cent was from fishing and marine sources, and 12.7 per cent was from sewage sources. A breakdown of where the litter comes from might answer part of Mr McGrigor's query.

How damaging are nuclear elements, such as technetium-99, which is discharged by Sellafield? How dangerous are plastic bags? How dangerous are the radioactive particles that are exposed on Sandside beach in Caithness? Such matter is not litter that can easily be removed, so we must measure not only the amount of radioactive material on the beaches but how dangerous it is for the people who use those beaches. The health risks that are associated with bathing take on an added dimension in that context.

We must reduce the amount of material that is put into the sea. My leader, John Swinney, visited the Irish Minister for Environment and Local Government in July 2003 to discuss the Irish Government's international court case that aimed to close down Sellafield, which is known to contribute 87 per cent of the collective radiation dose to EU member states through its discharges. We receive the first such doses. We cannot be self-congratulatory about that.

Furthermore, Kimo, the local authorities international environmental association, which is an organisation with which I have been associated in the past, has shown that seabirds have a lot of plastic in their guts. Much of that must be stopped and I hope that the Parliament will give local authorities more powers to deal with such matters. I am delighted that local authorities are beginning to take the lead in trying to prevent plastic bags from being thrown about. Members can imagine how many of those end up in the sea when they are discarded on islands.

We applaud the slow progress in the area and we will support the Green and Tory amendments to the motion, but the Scottish National Party's amendment calls for measures that represent an integral part of the way ahead.

I move amendment S2M-1266.3, to insert at end:

"and calls on the Executive to step up pressure against illegal disposal of waste at sea including discharges by the nuclear industry."

The Deputy Presiding Officer: I hope to call everyone, but the debate is as tight as a drum.

15:57

Alex Johnstone (North East Scotland) (Con): I agree with some of Rob Gibson's opening remarks, as it seems ironic that we are spending so much time talking about beaches. However, the debate offers a useful opportunity to focus on a number of elements that are linked and that are strong strands of the Environment and Rural Development Committee's work during the past year.

Scotland's beaches are indeed a wonderful resource. We have some of the most beautiful beaches in the world. We see pictures of Mediterranean or Pacific island beaches, but our beaches genuinely match those.

Rob Gibson: Not the water.

Alex Johnstone: I was coming to that.

Allan Wilson: Is there not a bit of a contradiction in agreeing with the nationalists that we should not be talking about beaches, but then identifying that some of the most iconic images of Scotland that we could hope to see are images of our beautiful beaches?

Alex Johnstone: Please let me get started.

When we talk about the quality of our beaches, we must remember that our climate is such that we have difficulties in exploiting them. Our beaches would be far more valuable to us if the water were a few degrees warmer and the odd palm tree grew behind them. For that reason, we must consider our beaches and the resource that they provide in terms of the damage that we are doing to them and the way in which they can be exploited in time.

The motion and the amendments that have been lodged are all acceptable to the Conservatives and we will support them. The Conservative amendment was lodged because we have considerable concerns about the progress that is being made on improving bathing water quality, as we have said in the past. We acknowledge that the Executive has made enormous progress, but if we are to achieve further success against ever-tightening criteria, we must put in place a planning system that allows the development of the necessary resources in order further to improve the quality of the water that we eventually allow into the sea.

During the Environment and Rural Development Committee's inquiry into the national waste plan, accountability was considered in relation to landfill. We must take that into account when we deal with the issue of the rubbish that appears on beaches.

The minister raised the issue of fly-tipping. I hope that in his summing up he says more about the extent to which fly-tipping contributes towards the rubbish that we find lying on many of our beaches and particularly whether the issue arises mainly because of fly-tipping of rubbish on beaches or because of rubbish that is washed up on beaches as a result of fly-tipping.

I hope that Adam Ingram has a chance to speak later in the debate. A couple of months ago, I visited Ayrshire to speak to a Conservative association. When it was discovered that I was my party's environment spokesman, I was dragged out to see Irvine beach, which had quite a bit of rubbish on it at the time, and I was told about similar problems at Prestwick.

I support the other amendments, but I must pay particular attention to the one that Rob Gibson lodged on behalf of the SNP. He mentioned contamination from nuclear particles. I should clarify comments that I and other members of my party have made about nuclear power. The Conservative party supports the extension of nuclear power in the longer term and will continue to do so because of this country's need for cheap, clean and effective energy sources. However, the issue that he raises about discharges from Sellafield and Dounreay is an on-going concern that we must deal with. In that respect, he has my full support.

I move amendment S2M-1266.1, to insert at end:

"but notes the importance of continuing improvement in bathing water quality in Scotland to the quality of our beaches and believes that further progress is now dependent on addressing the limitations of Scottish Water and the planning system."

16:01

Mr Mark Ruskell (Mid Scotland and Fife) (Green): I welcome the attention that the Executive has devoted to beaches recently, although I only wish that it would devote half as much time to climate change, which is a problem that could have a bearing on the location, as well as the condition, of beaches in Scotland.

Slightly fewer than 3 million people visited beaches in Scotland in 2002, spending a little over £500 million. Fifty-six per cent of people in Scotland make at least one beach visit per year and the figure rises to 80 per cent among communities that live close to a beach. That boils down to the fact that beaches are an important part of everyday life in Scotland.

I join the Executive in welcoming the results of the recent Keep Scotland Beautiful survey. It is a major achievement that beaches such as Burntisland and St Andrews west in my region

achieved high scores in the survey. However, we are not without difficulties. The first newsletter of the tourism and the environment forum opened with an article on cleaning Scotland's beaches, which stated:

"The recurring theme, however, is that any action to combat the growing problem of beach litter has to be taken at all levels—global, national, regional and local—and that it needs to be taken immediately."

That statement was made in the autumn of 1995; since then, beach litter has nearly doubled.

I welcome the Executive's acknowledgement of the impacts of beach litter, but the motion falls slightly short of the mark—it is not enough to encourage the public to take more responsibility for their litter. Litter from beach visitors is the single largest source of litter on beaches and the fact that it has increased by 20 per cent since 2002 is a sad reflection on some beach users' attitudes. However, litter from that source still accounted for less than half of the litter on any beach surveyed. Sewage-related debris was the second most common source of litter in Scotland, with levels almost double that of any other area in the UK. The Executive needs to take a firmer stance on the issue of sewage-related debris.

Allan Wilson: I know that Mark Ruskell is a fair man, so I hope that he appreciates that the Scottish figures were distorted by the incidence of cotton buds on the Saltings to Bowling beach—56 per cent of the entire UK haul of cotton buds appeared on that one beach. Even the Marine Conservation Society is clear that that was an anomaly that distorted the overall figure. That is the one reason why I am not supportive of Mr Ruskell's amendment.

Mr Ruskell: I am sure that that was an unwelcome peak on that beach on that day. However, even given that aspect, Scotland's record is still not better than that of other areas in the UK.

The European Commission urban waste water treatment directive will require sewage discharges that serve more than 2,000 people to receive secondary treatment by 2005. As a result, the only areas in which raw sewage may still be discharged from coastal and estuarine outfalls will be those that have populations of fewer than 2,000 people. Unfortunately, that creates a problem, because it means that many of Scotland's finest coastal areas will slip through the net.

I have some concerns about the Executive's proposal, which was contained in its recently released consultation paper on the EC bathing water directive, to introduce a threshold of 200 users as a cut-off figure for formal designation of a bathing area. Although I welcome the move to include in that figure all beach users rather than

just the 10 per cent or so who go into the water, I fear that the Executive's suggestion means that an area's intrinsic merits could be overlooked simply on the basis of a low user number, even though for many of the people who use Scotland's beaches, one of their most attractive features is their relative remoteness from crowds.

We cannot talk about beaches in isolation. We need to link the issue to agricultural reform, to dealing with pollution and to zero waste—in particular, to Mike Pringle's proposed tax on polythene bags, which would be a simple measure to introduce. I urge the Executive to take a strong lead on developing a strategy for the protection and enhancement of Scotland's coastline and to consider a single marine act.

I move amendment S2M-1266.2, to leave out from "recognises" to end and insert:

" , while welcoming the results of the recent Keep Scotland Beautiful survey of resort beaches with the granting of Seaside Awards to 40 Scottish beaches including 14 new recipients, acknowledges the impact of beach litter as highlighted in the recent Marine Conservation Society's Beachwatch 2003 Report; notes that the report's findings include a net increase in beach litter and that sewage-related debris accounts for a higher proportion of beach litter in Scotland than elsewhere in the United Kingdom; further notes that, while encouraging the public to take more responsibility for its own litter, the report also states that determined efforts are required to reduce pollution at source and that local authorities, water authorities and Her Majesty's Government must play their part in reducing and cleaning up litter; further notes that the environmental quality of beaches encompasses much more than litter alone, and calls upon the Scottish Executive to display a strong lead following the consultation on the best strategy for protecting and enhancing all of Scotland's coastline as pledged in *A Partnership for a Better Scotland*, including consideration of an integrated Marine Act."

16:06

Nora Radcliffe (Gordon) (LD): Beaches have always been special places. By definition, they are where earth and sea meet, and boundaries always have significance. The rise and fall of the tide over beaches has continued for millennia; it is one of the few things that we accept as truly inevitable. The bounty of the seas that is accessed from them has fed us since the days of our earliest ancestors. We can stand on a beach and look out at the vastness of the ocean and feel ourselves put in our place as mere specks on the face of the earth. That far horizon has beckoned to the curious and the courageous and drawn them to explore the furthest reaches of their world. I do not think that anyone can go to a beach and not be excited by the experience, in some measure at least.

