

Procedure Committee

Oral evidence: Voting by proxy, HC 722

Monday 6 December 2021

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[Watch the meeting](#)

Members present: Chris Elmore (in the Chair); Aaron Bell; James Gray; Nigel Mills; Owen Thompson.

Questions 86-141

Witnesses

I: Sir Bernard Jenkin MP; the Right Hon. Harriet Harman QC MP.

Written evidence from witnesses:

- [Sir Bernard Jenkin MP](#)



Examination of witnesses

Witnesses: Sir Bernard Jenkin MP and the right hon. Harriet Harman QC MP.

In the absence of the Chair, Chris Elmore took the Chair.

Q86 **Chair:** Good afternoon. Welcome to the Procedure Committee's ongoing inquiry into the expansion of proxy voting. Today we have Harriet Harman, the Mother of the House, and Sir Bernard Jenkin, Chair of the Liaison Committee. Thank you both very much indeed for coming. As you would expect, we have a series of questions around the process, where we are, and where we could be going. I would be grateful if you both made some opening remarks before we got into questions. Can I start with Ms Harman, please?

Ms Harman: Thanks for asking Bernard and me to give evidence this afternoon, and for the work that the Committee did on proxy voting for what was known then as baby leave—leave for maternity and paternity reasons. I have looked at the evidence that you have taken so far from Diana Johnson, Charles Walker, Amy Callaghan and Tracey Crouch, and obviously at the paper that Bernard has put forward. I think there is a very strong case for extending proxy voting for those who are not able to attend through reasons of being ill or undergoing treatment.

We always all bear in mind that the work of the House is of enormous importance, and the atmosphere in the House and having a critical mass of Members in the House is important. We have to think of the organism that is the House of Commons. Actually, however, the overwhelming majority of people do not need to be off because they are having long-term health treatment or an episode of mental ill health. I think that it is quite safe for us to extend proxy voting to those who are ill without feeling that we will undermine the ability of Parliament to hold the Executive to account. The evidence that you had from Amy and Tracey was very compelling, and I agree with it. The issue is the procedures by which you do it. They have made the case that it should happen. The devil is in the detail, on which you are very helpful to the House—on how you enact this in the way that is best for the Member and right for the House. I have some thoughts on that.

Q87 **Chair:** Thank you. Sir Bernard?

Sir Bernard Jenkin: Thank you very much indeed for this opportunity. In a nutshell, the problem that is before the Committee may not have existed before covid, but we now have proven systems of proxy voting. It is for the House to choose which categories of people should have proxy voting. The principle that there should be no proxy voting has been breached by the implementation of maternity leave and by allowing proxy votes.

We now have the following bizarre situation, which is what motivates me to be here more than anything: on one evening, a mother with a newly born child was walking around the Palace of Westminster, not required to



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vote but perfectly able to, while another colleague of mine, Cheryl Gillan, who was at home, incapacitated, was perfectly sound in mind and perfectly capable of exercising a proxy vote, but was unable to prove to her constituents that she was capable of carrying out her constitutional function. That caused her enormous grief and bitterness, and was deeply unfair, so I instigated a campaign called Cheryl's vote—it has not been a very noisy campaign, but it is a campaign nevertheless—which I referred to in my tribute to her in the House of Commons.

We also have another difficulty in this day and age. With or without covid—we have no idea how long covid or its variants will continue; it may be for years or decades—it is more likely, because of modern medicine, that people will be incapacitated for long periods and unable to be physically in the Division Lobbies. It seems unfair that individuals who are perfectly capable of representing their constituents in Divisions are unable to do so because of a technicality. I point out that that technicality did not exist when the system of Division Lobby voting evolved, which was long before the telephone, let alone the internet. Now, we have that choice at our disposal.

There is another matter relating to people with caring responsibilities. However fairly or unfairly, in our culture, caring responsibilities tend to be carried out more by women than by men. It is a fact that men and women have different life experiences, and women, if they are having children, face many more challenges than men—that is just a physical fact. Culturally, women tend to look after elderly relatives as well, however justly or unjustly. The failure to provide proxy votes in those circumstances is indirectly discriminatory against women. It certainly discriminates against people with caring responsibilities, and as more women have more caring responsibilities, it is indirectly discriminatory against women. That is not something that we should tolerate.

Finally, we will talk about the technicalities, but on the need for someone with caring responsibilities to seek permission from the Whips Office if they need to be absent to do something vital for their child or an elderly relative, the Whips Offices cope very well and act very humanely in most circumstances, but there are circumstances where they cannot. Their primary responsibility is to the Government of the day, or to the party of Opposition, and they cannot always deliver. Proxy votes would resolve that problem. That would also be justice for constituents, who are not represented when their Member of Parliament is forced—rather than chooses—to be absent.

Q88 Chair: Harriet, when you gave evidence to the Procedure Committee in 2018—you may remember that I was a member of it then—you were opposed to extensions to proxy voting for long-term illnesses, but your position has changed, and you can now see the benefits of it. Purely for the record, and so that we can understand, how has your position changed?

Ms Harman: It is not so much that my view has changed; it is that I felt that that was the best way to establish that proxy voting could be done. I



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felt that the most urgent thing was maternity and added-on paternity leave. The House could get used to the idea of proxy voting for that, and then think, exactly as you are doing now, about extending it to those who are sick. I did not think it was a good idea at that time to make the argument by saying, “We want it for maternity and paternity, and for mental and physical ill health,” because we were having enough trouble getting it through for maternity leave, quite frankly.

Chair: I remember that well.

Ms Harman: Maternity and paternity were the thin end of the wedge. I am in favour it for the reasons that Bernard very eloquently set out, and for the reasons that Amy and Tracey set out. The idea that, because you have an immuno-suppressed situation and covid is still around, you cannot have your vote recorded is wrong. I think it should be extended, but I agree that we should be able to keep pairing at the same time. This is not instead of pairing. Pairing is something different, and it will, for the reasons that Charles Walker mentioned, be offered in cases where people will want to do pairing but not have a proxy vote.

Also, I think there is a case—Bernard takes a different view on this—for those who are on a visit as part of a Select Committee inquiry to have a proxy vote, rather than pairing. That leads you on to Government business, which is slightly different from Select Committee business—business of the House, if you like—but that is something that needs to be looked at.

We all know that when we had proxy voting and nobody was in the House, we did not feel that we held the Government to account in the way that we should or could have, because there was not a critical mass of Members there, but I still think that with these extensions, that should not be a worry, because the majority of MPs will be in the Chamber, voting in person and holding the Government to account. Although these seem like big extensions, they are for only a small number of people. I am mindful of the atmosphere and the climate in the House, and the importance of the ability to hold the Government to account when there are more of you.

Q89 **Aaron Bell:** I want to follow up on what you said about the total numbers, Ms Harman, and Bernard’s suggestion about caring responsibilities. Are you at one with Bernard on caring responsibilities being covered by an extended proxy scheme? You have mostly spoken about illness so far.

