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Scottish Parliament

Tuesday 2 June 2020

[The Presiding Officer opened the meeting at 14:00]

Time for Reflection

The Presiding Officer (Ken Macintosh): Good afternoon, colleagues. Before we begin, I remind members, as always, to observe social distancing rules when entering and leaving the chamber and throughout the Holyrood building.

The first item of business is time for reflection. Our time for reflection leader is the Rev Keith Mack, the minister at St John's & King's Park church, Dalkeith, who joins us via videolink.

The Rev Keith Mack (St John's and King's Park Church, Dalkeith): It is nice to be back again. This weekend, the church celebrated Pentecost, when the Holy Spirit came and empowered the followers of Jesus to go and preach the good news. That is when the church began, nearly 2,000 years ago.

The church has gone through much in that time—highs and lows—but the church as I have seen and experienced it is very much alive today.

Jesus promised that he would leave a comforter for his followers, the Holy Spirit—a comforter for the afflicted who afflicts the comfortable also; the spirit who challenges and consoles, and calls the church and us all to action.

I read a book called, "The Boys In The Boat: An Epic Journey to the Heart of Hitler's Berlin", which is a tale about a team from America who beat all the favoured rowing teams at the 1936 Olympics. Daniel James Brown, the author, writes:

"think of a well-rowed race as a symphony, and each rower as one player in the orchestra. If one fellow in an orchestra was playing out of tune, or playing at a different tempo, the whole piece would be ruined. That's the way it was with rowing. What mattered more than how hard a man rowed was how everything he did in the boat harmonized with what the other fellows were doing. And a man couldn't harmonize with his crew mates unless he opened his heart to them. He had to care about his crew. It wasn't just the rowing but his crew mates that he had to give himself up to, even if it meant getting his feelings hurt."

It is interesting that each rower had not only to match his technical skill or strength with the other rowers, but to trust and care for the others on his team—and the gateway for that was humility.

In many ways, it is the same in a life of the church and for our society: for the spirit to unite us, we have to lay down our stuff; we have to trust each other and care for one another, especially at a time such as this.

The church is alive today. In Dalkeith, where I am from, and across Scotland, we are seeing, with the help of others, the church feed and care for those in need, connect the isolated and help make people's day. It is only through the power of the spirit that that happens. The church cannot survive without the comforter of the afflicted, but we need, as church and society, to be ready to be jarred out of our comfort, to hear his voice and work with compassion for those who are afflicted today, wherever and whoever they may be.

The Presiding Officer: I thank the Rev Keith Mack for that, and for agreeing to come back for a second time.

Topical Question Time

14:04

Covid-19 Tests

1. **Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Government what the daily average number of Covid-19 tests carried out last week was. (S5T-02218)

The Cabinet Secretary for Health and Sport (Jeane Freeman): During the week commencing Monday 25 May, an average of 4,624 tests were carried out on the Scottish population each day. That figure does not include the numbers for home testing.

Jackie Baillie: That figure falls well short of Nicola Sturgeon's promise that we would have 10,000 tests per day by the end of April, which was subsequently revised to 15,000 tests per day by 26 May. Indeed, yesterday saw the lowest number of tests being carried out—only 2,729—and only 937 new people being tested, which are the lowest figures for months. Further, only 2.1 per cent of the population has actually had a test.

Will the cabinet secretary therefore explain why testing is not being done at even a third of the capacity that is available in Scotland, but at a level that is considerably less than 10 per cent of the number of tests routinely carried out by the national health service in England? Will she also explain why we have one of the worst testing rates in Europe, if not in the world?

Jeane Freeman: I thank Ms Baillie for her supplementary question, but before I respond to it I will correct a couple of points. The First Minister did not say that 10,000 tests per day would be carried out. What we said—and delivered on—was an initial increase in capacity to 8,000 tests and a further such increase last week, to the end of May, of 15,500 tests. Those figures are for capacity and not for the number of tests being carried out per day. In both cases those capacity commitments were delivered on.

Such testing capacity is used in two ways. The first is largely demand led. It is led by key workers, which now includes people across a range of sectors, and anyone over the age of five who has symptoms, going for a test. That is done primarily through the United Kingdom Government's regional testing centres and the tests are processed by the Lighthouse lab.

The NHS labs are delivering on tests taken for those over the age of 70 who are admitted in hospital settings. At the moment, the number of such cases is reduced, given the pause that we have put on so much of the NHS's work. It is

delivering on tests for patients in intensive care units—whose numbers are, fortunately, reducing, as Ms Baillie will know—and also those in hospital for Covid-19 and those in care homes. Testing in care homes is being rolled out. Many of our board areas have now completed their testing in homes in which there have been cases, and they are working through tests for care workers in homes in which there are currently no active cases.

The capacity that we have created, and we need to go further, is to ensure that we have the capacity in our NHS system to cope with the demands that might come as a consequence of easing lockdown measures and seeing an increase in the transmission of the virus, which we will then deal with through the test and protect system.

Jackie Baillie: I thank the cabinet secretary for her further response. However, I am surprised at her defence, because I am sure that she would agree that there is absolutely no point in having capacity unless we are actually going to use it.

As the cabinet secretary has outlined, she has made a number of announcements about extending testing. She did so twice in March, three times in April and twice in May. That suggests that the eligibility criteria were far too narrow to start with and remain so now.

The World Health Organization told us months ago that asymptomatic people were carriers too, and that the more of them who were tested the better. Given that we are now moving to the test and trace phase, in which testing will be critical to managing a return to work, will the Scottish Government finally follow the advice of experts at the World Health Organization whose mantra is "test, test, test", or are our clinicians more expert than those world experts?

Jeane Freeman: I will make a number of points. First, what I said in response to both of Ms Baillie's questions was not a defence but an explanation. Secondly, eligibility for testing was increased as the evidence emerged suggesting that it was possible to do so.

More importantly, let me quote the World Health Organization on the subject of asymptomatic individuals. We have consistently taken a precautionary approach in relation to asymptomatic or pre-symptomatic transmission. On 2 April, the World Health Organization's statement said:

"there has been no documented asymptomatic transmission".

As both the First Minister and I have said, in the early days of the pandemic the clear advice that we received from our scientific and clinical experts

was that there was no transmission from asymptomatic individuals.

That advice has changed over time. There is still no set view on the part of the scientific or clinical community on that or on the difference between being infected and being infectious in relation to those asymptomatic individuals. Nonetheless, we are taking a precautionary approach; that is why we have introduced testing for care workers in care homes where there is no active case and those care workers have no symptoms. We will continue to consider, as we look to remobilise our health service, in what way further testing can assist us to do that safely.

Brian Whittle (South Scotland) (Con): Cabinet secretary, given the need to get the reproduction numbers down, would it not make sense to focus all that spare capacity where the biggest impact from Covid-19 is being felt and where the highest R number now resides—in our care homes?

Jeane Freeman: That is precisely what we are doing—we are testing in our care homes. In those care homes with an active case, all residents and all care workers are being tested, and we are also testing care workers in care homes where there is no active case. That is precisely our focus, as well as the work that is under way in the hospital setting. As I have said, as we remobilise the health service, which is the subject of the debate that we will have later, there will be further consideration of whether testing can assist us to do that safely for both patients and staff.

However, I remind members that the test tells us only whether someone is symptomatic of Covid-19 on the day on which the swab is taken; it does not tell us whether someone will be symptomatic two days later. It tells us whether they are symptomatic on the day of the test. If someone is asymptomatic and tests negative, the test has to be repeated, and that is precisely what we will do in those care homes that have no active cases. Testing care workers will be an iterative process, repeated every seven days.

Liam McArthur (Orkney Islands) (LD): As I highlighted to the First Minister last month, giving people access to information on the level of testing that is taking place locally will be key to building public confidence and securing compliance as we move ahead with test and protect.

The First Minister appeared to agree, yet there is still no sign of the data being made available to people in Orkney or across Scotland. When can the public expect to be able to access that data and other relevant information relating to test and protect?

Jeane Freeman: We will be able to provide information on the tests that are conducted through our NHS-controlled facilities—that

includes not just our NHS labs but our partners in three of the major universities and in the Scottish National Blood Transfusion Service—over the coming days, once we are sure that the evidence and the numbers that they are giving us through Public Health Scotland are robust and make sense.

We should bear in mind that a test may sometimes be taken in a particular board area but processed through a lab in another board area, in order to ensure that we meet the timeline that we need to meet, of as close to 24 hours as can possibly be managed.

However, we will not be able to break down the number of tests that go through the Lighthouse lab by area, because we get the figure for Scotland as a whole, not necessarily for different parts of the country. We are working to give as clear and robust data as we possibly can, and, as soon as we are ready to publish that data, I will certainly make sure that Mr McArthur knows that, as well as the frequency with which we will update it.

David Torrance (Kirkcaldy) (SNP): The cabinet secretary mentioned the importance of flexibility in scaling up contact tracing, depending on demand. Can she outline how the Scottish Government will assess demand?

Jeane Freeman: The assessment of the testing capacity that is needed comes from pulling together all the information that we have. For example, we know the number of 70-year-olds who are being admitted to hospital whom we need to test, and we will be able to project that number as we look to restart elective care in our NHS. We know the number of health and social care key workers that will come through, although that number is declining, and we know what care home demand will be as we test care homes with active cases and, increasingly, as we test care workers in care homes that do not have active cases.

We also get information on demand from the modelling estimates that produce the R number and the anticipated number of individuals across Scotland who have the virus. There is also the work on the test and protect approach, through which the message that we are sending to the public is different from before—the message now is that, if people have symptoms, they should please get in touch with NHS Inform or NHS 24 and book a test.

All of that is factored into the modelling that shows how much more than a capacity of 15,500 we need for testing in Scotland.

Alison Johnstone (Lothian) (Green): On 18 May, the Scottish Government widened access to testing so that anyone with symptoms could get a test, and it introduced routine testing for 53,000 members of staff in care homes. Before those

changes, 5,000 tests were being carried out each day; however, as we have just heard, since then, the number of tests has actually decreased. To test staff in care homes weekly, some 7,000-plus tests would have to be carried out each day. Can the cabinet secretary confirm that it is the Scottish Government's intention to carry out that testing? If so, when will it start?

Jeane Freeman: It has started. Before I go into that, I should say that the drive-through test numbers—in other words, the numbers from the regional test centres, which now largely involve that wide eligibility group of anyone who is over the age of five and who has symptoms—have declined in the recent period. To a degree, that is not a surprise, because the R number is reducing and the level of the virus in Scotland at the moment is low, so we can reasonably expect a lower number of individuals to have symptoms and to seek tests.

The work on care homes has begun. All boards have now produced plans that identify the priority with which they are going round care homes in their areas to undertake testing, including those where there are no cases and where they are testing care workers. There have been a number of glitches in that path. Up until a week ago, one of those related to care workers who were reluctant to be tested because their terms and conditions from their employer were such that their weekly income would reduce significantly if they tested positive. The Government has now acted to resolve that impossible dilemma for them.

Of course, individuals have to consent to be tested, and we cannot expect 100 per cent of people to give that consent. In some instances, particularly with care home residents, consent is not possible because of the conditions that they suffer from, and the clinical decision might be made that the particular test involved would cause too much distress to force it on the person—although, of course, we cannot force a test on any individual. However, testing is by no means the only route by which care homes should be preventing the transmission of the virus between one resident and another. Care homes should be following the clear guidance that has been issued and reissued from 13 March onwards.