Beaches are special places that we should treasure. However, it is sad that many of the people who visit our beaches show, by carelessly,

irresponsibly and selfishly leaving behind their litter when they go, how little they value them. The beachwatch annual litter survey and clean-up has demonstrated that beach visitors are consistently the predominant source of litter on beaches—they contribute between just over a third and just under a half of the total amount of litter that is recorded. The 2003 survey reported that the density of litter that is attributed to beach visitors had increased by 21.2 per cent compared with 2002 and was at the highest level that had ever been recorded in a beachwatch survey. If every individual took away for responsible disposal his or her crisp bags, sandwich wrappings, drinks cans and bottles, collectively they would move us halfway towards having pristine beaches. Is that too much to expect?

The seaborne litter that is deposited includes debris from the fishing industry, which makes up 14.6 per cent of the total, and general shipping litter, which makes up 2 per cent of the total. The third of the main sources of beach litter is sewage outfalls. Sewage-related debris, which includes cotton bud sticks, tampons, condoms and party liners, accounts for 7.8 per cent of the total.

In dealing with the problem of sewage-related debris, we again depend on individuals—this time in their own homes—heeding the bag it and bin it message and not flushing inappropriate items down the loo. From the evidence that cotton bud sticks make up 83 per cent of the sewage-related debris, I deduce that the bag it and bin it campaign has had an impact, but that people perhaps did not relate it to cotton buds. Therefore, the message needs to be reinforced.

On bathing water quality, the story in Scotland is one of steady progress. In 1998, we had 23 designated bathing waters, of which only nine met the basic mandatory standard and only three met the higher guideline standard. In 2003, we had 60 designated bathing waters, 18 of which met the mandatory standard and 39 of which met the higher guideline standard. Three beaches failed to meet the standard. In two cases, it is believed that that was because of agricultural pollution and, in the third case, SEPA is investigating whether local sewage treatment facilities were the cause of the failure.

Scottish Water's investment, as it is rolled out, in replacing, renewing and extending its facilities will be to the benefit of water quality. As standards rise and as major sources of pollution are identified and eliminated, it is becoming clearer that the extent to which many small sources of pollution and land-use practices can affect water quality has probably been underestimated in the past. That means that a wide range of people, organisations, businesses and other interests will all have to contribute to achieving higher water quality. I

believe that, through the implementation of the water framework directive, we are beginning to develop the infrastructure that will enable that to happen. In a speech last night, Jim Hunter, the chairman of Highlands and Islands Enterprise, attributed success to the collective effect of thousands of choices made by thousands of individuals. Protecting the natural resource of our beaches demands some big answers. Many of those answers are in train, but the many thousands of little answers can be made only by individuals.

16:10

Karen Gillon (Clydesdale) (Lab): The minister will be pleased to know that I do not intend to make a bid for any beach, as I represent one of the biggest land-locked constituencies in Scotland. With two under-fives in the family, however, I am now a regular visitor to the seaside at various times of the year. It is surprising how under-fives do not notice the weather in the way that older family members do.

We have some beautiful beaches in Scotland, but some are frankly grotty and we must continue to work on improving them. There are numerous reasons for the grottness of some of our beaches. One reason is that we take them for granted—we assume that somebody else will tidy up after us and think that it does not matter anyway, because we only go to the beach on that one day in July when the sun is shining. Often, we do not realise the importance of beaches. People who live in and around coastal communities have to live with the impact of those of us who come from other parts of Scotland and who visit at various times of the year.

The question why people do not go into the sea is interesting and we have heard an interesting debate about it, but I think that the answer is pretty damn obvious: the sea is freezing. People do not go into the sea because of the cold. We are not going to change that—the sea will always be cold—but we need to improve the cleanliness of the sea for those of us who are brave enough to go into it at the odd point in the year.

The litter issue continues to cause considerable concern, especially with respect to beaches. Will the minister outline in his closing speech what action is being taken to re-educate people from all parts of Scotland to ensure that they take their rubbish home with them? What action is being taken on the litter that is dropped into the sea by the fishing community?

Richard Lochhead (North East Scotland) (SNP): The member makes an interesting point about the fishing industry and fishing litter on our beaches. She might welcome the many initiatives

that have been undertaken by the fishing industry in Scotland to reduce the problem. Does she accept that much of the fishing litter on our beaches comes from other fleets that fish the same parts of the North sea as our fleet?

Karen Gillon: Absolutely. The education programme that needs to be undertaken among the Scottish fishing community should extend to our European partners, so that they are aware of the impact on our communities if they drop litter.

We must continue to address the issue of sewage, which has an effect on people. The point that was made about cotton buds fascinated me. I would never dream of flushing cotton buds down the toilet, but it is obvious that lots of other people do. That is a simple message that we could start to get across to people. If we go to a beach and see a sewage outfall pipe, we might have issues about whether to go in the water. We must continue to consider how the situation can be improved, and we should deal with the matter more quickly than we are doing at the moment.

I would like to hear the minister's comments on how we can encourage young people who live in coastal areas to get more involved in them. What education work might be done to ensure that young people see their beach as a resource that they can be proud of and in which they might want to invest, both for themselves and for future generations?

16:14

Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): I take as my text "sweet Molly Malone"—I would like to talk about cockles and mussels. I am sure that Rob Gibson will be familiar with a situation that arose when I was a councillor in Easter Ross some years ago. In the small village of Inver, there was a fine cockle beach. One night, however, some gentlemen—from the Wirral, I think—arrived with tractors and mechanical lifters and, in essence, stripped out the entire cockle fishery in a matter of days. I was practically down on my knees trying to get the council to issue an order to stop the work. At the end of the day, Scottish Natural Heritage was helpful but, by the time we moved, it was too late. I sometimes wonder, all these years later, whether that fishery has recovered.

Earlier today, Ross Finnie told me of a similar situation in the Solway firth involving people from the south working with mechanical diggers. As Allan Wilson knows, the minister had to impose a stop order, which was pretty unpopular with the manual cockle pickers who work with rakes and buckets. I do not expect Allan Wilson to comment on the matter in detail, if at all, at this stage but, according to Mr Finnie, the present legislative

framework that we have in Scotland is not much different from what it was a few years ago and we still have a gap in the law that allows such situations to arise.

Those guys came into my council ward with the sole motive of simply taking the whole damn lot and maximising their profit. Neither the locals nor I, the local councillor, could do anything to stop them. When we talk about our beaches, we should think of the ecosystems.

It will be no surprise to Rob Gibson to hear me talk about mussels. I am glad that Dornoch beach is as high up the list of Scotland's best beaches as it is. It has that position because the water quality of the Dornoch firth has improved. I pay tribute to Scottish Water for its investment in the area and to the Scottish Executive for its policies in that regard. The fact that the water quality has improved means that our native mussel industry—I stress that mussels grow naturally in the area and are not seeded—remains buoyant and is well placed to thrive in the future.

As an advert for my home town of Tain, I inform members that King James VI and I gave to the royal burgh of Tain the mussel fishery in the Dornoch firth as far as the eye shall see—that is what it says in the royal charter. The serious point, however, is that the market for such a naturally grown product—one that occurs as an act of God—is a good one. Given that people are becoming more discerning about quality food products as they become more organically aware, such a product is one of our strengths.

I agree that the quality of beaches is about all the things that have been mentioned by other members—particularly with regard to sewage and litter—but it is also about the beaches' ecosystems. I wonder what the removal of the cockles from Inver beach did to the beach's ecosystem. What happened to those organisms—perhaps eider ducks, I know not what—that feed on the cockles? Further, I repeat that, in safeguarding our beaches and the associated waters, it is possible to do something to help marketable products, be they cockles or mussels—alive, alive-o.

16:18

Mr Adam Ingram (South of Scotland) (SNP): I cannot promise that there will be any songs in my speech. I will focus instead on the importance of Ayrshire's beaches to the local communities.

As members will know, many of Ayrshire's coastal communities, from Largs in the north to Girvan in the south, grew and thrived as holiday resorts for the Scottish people for the best part of 100 years before the advent of cheap flights and foreign package holidays. Our beaches, then as

now, were important attractions for day visitors as well, particularly for families with children. The economic activities that are associated with the leisure and recreational infrastructure built up at the seaside still provide vital sustenance to coastal communities.

In recent times, the major concern that we have had regarding our beaches has been over bathing water quality, as the minister mentioned. Thankfully, the disgusting practice of discharging raw or untreated sewage into the Clyde has ceased with Scottish Water's belated but welcome investment in its sewerage and waste water systems. I trust that Scottish Water and the Scottish Environment Protection Agency will continue to work together to eradicate continuing problems such as wrong connections or foul drainage into surface water systems in the coastal urban areas. Similarly, the work that SEPA is doing with the agriculture community to stop diffuse pollution from run-off from fields into the rivers needs to be followed through. Although the quality of bathing water has undoubtedly improved, it is still not up to the most stringent European Union standards, and we cannot afford to take a foot off the pedal on the issue.

The Executive would do well to take note that the Ayrshire public put the state of the beaches and bathing water quality right at the top of their agenda for environmental action. No fewer than 54 per cent of respondents to South Ayrshire Council's recent environmental issues survey demanded cleaner beaches, rivers and coastlines. What is more, communities such as Troon are being stung into action by what they see as neglect by local councils. As you will no doubt remember, Presiding Officer, Troon south beach held a national clean beach award for six years until 1999, when South Ayrshire withdrew financial support for beach wardens. However, the beach has subsequently deteriorated. The council pleads poverty and says that the Executive does not allocate it enough funds to spend on beaches. It claims that it can afford beach maintenance work only during the summer season.