Ms Harman: Yes. I saw Tracey Crouch’s response on this when you asked her. Basically, if we are going to set an example to employers, and if we want people who are in employment to have reasonable carer’s leave, it is not unreasonable for us to recognise that ourselves. Of course, Bernard is absolutely right that not having it is indirectly discriminatory against women, but I think that I would go along with what Tracey said about that, which is that it should be given when it is reasonable situation, as it would be in the case of an employer.



Q90 Aaron Bell: The difference is that with illness, we are anticipating that you would have a proxy for a period for time, because it would be a reasonably long-term illness, whereas with caring it could be that you need Monday evenings every week, or something like that. Under Bernard's proposal—correct me if I am wrong, Bernard—you could apply for a proxy on each Monday, if that was the day you needed for your caring responsibilities. Is that something that you would be comfortable with, Ms Harman? Then I will ask you, Bernard.

Ms Harman: There is a difference between flexible working, where you arrange with your employers that you are going to work three days a week rather than five in order to balance your home and work responsibilities, and carer's leave, where you have a child who falls ill and needs to be in hospital, and you need to be either at home looking after the other children or sitting in hospital with that child, or you have a parent who becomes elderly, vulnerable and frail and you have to look after them. I know that you are still caring for children when they are of primary-school age, up until whenever—later and later, as it turns out—but that is not quite the same as carer's leave. It is more problematic to do flexible work than to have a proxy vote for which you could get a certificate that says, "I need time off because my mother has growing problems with dementia, and I need a proxy vote during that period." I would see it as being for proper, capital-C carers.

Q91 Aaron Bell: I understand that, but obviously that could stretch for years into the future, and if you are an MP and you have a child who is born severely disabled, you could argue that you might need that carer's proxy, if you like, for the whole duration of your time as an MP, if you are going to have that caring responsibility. Is that something that you would be comfortable with?

Ms Harman: There is always the fact that, when you come to the next election, the voters will decide whether they think you have discharged your duties as a Member of Parliament, which involves both being in your constituency and being in the House. I think that the voters are the backstop in all of this, and I think that we should enable MPs to use their judgment about what is reasonable. There is also a difference between somebody getting elected and the situation already being the case, and something happening after someone is elected. Perhaps I will hand over to Bernard at this point.

Q92 Aaron Bell: Sir Bernard, you put caring responsibilities in your proposal. Do you see that as analogous to a situation where you are formally a carer for somebody, or is it that you might have caring responsibilities on a given day?

Sir Bernard Jenkin: It is an interesting question. I was just trying to find out, very quickly, how many carers there are in the UK. We want a representative Parliament; should carers not be able to be part of the representation of the British people in Parliament? I would say yes, they should. I don't imagine that Parliament will fill up with people with caring



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responsibilities; that would be a remote contingency that we would have to deal with, but it's not going to happen, is it?

Principally, this is about women. Unlike the Labour party, the Conservative party has not adopted all-women shortlists. The women who stand for Parliament as Conservatives have to be appealed to and attracted. I think one of the reasons why women's parliamentary careers tend to be much shorter than men's is that they tend to accumulate the caring responsibilities. Just look at the figures. Are they caring for children? They break their careers to have their children, or come in later. We need to make this Parliament a more acceptable employer for people with caring responsibilities and people with children. I saw you shake your head, Harriet, but I'm not sure you disagree.

Ms Harman: The reason why women are less likely to spend as much time in the House as men—they serve a third less time—is that they arrive later in the House of Commons, because of their caring responsibilities, and they are more likely to be in marginal seats and therefore are more likely to be hoofed out. That's just a little factual aside.

Q93 **Aaron Bell:** I was going to give you the right of reply, because I saw you shake your head.

Finally, I will just press you on this, Bernard. When you refer to "caring responsibilities" in your proposal, is that analogous to being a carer, or is it that you might have caring responsibilities on a given day for a given vote?

Sir Bernard Jenkin: We would have to think about where the boundaries lay for that. It may be that a person has extensive caring responsibilities for a significant amount of time, and ultimately, if that spanned a general election, it would be up to the electors of that constituency to decide whether that person was carrying out their obligations to their constituents.

Basically, apart from swearing in at the beginning of a Parliament and turning up for votes, this is a very flexible job, unless you want a ministerial career and you are trying to please the Whips; then it becomes a very inflexible job. It should be possible for someone with extensive caring responsibilities over a long period of time to be a Member of Parliament and not change the course of history by missing votes.

Q94 **Nigel Mills:** I want to pursue this issue of a parental proxy vote, Bernard. My children are 20 months old. Are you saying that I could have a proxy vote for the next 10 or 12 years, so that I could be home to bathe them and put them to bed in Derbyshire every evening? That seems—

Sir Bernard Jenkin: As I say, there would have to be some reasonable tests. What provision have you made for childcare that would enable you to vote in the House? What does your partner do? How do you share your parenting responsibilities? There would have to be a conversation.



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Under my proposals, I suggest that the application should be made to the Speaker by way of an e-form or something, which also nominates the Member to hold a proxy vote, and then the Speaker or the Chairman of Ways and Means, on the advice of the Clerk, would have to decide whether it was a justified application. I imagine that we would need to spend some time working out the criteria, and they would be quite subjective, but I think it is important that nothing should be in writing to specify the reason. That should be the subject of a conversation; otherwise, I fear that people will be deterred from applying for a proxy vote because they are concerned about the exposure of their private and personal lives, and I don't think that would be justified.

One of the reasons given for not having a proxy vote for illness is that it would advertise that the Member is suffering from a long-term illness. That might be a very private and personal thing that they do not want to expose, so it should be possible to simply provide for it and not give a reason. In answer to your question, I think there would have to be conversations. We cannot have colleagues taking liberties with the system, and that would be the challenge, wouldn't it? That is what you are referring to.

Q95 Nigel Mills: I just think that having a proxy vote for a defined or relatively limited period is very different from having one that could be there for a decade. If I don't want to speak in the Chamber today, I can just stay in my constituency and put my children to bed. That's a big stretch, isn't it?

Sir Bernard Jenkin: Under my proposals, obligations to be in the constituency would not count, because we are elected to serve our constituency in the Palace of Westminster—in Parliament—rather than to serve Parliament in the constituency, I would argue.

Q96 Nigel Mills: But many of us have our children in the constituency.

Sir Bernard Jenkin: Yes, you may have caring responsibilities in the constituency. I speak as the child of a politician, and I remember my parents going out in the evenings and my father being absent for very long periods of time. I don't think that is a particularly good advertisement for political life, if we want to attract good-quality people into politics—whether they are men or women. I remember my father very rarely turning up at the school play, if ever. My father was absent from my graduation. Okay, he was in the Cabinet at the time, so that was perhaps a different kettle of fish, but these things leave their scars on children. I am at the stage in my political career that I know when to tell the Whips to get lost, but people who are much younger and perhaps less used to the place do not feel that they can do that. I think there should be a more established system of providing for absence that does not affect the fate of a Government in a vote—that is the point.