Care Home Deaths (Covid-19)

2. Miles Briggs (Lothian) (Con): To ask the Scottish Government what its response is to reports that there have been around 600 more deaths in care homes from Covid-19 than officially recorded. (S5T-02220)

The Cabinet Secretary for Health and Sport (Jeane Freeman): Every week, National Records of Scotland publishes the number of registered deaths where Covid-19 has been recorded by a

medical professional on the death certificate. NRS figures show that, up to the publication of the figures last week, there had been 2,350 excess deaths in care homes during the pandemic. Of those, 74 per cent had Covid-19 recorded on the death certificate as either a suspected or a probable factor in the death. In the case of the remaining 601, the doctor who certified the death did not record Covid-19 on the certificate as either a cause or a suspected cause of death. The Scottish Government is working with Public Health Scotland and NRS to explore excess deaths as part of wider work to understand the impact of Covid-19 on the population.

Miles Briggs: For several weeks, the First Minister has repeatedly suggested that the United Kingdom Government was undercounting the number of care homes deaths, but that now appears to be the case in Scotland. Can the cabinet secretary say how many deaths there have been in care homes where people have been removed from a care home to a hospital setting? Does she know that figure? Also, does she now accept that, in at least some of those cases, excess deaths in care homes that have not been recorded as Covid-19 related could be Covid-19 related?

Jeane Freeman: In response to the latter part of the question, neither I nor Mr Briggs is clinically qualified, so I would not gainsay the professional reputation, competence or expertise of the medical practitioners, who take exceptionally seriously the signing of death certificates—nor would I have the audacity to question whether they have recorded those matters properly.

Secondly, the First Minister did not suggest or state anything to do with how other countries in the UK record their figures. She simply spoke in detail about how we record our figures. The member will know that very clearly. With regard to where deaths are recorded as happening, there is of course no gap here. NRS figures—I am sure that Mr Briggs is as familiar with those weekly publications as I am—give the location of the death. If the individual who died was not at home but was in hospital, it would be recorded as a death in hospital. It would not be a missing death but would be recorded as a death in hospital. If the individual was in hospital and not in a care home, the death would be recorded as in hospital and not in the care home. There is no suggestion, I hope, that there is any dubiety in the figures that NRS records and publishes to the professional standards that it is required to meet.

Miles Briggs: Last week, I asked the First Minister how many patients in hospital without a power of attorney have been placed in care homes. The First Minister has still not responded to me, so can the cabinet secretary provide that

information today? Also, has she investigated any of the individuals who may have had a “Do not resuscitate” order placed on them? What legal framework are the Scottish ministers using in both of those cases?

Jeane Freeman: On the question of individuals who are clinically able to be discharged from hospital but who are there because of adult with incapacity legislation, under that legislation it is not the Scottish ministers who decide, as a decision will be taken primarily by the designated mental health officer of the local authority. There are various processes that individuals have to go through.

Without advance notice of the member’s supplementary question, I do not have the numbers that he asks for. I am sure that the First Minister will respond to Mr Briggs, as she has committed to do.

I am sure that Mr Briggs will be aware of the actions that the former chief medical officer, the current CMO and the Royal College of General Practitioners took to ensure that our general practitioners across the country and our clinicians in hospitals understood the proper process to go through to agree with a patient whether a DNR notice should be placed. There have been instances where that decision appears to have been taken inappropriately and, in all those instances, the CMO has contacted the board or practice and ensured that the individuals in those circumstances understand the way in which DNR and advanced care planning need to be undertaken.

George Adam (Paisley) (SNP): Can the cabinet secretary provide some detail on how excess deaths in recent weeks in Scotland compare with those in other parts of the UK?

Jeane Freeman: Two figures may help. Between week 11 and week 21 of the pandemic, excess deaths were 39 per cent higher in Scotland than in the equivalent period against which they are compared, and 50 per cent higher in England and Wales. In week 21, which is the most recent week for which figures are available, excess deaths in care homes were 63 per cent above the five-year average in England and Wales and 42 per cent above it in Scotland.

Those are the figures, but I must point out that we are not engaged in some kind of competition. Any one of those deaths is to be regretted and, of course, leaves the family and loved ones of the deceased devastated and grieving. Every day—whether at the daily briefing or here in the chamber—we make it very clear how seriously we take those numbers, but it is important, as I said, to view all such matters in a clear perspective and to be accurate.

Neil Findlay (Lothian) (Lab): In a written parliamentary question, I asked the Scottish Government

“how many people have been discharged from hospital to care homes since 1 February 2020, and how many have subsequently died.”—[*Written Answers*, 18 May 2020; S5W-28698.]

Mr Briggs asked a similar question, which I noticed that the cabinet secretary did not answer. Will the Government pursue that and collate and publish the relevant information? The answer that I received was that that information “is not held centrally.” It is an extremely important point.

Jeane Freeman: Mr Findlay is correct: the answer is that that information is not held centrally. However, we are working with the various teams concerned to establish how much of that information we can gather. I cannot commit to being able to gather in 100 per cent of it but, as that work progresses, I undertake to make sure that Mr Findlay is updated on how far we have got and how robust we think that information is. As with all information, we will publish it at the point at which we believe it to be robust.

Alex Cole-Hamilton (Edinburgh Western) (LD): Last week, I was contacted by a constituent whose daughter works in a care home in the north of Scotland. She recently processed the arrival of a resident who had been transferred from the Home Farm care home on Skye. That resident subsequently died of Covid-19 within a week. How widespread is the transfer of residents out of Covid outbreak homes? What infection control measures are put in place to allow that happen safely?

Jeane Freeman: I do not have the answer to Mr Cole-Hamilton’s first question. I am not sure whether it is possible for me to acquire those numbers, but I am certainly prepared to undertake to consider that, to look to see whether we can do so and to let him know.

Mr Cole-Hamilton’s second question, which was about infection prevention and control measures, is very important. At all times—before the pandemic and since it began—all care homes should have adequate infection prevention and control measures in place. We all know that, every winter, people in care homes suffer from norovirus to varying degrees, that flu is a seasonal occurrence in winter and that older residents are particularly vulnerable to both of those. Therefore, all care homes should have very clear and up-to-date infection prevention and control measures.

In addition, in the current situation, the guidance that was issued on 13 March was very clear, and every piece of guidance that has been issued subsequently has been very clear. Individuals should be isolated in their own rooms for 14 days

if they have symptoms of Covid-19 or have come from a Covid-19 setting. That should happen even if they had tested negative, in order to be sure that no symptoms emerge. There is growing knowledge of the range of symptoms in older people, in particular, which appear to differ from those of people in different age groups.

As well as all the guidance on the ending of communal activity, communal dining and so on, in recent weeks our directors of public health and our national health service clinical teams have been directly involved in ensuring that all care homes are meeting the requirements that they should have been meeting for some considerable time. In addition, as Mr Cole-Hamilton will know, the Care Inspectorate is undertaking a number of on-site inspections of care homes across the country.

Shielding Advice (Covid-19)

3. Emma Harper (South Scotland) (SNP): To ask the Scottish Government whether it plans to update its advice for people who are shielding from Covid-19. (S5T-02232)

The Cabinet Secretary for Health and Sport (Jeane Freeman): We plan to update that advice. That should not be taken at this point as an indication that it will necessarily change, but we recognise that those people who are shielding, who are the group of whom the most has been asked recently, want to know what will happen next and what it will mean for them.

We need to ensure as best we can that the approach that we take is the right one, and in doing that we are led by our chief medical officer and his advisory group of clinicians. They are working through whether they believe that there is any possibility of easing the current restrictions on the group as we come to the end of the first period in which we asked people to shield. The chief medical officer and his advisory group are working through that in order to provide clinical advice.

We will make sure—and they are working to a timetable that will ensure this—that individuals in the group are given clear advice in advance of the end of the current shielding period. That advice will cover the level of risk that the clinicians believe individuals face, what we are asking people to do to shield themselves against that risk and what they can do individually. Importantly, there will also be advice for those who are supporting such people, which will cover what they need to do in order to ensure that they mitigate risk. In addition, we will of course continue to offer support to individuals in the group to ensure that they have access to medicine, food and other support that they might need.

Emma Harper: I thank the cabinet secretary for that response. Given that advice in England has

diverged from that in the rest of the UK and people in the shielding category in England are now being advised that they can meet other people despite the medical and scientific evidence suggesting that it is too early for that course of action, can the cabinet secretary assure those who are shielding that that step will be taken in Scotland only when the advice and evidence suggest that it is safe to do so?

Jeane Freeman: Yes, I can. That is why we have not made any pronouncement so far. I understand that that can be difficult for people in Scotland who are in the group, who see apparent changes in England and Wales but, so far, none here. That is why we have made such an effort to continuously say, “We have not forgotten you—you matter, and we are working on this because you are so important.”

We are also making sure that we hear from those who are shielding. Since 29 April, we have been undertaking research interviews with such people, and until 14 June people can respond to a Public Health Scotland survey, which they can find at surveys.publichealthscotland.scot, so that we can hear from them about what matters most to them and try as best we can to weave that into the advice and guidance that we give.

Emma Harper: Over the weekend, we saw reports of vulnerable people in England being told via text message that they had been removed from shielding lists without even the knowledge of their general practitioners. The cabinet secretary talked about the advice that is being given to people who are shielding. How will the Scottish Government communicate any changes in the guidance to those people? Will there be flexibility for people to adapt their behaviour in consultation with their clinicians?

Jeane Freeman: As I am sure that Ms Harper and others will recall, the shielding list was drawn up in the first place in agreement between the four CMOs of the nations of the United Kingdom. My understanding is that the removal of some clinical groups from the list for England was not agreed between the four CMOs. We do not intend to do that at this point. The clinical group that I mentioned is looking carefully not at removing people from the shielding group but at whether advice should vary depending on the condition or whether it is too early for that to happen.

As the member knows, the clinical groups that are on the shielding list have altered over time, and it remains possible for an individual GP or consultant clinician to add someone to the list if they feel that they should be on it. As an example, the splenectomy group was recently added to the list.

Once we have that clinical advice, we will communicate with people as we did at the outset, which will be through a very detailed, clear letter that specifies the route to take if they have further questions, whom they should speak to about their personal situation and where they should go to get that locally delivered support—there may be people who did not register for support the first time around but will need it now.

We will repeat all that and we will give people that information, advice and guidance in advance of any change that we introduce, so that they have time to ask questions, understand what any change involves and arrange how they will accommodate that into how they are living, if that is what they wish to do.

Willie Rennie (North East Fife) (LD): There are those in the over-70 group who are unclear about what the guidance is for them. Some have been following the shielding guidance even though they are not on the shielding list. When the new shielding guidance comes out, will there be a revision to guidance for the over-70s?

Jeane Freeman: It is fair to say that, precisely because of the points that Mr Rennie made, there will be clarification for people who are not on the shielding list but are over 70 years old or are currently eligible for the flu jab about how they not only have the same restrictions imposed on them as everyone else, but need to take additional care, in terms of being outside, maintaining 2m distance, wearing face coverings and so on.

We will look to ensure that people no longer feel that the shielding advice applies to them but have clarity about what advice does apply to them, including additional advice that says, “These are the reasons why we believe you need to take additional care to that taken by your 20-year-old grandson or 40-year-old daughter. This is why you need to take a bit of additional care and here’s what that additional care should be.”