By contrast, the local community has taken responsibility into its own hands. The Troon sand dunes restoration group, which was set up as a charity, gained landfill tax grants and enlisted council help to use discarded Christmas trees to stabilise the sand dunes, which were eroding. That erosion was threatening the old course at Troon, where the open golf championship will be held this summer. Local volunteers regularly stage clean-up campaigns to keep the beach free of litter, and many of our much-maligned young people are active in that work. Following on from that success, a separate group of volunteers is taking on the refurbishment of the north shore to develop it into a multipurpose recreational area.

Does the minister recognise the value of the work that is undertaken by such groups and will he consider direct Executive support for their work? If he has not already done so, I suggest that the minister should make a short journey doon the watter from his constituency to meet the good folk of Troon, who, rather than sitting around moaning about their problems, are getting up and doing something about them.

The Deputy Presiding Officer: The beaches at Troon were indeed in an excellent condition at the end of my period on Kyle and Carrick District Council.

16:23

Robin Harper (Lothians) (Green): We have had a wide-ranging debate. One of the many points that Rob Gibson made was on the involvement of communities, and I draw the Executive's attention to the excellent work that is done by the Forth Estuary Forum and the Scottish Coastal Forum. Under the Forth Estuary Forum's strategy of involving local schools and communities, 70 schools have been involved and 28 beaches on both sides of the Forth have been adopted. As Adam Ingram said, it is crucial to involve people in taking responsibility for Scotland's beaches—that will help to address the most serious problem, in terms of tourism, which is the visual problem that is created by the huge quantities of litter that people drop.

Jamie McGrigor's point about plastic bags is not a bad idea. When people visit the Meadows in Edinburgh, they take plastic bags, fill them with their rubbish and dump them in the bins. At our most-used beaches, perhaps paper bags could be provided—

Mr McGrigor: Will the member take an intervention?

Robin Harper: No. I have a lot to cover.

Paper bags should be given to people before they go on to the beach, and we should say, "Please put your rubbish in this."

I welcome Alex Johnstone's comments on radioactive pollution in our waters. Now that the Conservatives have taken that step, perhaps the Executive could express the same level of concern about the problem.

I agree with Karen Gillon that the water is freezing, but it is very good for the health. In response to Jamie Stone's remarks on cockles, I will suggest one way of solving that problem when I sum up briefly on a couple of the points that Mark Ruskell made.

Marine pollution of our beaches by fisheries and dumped nets is bad, so thank goodness that oil

pollution, which is one of the worst things, happens only occasionally. However, I refer the minister to the Donaldson report on the Braer disaster. I hope that it has been brought to the minister's attention—Jonathan Wills e-mailed me recently about this—that a tanker recently approached Shetland far too close and in contravention of the provisions that keep tankers away from Scottish coasts. I hope that the Executive will do something about that. The last thing that we need is further pollution of Scotland's beaches from oil spills.

Let me pick up on what Mark Ruskell said. The most important idea is that we need a marine act for Scotland. That would address at least some of the problems that we have discussed, including marine pollution and the exploitation of our shores by visitors who use machinery to strip our beaches of cockles and anything else that they care to take away from us.

Mark Ruskell made a point about smaller communities that put their sewage straight into the sea. I visited Tore on the Black Isle, where 12 houses discharge into a reedbed. I stood in the middle of that reedbed and I can assure the minister that there was not a whiff of anything other than fresh air. There were no obnoxious gurglings. The only sound was of the birds in the trees, tweeting away. Quite seriously, I urge the Executive to give as much support as it can to the development of reedbed technology where that is appropriate.

I support the Green Party amendment in the name of Mark Ruskell.

16:27

Iain Smith (North East Fife) (LD): I welcome the opportunity to speak about the importance of Scotland's beaches as a natural resource. I am a great lover of our beaches. Like Karen Gillon, I am not such a great lover of our seas, which tend to be a bit chilly, but my love of our beaches goes back to my days of holidaying around the coast in a caravan. Often, those holidays were up at the silver sands at Lossiemouth—in the constituency of Margaret Ewing, who is just leaving the chamber—which is an excellent beach area.

As the member for North East Fife, I represent a constituency that has one of the largest coastlines of any constituency in Scotland. My constituency is surrounded on three sides by sea and has land on only one side. Beaches are an important part of Fife's tourism industry. North East Fife has six of the 60 designated bathing beaches in Scotland—the west and east sands in St Andrews, Kingsbarns, Crail, Elie, and Shell bay. We also have a further five beaches, including Tentsmuir,

that are on the list of those that are regularly monitored.

Many of our beaches are excellent. St Andrews west sands was one of the first beaches in Scotland, if not the United Kingdom, to be designated with a European Union blue flag. That was thanks to North East Fife District Council's work, which was continued by Fife Council, on improving the environment and facilities that are available at the beach. The council ensured that, wherever possible, the cleanliness of the beach was maintained. It is important that we improve the quality of the facilities at our beaches. Many of our beaches now have excellent facilities available for the people who wish to use them.

Rob Gibson mentioned the economic value of our beaches for the tourism industry, but they are also important in drawing internal tourists. People who might not otherwise visit our communities go to our beaches, so beaches play an important role.

Beaches provide a multipurpose recreational facility. Paddling and swimming are among the least important things that people can do at our beaches. Beaches are heavily used for multiple recreational purposes, including walking, playing with balls or Frisbees and, these days, exciting things such as kite surfing, which I often see people doing on St Andrews west sands. Surfing and other water sports are important for our general health as well as for the entertainment that they give to those who participate in them. Beaches are important recreational and health facilities.

We must act to deal with the problems of litter and suchlike on our beaches. It is extremely irresponsible of people to take things to a beach and leave their litter behind. There is no need for that. They can take the litter home or, in most places, they can use the bins that are provided in the beach car parks. Sometimes litter can be very dangerous. Mike Pringle was right to raise the issue of plastic waste, but the dangers of broken glass are also important. People need to be responsible in their use of our beaches, as they should be with all our public open spaces.

Sewage is an important issue on which a great deal has been done. Throughout Europe, and particularly in Scotland and the United Kingdom, the European Union has been a great driver of improvements in the quality of our bathing waters. It is important that that work should continue. There have been significant improvements in water quality in places such as St Andrews east sands. In Kingsbarns, new sewage treatment works will be opened this year to ensure that quality is maintained. However, there are other areas in which things remain to be done. The Conservative Government failed to provide the resources to fund the Levenmouth sewage

treatment works, which should have been built 15 years ago. It is to be hoped that that will open in the near future and improve significantly the quality of waters in the area.

I welcome the motion. The minister was right to say that our beaches are an important national resource and that they should be available for us all to enjoy.

16:31

Mr Jamie McGrigor (Highlands and Islands)
(Con): It was lovely to listen to Jamie Stone—Scotland's answer to Molly Malone.

I declare an interest, in that I have been swimming off Scotland's beautiful beaches, from North Berwick to Luskentyre in Harris, since I was a child. My favourite memories are of wonderful Hebridean beaches on islands such as Coll, Tiree and the Uists. Every year I return to those places with my children, who run riot and run free through the surf, as I did long ago, without fear of shark attack. It seems to me that the Scottish sea has got warmer, but I do not know whether that is the result of global warming or of my having more rubber rings around my middle. One of Scotland's best-kept secrets is the Hebridean weather. Tiree has more sun hours than any other place in Britain.

To be classified as a bathing beach, a beach must be used by a high number of people at peak times—the suggested figure is 200. Surely we should make more of the availability of our first-class less-visited and therefore less-spoiled beaches. Although the water temperature may restrict the amount of time that is spent swimming, the other facets of Scottish beach life, such as wind surfing, sand surfing, the famous surfing breakers of Tiree, the variety of seashells and the multiple flora and fauna of the rock pools enable people of all ages to have healthy fun in beautiful surroundings.

The real beauty is in the remoter places. The discerning and careful watcher can see seals, otters, basking sharks, whales, dolphins and a huge variety of sea birds and shore birds. I hope that VisitScotland will approve of my advertisement on its behalf, which is delivered with all sincerity. I truly believe that Scotland is a paradise for the beachcomber and his or her family, especially in our Highlands and Islands.

It is imperative that we protect our beaches and our reputation for clean water, which is also very important for our shellfish trade. The Executive is now claiming that large-scale investment by Scottish Water has caused an improvement, but I doubt that the people of Campbeltown in Argyll would agree. Those people, who live near the exquisite beaches of Southend and Machrihanish,

have to put up with raw sewage flooding their streets and pouring into their harbour basin every time there is a rainstorm. Banana beach in Dalintober, which was painstakingly created by Mrs Stewart and her volunteers to improve Campbeltown, is affected by this disgraceful discharge of sewage. Campbeltown has recently received big investment from Scottish Water, but Scottish Water has got things badly wrong. The Executive must ensure that something is done soon to get things right for the people of Campbeltown.

I was deeply concerned by the figures that were published by the Marine Conservation Society that showed that in Scotland volunteers picked up an average of one item for every 25 inches of coastline surveyed and that those items included more than 10,000 cotton wool buds that ended up on one beach between Saltings and Bowling on the River Clyde. More bins must be provided for public rubbish.

It is difficult to compare Scottish beaches with beaches abroad. Beaches in our country vary greatly. We Conservatives support the existing thresholds for good and excellent water status, but we believe that amendments that have been passed in Europe—supported by the Socialists, the Liberals and the Greens—that add a large number of new criteria relating to the chemical composition of water, do not have a direct bearing on public health, will add extra monitoring costs and will confuse the public, who seek only reassurance about the safety of water for bathing.