Q97 Chair: Bernard, you have touched on it a little bit, but could you please just talk us through your scheme in the paper that you have put forward?



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Sir Bernard Jenkin: It is very basic and schematic. It is a concept rather than a developed scheme. A Member who has to be absent from a Division or Divisions for reason of illness or vulnerability, or for caring responsibilities, would make an application for a proxy vote or votes by way of a form. The Speaker and the Chairman of Ways and Means would determine the legitimacy of the request on the advice of the Clerk or someone nominated by them. The form would not specify in writing but would be subject to a conversation in person or by telephone, to establish the reason for the request and its legitimacy—that is what we are really talking about just now. That privacy is necessary to avoid unwarranted exposure of personal circumstances. If the application is approved, the Member and the Member nominated on the form are informed of the decision that they have the responsibility to cast the vote.

Chair: Let's hear from Aaron briefly on this, and then I want to bring in James to start the next section.

Q98 **Aaron Bell:** Thank you, Chair. I want to ask a question to both witnesses, starting with Sir Bernard. We had a discussion last week about whether remote voting could be an alternative, alongside having a nominated Member as a proxy. What are your opinions on the potential for using remote voting so that the Member would have to actually cast the vote, as we did during covid?

Sir Bernard Jenkin: It would resolve the problem, wouldn't it? I see no reason for that, but that would apply to maternity as well, perhaps.

Q99 **Aaron Bell:** Gary Sambrook, who is not here, made the case quite strongly last week that there are certain times that you want to be, essentially, completely slipped from this place, so you do not have to think about it. On the other hand, some people argue quite strongly that actually thinking about the vote is important. Would you see those three potential routes—pairing, a nominated Member or a remote vote—operating in parallel, or would you rather reduce it?

Sir Bernard Jenkin: I am happy to leave that to you—the absence of remote voting or proxy voting. I can see the advantages of remote voting. It has possible security implications, and people forgetting to vote when their phone goes off. Mind you, that happens when they are in the building as well, so that is nothing new.

Q100 **Aaron Bell:** You are not against it.

Sir Bernard Jenkin: I am certainly not against it. Either would be progress.

Q101 **Aaron Bell:** Harriet?

Ms Harman: I am just thinking about the principles that are important to apply here. First—I do not think there is a problem about this, but we need to show that we understand it—there needs to be a critical mass of Members in the House for the House to operate. Nothing Bernard has said threatens that, but we should make it clear that we are talking about this in the context of understanding the importance of a critical mass of



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Members in the House for the function of holding the Government to account. Secondly, it has to be proofed against abuse, because all of us suffer if any individual Member of Parliament abuses the system, and then we have a backlash and a retrenchment. It needs to be abuse-proof. Thirdly, it needs to be non-discriminatory and needs to counterbalance the unequal division of labour in the home that Bernard referred to.

Fourthly, it needs to get the right balance between transparency, which the House owes to the public and to voters, and privacy, which Members might need at any particular time. I think there also needs to be proper accountability. The idea of not specifying in writing makes me feel a bit nervous. You could have a bit of an old boys' network whereby somebody agrees with somebody on the phone, but somebody else who is not in such good odour with the usual channels and the inside track does not get it. We can trust the House authorities to be confidential. I do not think there have ever been examples of the House authorities breaching Member confidentiality. There are plenty of examples of us all breaching each other's confidentiality—not you, Chair, but the Whips. However, I think the House authorities can be trusted enough for us to put in a sick note or to put in that we have some particular episode of caring responsibilities.

For the Committee to be assured that all those principles are properly being adhered to, I think it is worth doing, as you have already done, a phased approach. Bernard raises a lot of very important fundamental questions about MPs who are parents compared with MPs who are not, or MPs who represent constituencies miles away in Scotland, compared with me, who is 15 minutes away. In a way, there needs to be a step-by-step approach. The next step that the House could very safely take is for sickness and episodes of caring responsibility, but I think we also ought to have, side by side, pairing, proxy voting and remote voting. The cat was out of the bag as soon as we were able to do remote voting, and it worked. It was trying to be put back in the bag even before covid had finished, but I think that we should allow remote voting again. At the end of the day, constituents will judge whether we have been here enough. It will become an issue among the voters if we get the balance wrong. It is for each individual Member to work that out.

Sir Bernard Jenkin: I felt very suspicious of moving to universal remote voting as a permanent solution, where people sit in their offices and push a button. I would be very opposed to that.

I do not think that is what you are recommending, Harriet, is it? The House of Commons works because people are milling around the Chamber, not just because they are in the Chamber, and when they are waiting for a vote, there is so much interaction and organic argument about so many things, both between Government and Opposition and within the political parties, and of course involving Ministers and shadow Ministers. It is such an important part of the way Parliament operates that we were completely robbed of during covid, so I am not in favour of making a general dispensation for push-button voting or remote voting.



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Secondly, I am all in favour of being able to write down and be more specific about what the reasons are for applying for a special proxy vote or a special remote vote, provided it does remain confidential. The reason I have suggested it should not be written down is that although I have not taken copious advice about the matter, I would be surprised if it was covered by article 9. Maybe we could make the entire process to be proceedings in Parliament, and therefore it would be covered by article 9.

Aaron Bell: I have a bit more on transparency later.

Sir Bernard Jenkin: But if it is not covered by article 9, sooner or later, some FOI request will get through. That is going to discourage people, and many right hon. and hon. Members will not actually give evidence to inquiries by the Committee on Standards or if IPSA is doing a consultation about salaries or something, because they fear their consultation is going to be made public and therefore they cannot be honest. I think we want a space in which people can be absolutely candid about the reasons why they need a proxy vote, and then whoever makes a judgment can be absolutely confident that the Member is being candid and would avoid reputational problems as a consequence of that.

Q102 **James Gray:** We have been slightly leaping around the place. I would quite like to bring us back, if I may, to the principle. First of all, the principle we have been discussing with regard to Cheryl Gillan, for example, is very clear, and I think it is a part that has been solved. I think it would be a very heartless Parliament that reverted to the situation where people who are extremely ill were wheeled into the Lobby in a wheelchair or a hospital bed, and so on, and I think that point has been very well made. It is very easy to imagine the extension of maternity proxy voting to extremely ill people. I think that is a very logical, sane and sensible thing.

However, in both of your discussions so far, you have been less than precise, I think, about the scope that you would foresee. Harriet, you said it was the thin end of the wedge initially, then you said it is now going to be a step process that is going to get bigger and bigger—that was the implication of that—and Bernard, you were talking not only about very ill people, but of course about carers. Would you not agree with me, before we get into more detail on it, that if this system is going to achieve recognition and acceptance, it has to be extremely clear about who is and is not eligible for proxy voting? If it is not extremely clear, the risk of people taking the mickey is quite high, is it not?