Resuming National Health Services

The Presiding Officer (Ken Macintosh): Our next item of business is a debate on Covid-19 and the next steps for the national health service. I invite all members who wish to contribute to the debate to press their request-to-speak buttons, and I call the Cabinet Secretary for Health and Sport, Jeane Freeman, to open the debate.

14:37

The Cabinet Secretary for Health and Sport (Jeane Freeman): In March, in the face of the Covid pandemic, I placed our NHS on an emergency footing. Since then, NHS staff, in my opinion, have been nothing short of magnificent. I know that they have the thanks not only of everyone in the chamber, but of everyone across our nation.

I have asked a huge amount of the staff of our health service: I asked them to undertake the biggest restructuring of our NHS in the shortest possible time, and they delivered. Our cleaners, porters, ancillaries, students, administrators, nurses, call handlers, midwives—the list goes on—doctors, paramedics and others worked doggedly to ensure not only that Covid-19 patients were cared for, but that other urgent treatments could continue.

I will also never forget the work of our medical physicists in repurposing anaesthetic machines to operate as ventilators in the interim period.

In primary care, a nationwide network of Covid-19 hubs and assessment centres, with NHS 24 providing initial triage, was established within 10 days of being commissioned. That has ensured effective management of mild and moderate coronavirus cases in the community, and has kept general practices clear of Covid cases, as best we could, so that other patients could continue to be treated. About 95 per cent of patient consultations have been conducted through the NHS near me service or through phone calls. Through its designated helpline, NHS 24 continues to be the first port of call for any patient who has queries about Covid-19.

Because of the hard work of the men and women of the NHS, at no point to date in the outbreak has Scotland had insufficient acute or critical care capacity to deal with Covid-19 and emergency demand. I have asked a great deal of those people, and now we are about to ask them for more. We are now at the point where we must carefully and cautiously plan the running of our NHS so that it moves towards running as normally

as possible, but as safely as possible, because the virus remains.

The latest estimates, based on modelling, tell us that the Covid-19 reproduction rate—the R rate—in Scotland is currently between 0.7 and 1. Those estimates also tell us that, in respect of prevalence, about 19,000 people in Scotland have Covid-19 infection. In simple terms, I note that if the R rate remains below 1, the overall prevalence will steadily decline. Conversely, if the R rate goes above 1, that means that the number of infections will increase. More infections means more hospitalisations, more intensive care unit usage and—to be blunt—more deaths.

I know that the sun shone last weekend and that we are all feeling a little more hopeful now that some restrictions have been eased, but—and it gives me no pleasure to say this—the epidemic is far from over. The gains that we have made are painfully fragile, and it would not take much for them to be overturned and for our progress to go into reverse.

It is clear that our recently launched test and protect programme will have a key role to play in helping to minimise incidence and the transmission rate. We continue to remind people that in order to make that programme work, anyone who has symptoms must isolate at home and book a test. Even so, there is very little headroom for change, so we will move forward cautiously. We must remember that there will be a two-week to three-week time lag before we see the full impact of easing of lockdown restrictions.

We will start to remobilise the NHS, but I have to make it clear that that will be no “flick of the switch” moment. Remobilising in circumstances in which the virus is still with us, and the impact of changes in restrictions, need to be carefully and continuously monitored. That is a complex undertaking in which many factors, some of which will change over time, must be balanced. That makes the exercise long-term, as well as complex.

Over the next 100 days, Scotland’s national health service will remain on an emergency footing and will have three core tasks: to move towards delivery of as many of its normal services as possible as safely as possible; to ensure that we have the capacity that is necessary to deal with the continuing presence of Covid-19; and to prepare the health and care services for the winter season, including replenishing stockpiles and readying services.

Part of moving towards delivery of services as normally as possible must be the recognition that, as we have asked so much from our staff, we need to ensure that they—as individuals and as teams—have recovery time, and that the improvements that we have seen in practical and

other steps to support staff wellbeing are not only retained but are spread.

The remobilisation of our NHS is a whole-system exercise: health services matter as much in the community as they do in the acute setting. That is why we plan phased resumption of some general practice services that can be supported by an increase in digital consultations.

We are also rolling out in community pharmacies the NHS pharmacy first Scotland service, which includes consultations, and we are exploring what other care pharmacies can safely support that was previously undertaken by other parts of the NHS.

In addition to our having increased the care that emergency dental hubs can provide, our chief dental officer is working with dental teams to prepare for phased introduction of dental services over this month, and is ensuring—as every part of the health service will be ensuring—that plans are fully compliant with current Covid-19 guidance and are safe for patients and staff.

The NHS will continue to provide increased direct support to care homes, to ensure that the clinical advice and guidance is where it needs to be, and to build on the strong links that exist between primary care and that sector.

Neil Findlay (Lothian) (Lab): The cabinet secretary has mentioned returning to normal. I hope that we do not return to normal, because that would mean delayed discharges and growing waiting times. In order to avoid our going back to normal, will there be continued funding of all the places in care homes and social care places that the Government did not fund, which resulted in so many people being in stuck in hospitals?

Jeane Freeman: I take Mr Findlay’s point; I do not want us just to return to normal, which is why the document that I have published talks not only about remobilising and recovering but about redesign. I will go on to talk a little about some of the significant changes in service and care delivery that we have seen and which we intend to retain.

The overall funding of our NHS has grown exponentially over the years of this and the previous SNP Government. That includes our support for social care. The social care landscape is mixed, and private providers and others have a direct responsibility for ensuring that the income that they receive is matched by quality in the care of their residents and, of course, their staff. As Mr Findlay knows, we had to step in to ensure that staff in our care homes were not penalised for having to stay at home if they had tested positive for Covid-19. We will continue to look at those matters.

“Re-mobilise, Recover, Re-design: The Framework for NHS Scotland” sets out the guiding principles that will underpin the work, how we will go about it and how we will make critical decisions guided by clinical prioritisation. The document sets the broad direction not only for remobilising the NHS in Scotland but, which is important, for recovery and redesign of services. The aim is to set out a clear and evidence-based methodology that promotes as much robust and informed decision making as possible, because we will not be able to restart everything at the same time.

Of course, the NHS does not exist in isolation. The on-going iterative development of the plans needs to be founded on a health and care whole-system approach. We will continue to involve important partners including the Royal College of Nursing Scotland, the British Medical Association, other unions, our partners in local authorities and integration joint boards, the third sector and clinical stakeholders including the royal colleges and the clinical networks.

The patient's voice matters too, which is why I have asked our national clinical director to work with the Health and Social Care Alliance Scotland to find the right ways to make sure that we hear what matters to patients, and to make sure that we pay attention to that in all our planning. Collectively, those groups will feed into the framework for mobilisation recovery group, which I will chair.

The initial health board remobilisation plans that I have received take us to the end of July. As members will expect, the immediate priorities cover cancer, elective procedures, mental health, primary care and important quality of life and preventative care services including pain clinics, dental care and optometry, and they cover planning for the return of screening services.

In looking to how we can slowly and safely remobilise and recover, while preserving our capacity to deal with Covid-19 and our emergency resilience, I want to retain as much new and innovative practice as possible. Our NHS did not just gear up to meet the challenge of the pandemic; in many ways, it transformed itself. We have seen some remarkable developments in service delivery, with new and improved patient pathways and use of digital technology enabling more care to be delivered at home or in the community.

The rapid expansion of digital access to therapies has led to innovations in mental health services—for example, the virtual hub in NHS Grampian, which is accessed via self-referral, for the benefit of local staff and patients, including children. In its first six weeks, 250 people accessed that service. It is but one example: there are many more.

It might be that not all innovations will work in the new landscape, but many will and many have proved to be effective. Where new and innovative ways of working have shown themselves to be delivering high-quality safe care, we will work hard to hang on to them, while remembering always that what matters to patients is the quality of the care and of the connection between them and the individual who cares for them.

I am acutely aware that the rapid reconfiguration of our NHS has not been without cost to other patients. We all understand increasingly the cost to our health and wellbeing of dealing with the pandemic. It has brought worry, continuing pain and anxiety for many. Stopping large and important areas of healthcare was a decision that I would never have taken if I had felt that I had any other choice. I deeply regret the pain and the anguish that that has caused, but there was no choice. Lives were, and still are, at stake.

In responding to the challenge of Covid-19, we have asked a great deal of our NHS and care staff, of care workers across many sectors and of the public. All that they have sacrificed has got us to where we are today—cautiously optimistic that we can control the virus, slowly ease our way out of lockdown and begin to restart areas of healthcare that we had stopped.

However, I have to ask for more again—and more again—from all of us. I have to ask every single person to keep to the rules, please. “Stay at home” remains the core message. The reasons why people can leave home have been increased in a small way, but taking all the vital public health steps to prevent transmission of the virus is even more important now, because we can leave home more.

I know it is hard: I know that everyone feels that if they bend the rules just a wee bit, it will be fine. However, if we all bend the rules just a wee bit, the virus will seize that opportunity, the gains that we have made will be lost and the opportunity that we now have of giving more people the care that they need will disappear.

We are on the right course: we are ready to begin safely and cautiously remobilising and recovering our health service. Please help us to stay that course, and please help us to improve it too.

14:50

Miles Briggs (Lothian) (Con): I thank the many organisations that have provided useful briefings for today's debate, including Chest, Heart & Stroke Scotland, the RCN, BMA Scotland and Scottish Health Action on Alcohol Problems.

Like the cabinet secretary, I begin by expressing my continued gratitude to all our health and social care workers for the incredible hard work that they have put in during the Covid-19 pandemic. Their contribution cannot and must not be forgotten.

This is an important debate. It has been clear for some time now that the NHS does not have the capacity that it requires to restart all the many postponed services and that many people over this period have been suffering pain at home.

For some weeks, Scottish Conservatives have been calling for ministers to set out a detailed and comprehensive NHS recovery plan, in order to restart our NHS services and allow our constituents to access them safely. Many health charities, organisations and members of the public have also been calling for that.

I note the cabinet secretary's announcement on Sunday and the publication of the framework, but I fear that the framework falls short of the plan that we need and lacks a detailed timetable of when the services will be available.

I ask the cabinet secretary to consider a number of positive ideas that Opposition parties have suggested to ministers and to take them forward as we emerge from the Covid-19 outbreak. I will return to that point later.

The resumption of cancer screening and of all cancer treatments is a key area of concern—it was the main topic at the recent meeting of the cross-party group on cancer. Cancer Research UK has undertaken excellent work in analysing the impact that the crisis has had. It points out that a substantial number of early cancers will have been left undetected before screening programmes are reintroduced and that the number of people who were sent on urgent referral for further investigation or diagnostic tests for suspected cancer dropped by as much as 72 per cent during the early stages of the pandemic.

Cancer Research UK highlights that, despite national guidelines stating that urgent and essential cancer treatments must continue during the pandemic, they do not seem to have taken place consistently across Scotland. It sets out a number of positive recommendations, including the creation of safe spaces for cancer patients, in order to minimise Covid-19 exposure, and appropriate safety netting and management of people who are affected by the suspension of cancer screening programmes, to ensure that those people can be seamlessly reintegrated into the screening pathway in the months ahead.

Like many other health organisations, Cancer Research UK also backs the restarting of clinical trials once the environment is right for them to restart and continue safely. I welcome the suggestion that pain clinics might soon reopen as

well, as chronic pain patients across Scotland have been desperate to see that happen.