Other new microbiological parameters may mean that up to 200 of the 800 monitored UK beaches could be deemed to be non-compliant with the new European bathing water directive. The Conservatives will support an amendment that has been tabled by Labour MEPs on an issue that is of particular importance to Scotland. The amendment would allow more flexibility when diffuse pollution is caused by heavy rainfall being washed into the sea. Let us hope that that unusual coalition brings results.

A further hindrance to cleaner water is Scotland's antiquated planning system, which has not been changed since 1947. It is regrettable that the Executive's review of strategic planning did nothing to tackle the real issues. A total review of planning legislation is required to simplify and speed up the process.

Robin Harper made an important point about the danger of oil spills; I take up the point because it is especially relevant to the Minches. The double-hulled ships that are now required to carry oil cargos require bigger piers. Will the Executive do something about building such piers?

16:36

Richard Lochhead (North East Scotland) (SNP): No one can question Allan Wilson's commitment to the environment, given that—no doubt in a bid to conserve mental energy and resources—he recycled much of his speech from the previous debate on Scotland's beaches, which took place a mere five months ago.

It is unfortunate—I share concerns that were expressed by Rob Gibson and Mark Ruskell—that within five months we are debating the same subject again. The debate would have been 45 minutes longer had not there been a ministerial statement. Furthermore, we will debate Scotland's marine environment at the next plenary meeting of the Scottish Parliament, when we are up at the Hub, when many of the issues that we have discussed today will be touched on again.

Allan Wilson: I am having difficulty following the thrust of Richard Lochhead's argument because he will, no doubt, tell us how important Scotland's beaches are. Is the SNP's position that we should not be debating Scotland's beaches and that it does not accept that they constitute a valuable national resource that is worthy of debate in Scotland's national Parliament?

Richard Lochhead: I will explain my position to the minister. Every member of the Parliament should take a few moments to remember that this is the fifth anniversary of Scotland's going to the polls to elect Scotland's Parliament. When I was a candidate five years ago—this might also apply to other MSPs—I did not expect to come to Parliament to ignore some of the real pressing issues in Scotland, and instead debate Scotland's beaches. Of course Scotland's beaches are worthy and important: they are very special places, as Nora Radcliffe told us twice in her speech. However, we have debated them twice in five months; many other pressing issues—that we were elected five years ago and again last year to debate—are not being chosen for debate by the Executive, which controls 80 per cent of debating time in the chamber.

Mark Ruskell mentioned climate change. That is a huge issue and the Executive should, of course, initiate debates on it. Climate change would have been a better subject for debate than Scotland's beaches. It took the European and External Relations Committee to initiate a debate on European enlargement, which is one of the biggest issues that currently faces Scotland. The SNP had to initiate a debate on the EU constitution—another huge issue.

John Scott (Ayr) (Con): Given the importance of the debate and the need to have debates that are relevant to Scotland, why has the SNP used much of its chamber time to debate issues that have nothing to do with the Scottish Parliament?

Richard Lochhead: The SNP picks subjects that are relevant to the people of Scotland and which the people of Scotland see as being priorities. I remind members that at the last Scottish Parliament elections less than 50 per cent of the people turned out to vote. If we want to engage the people of Scotland, perhaps we should pick subjects that are much more relevant to their priorities.

Of course, the subject that we are debating is important. I am not arguing with that; rather, I am arguing with the fact that we are discussing the issue for the second time in five months. The Executive has been slammed the length and breadth of Scotland for debating subjects that do not necessarily reflect the priorities of the people of Scotland.

One comment that the minister made with which I agree was about Montrose, which is in my region of North East Scotland. I welcome the progress that has been made on Montrose. I also welcome the fact that a new bathing water directive will come from Europe, because Europe is a main driver in trying to improve our environment, our beaches and our water quality, through the urban waste water directive, the bathing water directive and measures to reduce packaging and so on. Those are important pieces of legislation.

We agree that we must change people's behaviour and members made valuable points about how we must do that. Many members have mentioned marine litter. The fishing industry is tackling the issue; it is trying to reduce the litter that it causes on our beaches. We know that much litter comes from shipping, but I remind Parliament that much of the litter that comes to our beaches is not necessarily from Scottish fishing vessels or Scottish ships, so there must be international co-operation. Perhaps when the minister is concluding the debate he could address that point interestingly and tell us what international co-operation exists in that regard.

Adam Ingram made an important point—which one of the local councils in my area brought to my attention—on the impact that local government funding has on councils' ability to tackle the amount of rubbish on their beaches. Aberdeenshire Council in my region—apparently I am not allowed to call it my constituency, given the Presiding Officer's earlier comments—has just reinstated its programme for cleaning up beaches in the north-east of Scotland, after having had to abandon it in recent years because of local government funding cuts that were imposed by the Lib-Lab coalition that runs Scotland. The Executive has to take such matters into account when it is cutting councils' funding.

Finally, two or three members have mentioned the fact that many of the powers that would help

us to improve the quality of our beaches and Scotland's seas are reserved. We do not have control over nuclear power and the non-biological particles that arrive on our beaches as a result of it; that matter is reserved. If we had control over it, we could perhaps do more to improve the quality of our beaches.

Of course many shipping regulations are decided at Westminster, not by the Scottish Parliament. Robin Harper mentioned the prospect of oil pollution—a fear that the SNP shares—but we do not have control over shipping routes, which are also reserved to Westminster. If we are to have a single marine act—which we should have, given that 77 acts currently govern the marine environment—some of the reserved powers must be passed from London to Edinburgh so that we can have a comprehensive act that governs and improves the marine environment. I hope that it will be a few years before we have to debate the quality of Scotland's beaches again. We look forward to the debate in the next week or two on the marine environment, which will allow us to address some of the issues in a wider context.

16:41

Allan Wilson: The fact that the debate is timely has been illustrated by the excellent speeches that we heard from everybody, with the notable exception of Richard Lochhead. We have put before Parliament a—dare I say it—current issue. I make no apology for doing so. Recently, we have had excellent news, which I know does not sit well with the nationalists in our midst, but we should all be able to celebrate the record number of seaside awards for Scotland—they represent a national achievement. Call me old fashioned, but I think that we should all be able to celebrate that, irrespective of our party affiliation.

Last week we also had the report from the Marine Conservation Society, to which Mark Ruskell and others referred, which showed that there is still too much litter on our beaches from a variety of sources. I included that in the motion in order that we were not seen to be self-congratulatory, although there is much to be pleased about. The European Commission's quality of bathing waters report for 2002, which was published in May last year, showed that for 2002 the United Kingdom had 97.8 per cent compliance with the mandatory standard of the bathing water directive for our coastal waters and 100 per cent compliance for freshwater sites. That compares favourably with the European Union average of 95.8 per cent compliance with the mandatory standard for coastal waters and 91.1 per cent compliance for freshwater sites. It is not simply that we in Scotland or the wider UK are doing well; we are doing well in comparison with the rest of Europe.

We bandy about statistics in this place, rightly or wrongly, and figures can be misleading or distorted. The reason why I could not support the Greens' amendment was that I thought that there was an unfair reference to the increase in sewage pollution that was identified in the Marine Conservation Society's report, which I think distorted the overall picture. The overall picture in the areas that were surveyed in Scotland is that 1,535 litter items per kilometre were recorded. I readily accept that that is far too many, but in England the figure was 2,655 items per kilometre, in Wales it was 2,455 items per kilometre and in the Channel Islands it was 1,125 items per kilometre. Scotland therefore compares favourably with the rest of the UK.

However, we are not complacent. How could I be?

John Scott: Given the importance to Scotland of the open championship coming to Troon, does the minister agree that it is vital that Troon beach, to which Adam Ingram referred, and Prestwick beach, where there is an even greater problem, are cleared up? Will he assure me that South Ayrshire Council has enough funds from the Executive to do that?

Allan Wilson: I assume that John Scott will be voting for the order-making power that we will introduce in the Antisocial Behaviour etc (Scotland) Bill, which will give ministers the power to direct local authorities and others who have responsibility for clearing up litter from all our beaches, not just in Troon. I look forward to going to Troon in July, along with many other members.

I was struck by Adam Ingram's speech, which was not party political. He accentuated the importance of involving communities. Others, including Karen Gillon, spoke about the importance of involving school kids in the process. I could not agree more. It is fundamental that communities take charge of their natural resources—that is what conservation is all about. I have said a million times in the chamber that conservation cannot be imposed from on high but must be built from below. That involves engaging with communities, whether as a Scottish parliamentarian or as a local authority councillor, which Murray Tosh mentioned. It is about engaging with communities and empowering them to protect their natural resources.

Rob Gibson: I wonder whether the minister will comment on the Scottish outdoor access code as being one means that we might use to encourage people to think more about beaches. In my view, the document is not very prominent, although it is one that many people use.

Allan Wilson: I imagine that the access code will be used constructively by all those who are

involved in local access forums to see how we can open up our national beach resource to greater use by local people and international visitors. Members will know that we are consulting on the code, and I expect the outcome of that consultation and the code to be approved by Parliament. The code will be a valuable tool in the process.

I was a wee bit disappointed by Rob Gibson's speech, which concentrated on the historical dumping of nuclear waste at sea. As members will know, the dumping of waste at sea is prohibited by international conventions to which the UK is party. Radioactive material has not been dumped at sea since 1982 and cannot be dumped under any circumstances. Action has been taken and we will continue to ensure that that is enforced through our independent regulators.

Rob Gibson: Will the minister give way?

Allan Wilson: I have only six or seven minutes.