Sir Bernard Jenkin: I agree with that, yes.

Q103 **James Gray:** All right. In that case, first of all, leaving aside for a moment carers, Select Committees, Government business and a number of the other areas we have talked about, let us talk about illness for one second. Plainly, somebody who is extremely ill in hospital, or has chemotherapy or very extreme mental illness, would be eligible. What about if someone's got the flu?

Sir Bernard Jenkin: It is a good question.



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James Gray: That is why I asked it.

Sir Bernard Jenkin: It is a perfectly fair question. I think the answer is, "What is the balance of risk?" Somebody would have to make a risk-based assessment as to whether that person coming into the building was a risk to themselves and a risk to others. At the moment—

Q104 **James Gray:** But that is a different problem. The risk assessment is quite different to what you were saying. A moment ago, you were saying that the person themselves would seek it.

Sir Bernard Jenkin: At the moment, somebody who is instructed to isolate cannot get a proxy vote.

Q105 **James Gray:** You have completely changed your argument. A moment ago, you were suggesting that the person themselves, feeling ill or being ill, would seek to have a proxy vote. Now you are suggesting that it might well be that we would prefer them to have a proxy. That is an entirely different point.

Sir Bernard Jenkin: Mr Gray, I agreed with you. It would be very nice to have everything very clear. You asked a yes-no question; I answered it.

James Gray: That was my former question. My second question was—
[*Interruption.*]

Chair: Order. Please, gentlemen, one at a time. Let Bernard respond, and then, James, I will bring you back in.

Sir Bernard Jenkin: It seems to me that you have conceded the principle that somebody who is incapacitated should be able to have a proxy vote. The question is how we implement the practice. Yes, it would be very nice to make everything very clear but, in the end, judgments would have to be made. That is why I think that it should be ultimately accountable to one of the most senior elected officers of the House, advised by the Clerk of the House, but custom and practice would build up.

Q106 **James Gray:** I want to focus on the scope for a moment.

Sir Bernard Jenkin: It depends on how bad the flu is, doesn't it?

James Gray: It is very easy to say that custom and practice will build up and someone will have to decide, although I would not want to be the person who would have to make the decision, but if we are going to agree to this, or propose it to the House, we have to have some kind of idea of what we are proposing. While, as I say, it is very easy for chemotherapy, my question was: what about flu? Incidentally, it is nothing to do with risk assessments; it is to do with the person themselves. Harriet, what do you think about flu?

Ms Harman: I would think not for the flu, given the length of time. If it just a short episode of a week or two weeks, do you want to have all the administrative activity that goes alongside it? At the risk of sounding a bit unambitious, I would start with how it seems to me that you are



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envisaging it, which is a course of treatment, or a long-term newly arrived caring responsibility, or something like that, rather than flu. Of course, if there is remote voting, you could self-certify and remote vote yourself, but if we are talking about proxy voting, which has a certain amount of machinery to underpin it, I think a short period would not warrant it.

Q107 **James Gray:** I do not want to bore the Committee by going through a whole list of things, but I think you have made the point by the difference between you that it is going to be extremely difficult to define who might or might not be eligible for proxy voting. Who would have that responsibility?

Ms Harman: I think you should just get a doctor's note, like you do—

Q108 **James Gray:** But a moment ago, Harriet, you said that the flu for a week or two weeks would not be acceptable, whereas Bernard was not able to answer that question, so there is a difference between you. The question is who is going to make up the list of what would be acceptable and what would not be. Is it going to be long-term care, long-term illness, a broken neck or a broken finger?

Ms Harman: If you have a sick note system, the House could lay down the amount of time that you would have to be anticipating in order for it to be worth getting a proxy vote.

Q109 **James Gray:** How long would that be?

Ms Harman: I don't know—I have not thought about the time period—but not a de minimis, a day at a time. We are talking about a course of treatment, some sort of chronic phase of illness, post-operative recovery or something like that. On whether the person qualifies within those categories, you get a doctor's note that says, for example, "Amy can't travel down from Scotland during this period."

Q110 **James Gray:** Leaving the process to one side for a moment, we really have to focus on this particular point. If you are going to come up with definitions of certain things that would be eligible and certain things that would not be—so a long-term condition of one sort or another would be eligible, but a very short-term one would not—who is going to make that decision? Who will decide that some things are eligible for proxy voting, and others are not?

Ms Harman: The House could decide a simple time limit. You just decide that you cannot get a proxy vote unless you think that are you are going to need it for a month or for two months. There will be no right or wrong on that; the House will just have to decide what it is comfortable with.

Q111 **James Gray:** Bernard?

Sir Bernard Jenkin: I am most grateful, Mr Gray. I am also very grateful to you for conceding the principle. On the question of the time limit, if the time was creating a huge amount of short-term absence and a lot of congestion in the system, I would suggest that the time had been set too short.



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But the principle is that, whether the reason is flu or anything else, if someone is a significant risk to themselves by coming into the House of Commons, or a significant risk to others—by “significant”, I mean that they are going to cause other people serious illness, which would be a risk to themselves. I think you will find that, historically, Members of Parliament with flu have generally voted. They have been enjoined by the Whips that, “If you can stand up, you will come in.” I would suggest that that kind of criteria, which are applied already in a rather cruel way, are the sort of criteria that would justify—

Q112 James Gray: The risk to others is a separate point. What we have been talking about is people seeking to have a proxy. Let’s put that on one side for a moment. I think probably our conversation has concluded that there are definitional difficulties; we would have to consider very carefully what would be defined as a suitable thing for a proxy or not. Let’s leave that to one side for a moment.

You also indicated in your paper, Sir Bernard, that you feel that carers should be eligible. Again, I think I’d concede that someone who has very demanding care responsibilities for a terminally ill partner or for a variety of other reasons—we can all think of very serious occasions—should be eligible. I think it would be very harsh to say, “You can’t. Your husband is just in the process of dying. You can’t.” That would seem to be fairly obvious. But you did touch, for example, on childcare. Surely, if you were to include ordinary, routine childcare—Nigel Mills’ questions went down this line. If you were to accede to the fact that relatively ordinary childcare should make you eligible for a proxy, would you accept that one of two things would then happen? First, there would be very large numbers of people with children who would become MPs because they would realise that they would not have to appear, because they had childcare responsibilities. Or secondly, over time, constituency associations would say, “Hang on. You’re one of those ones who don’t turn up. Because you have childcare responsibilities, you can have a proxy. We want you actually in Parliament.” Therefore, there would be discrimination against people with those kinds of responsibilities, rather than favour of them. Is that a possibility?