I recently convened a meeting of the cross-party group on chronic pain, at which a number of patients expressed their serious concerns about the impact that lockdown had had on their health and their quality of life. Some patients described feeling totally abandoned; some who are dependent on infusions or injections were forced to manage their pain by travelling to England and paying for private treatment. The toll on patients' mental health is the key thing that we heard about. Chronic pain patients not being able to access treatment has had a hugely significant impact on their mental wellbeing. MSPs on the cross-party group have written to the Cabinet Secretary for Health and Sport with details and have asked her to look into those issues. I look forward to a full response.

Mental health services are the one area that the cabinet secretary did not expand on but that I think is very important. It must be a priority to restart them urgently. Given the anticipated increase in the number of people who will try to access mental health services and support, including child and adolescent mental health services support, we need to hear from ministers how they plan to expand capacity so that waiting times—which were already unacceptably long before the pandemic—do not become even more excessive and so that vulnerable people can access services as quickly as possible.

I am sure that—as I have—members from across the chamber will have had representations from anxious constituents who are trying to access treatment for dental problems, which, while not urgent, might be an extremely painful and negative impact on their everyday life. I would be grateful if ministers could set out more details today of when we can expect key non-urgent dental treatments to begin again and how and when they envisage non-urgent aerosol generating procedures to be reintroduced, looking at best practice internationally.

BMA Scotland makes a number of important points in its briefing, not least about the need to ensure that all NHS and social care staff are fully protected and have access to appropriate and sufficient personal protective equipment. Given that the need for PPE is likely to increase as more services resume, we must be confident that our procurement policies ensure that we have enough going forward, so that staff can feel confident in their workplace.

In relation to staff wellbeing, I also agree with the BMA that any improvements made during this difficult period, such as the local introduction of wellbeing spaces as well as the removal of parking charges, must not be lost as we take steps

towards normalising services. The RCN also rightly makes the point that all healthcare staff must have access to high-quality counselling and psychological support, which is an important point. We already know that significant numbers of our NHS professionals are reporting higher levels of stress, and we know the negative impact that the Covid outbreak has had on their mental wellbeing and that of their families. A huge concern for all healthcare professionals—and for all of us—in the post-outbreak period will be the increasing needs of NHS staff presenting with mental health concerns. We must start the work to provide the support that we know will be needed.

Cancer Research UK has rightly argued that the longer we run without the full range of cancer treatment services, the greater the likelihood is of seeing reduced patient experience of care and quality of life and of not meeting all our national cancer outcomes. That applies across all our health services and is why every effort must be made to restore services while ensuring that that is done safely and sustainably.

Today's debate is about the future. Those who work in our health and social care services want to see a change after the pandemic is over. The Covid-19 public health emergency has demonstrated the outstanding commitment and dedication of our healthcare professionals. It is clear that NHS staff have wanted to see change for some time. The way in which NHS services are delivered and the way the NHS operates have fundamentally changed during the crisis. Out of every crisis can come an opportunity to change, and I know that NHS staff are determined that their hopes and aspirations for a different normal will be realised.

Prior to the Covid-19 outbreak, Scottish National Party ministers were failing to meet any of their own waiting times or health targets. There can be—I hope that there will be—an opportunity for a new cross-party consensus on the need to improve and secure the future success of our Scottish NHS.

More than a year ago, I led a debate in the Scottish Parliament in which I called for a review of support for NHS staff and a more holistic approach to providing that support. It is clear that the public across Scotland want to see our NHS and social care staff not just given our thanks but given our support in making their life-saving work safer and more rewarding. If there is one lesson that I hope we have all learned during this public health emergency, it is that, when we empower our healthcare professionals and allow them to take decisions, they will always step up and deliver care in the most difficult circumstances.

Scottish Conservatives will continue to work with patients, health charities and representative

organisations to scrutinise the Scottish Government's actions. We owe it to each and every one of those NHS staff and social care staff who have stepped up to care for our fellow Scots during the outbreak to stop and listen to what they have to say. We have an opportunity to come out of the crisis and build a health system that meets the increasing challenges of an ageing population as well as one that delivers the modern and preventative health-focused services that we all want to see and that will help to build the healthier, happier nation that we all want in the future.

The Presiding Officer: I call Monica Lennon, to be followed by Alison Johnstone.

14:59

Monica Lennon (Central Scotland) (Lab): Thank you, Presiding Officer. I am pleased to see that you have made a good recovery and that you are back in your rightful place.

On behalf of Scottish Labour, I thank all of Scotland's healthcare staff for their service to our country during this awful pandemic. Covid-19 has crashed into our lives and made us all less certain about the future, but we can be certain that we will always need the national health service. If the NHS had not been created by Labour 72 years ago, we would be at the front of the line of people calling for its creation now, so that healthcare, free at the point of need, could be universally available.

There is no getting away from the fact that this global pandemic is presenting enormous challenges to healthcare systems around the world. That is why we welcome this debate on the Scottish Government's document "Re-mobilise, Recover, Re-design: the framework for NHS Scotland". It is an opportunity to address the challenges that our health and social care services face in the short, medium and long terms.

For the past 11 weeks, the NHS in Scotland has been on an emergency footing and we have seen what life is like when parts of the health service are in lockdown or simply not available to us. We understand why there had to be an immediate focus on freeing up capacity and planning for the worst-case scenario. The Scottish Government has never tried to sugar-coat its drastic decision; ministers and officials have always made it clear that the virus will cause direct and indirect harm.

Despite every effort being made to protect the NHS and save lives, Scotland's deaths contribute to a tragic and devastating picture across the UK whereby our collective death rate is believed to be one of the highest in the world.

In Scotland, the high number of non-Covid excess deaths—around 915 since the middle of March—has prompted the Scottish Government

and the chief medical officer, many times during the past few weeks, to ramp up the message that the NHS is still open. We all know constituents and others who have been worried about going to see their doctors about changes in their health such as lumps or unusual bleeding, so it is good that we have heard that message directly from the Government.

Even so, there has been a huge reduction in the number of urgent cancer referrals, which we know is because patients have been staying away. We see the same problem in accident and emergency units, where attendance has been historically low throughout the lockdown period.

Urgent treatment is supposed to continue, but all members know constituents who have been unable to access urgent medical treatment.

Earlier today, official figures confirmed that the number of planned operations was down by more than 80 per cent in April and that more than a third of the children and young people who are waiting to be seen by CAMHS have been waiting for longer than four and a half months. We know that we are storing up a backlog of health problems.

On the immediate priorities, Miles Briggs mentioned a couple of the briefings that members have received, and I think that all members have been speaking to the same stakeholders and organisations in recent weeks, so there might be some repetition of themes in the debate.

Let me begin by talking about cancer, which is the leading cause of death in Scotland. Before Covid-19, about 34,000 new cases of cancer were diagnosed in Scotland each year and, sadly, there were about 16,000 deaths from cancer each year. Cancer will not stop simply because of the pandemic.

I support Cancer Research UK's campaign to secure safe spaces for cancer services, and I agree with the charity that the disruption to cancer testing and treatment could have a devastating impact on people's survival. I am looking at all the briefings that are pinned up on the walls of my room, and I can see that these issues matter deeply to Macmillan Cancer Support and other cancer charities, which do fantastic work all year round.

A few weeks ago, the Parliament heard evidence from Professor Linda Bauld. She made it clear that staff stand ready to deliver the cancer screening programme again—I mentioned that to the Deputy First Minister when he appeared before the COVID-19 Committee. We need to factor in access to PPE, as well as testing and screening for patients. I would like to see more detail about how the Scottish Government will get staff ready and ensure that working environments

are safe, because we need safe spaces in which to get life-saving cancer services up and running.

I agree that we need to make mental health a priority, as RCN Scotland helpfully sets out in its briefing for the debate. I agree with the RCN that the framework at this stage is a little light on detail, which is particularly true of mental health services. We have to work collectively to get that right.

The cabinet secretary will be aware that I wrote to her recently to get further clarity on mental health support for staff and a plan to address the risks and harms associated with post-traumatic stress disorder. I see that BMA Scotland—[*Temporary loss of sound.*—per cent of doctors—[*Temporary loss of sound.*—suffering from anxiety, depression, stress or burnout.

A real cross-party consensus is building, and there is a real willingness to support the Government's efforts and the national collective effort, which we see through the cross-party groups that we are members of. However, rather than the cross-party groups being seen as things that sit outside Parliament and through which we come to the cabinet secretary with a list of problems and challenges, I think that we all want to see closer working so that the Opposition parties can work alongside the Government when those frameworks and plans are being worked up.

Miles Briggs is right to highlight the challenges that chronic pain patients face. Although those issues have—again—been problematic for years, we heard testimony from patients who have been feeling suicidal because they are completely isolated and shielded and are not in contact with anyone. Although they are unlikely to have the virus, they cannot get the infusions and injections that Miles Briggs referred to.

I pay tribute to the cross-party group on cancer. I am sure that my colleague Anas Sarwar will speak more about the work that he and Miles Briggs have been leading in relation to it—there is an appetite to work across party boundaries.

Scottish Labour is completely realistic. On recovery planning, we know that it is not possible to resume all NHS services overnight and that it will require weeks, if not months, of careful planning. We want to work with the Government on that. The cabinet secretary was right to say that the NHS does not exist in isolation and that it cannot work alone. I wholeheartedly agree, which is why I would like to see more certainty for charities such as Chest Heart & Stroke Scotland, which has a fantastic hospital at home programme. However, at the moment, it has financial support from the Government for up to a maximum of only three months. We need to know what support will be in place so that health

charities, in particular, can plan for the longer term.

There is much to say, but there is no time left. I have mentioned the values that underpinned the national health service 72 years ago, but I have not had time in today's debate to talk about the impact on older people and the fact that our care homes remain at the centre of this crisis. We need a national care service with consistency in standards, quality and access right across Scotland. Never again can we have a situation in which people are cleared out of hospitals, without proper testing and screening, and into care homes where health support is not available. I look forward to hearing more from the cabinet secretary about that.

We have to remember that health and care workers have also lost their lives or become unwell during the crisis. For their benefit, and for the benefit of all patients in Scotland, we all have to work to ensure that we learn lessons quickly and take questions or criticism in no way as a negative but as an opportunity to do better in the future.

15:09

Alison Johnstone (Lothian) (Green): I, too, express my heartfelt gratitude to all those in the NHS who have worked, and who are working, so hard to keep us safe. We owe it to them to amplify voices in the health service and in care in this chamber.

Scotland's health service has not been overwhelmed during the Covid-19 outbreak, which is down to the incredible efforts of all those working in health and care. However, that does not mean that it has not, at times, been overwhelming for those working in health and care in Scotland. Staff in those areas have been subject to extremely difficult conditions and they have undertaken their work at great personal risk—due, in part, to inadequate stockpiling of PPE.

A recent survey by the Royal College of Nursing revealed that 69 per cent of respondents had raised concerns about PPE, and 46 per cent, including those working in the most high-risk environments, reported that they had felt pressured to care for a patient without appropriate PPE. That has added to the stress and anxiety that staff are feeling when they are working during the pandemic.

Our health service faced staff shortages and huge challenges before the pandemic, and we have to bear in mind that there might be staff working in the NHS and in care services who will be affected by post-traumatic stress. There might be many staff whose mental health and wellbeing

is being impacted, so we need to be clear that we are prepared to help them, that support is available and that they can access it easily. Staff also need a guarantee that, given the likelihood of a future pandemic, proper planning is taking place, that lessons are being learned and that shortages of PPE will not recur. We need to ensure that staff feel as safe as they possibly can when they go to work during and after the crisis.