Keeping our beaches clean, safe and inviting for locals, visitors and wildlife requires a change in our behaviour. We must become more careful about what we discard, whether we are on a picnic on the beach or, as Karen Gillon said, in the bathroom. That needs a two-pronged approach, and the best route is through education and promotion. Most folk recognise the value of our beaches and want to do their bit. Educational campaigns have an improving effect on people's behaviour. The Marine Conservation Society notes in its report the value of public education. The society also usefully points out that education not only on littering, but on waste awareness in general, can help to change people's throwaway attitudes. The MCS mentions the "do a little—change a lot" and Waste Aware Scotland campaigns, which were also mentioned by Nora Radcliffe and others. There is now a national search tool called "sort it", which tells people about the availability of recycling facilities both locally and nationally.

I heartily endorse any community effort, whether in Troon, Seamill, Saltcoats or anywhere else on the nation's coastline. However, when an appeal to common sense or community spirit fails, we must have an enforceable legal framework that penalises the kind of behaviour that spoils our beaches.

Mr Ruskell: The minister says that we must take small actions to reduce the problems that are connected with waste. Will he therefore support Mike Pringle's proposed bill on a polythene bag tax?

Allan Wilson: That is a non sequitur. What I have said is that the recycling of plastic bag waste—plastic recycling in general—is important to us and that we will study carefully the results of Mike Pringle's consultations.

We support measures to enhance the environment, but we have to establish that those measures are within devolved competence, that they can be enforced by local authorities and that they would not lead to unreasonable burdens on business, and I also do not want unreasonable imposition of charges on people in our community who are less able to pay. I was supported in that by the Scottish Socialist Party but I notice that they are absent from the chamber, which probably means that the revolution will not include the storming of any beaches.

Alex Johnstone: Will the minister accept that the absence of the SSP members today might indicate that the revolution is taking place as we speak?

Allan Wilson: In which case, we had better get to the beaches to fight them.

I agree fundamentally with what Iain Smith and Nora Radcliffe said. As a child, I went on holiday every year to St Andrews to enjoy the beautiful beaches there. Who can forget the image of the British Olympic team training on the west sands in the opening sequence of Puttnam's classic film "Chariots of Fire"? What better image could we project internationally? Nora Radcliffe is right; visiting our beaches is an exciting experience.

I have another abiding memory. I well remember my first visit to the west coast of Lewis about 18 years ago when my first son had just been born. I was enthralled by the beauty of the beaches and the machair in that part of the world.

Dennis Canavan (Falkirk West) (Ind): What about Saltcoats?

Allan Wilson: Saltcoats is another classic example that I could mention. It is much closer to home. No doubt Dennis Canavan has spent many a happy hour paddling in the Clyde.

I put the question back to the nationalists, who have been as grudging as usual in recognising that we can and should talk up Scotland in this chamber. I argue that we can display internationally no better icon of Scotland than our beautiful beaches and, in doing so, promote Scotland and its environment to the wider world. I tell the nationalists to lift their horizons. Let us release and realise the potential of our beaches and, in so doing, release and realise the potential of Scotland.

Commissioner for Public Appointments in Scotland

The Presiding Officer (Mr George Reid): The next item of business is a debate on motion S2M-1255, in the name of Bristow Muldoon, on behalf of the selection panel for the appointment of the commissioner for public appointments in Scotland.

16:52

Bristow Muldoon (Livingston) (Lab): I speak to S2M-1255, as a member of the selection panel. I invite members of Parliament to nominate to Her Majesty the Queen Karen Carlton as the first commissioner for public appointments in Scotland.

I will say a few words about the background and process before I turn to the proposed nomination of Karen Carlton. Following two extensive consultation exercises, the Scottish Executive introduced a bill to provide for, among other things, a commissioner for public appointments in Scotland. The Scottish Executive proposed that Scotland should have an independent commissioner, whose role and responsibilities would be similar to those of the UK commissioner, but who would modernise the appointments system and take into account distinctive Scottish needs and requirements.

The Public Appointments and Public Bodies etc (Scotland) Act 2003 was passed by the Scottish Parliament on 5 February 2003. It provides for the appointment of an independent commissioner to be nominated by Parliament for appointment by Her Majesty. It encourages diversity by providing that all appointments and recommendations for appointment be made fairly and openly and, as far as is reasonably practicable, that all categories of person be afforded the opportunity to be considered for appointment. The act requires the commissioner to consult Parliament and Scottish ministers on, and to invite other persons to make representations on, the preparation and publication of a code of practice in respect of making appointments. It also provides for the commissioner to report to Parliament when the code is breached.

The act provides for the commissioner, in consultation with Parliament and Scottish ministers, to prepare and publish a strategy to ensure that appointments and recommendations for appointments are made by Scottish ministers in a manner that encourages equal opportunities. The provisions of the 2003 act should ensure that Scotland has a public appointments process that is representative of the people of Scotland and which is truly independent, accountable and open.

I turn now to the recruitment process. Under standing orders, a selection panel that included the Parliament's Deputy Presiding Officer, Trish Godman, as chair was set up on behalf of Parliament to consider the appointment. Serving on the panel were Mark Ballard, Fergus Ewing, Johann Lamont, Brian Monteith, Mike Pringle and me. The position of commissioner was advertised through the national press and I am pleased to say that it attracted a wide range of high-quality applications. I thank Moira Rankin, who acted as independent assessor to the selection panel for ensuring that we followed good practice throughout the selection process.

I turn now to the nominee, Karen Carlton. She is a well known and respected management consultant who has, among other things, established Investors in People Scotland on behalf of Scottish Enterprise and created the Investors in People assessment and recognition framework that operates in Scotland. Karen has been an independent assessor since 2001 and brings with her experience of the current public appointments system, which is operated by the United Kingdom Commissioner for Public Appointments, Dame Rennie Fritchie.

I am sure that Karen Carlton will prove to be an effective and well-respected commissioner, who will bring to the post enthusiasm and highly relevant knowledge. I am also sure that Parliament will want to wish her every success for the future in this new and demanding role.

I move,

That the Parliament nominates Karen Carlton to Her Majesty The Queen for appointment as the Commissioner for Public Appointments in Scotland.

The Presiding Officer: We have three minutes left, which allows brief speeches from Brian Monteith and Mike Pringle.

16:56

Mr Brian Monteith (Mid Scotland and Fife) (Con): I want merely to concur with what Bristow Muldoon said. The appointment of the commissioner is particularly important and should go a long way towards engendering faith in appointments to various bodies. For that reason, we should treat the commissioner's appointment seriously. The people who were involved in the selection process, to whom Bristow Muldoon referred, certainly took it seriously. It was interesting to see the degree of experience that the applicants had and it was very tough to go through the process and come to a conclusion. However, the committee was clearly unanimous at the end of the day about the nomination of Karen Carlton and I am pleased to support her nomination.

The Presiding Officer: If you can manage to finish within two minutes, Mr Pringle, that would be helpful.

16:57

Mike Pringle (Edinburgh South) (LD): I am sure that what I say will take less time than that, Presiding Officer.

I concur with everything that Bristow Muldoon said. This was the first time that I had been involved in the Scottish Parliament in the process of appointing somebody and I was extremely impressed by the professional way in which the process was conducted. I congratulate the staff, who gave us every assistance. I was also very impressed by the field of candidates. The decision was difficult but it was unanimous, as Brian Monteith said. I congratulate Karen Carlton on being appointed as commissioner for public appointments in Scotland. I am sure that, like me, members look forward to working with her over the next few years in what is, in my view, an extremely important role.

Point of Order

16:59

The Presiding Officer (Mr George Reid): We have a point of order from Mr Aitken.

Bill Aitken (Glasgow) (Con): Presiding Officer, I have a point of order, about which I gave you prior notice.

Members will shortly make a determination on motion S2M-1095, in the name of Malcolm Chisholm, that the National Health Service Reform (Scotland) Bill be passed. However, this morning at 11.29, before the motion to pass the bill was even debated, the Scottish Executive issued a press release, with the heading, "passing of reform bill signals a new era".

The press release states:

"The path was cleared today for radical health service modernisation as the NHS Reform (Scotland) Bill was passed by the Scottish Parliament."

The point to be determined by you, Presiding Officer, is whether this gross insult to the Parliament, which clearly anticipates the result of a vote, is something much more sinister. Was this an attempt by the Executive to railroad the Parliament, particularly many of the Executive's own back benchers, into approving the bill? Those back benchers expressed concerns in this morning's debate on the bill about certain aspects of it. If it is an attempt to railroad such members, it is clearly a tactic that the Executive should not be allowed to get away with. I ask you to rule that the premature issue of that press release is contrary to the interests of the Parliament.

The Presiding Officer: Normally, I am all for proactivity in the media and on websites, but you are quite right to say that a bill is not passed until Parliament has so willed at decision time, which will take place shortly. I am sure that the word will be passed on to those responsible.

Business Motion

17:00

The Presiding Officer (Mr George Reid): The next item is consideration of business motion S2M-1253, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau, setting out a timetable for legislation.

Motion moved,

That the Parliament agrees—

(i) that the Justice 2 Committee reports to the Justice 1 Committee by 14 May 2004 on the Act of Sederunt (Fees of Solicitors and Witnesses in the Sheriff Court) (Amendment No.2) 2004 (SSI 2004/196); and

(ii) that the Justice 1 Committee reports to the Justice 2 Committee by 14 May 2004 on the Supervised Attendance Order (Prescribed Courts) (Scotland) Order 2004 (SSI 2004/194); and by 21 May 2004 on the European Communities (Services of Lawyers) Amendment (Scotland) Order 2004 (SSI 2004/186).—[*Tavish Scott.*]

Motion agreed to.

Parliamentary Bureau Motions

17:01

The Presiding Officer (Mr George Reid): The next item of business is consideration of two Parliamentary Bureau motions, both in the name of Patricia Ferguson: motion S2M-1252, on the approval of a Scottish statutory instrument; and motion S2M-1276, on the membership of a committee.