Sir Bernard Jenkin: I suppose, theoretically, it is, but I think we’re dancing on the head of a pin. First of all, the principle that mothers with newborn children and caring responsibilities—that principle has been conceded; it’s a question of what other unavoidable caring responsibilities Members of Parliament might have. I know one senior and very able Member of Parliament who left Parliament because she knew she had to look after her mother. I think that is discriminatory. I think we should be able to accommodate people who have caring responsibilities of an acute nature. And I’m afraid I don’t think that means, “I do the school run every evening. I can’t be here between 2 and 5.” I don’t think it means that.

Q113 James Gray: We’re getting into definitional questions, aren’t we?

Sir Bernard Jenkin: Yes, but there are definitional questions about implementation that accept the principle. To kibosh the whole thing



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because there are going to be definitional difficulties—just have a look at Standing Orders. There are definitional difficulties all the way through Standing Orders.

Q114 **James Gray:** I wasn't kiboshing it, but I was questioning the principle because of the definitional difficulties that it would lead to.

The third element is the same thing. I think it was you, Harriet, who talked about Select Committee visits overseas. Presumably, you could extend it to things like the Council of Europe, perhaps, or the NATO Parliamentary Assembly—things where, on behalf of Parliament, you are required to be away for meetings. You could foresee that occurring.

Ms Harman: It might be worth just going through with the Whips what are the things that they actually find that they are having to pair people for, and then working out which of those things would justify a proxy vote and which wouldn't. In the absence of remote voting as part of this discussion at the moment, I think that the next step is a sensible one, which could ensure that progress is made without it causing further problems that had not been foreseen and then everybody needing to retrench, and which is about periods of ill health or newly emerged caring responsibilities.

Q115 **James Gray:** In general, would you accept my thesis—which may be hidden behind my line of questioning—that two things would result if you added together all those people: those with long-term illnesses and those with a less long-term illness; those with caring responsibilities for the elderly, children and others; people going on Select Committee visits; people going to the NATO Parliamentary Assembly; and all sorts of other things. First, you could end up with a very significant number of people having proxies. If you add together all those people at any one moment, especially with those who might take advantage of the weaknesses of the system, you could be talking about an awful lot of people. That is the first problem.

The second problem is allied to that. If you are suggesting in your paper, Sir Bernard, that it should be the Speaker or the Chair of Ways and Means who decides those matters, you could be talking about dozens and dozens of people. In your oral evidence a moment ago, you suggested that the Speaker of the House of Commons should have a conversation with someone whether or not their partner is truly ill. In that case, you are talking about a gigantic administration effort, which would potentially result in very large numbers of people not being here, and then the critical mass, which you described, Harriet, does not occur. Do either of you see those difficulties?

Sir Bernard Jenkin: You are absolutely right to ask those questions. I do not resent them at all. Just to be clear, I think that the Speaker or the Chairman of Ways and Means would act on the advice of a Clerk, and the conversation would not necessarily be with the Speaker or the Deputy Speaker; it would be with the Clerk, in order to create one remove—

Q116 **James Gray:** So the Clerk would decide?



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Sir Bernard Jenkin: Well, the Clerk would advise. They do, you know. The point is that it would remove the administrative burden from the elected—

James Gray: Hang on—

Sir Bernard Jenkin: If I could just finish my point—

Q117 **James Gray:** This is a very important point: are you saying that the Member would have a discussion with the Clerk, and the Clerk would then decide whether or not to recommend a proxy to the Speaker?

Sir Bernard Jenkin: I would imagine that in the vast majority of cases, that would settle the matter perfectly amicably.

Q118 **James Gray:** Then it would be the Clerk who decides.

Sir Bernard Jenkin: In the vast majority of cases, the Clerk would advise the Member. I am afraid I cannot advise the Speaker or the Deputy Speaker to do that. I can advise the Deputy Speaker—

Q119 **James Gray:** So the Clerk decides?

Sir Bernard Jenkin: Well, you could say that the Clerk decides. However, there would be a system and a set of criteria, as you say. On the other point you raised, which I have now forgotten, about the general number of people who might be absent, I think it would be quite a good idea—unless we have a very limited scheme, which seems to be what you have conceded—for there to be some research to ask Members, “If proxy voting was available for this or that circumstance, how often would you avail yourselves of it? How often would you request it?”, in order to get an idea of the data. I certainly think we should go into this with our eyes open.

I feel, from this conversation, that I have secured Cheryl’s vote. If someone is long-term sick—if they are in chemo—and they cannot go out because of a rampaging plague in the outside world, but they are perfectly sound of mind and could exercise a proxy or remote vote, then that person should not be deprived of the ability to represent their constituents. I feel we are getting somewhere, but I do understand the complications—

James Gray: But I don’t oppose that.

Q120 **Chair:** Harriet, do you want to come back on anything that James was asking? It is entirely up to you.

Ms Harman: What we are really talking about are the people who are currently recorded as abstaining because they are paired, and whether we want to shift any people in that cohort to join those on a proxy vote. I strongly agree with Bernard that people who are long-term sick, who are undergoing treatment or who are caring should be moved from being recorded as abstaining to having a proxy vote, so that they can participate in votes by proxy, rather than just being registered as abstaining.



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The formula of having a sick note provides certainty for that next step, and I think it is right to set a high bar. I think it is right that reform is not undertaken willy-nilly, in case it has unforeseen consequences, and that a high bar should be set.

Ultimately, there is a point in what Bernard is saying: it would be useful to have in the House—indeed, there are people in the House—who have caring responsibilities who can testify from what we now call “lived experience” of what a nightmare it is to get primary care, to deal with chronic long-term services, to deal with pharmacies not being open, and to try to get social care to work. All of that is helpful to the House to actually not exclude those people. The next step is to move those people who are recorded as abstaining at the moment and who, like Cheryl Gillan, wanted to participate, as well as Amy, Tracey and many others, to proxy voting with a medical certificate.

James Gray: It is interesting, if I may—

Chair: One more question.

Q121 **James Gray:** I chair the Armed Forces Parliamentary Scheme, which often has the exact same number of Labour and Conservative and Scot Nats and others on it. They are all paired, so they currently come under the pairing system. Would you allow people who are visiting the Army in Gibraltar, dare I say, to be paired?

Ms Harman: Well, I would allow Select Committees and people on a parliamentary scheme like that, but I would start with sickness if you are phasing it. I think “the thin end of the wedge” is perhaps the more colloquial way of putting “phasing it”, so that you can make a change, review it and have a consensus on it.

Ultimately, on the argument you said about people not selecting somebody as their candidate, that was an argument we had to confront when it came to the question of selecting a woman MP of childbearing age. It was, “Are you going to be asked, ‘Are you going to have children?’” That is exactly what happened. We had to argue that, actually, it is good to have a representative House of Commons with women who are balancing working away from home and being the principal carer in their family, and that it helps democracy, and therefore people should recognise that it is not undermining democracy, but strengthening it. But you have those arguments, and you make that case as you go along.