Routine testing of those who work in the NHS and in care services is essential. As we discussed earlier today, it is still the case that too much testing capacity goes unused. On Saturday, the number of tests that were carried out fell to its lowest level in more than a month, with only one fifth of Scotland's testing capacity being used. Significant concerns remain that infected healthcare workers who are pre-symptomatic, asymptomatic or suffering from mild symptoms might be spreading Covid-19. Using the capacity properly would help to reduce anxiety, better protect front-line staff, ensure that no one needs to isolate needlessly and encourage patients to engage with services.

We urgently need more information on the effects of Covid-19 on black and minority ethnic people. Public Health Scotland has published preliminary analysis that suggests that there has not been a higher level of coronavirus cases among Scotland's black and minority ethnic communities than would have been expected, but the First Minister has acknowledged that the data is very limited. We need detailed analysis now, so that people fully appreciate the risks.

We cannot rely entirely on the efforts of our wonderful NHS workers to pull us through crisis after crisis. We owe them more than that. To reduce the strain on staff and to ensure the sustainability of the NHS, we have to focus more on prevention. In its 2018 paper, "The Role of the NHS in Prevention", the Faculty of Public Health stated:

"The NHS remains first and foremost a treatment service",

so we need a new approach to ensure that our NHS is in place for generations to come.

Tackling inequalities must be a key tenet of that approach. Multiple studies have shown that income is the most important social determinant of health. The Joseph Rowntree Foundation tells us that

"health improvement policies that rely only on initiatives that target specific risk factors or deliver single interventions are in danger of being insufficiently comprehensive to yield anything more than modest benefits."

Food poverty, period poverty and fuel poverty all have the same root cause: a lack of sufficient and

secure income. Therefore, we need to take a more holistic approach to health.

Implementing a universal basic income scheme to ensure that everyone has enough money to live on would help, and the impact of the Covid-19 outbreak has driven home the importance of such a policy. Too many people in this country are surviving on precarious incomes and living in insecure tenancies.

The third sector also has a key role to play in prevention and in improving health. Many people in the sector are warning that they face significant financial risks and that they will need support to survive the crisis. The support that has been provided to date has helped to set up digital or short-term Covid-19-specific projects, but more long-term support must be guaranteed, because social distancing will impact on their fundraising ability and on their shop income. The real challenges for the sector go well beyond the pandemic, just when services such as the NHS will need it most.

I am glad to see the resumption of suspended services, such as cancer services and some mental health support. Cancer Research UK, the British Heart Foundation and Chest Heart & Stroke Scotland have been contacting us all, and they cannot wait to be able to properly help those who need their help most.

Some measures that are taken to protect our NHS during the crisis can have a positive and lasting effect on how services are run, such as the delivery of digital consultations when appropriate. The role of pharmacists has also been highlighted during the pandemic. They have an important role to play in the delivery of community services, and I welcome the roll-out of the pharmacy first Scotland service in community pharmacies during phase 1. We need to fully use the expertise of those highly skilled professionals. An increased focus on community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of long-term conditions is a positive step—it lessens the strain on our GPs and it lets pharmacists contribute more fully to the multidisciplinary team.

In closing, I will focus on our care service. As we know, 46 per cent of the Covid-19 deaths that have been registered by the National Records of Scotland have been in care homes. Such horrifying numbers emphasise that our care system must be reviewed as a matter of great urgency. We need a public care service that is akin to our NHS. I welcome the fact that the discussion has finally started, but those conversations must be sustained and not abandoned as they have been by successive Governments so many times before.

Fragmented delivery in a postcode lottery is not good enough. We owe it to our elderly people, many of whom have suffered immeasurably in the past few months, to rethink how we value them, to commit to properly look after all our older citizens and to repay them properly after a lifetime of contributing to society.

We need to place human rights at the heart of social care. The impact of austerity has seriously undermined efforts to embed human rights in the delivery of social care, and it has impacted on wider society's resilience. We must build back better, and a properly resourced, well-staffed national health and care service can begin to right the wrong.

15:16

Alex Cole-Hamilton (Edinburgh Western) (LD): I echo Alison Johnstone's eloquent words about the need for a national care service, which is a view that is shared by my party. I also thank her for and echo her comments in praise of our hard-working NHS and social care key workers.

In the foothills of the emergency, this country was gripped by a fear that has not yet dissipated. In the space of a week, we went from public health messaging around bumping elbows, to the strictures of lockdown. I remember the sense of creeping anxiety in the Parliament building when all but members and a handful of parliamentary staff were asked to work from home. The place felt like a tomb; it felt as if every surface was crawling with virus. I do not remember a time in my life when I have felt more afraid.

The fear was replicated in our communities. By the time that lockdown came, people were already begging for it to be imposed. We had seen images coming out of Bergamo and Madrid, we were aware of the mobilisation of ice rinks as potential mortuaries, and we watched in shocked admiration as the NHS Louisa Jordan hospital was erected in just a matter of weeks. It was therefore wholly unsurprising when the Government postponed all non-urgent elective surgery in the first days of lockdown. I received not one single complaint or note of concern in my parliamentary inbox about that decision. People felt that the risk of going where Covid-19 was likely to be was too acute for them to take, so they did not take issue with the decision.

Members may recall that, near the start of the year, I brought the case of Margaret Simson to the attention of the Cabinet Secretary for Health and Sport. In 2018, Margaret Simson was injured during a colonoscopy and fitted with a temporary stoma bag while she was on a waiting list for corrective surgery. She waited and waited. By Christmas last year, the pre-op medication that

she had been given to take home in preparation for the surgery had passed its use-by date, so she got in touch with me. I raised her case in the chamber, in the papers and with NHS Lothian until she was finally given a date for her surgery in the middle of April. When the Government cancelled all non-urgent operations, her number was the first that I called. I stressed to her that, given the inconvenience and suffering that she has already experienced, we could now easily make a case to the health board that her procedure was urgent. However, she was quite clear that she was not ready to take the risk. The fear of Covid-19 was too great for her to entertain the prospect of entering any part of the health service estate.

Margaret Simson is not alone. I have an immediate family member who is in need of an urgent hip revision, and who has spent the best part of 10 weeks on crutches and in abject pain, but is prepared to spend 10 more weeks like that if need be, rather than risk a hospital stay. There are such stories the country over, and they can be measured empirically in our health service statistics. In April, there was an 83 per cent reduction in surgical operations from the previous month. There have been as many as 16,000 fewer cancer referrals, and accident and emergency departments are deserted.

That reality is concerning on several levels. First, it suggests a tremendous level of human suffering in our communities that should otherwise be dealt with in primary care. It suggests a massive drop-off in health surveillance, with many diseases and conditions going undetected or not being detected early enough for something to be done about them. It suggests that our national response to Covid-19, as reasonable as it might be, will lead to a human cost and a loss of life beyond the lives that have been taken by the virus.

That final point is deeply troubling to us all. In the first 10 weeks of lockdown, the number of deaths in the home rose by 67 per cent, yet only 15 per cent of those were as a result of coronavirus. Those deaths must have been those of people who were in need of healthcare but who, like Margaret Simson and so many others, were too frightened to access it.

I echo the words of other members who have spoken in the chamber throughout the emergency: if people are unwell or if they experience signs such as abnormal bleeding, chest pains or a new lump, they must get help. They can be certain that they will be seen and that they will be seen safely.

I ask the cabinet secretary to focus her efforts on three key areas of the health sector as we revive parts of the NHS. First, I ask that she consider the full recommencement of all types of cancer screening programmes. We know that

cancer referral and diagnosis have dropped off a cliff, and the long-term impact of missing an early diagnosis for patients and, ultimately, our health service cannot be overstated.

Secondly, the cabinet secretary's Government must redouble its efforts on child and adolescent mental health services. At the outset of the crisis, many children had already waited for more than a year for treatment; in the intervening months, young people have experienced the disruption of their education, removal of freedom and loss of contact with peers and loved ones. Therefore, it is inevitable that more children and young people will need help and support through CAMHS, and they deserve better than to join one of the longest queues in the entire health service.

Finally, I ask the cabinet secretary to look at dentistry. Every member of this Parliament will have received emails from constituents in agony, parked on antibiotics and awaiting fillings, root canal work or other aerosol-generating procedures. I am sure that, like me, members have been contacted by dentists who are desperate to get back to work to help their patients. They are confident that they can do those procedures safely with the right kit.

This Parliament and this country will never be able to fully repay the debt that we owe our NHS. It has weathered the first of the Covid-19 storms; it has prevailed and done so admirably. It has shown itself to be capable of doing that and having capacity to spare. While we have a bit of breathing space and while our clinicians are coping, let us restart some of the normal day-to-day NHS provision, where it is safe to do so, so that we can alleviate some of the suffering in our communities.

15:22

Angela Constance (Almond Valley) (SNP): It is impossible to consider and debate the next steps for our national health service in isolation from social care and care homes. As acknowledged by the Government and others, the pandemic has demonstrated the crucial interdependence between the different parts of the health and social care system, and exposed and exacerbated health and social inequalities. Indeed, in the Cabinet Secretary for Health and Sport's opening remarks, she states that a whole-system response continues to be required to combat Covid and that a whole-system approach to life beyond Covid is not just required but essential.

The new framework is titled, "Re-mobilise, Recover, Re-design: the framework for NHS Scotland". I want to focus on the future, as it is the prospect of a better future that gives us all hope.

I know that I am not alone in having had much to reflect on, personally and politically, in the past

few months. In short, I, too, would like a national care service that is on a par with our national health service. Let me be clear that I do not want care services to be run like hospitals, with councils or charities cut out of the loop. I want a refocus on not-for-profit care, a clear national plan and infrastructure that builds and supports local services around the everyday needs of people in their own homes or communities, with lines of accountability and redress that are as clear as crystal. I certainly want a dispassionate examination of the so-called mixed economy of care that has been with us since the National Health Service and Community Care Act 1990 came into force in 1993.

The pandemic has shone a light on serious concerns about some private care homes. Although I do not want to tar all private providers with the same brush, we need to be clear that profiteering at the expense of care cannot and must not be tolerated. My concern, given how some large private care providers operate, is that millions of pounds of public money is taken from the care sector into the financial sector, particularly when care homes are sold, with care home fees being extracted for profit, and in paying for the building time and again. We need to interrogate the ethics and fairness of the financial models that underpin care, and evaluate their impact on the wellbeing of residents.

Neil Findlay: Will the member take an intervention?

Angela Constance: I hope that Mr Findlay will forgive me, but I will not, because I do not want to get overly emotional.

I have written to the Cabinet Secretary for Health and Sport, calling for an investigation into the differential impact of Covid-19 deaths in care homes in the public, private and third sectors. My reason for doing so is rooted in the Scottish Government's statistics, most recently from 27 May.

To date, the percentage, by sector, of adult care homes that have had a suspected case of Covid, is: 38 per cent in the voluntary and not-for-profit sector; 57 per cent in the public sector; and 69 per cent in the private sector.

Scottish Government statistics also show that a higher proportion of larger adult care homes have suspected Covid-19 cases. Seventeen per cent of adult care homes with 10 beds or fewer have suspected Covid-19 cases; by contrast, 91 per cent of adult care homes with more than 60 beds have suspected Covid-19 cases. It is imperative that we examine which sector prefers large care homes, and why, as well as the need for transparency about the tragic loss of life in care homes, sector by sector.