Motions moved,

That the Parliament agrees that the draft Town and Country Planning (Fees for Applications and Deemed Applications) (Scotland) Regulations 2004 be approved.

That the Parliament agrees that Margaret Smith be appointed to replace Mike Pringle on the Waverley Railway (Scotland) Bill Committee.—[*Tavish Scott.*]

The Presiding Officer: The question on both motions will be put at decision time.

Decision Time

17:01

The Presiding Officer (Mr George Reid): There are nine questions to be put as a result of today's business.

The first question is, that amendment S2M-1095.1, in the name of Shona Robison, which seeks to amend motion S2M-1095, in the name of Malcolm Chisholm, that the National Health Service Reform (Scotland) Bill be passed, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fox, Colin (Lothians) (SSP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Margo (Lothians) (Ind)
 Martin, Campbell (West of Scotland) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)

Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Davidson, Mr David (North East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marilyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Gorrie, Donald (Central Scotland) (LD)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Johnstone, Alex (North East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Tosh, Murray (West of Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 37, Against 78, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The second question is, that motion S2M-1095, in the name of Malcolm Chisholm, that the National Health Service Reform (Scotland) Bill be passed, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fox, Colin (Lothians) (SSP)
 Gibson, Rob (Highlands and Islands) (SNP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marilyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kane, Rosie (Glasgow) (SSP)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 Lyon, George (Argyll and Bute) (LD)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Margo (Lothians) (Ind)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Campbell (West of Scotland) (SNP)

Martin, Paul (Glasgow Springburn) (Lab)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robison, Shona (Dundee East) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Sturgeon, Nicola (Glasgow) (SNP)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Wallace, Mr Jim (Orkney) (LD)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Scott, John (Ayr) (Con)
 Tosh, Murray (West of Scotland) (Con)

ABSTENTIONS

Swinburne, John (Central Scotland) (SSCUP)

The Presiding Officer: The result of the division is: For 99, Against 16, Abstentions 1.

Motion agreed to.

That the Parliament agrees that the National Health Service Reform (Scotland) Bill be passed.

The Presiding Officer: The third question is, that amendment S2M-1266.3, in the name of Rob Gibson, which seeks to amend motion S2M-1266, in the name of Allan Wilson, on Scotland's beaches, a national resource, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fox, Colin (Lothians) (SSP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Margo (Lothians) (Ind)
 Martin, Campbell (West of Scotland) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Tosh, Murray (West of Scotland) (Con)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Baillie, Jackie (Dumbarton) (Lab)

Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McMahan, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Etrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 54, Against 62, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The fourth question is, that amendment S2M-1266.1, in the name of Alex

Johnstone, which seeks to amend motion S2M-1266, in the name of Allan Wilson, on Scotland's beaches, a national resource, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Margo (Lothians) (Ind)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McGregor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Robison, Shona (Dundee East) (SNP)
 Scott, John (Ayr) (Con)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Tosh, Murray (West of Scotland) (Con)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Frances (West of Scotland) (SSP)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fox, Colin (Lothians) (SSP)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marlyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)

Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kane, Rosie (Glasgow) (SSP)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Campbell (West of Scotland) (SNP)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Oldfather, Irene (Cunninghame South) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

ABSTENTIONS

Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)

The Presiding Officer: The result of the division is: For 39, Against 71, Abstentions 7.

Amendment disagreed to.

The Presiding Officer: The fifth question is, that amendment S2M-1266.2, in the name of Mark Ruskell, which seeks to amend motion S2M-1266, in the name of Allan Wilson, on Scotland's

beaches, a national resource, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Baird, Shiona (North East Scotland) (Green)
 Ballance, Chris (South of Scotland) (Green)
 Ballard, Mark (Lothians) (Green)
 Brocklebank, Mr Ted (Mid Scotland and Fife) (Con)
 Byrne, Ms Rosemary (South of Scotland) (SSP)
 Canavan, Dennis (Falkirk West) (Ind)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Cunningham, Roseanna (Perth) (SNP)
 Curran, Frances (West of Scotland) (SSP)
 Davidson, Mr David (North East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Ewing, Mrs Margaret (Moray) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (Galloway and Upper Nithsdale) (Con)
 Fox, Colin (Lothians) (SSP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallie, Phil (South of Scotland) (Con)
 Gibson, Rob (Highlands and Islands) (SNP)
 Goldie, Miss Annabel (West of Scotland) (Con)
 Grahame, Christine (South of Scotland) (SNP)
 Harper, Robin (Lothians) (Green)
 Harvie, Patrick (Glasgow) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Kane, Rosie (Glasgow) (SSP)
 Leckie, Carolyn (Central Scotland) (SSP)
 Lochhead, Richard (North East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Margo (Lothians) (Ind)
 Martin, Campbell (West of Scotland) (SNP)
 Mather, Jim (Highlands and Islands) (SNP)
 Maxwell, Mr Stewart (West of Scotland) (SNP)
 McFee, Mr Bruce (West of Scotland) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McLetchie, David (Edinburgh Pentlands) (Con)
 Milne, Mrs Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Monteith, Mr Brian (Mid Scotland and Fife) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Oldfather, Irene (Cunninghame South) (Lab)
 Robison, Shona (Dundee East) (SNP)
 Ruskell, Mr Mark (Mid Scotland and Fife) (Green)
 Scott, Eleanor (Highlands and Islands) (Green)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Sturgeon, Nicola (Glasgow) (SNP)
 Swinburne, John (Central Scotland) (SSCUP)
 Tosh, Murray (West of Scotland) (Con)
 Turner, Dr Jean (Strathkelvin and Bearsden) (Ind)
 Welsh, Mr Andrew (Angus) (SNP)
 White, Ms Sandra (Glasgow) (SNP)

AGAINST

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)

Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Curran, Ms Margaret (Glasgow Baillieston) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Gillon, Karen (Clydesdale) (Lab)
 Glen, Marilyn (North East Scotland) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Lyon, George (Argyll and Bute) (LD)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 May, Christine (Central Fife) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McMahon, Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Peacock, Peter (Highlands and Islands) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Pringle, Mike (Edinburgh South) (LD)
 Purvis, Jeremy (Tweeddale, Ettrick and Lauderdale) (LD)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Iain (North East Fife) (LD)
 Smith, Margaret (Edinburgh West) (LD)
 Stephen, Nicol (Aberdeen South) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 55, Against 63, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The sixth question is, that motion S2M-1266, in the name of Allan Wilson, on Scotland's beaches, a national resource, be agreed to.

Motion agreed to.

That the Parliament recognises the importance of Scottish beaches in attracting visitors to Scotland; welcomes the results of the recent Keep Scotland Beautiful survey of resort beaches with the granting of Seaside Awards to 40 Scottish beaches including 14 new recipients; acknowledges the impact of beach litter as highlighted in the recent Marine Conservation Society's Beachwatch 2003 Report; commends the partnership approach taken between the Scottish Executive and other bodies to help address the issues raised in Beachwatch 2003; endorses the continuation of that approach, and encourages the public to take more responsibility for its own litter to ensure that Scotland's beaches continue to be a valued and productive national resource.

The Presiding Officer: The seventh question is, that motion S2M-1255, in the name of Bristow Muldoon, on the appointment of the commissioner for public appointments in Scotland, be agreed to.

Motion agreed to.

That the Parliament nominates Karen Carlton to Her Majesty The Queen for appointment as the Commissioner for Public Appointments in Scotland.

The Presiding Officer: The eighth question is, that motion S2M-1252, in the name of Patricia Ferguson, on the approval of a Scottish statutory instrument, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Town and Country Planning (Fees for Applications and Deemed Applications) (Scotland) Regulations 2004 be approved.

The Presiding Officer: The ninth and final question is, that motion S2M-1276, in the name of Patricia Ferguson, on the membership of a committee, be agreed to.

Motion agreed to.

That the Parliament agrees that Margaret Smith be appointed to replace Mike Pringle on the Waverley Railway (Scotland) Bill Committee.

Loch Lomond Rescue Boat

The Deputy Presiding Officer (Trish Godman): The final item of business today is a members' business debate on motion S2M-1071, in the name of Jackie Baillie, on the Loch Lomond rescue boat. The debate will be concluded without any question being put.

Motion debated

That the Parliament warmly acknowledges the work of the Loch Lomond Rescue Boat; values the service it provides to local communities and visitors enjoying the delights of Loch Lomond; pays tribute to the dedication of the volunteers, who all give freely of their own time to run the service; recognises the importance of their work in promoting and teaching all aspects of safety in and around Loch Lomond, particularly for water sports; notes that a substantial portion of the annual funding is raised by the efforts of volunteers, and therefore considers that the Scottish Executive should investigate the provision of stable funding, similar to that provided for mountain rescue teams, to support this essential, life-saving service.

17:09

Jackie Baillie (Dumbarton) (Lab): I start by welcoming Archie McKenzie, who is the chair of the Loch Lomond rescue boat service, to the public gallery this evening. [*Applause.*] He is instrumental in helping to provide a truly unique and valuable service. The service is run entirely by volunteers and is funded predominantly by local fundraising efforts and donations from local organisations. The boat provides a 24-hour-a-day, 365-day-a-year service in what is the largest area of fresh water in Britain.

In 2003, the rescue boat was called out on 58 occasions to help to rescue everything from broken-down boats to people who were stranded in and around the loch, to search for—unfortunately—missing people and to transport fire and mountain rescue teams to emergencies. The rescue boat helped young and old alike, from all over the west of Scotland and from all over the world.