Chair: I will go to Nigel and then Owen, then I want to move on to transparency, because we have aired this in quite a clear way, and I am conscious of time as well.

Q122 **Nigel Mills:** Let me check my understanding first, Chair. Harriet, I think you are suggesting that the general expectation is that most Members would be here for most of their parliamentary career, and the proxy vote would cover an unexpected period of illness or caring responsibility. Whereas I think, Bernard, you are advocating that that presumption would not be the case and actually there might be Members for whom



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their expectation is that they would not be here the majority of the week or the majority of the time. Is that a fair summary?

Sir Bernard Jenkin: I do not think that one can generalise. As I said, I can think of one Member who left Parliament because she felt she was going to have too many caring responsibilities, and I am not sure that that is a very good system. We should be an employer that makes it easier for all kinds of people to work in this place and serve their constituents.

I do not imagine that a very large amount of people would want to be Members of Parliament if they had, or anticipated that they would have, long-term caring responsibilities, because they would want to do justice to the job. But just forcing everybody out who has long-term caring responsibilities is what you are effectively doing at the moment. We are all dealing on a spectrum here.

I do not anticipate that there will be large numbers of people absenting themselves from Parliament because they have caring responsibilities. If a few more people came into Parliament with caring responsibilities, would that be a bad thing? I do not think so, but I do not see great numbers doing it.

Q123 **Nigel Mills:** Can I ask about the mental capacity point? I think what you are envisaging is that somebody would be choosing to have a proxy—obviously, for whatever period we set. Are you envisaging that they would be directing their vote on a regular basis, or are you envisaging a proxy where they might be off for chemotherapy, will not be well and just want somebody to vote with their party for the next few months while they recover? Is that going to be permissible, or are you expecting it to be a much more engaged process?

Sir Bernard Jenkin: I would expect an engaged process. If somebody became incapacitated, I do not think that anybody could usefully say that they would know how they would vote on every Division. If somebody stepped outside into Parliament Square and was knocked down by a bus and was unconscious, I do not think you could suddenly say, “We’ll have their proxy vote.” If they lay in a coma for a long time, I do not think you could use their proxy vote. I think that creates a different problem. The particular concern that brought me here was Cheryl Gillan, who was perfectly sound in her mind but was incapacitated and confined, and therefore could not exercise—

Q124 **Nigel Mills:** I could be sound of mind but unwell from my treatment such that I am not following every vote on Report, not knowing which of the 100 amendments may end up being voted on, and therefore I cannot give a direction. And if I am not following it at 7 o’clock when the bell rings, I do not know it is amendment 43. How many MPs are actually following the detail of which amendment it is?

Sir Bernard Jenkin: We follow as much detail as we can, but when initially it becomes contentious, we tend to follow it more closely, provided someone is capable of that kind of interaction via telephone or Teams meeting. But let’s face it: very often, things are significantly



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uncontentious, and it is not unknown for the occasional Member to be in the Lobby, wondering what they are voting on. That is nothing new.

Ms Harman: As with maternity leave, you should not prescribe how much interaction the Member has with their proxy. Therefore, you have to leave it to their discretion. Some might want to say, "Look, I don't want to even think about this. I want to be getting breastfeeding established," or they might be in labour or whatever stage they have got to. They are placing their trust in that person to be their proxy, without having to discuss it all the time. Others might want to discuss it on a regular basis, but I think you have to leave that to the Member once you are satisfied that the circumstance justifies the proxy.

I would say long-term sick and new longer-term caring arrangements, with a sick note from the doctor, which then goes to the Speaker to be approved and a proxy vote comes thereafter, and review it and work out whether we will go down the other, more imaginative routes that Bernard quite rightly raised.

Q125 **Nigel Mills:** Do you think there should be a limit on the length of time you can have proxy? If there is no expectation that you will come back, perhaps at some point a proxy is not appropriate. It is hard to say that six months is okay but seven is wrong, but if someone is so ill that they are never going to come back, is that what we are trying to cover by a proxy, or is it meant to be a new responsibility?

Ms Harman: If it is covered by pairing at the moment, it lasts until the next election, when the situation is reassessed. I think the idea of people having to have an extra course of treatment and therefore losing their proxy might be a bit harsh in practice.

Q126 **Owen Thompson:** I wanted to come back briefly to the point about the number of Members who would or would not be on the estate to vote personally. Is it not the case now that if a Member is ill or on a Select Committee visit, the exact same people we are talking about here would not be here anyway, because either they could not be or they were otherwise engaged? We are talking about a system that could be regulated by proxy voting or remote voting or whatever, but currently it is about more of a nod and a wink through the pairing system. Actually, the overall numbers would not be vastly different from what we already have.

Ms Harman: I agree with that. That is why I see it by way of moving a certain group of people from abstention and pairing and not being here, to not being here but at least having their vote recorded.

Sir Bernard Jenkin: I agree with that. In fact, you put it better than I did.

James Gray: Before we move on, one final question.

Chair: Very briefly, James. And one at a time—we have a *Hansard* record to make.



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Q127 **James Gray:** It's always one at a time. Of course the difference between pairing and the system proposed here is that, under pairing, it is the Whips—Members of Parliament—who decide, but apparently under the new system that you have proposed, it would be the Speaker, advised by Clerks, who decides? Don't you think that is a very significant difference?

Ms Harman: It is a difference, and I think it is better, because the Whips' permission for pairing can sometimes be a bit of a mixed blessing. When I had my children, a long time ago, the last thing I wanted to do was talk to the Whips about my own personal struggles of having to combine work and being a Member, for fear that it might be used against me when they wanted me to do something that I was planning not to do. It is much better for it to operate with a medical certificate and to involve the Speaker. Pairing can run alongside that, for people who don't want to produce a medical certificate.

Q128 **Aaron Bell:** Briefly, on the point that you were making about moving people from the paired list on to the record, the concern that has been expressed is that some people who were previously here would take advantage of the new facility. Do you have any estimate of how many people are currently voting who would want to take advantage of that—potentially perfectly reasonably, or potentially taking the mick?

Ms Harman: But they wouldn't be able to if the criteria was that you had to have a course of treatment, a chronic illness, or an emergent caring responsibility.

Q129 **Aaron Bell:** You don't think there would be any fall in numbers here, as long as we draw the boundaries quite tightly?

Ms Harman: Yes—being clear about the boundaries, yes. I don't think that it would lead to loads more people joining the absent list. As Owen said, it would be people moving from abstention to the recorded vote.

Sir Bernard Jenkin: I really would recommend that the Committee conduct a SurveyMonkey-type survey, send it round to every Member of Parliament, and encourage them to fill it in anonymously. It would be part of the proceedings of Parliament, because it would be part of an inquiry, so it could be kept confidential, and we would find out how people think they would behave. That would tell us a lot.