There are also massive questions to be asked about the role, remit and powers that are afforded to registration and inspection services.

I recently wrote to the Care Inspectorate and to the nurse director for NHS Lothian, and am hoping for a productive response, about a constituent who has been diagnosed with coronavirus. His family are worried sick about the private care home's ability to cope. They are asking—pleading—for nursing staff to go from the health sector to the care home sector. Nursing vacancies in the private sector are high, at around 50 per cent; that can be compared with about 15 per cent in the voluntary sector. A local funeral director has also, independently, raised concerns about the same home.

In response to the pandemic, the Government is working with the care sector as currently constructed. The cabinet secretary is right to point out that she has stepped in to the private sector to pick up the pieces over concerns about terms and conditions of employment, including death in service benefits, pay, and sickness benefits. She has also stepped in over the supply of PPE. It is significant that NHS nurse directors have assumed professional responsibility and accountability for infection prevention and control in all care homes. We cannot turn our backs on that. We can only go forward.

As we look to a new life beyond lockdown, there are fundamental questions to be asked, and answered, about how we can best care for our most vulnerable yet cherished citizens. I hope that we can start to do that constructively, and together, sooner rather than later.

15:29

Annie Wells (Glasgow) (Con): First, I would like to record my thanks to every NHS and care worker. Over the past ten weeks, you have done so much to look after the vulnerable in our society. I also thank all emergency and key workers, as well as the thousands of volunteers who are helping out in their communities. No amount of thanks could ever convey how grateful we are to each and every one of you; nonetheless, thank you.

It is an underestimate to say that the coronavirus has brought many changes to our daily lives, not least to our NHS, which has seen the largest reconfiguration of the service in its history. The NHS was put on an emergency footing in March, and with that came the cancellation of non-urgent elective surgery, and, a few weeks later, the suspension of screening services for breast and bowel cancer.

The health service needed to be ready for a surge of cases at the beginning of the pandemic,

but it is now time for the Scottish Government to safely restart services for those who are suffering in silence, otherwise lives will be at risk.

A few weeks ago, Cancer Research UK warned that Scotland faces a significant cancer crisis due to the backlog of diagnoses and treatment. It said that the number of people being given an urgent referral for suspected cancer dropped by 72 per cent during the early stages of the pandemic, with about 2,000 urgent suspected cancer referrals not happening each week. Cancer Research UK has urged the Scottish Government to set out a strategy to return cancer services to pre-coronavirus levels.

A number of wider programmes will be vital as we move out of lockdown and look to restart the NHS, the first of which is test, trace and isolate. At the start of last month, we agreed that it is vital for the TTI strategy to be a success. It will be key in suppressing the virus, and, I hope, will put us on a path towards some sense of normality.

However, recent developments have shaken public trust in the previous contact tracing operations, and none more so than the failure to inform the public of a coronavirus outbreak at a Nike conference in Edinburgh in late February. We all know the details that have emerged in which numerous people who came into contact with conference delegates were not contacted by the tracing team. None of those cases is more worrying than that of the kilt cutter Gillian Russell, who had to take time off work with flu-like symptoms shortly after spending more than an hour fitting kilts for Nike conference delegates. Shockingly, Gillian Russell found out about the outbreak only through media reports. That cannot happen again.

We also find it disappointing that the figure of 2,000 additional contact tracers, who were promised for the strategy to work, is being played down. In the past week, we have seen varying numbers in relation to tracers, with claims that only 700 would be needed at the beginning. It is still unclear whether those that have been hired so far come from outside the NHS.

Everything must be done to ensure that test, trace and isolate is not only a success, but has the confidence of the public. Additionally, the success of the TTI strategy will depend on the testing element. The Scottish Government has announced that capacity is more than 15,000 tests a day, but, as we have heard, shockingly, only a third of that capacity is being used daily.

The Scottish Conservatives have repeatedly called for the Scottish Government to get testing capacity into the community, particularly for carers working with the most vulnerable groups. That testing will vastly improve the data, which will

enable us to move out of lockdown and restart our NHS. As Government ministers have themselves said, there is no point in having capacity unless we use it.

I found it promising that one of the Scottish Government's publications shows that hospital beds and intensive care unit capacity has not been breached, and that in all scenarios to August, the forecasting data shows that it will not be breached. The capacity is there; it is time to put it to use.

I have said that the NHS has rightly diverted time and resources to tackling the coronavirus. In such an unprecedented time, it was only right that steps were taken at the start of the crisis to make sure that the NHS was ready for a surge in coronavirus cases. Now it is time for the Scottish Government to safely restart screening and operations. As those next steps are taken, the safety of staff and patients must be at the forefront. The NHS did not fail us in this crisis; moving forward, we must not fail it.

The Deputy Presiding Officer (Lewis Macdonald): I remind members that those who are contributing remotely are not able to take interventions. I am sure that, during the debate, other opportunities will arise for members to rebut any points that they wish to.

15:35

George Adam (Paisley) (SNP): I am grateful for the opportunity to speak in the debate. First and foremost, I want to say that our NHS is truly a wonderful thing and must be top of our priority list during these unprecedented times. I am sure that members across the chamber would agree that all our healthcare workers—from doctors and nurses to hospital porters, social carers and ambulance staff and all those who are involved in the NHS—have performed admirably under what I can only imagine will have been incredibly challenging circumstances.

In our popular culture, superheroes fly about, saving the universe, in big-budget movies in which the ancient mythology of heroes saving the weak and those in need has been repackaged for the 21st century. However, in these challenging times, I think that it has been proven that superheroes are alive and well, and are living and working among us in our communities right now. That is why, as we move forward, it is vital that we get things right to ensure that our NHS can operate at peak level as we transition out of lockdown and through the four phases of the new normal.

The Scottish Government's main priorities have remained the same throughout this global pandemic: to save lives and protect the most vulnerable. That is why the core message that will be at the heart of the next steps for our NHS

remains the same: stay at home and save lives. The difficult sacrifices that we are all making in our communities are working. However, our progress remains fragile. Although we have now entered phase 1 of the transition process, we should still stay at home as much as possible to ensure that the virus does not spike again and take us back to square 1.

It is important to acknowledge how hard such restrictions are for many people across the country, who are experiencing extreme loneliness and isolation while they are physically cut off from their families, friends, colleagues and loved ones. I am sure that, for many households, video-calling technology such as FaceTime or Microsoft Teams is a godsend right now. I, too, am feeling the strain of not being able to hug my grandchildren and interact with them face to face. As every single one of us will understand, continuing with such restrictions causes its own harms. The Scottish Government has said that it will not keep them in place for a moment longer than is necessary.

Throughout the lockdown, the NHS has been available for those who have needed it, as the NHS is open campaign headline has said. Rona Mackay recently told me about a constituent of hers who was diagnosed with bladder cancer five weeks ago, and who received surgery and treatment immediately. So far, everything has been good. That example shows us that our NHS has continued to function. I therefore encourage anyone with medical concerns to continue to contact their GP or NHS 24 or to attend hospital if their illness is immediate or life threatening.

As we move into a phased return to some semblance of normality, the Scottish Government has instructed health boards to resume, where it is safe to do so, those health services the absence of which has clearly had a detrimental impact on people's lives. "Re-mobilise, Recover, Re-design: the framework for NHS Scotland", which was published on Sunday, sets out the core principles that underpin how we can safely and gradually resume some of the services in our community and hospital settings that were paused at the onset of the crisis. The initial outline of which services could be prioritised in the next phase of the health board mobilisation includes cancer services; expansion of treatments for conditions other than cancer; urgent in-patient services; and out-patient therapies in which delay will increase the risk to patients, such as the management of macular degeneration, paediatrics and respiratory services. I think that we can all agree that the resumption of mental health support services will be extremely important, as many of us will no doubt have heard from our constituents, and that they should be made more widely available as time progresses. Care offered at emergency

dental hubs will also expand while dentists prepare to reopen.

As with everything right now, it is important that the remobilisation happens in stages, with constant checking on the prevalence of the virus and the R number so as to keep Covid-19 under control. Health boards will introduce their plans while maintaining Covid-19 capacity and resilience and providing appropriate support for social care. Alongside reopening many health service areas, continued testing for Covid-19 is top of the agenda.

The approach to testing must make sure that we have saved as many lives as possible and that we have protected the most vulnerable, which is why the three current objectives for testing are to support the care of those who are most seriously ill; to support essential workers to get back to work; and to provide surveillance and information to tell us how the virus is spreading and allow us to manage the spread.

The Scottish Government has expanded testing eligibility and capacity considerably. Combined with the Glasgow Lighthouse lab, we are able to test 15,500 people per week. From 18 May, eligibility for testing was extended to any symptomatic member of the public across the United Kingdom, which I hope will allow us to more accurately record and trace where the virus is spreading throughout our communities.

However, we will have to be equally vigilant in these coming weeks. Although things have been hard, it is undeniable that we are experiencing and living in extraordinary times. I am immensely grateful that we live in a country where top-quality health and social care is universally available. Our NHS has held up under unbelievable strain and performed absolutely brilliantly. It will continue to do so but we must ensure that we continue to give it the support that it needs.

15:41

Neil Findlay (Lothian) (Lab): The Covid-19 crisis has exacerbated the same two greatest challenges that have faced the health sector since devolution, namely health inequality and the broken care system. For George Adam to say that we have top-quality social care is a disgrace.

As we look to the future, we cannot repeat the mistakes of the past. Report after report after report has been written about these issues, yet the only thing that changes is that the health inequality gap widens and the social care crisis deepens. Covid-19, just like cancer, diabetes, and so many other diseases, disproportionately affects the poorest communities. There is a clear class issue here; the evidence is there for all to see—if someone is low paid and lives in a deprived

community, they are twice as likely to be hospitalised and to die from Covid-19 as they would be if they came from a wealthier community. They are also much more likely to have been asked to work on the front line, keeping the health and social care service going, the transport system alive and the food supply chain functioning throughout the pandemic.

It is bus drivers, train guards, shopworkers, cleaners and care assistants who have helped to keep us safe, well and fed during the past nine weeks. Many of those people are in precarious employment and are paid at or just above the national minimum wage. They cannot afford to take time off, because they will go on to statutory sick pay or they will get the sack.

What are we going to do to address the fundamental health crisis that kills many more people each year than Covid-19 ever will in this country, namely poverty? Will we use the powers that we have and do everything that we can with them to end low pay, to give people security and rights at work, to end homelessness, to create full, stable and sustainable employment, to clean up the environment, to decriminalise addiction, to fund and staff the NHS, to address the mental health crisis and to democratise decision making?

Health inequality is the manifestation of economic inequality and, without redistributive, democratic structural change in the economy, we will never see those inequalities narrow. If we need new powers to do some of those things, let us seek to build cross-party agreement on how to get those new powers and how to secure them.

On social care, the dogs in the street know that the system is broken. It is a sector that is characterised by a recruitment crisis, low pay, exploitation and insecure work; a sector in which a company such as HC-One, with 56 care homes in Scotland, keeps its profits up on the back of the pay and conditions of its workers, paying zero corporation tax while being registered in the Cayman Islands. What the hell are we doing allowing such companies anywhere near the care of our loved ones?

The system needs to be knocked down and rebuilt from the ground up, with a system that is based on human rights, equality of access and high-quality care and in which social care is professionalised, with a career structure, training, and pay and conditions that recognise the value of the important work that is being done.