The demands on the rescue boat have increased substantially since 2002 and are likely to continue to increase due to the welcome creation of Scotland's first national park. Many members will remember that one of the first acts of the Scottish Parliament paved the way for the establishment of the Loch Lomond and the Trossachs national park, which subsequently opened in July 2002.

The area surrounding the loch includes the beautiful and hugely popular tourist areas of Balloch, Luss, Tarbet and Balmaha, which is in the constituency of my colleague Sylvia Jackson. Those are some of the busiest areas in the national park and they are where most water

activities are concentrated, with many people taking advantage of the boat cruises and the water-skiing, sailing and canoeing facilities that are on offer. It is a little-known fact that there are approximately 38 islands on the loch, some of which are inhabited, such as the island of Inchmurrin—they, too, may have to rely on the rescue boat.

The majority of people who visit Loch Lomond will—thankfully—never need to come into contact with the rescue boat. However, for the small number who get into difficulty, for whatever reason, the boat is literally a life saver. Loch Lomond is stunningly beautiful and inviting, but it is 24 miles long and 5 miles wide and it is easy for the inexperienced sailor or water skier to be lulled into a false sense of security. Many of the call-outs are to rescue people who do not know the area or who have failed to prepare fully for their trip. As the number of visitors who come to appreciate some of the most stunning scenery in the world increases to the hundreds of thousands, we need to ensure that their safety has been considered.

The rescue boat service was founded in 1977 following—fittingly—an anonymous donation from a sailor. The current boat first came into service in 1993 and 11 years of continuous demand have naturally taken their toll. As with all vehicles of a similar age, the boat will need to be replaced in the near future if it is to continue to deliver what we know to be an excellent service. However, the cost of renewing the boat will be significant—£80,000, which represents a considerable amount of fundraising.

Aside from the capital expenditure, annual revenue costs for the service are in the region of £10,000 to £11,000. Grants from Strathclyde police, Central police, Argyll and Bute Council and the park authority, although extremely welcome, are in some cases small and diminishing. Voluntary fundraising makes up the rest.

I remind members that the service is run entirely by volunteers—they are the ones who staff the rescue boat and who raise the funds for its continuation. When that is taken into account, we begin to appreciate how truly impressive the service is. The volunteers come from all walks of life. Some are police officers, some work in local government and some run their own businesses. There is even one female crew member. They come from Dumbarton, Luss, Helensburgh and communities right the way across the loch.

Like the main rescue services, the crew of the rescue boat is alerted by the 999 system through Strathclyde police. Each crew member carries a pager and is summoned from work or home to ensure that the service is available 24 hours a day, every day. The fire service relies on the boat to transfer fire pumps and personnel to fires on the

inner islands. The police and ambulance services also rely on the boat to help in searching for missing persons and in evacuating people to safety.

As well as co-ordinating their work with the work of the other rescue services, crew members place a huge emphasis on training. The boat instructors are Royal Yachting Association qualified; they are also British Red Cross first-aid instructors. They play an extremely strong role in supporting the ambulance services by stabilising people who are ill or injured before transporting them to the ambulance. The crew trains alongside the search-and-rescue helicopter, Strathclyde fire brigade and the local mountain rescue teams; it maintains consistently high standards in training and equipment and in the operation of the service. Crew members also provide advice and training to users of the loch and play an active part in promoting community events. In 2003, they provided safety cover at a number of events on the loch, including the popular dragon boat challenge—I recommend that to members—and the new year's day races.

In November 2003, the Scottish Executive announced a fourfold increase in public money for Scotland's mountain rescue teams. That announcement was welcomed by members from all parties. The Executive acknowledged that Scotland's mountains are among our greatest natural assets and play a vital role in tourism. Jack McConnell, our First Minister, rightly pledged our support to those who commit their time and risk their lives to help others. The extra money that was provided ensured that there would be better training and better equipment for the teams.

I hope that today's debate will highlight the strong similarities between the services that are provided by the Loch Lomond rescue boat and the mountain rescue teams. Both services require funding, training and expertise if they are to keep operating. In both services, the volunteers put their lives at risk.

The volunteers who crew the rescue boat, make up its management committee and contribute to the fundraising effort are ordinary people like us, but they do extraordinary things. They deserve to be recognised for their essential, life-saving, hard work. I ask the minister, first, to ensure that the Loch Lomond rescue boat service has stable, long-term funding and, secondly, to help with significant capital costs, in particular to replace the service's existing boat. Anything that the Executive can do to help that first-class service to continue will be greatly appreciated by future generations of visitors to Loch Lomond.

17:17

Mr Stewart Maxwell (West of Scotland) (SNP):

I congratulate Jackie Baillie on securing the debate and I warmly support the motion, which acknowledges the excellent work of the Loch Lomond rescue boat. I associate myself with her remarks and in particular with her requests to the minister about the boat's funding arrangements.

Loch Lomond is one of the most beautiful areas in Scotland and, consequently, one of the most frequently visited. However, despite its many attractions, the loch has many dangers. Without the efforts of the volunteers who crew the rescue boat, the loch would be a more dangerous and less attractive place to visit. For more than 25 years, men and women have given their time and dedication to ensure that the public, including a large number of overseas visitors, can enjoy the delights of the loch, safe in the knowledge that, if anything unfortunate should occur, the rescue boat is ready to come to their aid. During the past 12 months, the boat has attended nearly 60 emergencies and has rescued dozens of people.

The rescue boat is an emergency service in the true sense of the phrase and its crew are emergency workers. That raises a puzzling aspect of the Emergency Workers (Scotland) Bill, which the Executive recently introduced. During the Justice 1 Committee meeting this week, I asked the Executive bill team about the definition of emergency workers in the bill. Section 1(3)(f) includes in the definition

"a member of the crew of a vessel operated by the Royal National Lifeboat Institute or a person who musters the crew of such a vessel or attends to its launch".

I asked whether members of the crews of emergency rescue boats that are not RNLI boats, such as the Loch Lomond rescue boat and other inshore boats that are crewed by volunteers, should also be classified as emergency workers for the purposes of the bill. Clearly, such boats carry out an emergency service. Their crews do not work full time; they respond to emergencies at the call of the pager, as Jackie Baillie said. Will the minister say—if he can say at this stage—whether he will consider supporting an amendment to the bill that I want to lodge at stage 2 to include members of crews on rescue boats other than RNLI vessels? Such people are obviously emergency workers and they carry out sterling work on behalf of the public of Scotland.

Some examples of the work that the volunteers do might persuade the Executive that those emergency workers should be included in the bill. This year, several boats have been helped after running aground, breaking down or running into trouble in bad weather, which can quickly whip up on the loch. The rescue boat has also had to rush to the aid of several swimmers, windsurfers and

people carrying out other leisure pursuits who have been involved in accidents or found themselves in difficulties on the loch. As some of us have found to our cost, the loch is often much colder than we imagine when we first look at it.

Another facet of the team's activity is that it often helps with mountain searches and accidents on the shoreline. For example, last August, a man was injured by a jet-ski while walking along the beach. He suffered a broken leg and was rushed to Luss pier by the rescue boat, where an ambulance took him to the Vale of Leven hospital. Alcohol is the cause of many incidents on and near the loch, a problem that is illustrated by the second case that I will mention. Last May, the rescue boat rushed to help three drunken sailors who ran into bother in a dinghy. I am sure that there are many limericks about drunken sailors, but had it not been for the rescue boat, the situation could easily have ended up as a tragedy.

The Loch Lomond rescue boat provides a useful and important service. As Jackie Baillie said, the annual cost of running the service is about £10,000, which is raised mainly from donations. I fully support her call for the Scottish Executive to

"investigate the provision of stable funding".

Such an important function, which, as I said, is better described as an emergency service, should not be funded on the whim of people's generosity. We need to bring long-term stability to the funding of what is a vital service so that it can plan for the future. By including non-RNLI rescue boats in the Emergency Workers (Scotland) Bill and by providing stable funding, we would show that we are serious about supporting important volunteer organisations such as the Loch Lomond rescue boat. I hope that the minister will deal with both those points in his response.

17:22

Dr Sylvia Jackson (Stirling) (Lab): I thank Jackie Baillie for lodging the motion. Given that my constituency includes the other side of Loch Lomond, if she had not lodged the motion, I would have lodged a similar one. I, too, welcome Archie McKenzie, who is in the public gallery.

Jackie Baillie summarised what we need to say about the good service that the team provides. She mentioned that the service has been in existence for 25 years and that it is an independent charity that is run by a voluntary committee and crew and funded by public donations. She mentioned that a number of organisations make contributions, including Strathclyde police, which I believe gives £2,000, and Central Scotland police, which gives £500. However, those amounts are relatively small, given the amount that is needed and the fact that

the boat will have to be replaced. The list that Jackie Baillie gave of organisations that contribute was not exhaustive, but it covered most of the regular contributors. That highlights the amount of voluntary work that is required to bring in more money.

There is certainly a need for the service, given what the rescue boat is used for. I looked through the Loch Lomond rescue boat service's operational report of 2003, which shows that it does not work only on the water. The incidents on the water to which Stewart Maxwell referred sounded rather interesting, but there are also many interesting cases on the Stirling constituency side of the loch and on the west highland way. I have picked out one or two cases to give members an idea. On 4 February 2003, a person who had gone missing on the west highland way was found at the Drovers Inn. I hope that that person was alive, although the report did not say. On 21 April 2003, the service ferried the Lomond mountain rescue team to Rowardennan to recover a hillwalker with a broken ankle. That stresses what Jackie Baillie said about the good co-operation with other services and with the Loch Lomond and the Trossachs National Park Authority.