Q130 **Aaron Bell:** I think it would depend on the terms of the scheme that we put in place, but we will discuss that on Monday, no doubt.

Ms Harman: If you're asking them whether they are going to be chronically sick for a period of time, I don't see how a survey can help you with that.

Sir Bernard Jenkin: But on the caring responsibilities, I think it would give an indication of how much demand there was, and of course it might encourage more people to come into the House of Commons who have caring responsibilities. It might also encourage mothers to come into Parliament while their children are at an earlier age. There are plenty of women—you are one of them, Harriet—who have struggled to combine a



parliamentary career with motherhood, but the ratio might change; that would be the point of it, wouldn't it?

Ms Harman: I have to say that from Labour's point of view the problem is not a lack of women with caring responsibilities who want to be MPs; it is that in the past they were obstructed from being MPs. We do not have a supply-side problem. In every region, and in Scotland, Wales and England, we have loads of women of all ages, with all kinds of caring responsibilities, be it for children or older relatives, wanting to be in Parliament and to speak up for what they believe in. I don't think that we need to do this in order to encourage people to stand. Once people are in Parliament, we need to make it a reasonable practice, and make them able to do it. This is sort of implying that women are timid, unconfident, problem-beset people who have to be encouraged to stand. That is not my experience at all of the sisterhood. Women are raring to get in, but are often obstructed by misogyny; that's why they're not getting in. Once they get in, let's make it fair and reasonable, as we would encourage other employers to.

Q131 **Chair:** To give my two penn'orth, there was discussion last week around fit notes; Harriet has certainly mentioned them today—the idea of there being a sick note, or some sort of clinical note. To expand on Aaron's point, I don't know what the Committee's report will say, but if there were set criteria, particularly around a fit note for clinical care, it would be very difficult if for people to cheat the system, because there would need to be some sort of decision maker. I accept the point that James made about how we get to that point, but I think it would be quite something, bearing in mind that all right hon. and hon. Members are honourable, for someone to circumvent the system.

It is the same with caring; I would struggle to find a colleague on either side of the House who would invent the need to care for an elderly relative or a sick child, and run the risk, as was mentioned, of that being made public. I take Aaron's point entirely, but it is difficult to see how the provision could be used by colleagues in order not to be present. Looking at James's point about this being done in memory of Cheryl Gillan, that is about extreme clinical need or care. Perhaps that point has been accepted today, as it was last week with Diana Johnson and Charles Walker.

There is a process to go through. I remember the debates on baby leave; some colleagues—Harriet will remember this vividly—were vehemently proposed to it. Seven years on, we are in an accepted position, and it works remarkably well.

Ms Harman: Now they all think it was their idea.

Chair: I also remember that very vividly. I remember it very well, but I don't want to go too far down that route.

Sir Bernard Jenkin: If you were to conduct a survey, it would be interesting to see whether there was a difference in attitude between men and women. I do not entirely agree with Harriet; this place has historically



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deterred women from coming into politics, and it would be interesting to see whether men take a different attitude. One of the problems has been that men have tended to take decisions that affect women without fully understanding how those decisions affect women. I look at this Committee at this moment—this is not a criticism—and hope that it will take the decision as objectively as it can, but taking account of the fact, which I lament, that there are perhaps more men than women on it.

Chair: I have every confidence that the Chair of the Committee, the right hon. Member for Staffordshire Moorlands, will be more than robust on that. Aaron, on transparency.

Q132 **Aaron Bell:** Yes, I will get on to transparency—absolutely. From what you have said so far, I think you differ on this. In terms of evidence of illness, Sir Bernard, your proposal is that there be no specification in writing, whereas, Harriet, you have spoken about a sick note. Is that accurate? Could we not just take a Member's word for the fact that they are ill?

Sir Bernard Jenkin: Where we share an opinion, it is that a legitimate reason must be given—if it is sickness, it is sickness—and it must remain confidential. My process is designed to keep it out of the hands of—

Q133 **Aaron Bell:** But in your process, there is no evidence. It is just the word of the Member.

Sir Bernard Jenkin: The evidence would be presented to the Clerk or the Deputy Speaker, or whatever, but if there were something in writing, you would want it—you don't want to start publishing Members' medical notes.

Q134 **Aaron Bell:** No, of course not. That is a subsequent question. Your evidence would be the word of the Member, whereas, Harriet, you seem to suggest that there should be clinical input. Is that the case?

Ms Harman: Yes. There are two reasons. First, things that are off the record and discretionary can be manipulated by the person from whom you have to seek permission, and then you will get different standards according to who is in and who is out. That can create real unfairness. It can also be abused, which jeopardises the whole reputation of the House. The idea that the Freedom of Information Act will advance on people's personal medical records if there is a doctor's sick note—I can see where Bernard is coming from on that, but I do not think that is realistic. If people had a genuine fear that a doctor's certificate might at some future date be used under the Freedom of Information Act, they could continue pairing, rather than take what they felt was that risk. A lot of Members would choose to cast their vote and feel confident that they can put in a sick note.

Q135 **Aaron Bell:** From a transparency perspective, what information, if any, should be published, first about the reason for a proxy or remote vote, and secondly about whether people have used those? At the moment, on Divisions, it is marked if you voted by proxy, and there is also a list of Members eligible for a proxy vote. Should that be continued? If you expand it to cover more cases, people will be asked why. It is not an easy



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question, but what should be published about the reasons, and what should we publish in *Votes and Proceedings*? Should we mark that people voted remotely, or that they voted by proxy?

Ms Harman: That is a really difficult one, because you are trying to balance the need of the public to know, the reputation of the institution and prevention of abuse, with personal privacy. I kind of think that if you have different criteria—one of which is about family caring responsibility and the other sick leave—you should probably say which criterion you are in. Then that would be made public, along with the fact that your vote was cast by proxy, remembering always that if you do not even want to say that you are sick, you can pair. No one is forcing anyone to put the fact that they have a health issue in the public domain, but the impetus for this has come from people who have been ill, and it has been public, but they have not been able to vote—like Tracey, Amy and Cheryl.

Q136 **Aaron Bell:** If you were to vote remotely—if we were to bring that forward—would that be marked in the *Votes and Proceedings* as well, even if you cast it yourself?

Ms Harman: Yes. Transparency is all to the good. But I did not think that remote voting was in your terms of reference.

Aaron Bell: It is slightly outside them.

Chair: In fairness to Aaron, it is because last week—this came from Charles Walker—it was put back at us as a possible option. We need to move on from this, but it is because it came out of last week. There might now be a line or two about it.

Q137 **Aaron Bell:** I did acknowledge last week that I was expanding on the terms of reference a little. Sir Bernard, the same question: what should be published about the reasons, and how should we record proxies or remote votes in the *Votes and Proceedings* of this place?