On 6 March, IJBs were told to reduce delayed discharge by 400; on 27 March, they were told to reduce it by another 500; and, on 5 May, they were told to go further and that discharges had to outstrip admissions. We know that many people were discharged from hospital untested and

without a care assessment to care homes or to home care. In my view, that policy decision was a disaster that resulted in infections and, tragically, deaths. Many of those people were long-term delayed discharge cases—patients who were stuck in hospital and told that they could not be discharged because a care home place or package was not available for them.

The delayed discharge issue has gone on for two decades, which is the entire time of the Scottish Parliament, and successive Governments have failed to get a grip of it, but it was at record levels prior to the crisis and then, suddenly, as if by magic and overnight, thousands of care home and home care places appeared. Did we build all those new bedrooms in care homes? Of course we did not. Did we create all those new jobs and were people trained and disclosure checked overnight? Of course not. So how did the social care miracle happen? It was because all those places and home care slots existed all along—they were always there.

Of course, what was not there was the money to purchase them, and that was down to political choices of the Government, which took Tory budget cuts and doubled and sometimes trebled them before handing them on to local government and the IJBs. Delayed discharge has never been about places not being available; that was just the excuse that was given to families who were waiting for people to come out of hospital. It has always been about not funding the places. The most recently published care home survey proves that, as it shows that 37,200 places existed in Scotland but only 32,500 places were occupied, so almost 5,000 excess places existed in the system.

It gets worse, because we know that a care home place costs around a third of the cost of a hospital bed. That means that, in cutting social care and council budgets, the Scottish Government has cost the taxpayer millions of pounds by keeping our loved ones stuck in hospital. It was a deliberate policy choice. Because people have been stuck in hospital, more people have been stuck outside hospital on long and growing waiting lists and not getting in for the procedures that they need. If we are going to look at the future of the NHS, I suggest that we start with those two fundamental issues.

I will make one final point. Angela Constance spoke about small care homes, and I agree with her on that. However, the tragedy is that, when Bield Housing Association, which is a not-for-profit organisation, closed all its care homes in Scotland, the Government sat back and did nothing.

15:48

Sandra White (Glasgow Kelvin) (SNP): Like many other members, I welcome the opportunity to contribute to the debate. The pandemic feels as though it has been with us for a long time and it has affected our daily lives in ways that most of us will never have experienced before and, I hope, will not experience again. Our focus in the past few months has been on suppressing the outbreak, and the vast majority of our NHS staff and resources have been deployed to care for Covid-19 patients. That has been absolutely necessary in order to help save lives.

As others have done, I put on record my thanks to and support for all our key workers who have come together to support people across our communities. Those workers have done a fantastic job and it has been heartening to see an outpouring of solidarity and compassion throughout our communities.

The Scottish Government's framework for NHS Scotland mobilisation, which is called "Re-mobilise, Recover, Re-design"—it is quite a catchy title, actually—sets out what I would call cautious steps for opening up our health service to non-Covid patients. The framework gives a good indication of what we can expect from our NHS during the phased approach to lockdown. I want to take this opportunity to highlight some areas of concern that have been raised with me.

As members know, I am the convener of the cross-party group on older people, age and ageing, and I am eager to see how the framework will apply to such people. Many people, particularly older people and those who have been shielding, have reservations and anxiety about attending hospital for treatment. I welcome the cabinet secretary's comment about looking at the current restrictions on people who are shielding, and I look forward to seeing what comes out of that. People who have been shielding have had hardly any contact with people outside. Many of them will be full of trepidation as they take their first steps to attend a hospital appointment. It would be helpful if the cabinet secretary could outline what reassurance or alternative steps the Government could put in place to ensure that those requiring medical treatment are fully supported.

I now jump from the older generations to our young generations to flag up concerns that have been raised with me and others about paediatrics. Although there have been concerns regarding the level of service pre-Covid, those concerns have been exacerbated by the pandemic and the pausing of community paediatrics. A professional paediatrician has said:

"To maintain social distancing, we can't have the same footfall in our clinics. We are doing whatever we can by

telephone and video consultation, but I cannot give a child a lifelong diagnosis of autism without seeing them face-to-face at least once. I need to examine them, and not miss signs of an alternative or additional diagnosis."

Paediatricians are working very hard to disseminate their expertise and are working closely with health visitors and others to link families to good online information wherever possible, but they feel that that is not enough. They highlight that the knock-on effects on young people and their families and carers of not being able to access the services can be extremely damaging. The professionals give examples of how the situation can affect the lives of families. If a child has additional needs, it can result in eligibility for disability living allowance and carers allowance and can support an application for housing and, in some cases, support an appeal to the Home Office for leave to remain. Support is a huge area, but they are saying that, without their help, families cannot always access the support. We need to look at that issue.

It is clear that, in the face of this truly devastating pandemic, we need to reassess our priorities. Protecting and nurturing our public health and social care system must take precedence; I will not go into it, as others have already done so, but it must include care homes. As the cabinet secretary has said, care homes are mixed—we cannot continue with a system in which more than 74 per cent of care homes are privately owned. Much has been said about the issue, and I highlight that training and conditions vary tremendously. What every member has said about care homes is absolutely right; we have an opportunity to fully value care and change it for the future—we must use that opportunity.

Others have touched on dentistry, and I welcome the cabinet secretary's comment. Like other members, I have been contacted by many constituents regarding dental services and by dental practices seeking support ranging from funding to the resumption of NHS-funded training for dental practitioners. The framework states there will be an expansion of services in the dental hubs, which I welcome. However, it would be helpful if, at this stage—I appreciate that we are taking every step as it comes in opening up services—further information could be provided on the resumption of both dental and orthodontic practices.

15:54

Jamie Halcro Johnston (Highlands and Islands) (Con): Around the chamber and across the whole of the UK, we have seen an outpouring of support for the NHS and its staff during the pandemic. Many NHS employees and contractors, alongside key workers, have been at the front line

of the crisis. While most of the public have been able to stay at home, NHS staff have put themselves in harm's way to provide the help and care that people need.

Sadly, many have had to make sacrifices. They have lived with the added fear that they might bring the virus home to their loved ones. Some have isolated themselves from their families for safety reasons, with the result that they have been unable to see their children. Tragically, there are also those who have been among the victims of the outbreak.

In the fight against a viral pandemic, it is impossible to eliminate risk entirely, but the primary responsibility of Government and the public must be to help to manage and reduce that risk. We should remember that the response has been unprecedented. Millions have remained at home and the state has stepped in and directly supported hundreds of thousands of employees to stay away from work in Scotland alone. The nation has shut down in a way that is incomparable, even with wartime.

In my region, I have heard numerous stories of NHS staff working incredibly hard to tackle the effects of the virus, and I thank them for everything that they have done. There are, of course, questions over the extent of Government's capacity to address the challenges that Covid presents. How much can we do in the face of an invisible threat? To what extent can we change our public services and our ways of working and living in such a short time? Although it is clear that there have been shortcomings, mis-steps and mistakes, huge logistical challenges have been overcome and things have been achieved that we might never have previously considered possible.

NHS staff have been central to those efforts, as have the civil service and public officials. In addition, the armed forces have been there to help in some of the most desperate situations, and our thanks go to all of them, too.

The core objective of reducing pressure on the NHS and maintaining its capacity is working, because the service has not been overwhelmed, but there are lessons to be learned. In that respect, we should look to social care, where some of the worst harm has been caused during the pandemic. Despite the integration of health and social care, Covid-19 has cast in a harsh light the fact that social care still remains the poorer neighbour of the NHS. I am not alone among members in having to pursue proper testing and the making available of resources to care homes in my region.

We should consider, with regret, the Scottish Government's decision to move patients from hospitals to care homes in the early stages of the

outbreak. Patients who had not been tested were moved into settings where people are often at their most vulnerable. I simply do not accept the argument that it is necessary to have hindsight to make the case that that should not have happened. We knew early on that, as with every similar virus, asymptomatic transmission was a risk. Although the guidance to isolate patients based on their showing symptoms was sensible, we knew that there was still a risk that symptoms might not at that point have manifested themselves or been properly identified. Despite the hard work of the sector, it was less equipped and less prepared to deal with those issues.

In many cases, our testing capacity has fallen short, despite its importance in limiting transmission. Too often, despite the health secretary's claims, there appears to have been a lack of testing kits or a lack of access to such kits—in other words, there was testing capacity, but not testing availability. That must change if we are to make a success of the next stage of our response.

Contact tracing will be an increasingly important weapon in the NHS's arsenal, and it is one that must be delivered effectively as infection levels in the community fall. Without a vaccine in place, it will be the main barrier to harmful future waves of the virus sweeping through our population.

In the Highlands and Islands, the potential exists for greater localisation of our response. In more isolated communities where infection rates have been low or almost non-existent, there is scope for different approaches to be taken, but contact tracing must be an essential part of the process. We can begin to look at other approaches; other members have mentioned the reopening of routine NHS dental services. The monitoring of responses will enable the public to return to a greater level of normality more quickly. I recognise that such processes are already getting into gear on a Scotland-wide level.

One legacy of the virus will, I hope, be greater use of telehealth to address the challenges that exist in delivering healthcare in remote and rural areas. As with schools, adaption has taken place by necessity in ways that have been discussed for years but never brought into the main stream.

However, we cannot overlook the negatives. For years, I have challenged ministers on the many issues with our NHS. For example, NHS Grampian has among the worst waiting time records in Scotland, and progress in addressing those has been painfully slow. Ministers must be able to recognise where the pandemic has set us back even further in managing those challenges. Even when the last new cases have passed, change in our NHS will be more urgent and vital than ever.

The threat of pandemics will always be with us, and the legacy of Covid-19 will linger on. That legacy will have a huge cost, in lives, in economic terms and in how we live, but we should also consider what it tells us about the delivery of health and social care in Scotland. The virus has undoubtedly exposed weaknesses in that provision. A more resilient national health service is in all our interests, and it is time that words about the value of social care were translated into action.

NHS staff and care givers have shown a huge willingness to help us all through this dark chapter in our history; there will come a time when we should repay that debt by creating a more effective and responsive public service to the benefit of every one of our citizens.

The Deputy Presiding Officer: I call Emma Harper, who will be the last speaker in the open debate.

16:00

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in this debate, albeit remotely, and I welcome the publication of the Scottish Government's "Re-mobilise, Recover, Re-design: the framework for NHS Scotland".

As other speakers have done, I put on the record my personal thanks to the key workers in my region and across the country—our doctors, nurses, NHS staff, health and social care staff, cleaners, ambulance service, porters, police, fire service, delivery drivers and all those who provide essential services. They all do fabulous and hugely important work every day and they must be commended.

I also thank people across Scotland for their resilience in sticking with the lockdown restrictions and playing their crucial part in stopping the spread of Covid-19. Without people following the restrictions—and we know how hard it has been for everybody—we would not be where we are today in looking towards establishing a new normal in the near future.

Since the outbreak of Covid-19 in Scotland, our NHS has shown exemplary resilience. In a matter of weeks, our NHS boards managed to almost double their critical care capacity. Staff have been redeployed and upskilled and new training has been undertaken. I participated in nurse induction, expecting to be expedited to return to the front line as a nurse, but NHS Dumfries and Galloway has not required me to rejoin the workforce. That shows that, locally, the NHS has been very resilient and has not been overwhelmed.