On 18 May 2003, a speedboat ran aground 1 mile north of Balmaha and was towed back there. On 27 May 2003, the rescue boat covered for the canoe race from Balmaha. Later, on 20 August 2003, there was an exercise in Inversnaid—a liaison with the fire crews, to ensure that they can be uplifted and transported from Rowardennan to Inversnaid, in order to get to Inversnaid Hotel. On 5 September 2003, the rescue boat was involved—unfortunately—in the recovery of the body of an elderly male from the west highland way and, on 7 September, the Lomond mountain rescue team was brought in to Rowardennan to take a suspected heart attack victim from Rowardennan pier. The list goes on. Just as many rescues are taking place from the loch itself, a considerable number of them are taking place from the land.

The Loch Lomond and the Trossachs national park is a marvellous resource for us to have. Jackie Baillie spoke about the stunning beauty and scenery that attract many visitors to the area. It is vital that we ensure that walking and water activities are done in safe conditions. I know that the rescue boat service has indicated that we need to do more to train people. I have no doubt that the access code will do a lot in that respect, particularly for walkers.

However, there will always be a need for a facility such as the Loch Lomond rescue boat. It gives me great pleasure to support Jackie Baillie's motion and her plea for financial support,

especially in relation to the capital costs, which are huge, as members can imagine.

17:26

Murray Tosh (West of Scotland) (Con): I, too, would like to congratulate Jackie Baillie on securing a debate on the subject of the Loch Lomond rescue boat. Although only a small gathering is present, that in no way diminishes the importance of the subject.

The Parliament willed the existence of the national park and the effect of so doing was to say to all of Scotland, "Here is a magnificent leisure asset—use it." That obviously means increasing and more systematic use of the park, greater commercial exploitation and more people in and around the water of Loch Lomond. As we encourage people into the area to use its assets, it is incumbent on us to ensure that mechanisms are in place to secure their safety, but that does not mean that we should do that ourselves or that the state is entirely responsible. By far the most commendable aspect of the arrangement that has been discussed this evening is that the rescue boat is in fact a charity, which has existed without substantial aid for many years and which actively raises funds to support its activities.

As Jackie Baillie and others have made clear, although money is available from agencies of the state—from the police and local authorities—that amounts to a small proportion of the boat's overall costs. As other members have covered all the factual information, I do not propose to add anything, other than to relate a point that I obtained from a member of the crew. Expenditure on boathouse improvements, engine replacements or new equipment—in effect, the capital expenditure—can vary extraordinarily. In some years, it can be as little as a few hundred pounds but, in other years, it can top £30,000.

To have that statistic thrown at one—as well as the point about the cost of the new boat—is to have forced into one's consciousness the fact that the rescue boat's expenditure is unpredictable and sometimes quite substantial. It is beyond the means of groups that raise money on a voluntary basis to absorb the high levels of extraordinary expenditure that might hit them in a particular year; such outlay might be affordable only over a couple of financial years. Therefore, we must find some way of providing the rescue boat with grant aid, to ensure that the essential equipment can be replaced when that is necessary.

There is another point that it might be appropriate to mention. Although I assume that the level of leisure use on Loch Lomond is well above the level of such use on other waterways in Scotland, it occurs to me that there are other

Scottish lochs on which we allow and encourage substantial leisure use; I am thinking of the lochs along the Caledonian canal and Loch Awe. I wonder whether anyone has ever done any risk analysis of the extent to which the people who are involved in boating and leisure pursuits in those areas might be at risk and whether anyone has a clear grasp of who takes responsibility locally for whatever water incidents arise in those areas.

That prompted a further thought that local boat owners, fishermen, leisure users and local residents will respond to incidents that happen off sea coasts as well as on inland lochs. In remote locations, they volunteer and render their services and their boats when the need arises. They do so on an entirely ad hoc, voluntary basis, and we should take the opportunity to congratulate and thank them, and to mark the efforts that all those people put into making walking, swimming, sailing and climbing a much safer prospect in our remote areas and on our waterways.

17:30

The Deputy Minister for Justice (Hugh Henry): Murray Tosh referred to this being a small gathering but, having heard the contributions, members will agree that it is the quality, not the quantity, that counts. We have heard some excellent contributions. Jackie Baillie, in her usual passionate, yet methodical, style, has brought to the attention of the Parliament something of local significance in the area of the Loch Lomond and the Trossachs national park that has a resonance way beyond its boundaries, which takes into account the support that has been provided to people from many parts of Britain and the world.

Jackie Baillie, Sylvia Jackson, Stewart Maxwell and Murray Tosh have paid tribute to the people who crew the rescue boat service. It is worth putting on record our welcome for, and the significance that we attach to, the work that is done by many people who are involved in volunteer rescue services throughout the country, whether in the hills and mountains or in the seas and lochs. We recognise the time that they give up to provide those services and we acknowledge the fact that they work in very difficult circumstances, sometimes in dangerous and inclement weather. They risk their own life and limb aiding the police and other emergency services in saving lives. I do not think that anyone should underestimate the work that they do. It is right to recognise the fact that we have a proud tradition of volunteer rescue teams in Scotland, which is highly valued.

We should further recognise that those who provide such volunteer services not only give their time; they often contribute significantly to raising those services' running costs through the support and generosity of the public. Many volunteers are

quite ingenious in the fundraising activities that they undertake. It is not just the collective effort of responding to emergencies but the collective effort to raise money that makes those services such effective teams. A camaraderie is established that bonds members of the team and makes them singularly effective and efficient in what they do. It is right to put the debate in the context of that volunteer effort.

Jackie Baillie and others have rightly paid tribute to the Loch Lomond rescue boat service, which is widely recognised for the quality and effectiveness of its work. As Sylvia Jackson said, Loch Lomond is one of our great national assets and it is enjoyed by many people throughout the country and the world. It is a vital attraction for developing our tourism industry. It is not just welcome, but essential, that services such as the Loch Lomond rescue boat service exist to help those who enjoy the facility of the loch. The service exists not just to rescue, but—as members have said—to encourage a better awareness of the dangers of using the loch. The service educates people by promoting various aspects of safety.

It would not be appropriate for me to engage in a debate on the Emergency Workers (Scotland) Bill during this members' business debate, but suffice it to say that extensive consultation has been carried out and the Minister for Finance and Public Services has reflected carefully on what he has heard from a range of people employed in different professions throughout the country. I think that he has come up with a considered package. No doubt he would take into account some of the comments that were made by Stewart Maxwell, but it would be inappropriate for this debate to be turned into a debate on what might or might not be included in the next stage of the consideration of that bill. The decisions that have been made on what should and should not be included have not been made lightly and have been made for good reason.

We understand the pressures that search-and-rescue teams face, but it is also right to say that we do not generally provide funding to volunteer rescue teams—although there is a specific issue in relation to mountain rescue. Similarly, we do not provide financial support to a range of local voluntary organisations throughout the country. Perhaps, in the fullness of time, the Parliament might want to take part in the debate about whether the Scottish Executive should provide direct support to local organisations, as Jackie Baillie, Stewart Maxwell and others have suggested. It might be that we should top-slice money for many of the organisations that would like us to provide the money directly to them rather than through local authorities, the police or other services. That is a legitimate debate for the Parliament to have in the future but, generally,

local services are supported by local agencies rather than by the Scottish Executive.

Jackie Baillie: I entirely understand that point and concur with it. However, I suggest that there is a role for the Scottish Executive in encouraging the efforts of local organisations and encouraging others to respond positively to calls for funding.

On behalf of Sylvia Jackson and on my own account, I would like to issue the minister with an invitation to take a trip out to Luss, where the rescue boat is based, to see at first hand the valuable work that is done.

Hugh Henry: If my timetable can accommodate it, I would be more than happy to take up that offer.

Jackie Baillie pre-empted what I was about to say. While we do not provide central, national funding to local organisations, I recognise the strength of the case that has been made. Following this debate, prompted by Jackie Baillie and others who have spoken, I will draw some of the powerful comments that have been made to the attention of the police forces, who have primary responsibility for land and inland water search and rescue services. I will ensure that they appreciate the level of support that exists for the organisation we are discussing and ask what their plans are for future provision of the service. Indeed, I will also make inquiries of the local authorities in the area to find out what assistance they intend to provide. I acknowledge that they make a small contribution at the moment.

Murray Tosh: Will the minister put the same point to the Loch Lomond and the Trossachs National Park Authority, which is Executive funded and has a substantial responsibility for the safety and well-being of the people it encourages into the area?

Hugh Henry: I was just about to mention that authority. However, I will not direct it to provide assistance; I will highlight the points that have been made tonight. I will draw them to the authority's attention, indicate the level of support and ask what its intentions are with regard to the provision of the service.

I recognise that, at the moment, the funds that are provided by the police and other bodies are only a relatively small part of the running cost of the service. As has rightly been pointed out, people need some feeling of stability and continuity. That applies to other organisations as well. I hope that the points that I raise with the bodies I have mentioned will be given proper consideration by those concerned. Jackie Baillie has mentioned that as a requirement.

Having said that and put it into the context of where responsibility lies, I am happy to make

appropriate inquiries on behalf of those who have spoken tonight. I hope that, as a result, I can ensure some wider recognition of the invaluable service that is provided by dedicated volunteers whose efforts are all too often underplayed—not by them, but by the rest of us. I know that they are not doing what they do to gain plaudits, recognition and credit, but the fact is that, without them and others like them throughout the country, not only would many more people have a poorer quality of life but, as has been pointed out, many people—not only drunken sailors—would find their lives in danger.

The volunteers provide a valuable service and are to be commended. I thank Jackie Baillie for bringing this matter to our attention.

Meeting closed at 17:40.

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