Sir Bernard Jenkin: As I say, as little as possible about the reasons should be put into the public domain, where it is personal and private information, but if we can solve the confidentiality problem, as Harriet has suggested very positively today—in writing, with sick notes, verification, and much more detail in writing, so that it is a more objective system—I would be very much in favour of that, so long as we can preserve confidentiality. If someone is not voting in person in the Lobby—they are voting by proxy or by remote voting—I think it has to be recorded.

Q138 **Aaron Bell:** Finally, I have two questions about the consequences for Members. First, what happens—as probably would happen—if some Members gave details of the reason for their proxy and some did not? Secondly, if we extend proxies to cover conditions such as ill health, might some Members feel they had lost the anonymity of being paired and feel obliged to use a proxy, whereas at the moment they can use pairing? Those are questions about how you think individual Members might react to a wider proxy scheme.



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Sir Bernard Jenkin: That is another very good question for the survey. Different people might have different—

Chair: You are very keen on this survey, Sir Bernard.

Sir Bernard Jenkin: If you do these electronic surveys, you can answer an awful lot of questions very quickly, and it would engage colleagues in whether they really wanted this reform, so I recommend it. The answer is: I don't know.

Aaron Bell: And Harriet.

Ms Harman: I think that the same questions were asked about introducing baby leave—would there be ignominy for a new mother who came back after three months? Would she be pressurised to take the six months off, or would there be ignominy for the one who took the full six months off? But I don't think that that has been a problem, ultimately. People will use their good sense. You just need rules that are humane and defensible. Then you need to review them after you have made a bit of a step change. I think the way that the Committee has gone about things before on this is the right way, and it should carry on.

Q139 **Owen Thompson:** Let us imagine a future in which we have a form of this system in place—exactly what it looks like is another question. Can you foresee any extra pressure being put on Members who are unwell and have a proxy to keep working in their constituencies?

Sir Bernard Jenkin: I think that pressure exists anyway. In fact, we have discovered during covid how much in the modern age you can do for constituents while sitting at your desk at home. I would say that a great strength of the role of Member of Parliament is that it is very flexible, and you can do a great deal even if you are severely incapacitated. The only thing we are talking about here is whether you should be required to turn up in person to record your vote in the Division Lobby, which I think is actually quite a limited thing. It would become a normal part of parliamentary life, as maternity leave has already become a normal part of parliamentary life; people do not necessarily talk about it very much, and I do not think it attracts much attention.

Q140 **Owen Thompson:** Do you foresee any consequences of introducing this system?

Sir Bernard Jenkin: The worst-case scenario I can think of, in terms of caring responsibilities, is that if we do not have a formal enough system, as Mr Gray suggested, people will take advantage of it, saying they have to take the children to school tomorrow, or that their granny is sick that week. I think there needs to be some more specificity on who requires a proxy vote and when.

Aaron Bell: "My son is in the school play."

Sir Bernard Jenkin: I am just making the point that those are the scars left for those of us in high-pressure, high-hours careers, and they do not confine themselves only to parliamentarians. I imagine plenty of clinicians



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have not seen much of their children during much of covid. We do not want to insulate ourselves from the pressures that other people feel in their walks of life. We need a system that—I am tempted to use an unparliamentary term—people do not take unwarranted advantage of.

Chair: The last question is from Mr Gray.

Q141 **James Gray:** Just a final bit of detail, really, but quite important detail. If such a system were brought in to allow proxy voting for carers or people who are ill or other things, would you anticipate that it would be necessary for those people not to be on the parliamentary estate in order for the proxy to operate, or would you foresee a situation in which people might be in Parliament doing other things but not voting at, let us say, 10 pm on a Monday evening? That is quite an important point. Are we talking about allowing people not to be here for the whole of their parliamentary day, or are we seeking a way of saving them from having to vote?

Chair: Before either of you come in on this, I am sure you read Amy Callaghan's evidence on this. Her point, which was very well made, and which Tracey Crouch supported—I am sure this is what James is referring to—is that she has been told by her clinicians that she would be able at some point to return for a debate, but would not necessarily be able to stay until 10 o'clock—almost a phased return. That is a matter of record, so I am not breaking any confidences. Tracey made the point in her evidence that when she was receiving chemotherapy, she was able to work, possibly even on the estate, doing constituency work or taking part in meetings, but later in the day there would be an element of tiredness, post treatment.

James Gray: That is the good end of it. At the bad end of it, I remember, during the covid proxy system, sitting in the Members' Dining Room with a Cabinet Minister who shall remain nameless. The Bell went, and I got up to vote, and he said, "I have a proxy; I am not voting." That would be extreme; I am not suggesting that that would be common, but none the less we should not allow it. The question was simply whether you think proxy voting should be only for people who are off the estate through extreme illness or caring responsibilities or other things, or whether it might be useful for people who are on the estate.

Ms Harman: As the Chair just said, having looked at Tracey's and Amy's evidence, I think it would be unnecessarily restrictive to say someone has to be off the estate; that would restrict Members from coming in to do what they can, especially if it is quite a prolonged period and they want to phase themselves back in. That might be a bit inhumane. I would say to allow them to use their own discretion about being able to be in, albeit that it would sometimes create a bit of confusion as to whether somebody is off or not. However, I still think, because of the phased return issue, I would go along with what Amy recommended.

Chair: It is a really important part of whatever the Committee puts forward—the idea of the circumstances and how that could be managed. James's point was well made. You have both been extremely generous—



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Sir Bernard Jenkin: Can I just address that point?

Chair: I beg your pardon.

Sir Bernard Jenkin: I was just reflecting on the fact that, in the upper House at the moment, you can vote remotely so long as you are on the estate, but not if you are off the estate. The reason for the arrangement that we had, and which they still have, is to avoid too many people crowding into the Lobbies, which risks the spread of infections. I do not think whoever it was you were having dinner with, James, should necessarily have opprobrium heaped on them for the fact they had a proxy.

Ms Harman: They may have been paired.

Sir Bernard Jenkin: That sometimes happens.

James Gray: No. To clarify that particular point, at that stage, all Ministers were proxied.

Sir Bernard Jenkin: I think that is an abuse; constitutionally, that is an abuse. At a period when we had no Ministers coming through the Lobbies, the place half-died, in terms of the interaction around the Chamber. I think it is hard to argue that people should be held off the estate just because they have a proxy. We do not do that in the maternity cover that is already operating. I think it was only painful for Cheryl to hear about that because she didn't have a proxy and she couldn't even be on the estate. I would be tolerant and flexible. However, if somebody says they have to be incarcerated in a plastic tent in order to be protected from infection and they are found working on the estate, questions might be asked, but that is a different matter.

Chair: Thank you both very much indeed. I will say it again: you have both been very generous with your time today. We really do appreciate it.

Sir Bernard Jenkin: You have been generous with your time with us. We are very grateful to you.

Chair: Thank you very much.