That is hugely impressive, and the NHS boards, managers and staff deserve recognition for their

outstanding efforts. However, as we move out of the first peak of Covid-19, we need to look at how our NHS will move into the future towards a new normal. I absolutely endorse Angela Constance's very thoughtful contribution on care homes, because we know that health, the NHS and social care are completely intertwined.

The remobilise, recover, redesign framework for NHS Scotland is a great starting point. The document outlines three key aims that should be achieved over the next 100 days. It states that the Scottish health service must work on

"Moving to deliver as many of its normal services as possible, as safely as possible",

"Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19"

and

"Preparing the health and care services for the winter season, including replenishing stockpiles and readying services."

Local mobilisation plans may need to include pre-procedure Covid-negative testing and a requirement for self-isolation prior to elective hip and knee replacements, for instance.

In addition, we need to make sure that people know that the NHS is open for all who need it. I encourage anyone who has medical concerns to contact their GP or NHS 24, and certainly to attend hospital if their illness is immediate or life-threatening.

While restoring normal services, we must not lose the gains that we have seen recently with the roll-out of new technologies and techniques. We have seen the rapid adoption of digital consultations, for example through the attend anywhere and near me systems. Many patients have been able to access multidisciplinary clinicians from the safety of their homes, which has reduced the need for physical attendance for appointments. That is the future—or should I say, "That is the new normal"—for Scottish NHS services.

That approach has been particularly effective in rural areas such as Dumfries and Galloway. It has allowed people to access appointments without making the 150-mile round trip from Stranraer to Dumfries. I welcome that, and it shows how adaptable our NHS and patients are.

I would like to touch on those in the shielding category, including folks with lung health conditions. Since the beginning of March, nobody in that category has left their home or been able to physically see their loved ones. Although that has been incredibly hard, there is no doubt that it is saving lives.

We are seeing that those in the shielding category south of the border are now being

advised that they can go out, despite the medical and scientific evidence suggesting that it is still too early for that step to be taken. I am grateful that the cabinet secretary has reassured those who are shielding that they are not forgotten and I thank her for her response to my topical question earlier.

I have a final comment regarding the future and preparation for the winter and the next wave of Covid. We need to ensure that access to PPE continues in a seamless, Scottish, self-sustainable way. I am aware of the good work that the cabinet secretary and the minister, Ivan McKee, have implemented in tackling PPE challenges. We are self-sustaining with regard to visors and hand sanitiser, and the on-going work to achieve self-sustainability with regard to gowns and aprons is good work that I welcome. I look forward to it continuing in preparation for winter.

Last week, several of my MSP colleagues and I attended a Zoom meeting with EveryDoctor, which is a doctor-led campaign organisation. EveryDoctor told a very different story about PPE in NHS England. The two speakers were London doctors, and they were pretty angry at the UK Government's handling of the pandemic, especially its failure to supply adequate PPE. They said that the Scottish Government and our NHS in Scotland is doing a much better job. EveryDoctor was lobbying MSPs who attended the meeting to help it to force the UK Government to do better.

I welcome the debate and I thank all key workers across Scotland. I encourage people to stick to the lockdown requirements as we move into the future and our new normal for our Scottish health services.

The Deputy Presiding Officer (Linda Fabiani): We move to closing speeches. We are well over time, so I ask everyone to please keep to time or below it, if possible. I call Anas Sarwar, who has up to six minutes.

16:07

Anas Sarwar (Glasgow) (Lab): Like so many members have done, I start by thanking all our NHS and social care staff for their commitment before and during the crisis. It is no exaggeration to say that thousands of our fellow citizens have risked their lives in order to try to save lives throughout it. To every single one of them, and to all our front-line workers, I say a genuine thank you.

It is right that we applaud them and it is right that we thank them, but what is more important is what we do after we applaud. That means properly resourcing them, properly paying them and properly supporting them well beyond the end of the crisis.

I welcome the tone that has been adopted by the health secretary, and the fact that we have had this time to debate the next steps for the NHS. It is important to recognise that all was not well in our NHS before the Covid-19 crisis. Too many of our NHS staff were telling us that they were undervalued, overworked and underpaid. Too many patients were having to wait too long for vital treatment or were having their hospital operations cancelled. Too many staff were working far too many shifts, with not enough support.

Far too many people were waiting in hospital as a result of delayed discharge. To give a graphic example of that, the delayed discharge rate was the equivalent of every bed in the Queen Elizabeth university hospital being occupied every day for a year. That is how many days we were losing to delayed discharge in our national health service.

As we move out of what we hope has been the peak of the Covid-19 crisis and into the next phase for our NHS, we should acknowledge the challenges that we had before it, and think about how we will address them.

Many members have said that the NHS is still open. That our NHS is open for other forms of care is a really important message to get across to the public. I will touch more on that in a moment.

We should acknowledge that we are seeing many innovations in the NHS because of Covid-19. Many things that we were previously told were not possible and could not be done quickly—for example, online consultations and sharing of medical information with pharmacies—have been done very quickly. We have been told in the past that all those things were blockages, but they now happen very quickly. I hope that beyond the crisis we can maintain some of those developments and the innovative thinking that there has been throughout the crisis.

On the next phase, we need to ensure that we support all front-line workers with adequate amounts of PPE.

There is also still an issue with testing. I do not like it when Governments—whether UK or Scottish Governments—hide behind capacity and do not talk about actual testing figures. I do not want us to talk about capacity; I want us to talk about tests. It is right that we shout down Boris Johnson and Matt Hancock when they talk about capacity, but we should apply the same to the Scottish Government. It is unacceptable that we have the lowest testing rate of any of the four nations of the UK. If we are, as would be right, to make test, trace and isolate the way in which we get out of the crisis, we need to test more. We need to test, test, test.

As part of the approach, we should be implementing a test guarantee for any individual

who wants a coronavirus test. We have the capacity, so we should guarantee that they will have a test within 24 hours and then get their result within 24 hours—24 hours to get a test, then 24 hours to get the result. We can implement that guarantee across Scotland.

I, too, am worried about unintended consequences. I have previously raised the issue in the chamber, and Miles Briggs raised it in his speech. I fear that there might be the unintended consequence of people losing their lives because of the response to Covid-19 rather than because of Covid-19 itself.

One example is our cancer services. I am worried because there have been 2,000 fewer referrals for early diagnosis; because people have not been able to access vital cancer treatment through the crisis; because lots of treatment will have been delayed; and because we have a too-slow phased approach to reopening our cancer services. Cancer remains Scotland's biggest killer. If we are to confront Scotland's biggest killer, we must restart cancer services as soon as possible—without delay.

Other members have mentioned dental services, but we will also have a mental health challenge. We will have a mental health pandemic after the Covid-19 pandemic because of the stress and strain of the Covid-19 pandemic and its consequences. How we address the mental health pandemic that is coming will be very important.

I realise that I am short of time, but I want to briefly mention some other issues. The cabinet secretary rightly outlined an NHS improvement plan. What stage is that plan at now, considering that we will have a much bigger treatment backlog?

There was previously a promise to amend the patients charter in terms of giving patients accurate times for how long they will wait for treatment. What communication is there with patients now?

We are still too slow in getting people access to their loved ones in acute care who might be in the final period of their lives. It is not right that in three weeks we will probably be able to be 2m from a stranger in a Primark store but not 2m from a loved one in a hospital. I appreciate that the cabinet secretary has said that that can be done now, but it can be done only in their final moments. I would much prefer the situation to be that a person who is in the final period of their life—perhaps their final weeks or months—can have access to their family members not just in their final minutes or hours. That is an important difference that we need to make.

I know that there is a longer debate to be had about care homes, but I will stop there. I look

forward to hearing the cabinet secretary's response.

The Deputy Presiding Officer: Brian Whittle has up to seven minutes.

16:13

Brian Whittle (South Scotland) (Con): Without a doubt, once the Covid-19 crisis is over, we will study its impact for years to come. There will be ruminations about who did what and when, what should have happened, and why we did not see the crisis coming. To use sporting parlance, I say that everybody wants to pick the team after the final whistle.

Jamie Halcro Johnston talked about the care sector, which has for too long been the poor relation of the health service. We need greater integration of health and social care. We have heard about the IJBs needing to be made to work for all partners equally, but the Health and Sport Committee's investigations have shown that that is not the case.

We need more services close to where people live, and we need to put a stop to towns and villages losing their GP surgeries.

We need greater emphasis on public health and on tackling preventable illness. Miles Briggs touched on healthcare issues, specifically cancer, surrounding lockdown. I was also at the EveryDoctor briefing, at which the organisation said that it fears that the reduction in cancer screening might result in up to 18,000 more cancer deaths coming down the road.

Anas Sarwar discussed the mental health crisis that is inevitably coming our way.

The Scottish Government has asked for support from across the chamber. That is what it got. We can all appreciate that throughout the pandemic the majority of MSPs have put political tribalism aside. Parliament's value cannot be underestimated at a time like this; it has a vital role as a source of scrutiny both of legislation and of decision making by ministers. It acts as filter of poor decisions and provides an incentive for improvement.

The way in which the Scottish Government has sought to undermine Parliament's ability to scrutinise its actions is a concern to me, as I know it is for many members from across the chamber. *[Interruption.]* Inevitably, that causes suspicion among parliamentarians and the media.

The lack of transparency around the Nike conference outbreak is one example. I spoke to the father of one of the delegates who ended up in hospital with Covid-19. No one from the Scottish Government has spoken to that person. Nike

warned the delegates that they should get tests. If no delegates, hotel staff or any group with which they interacted were contacted by tracers, who exactly does the Government claim were contacted?

There is a catastrophe in our care homes, to which 1,000 untested hospital patients were transferred in March, despite the scientific advisory group for emergencies' repeated warnings that people without symptoms might spread the virus.

The Scottish Government has consistently tried to deflect. We heard today that the testing protocol suggests that lessons are not being learned. Did the Scottish Government hope that we would not ask questions or that we would not find out? Transparency is crucial if the Government wants to take Parliament with it. Mistakes were always going to be made—we accept that—but Parliament cannot accept deflection and avoidance of proper scrutiny.

Mistakes have, no doubt, been made. The world was not set up for this crisis. We should be judged on the lessons that we learn from the crisis and the steps that we take to prevent the next one. Covid-19 has highlighted some serious flaws.

Neil Findlay: I have no truck with Mr Whittle's politics. Indeed, I hope that his counterparts at Westminster are asking the same questions, but he is absolutely right that when we talk about scrutiny, we are doing our job in Parliament. We have every right to find out what is going on. The more the Government party's back benchers moan about it, the more I, for one, will be asking the difficult questions.

Brian Whittle: The outcome that we should all be focusing on is long-term and sustainable high-quality healthcare that is free at the point of need. To achieve that, we need a world-class environment for our world-class healthcare professionals to work within, and we need to make sure that they are properly remunerated and properly resourced.

In the next part of my speech, I will focus on an essential first step. I could speak about technology in education, given the need for online learning, and the recognition that in it there is a far from level playing field. Similarly, I could highlight the need for better use of technology in the justice and welfare systems, both of which have been under pressure throughout the Covid-19 pandemic.

For those portfolios and more, the Scottish Government has been content with a make-do approach. Decisions on investments have been based on whether it can get by with what it has. Let us face the fact that the Government does not have a great track record when it comes to

developing technology platforms and software, so I understand the reluctance to adapt.

Covid-19 has highlighted that access to quality data is a huge problem. The Scottish Government's inability to measure accurately the R number—the measurement of replication of the virus—results in no small part from failure to gather good-quality data.

Jeane Freeman: Would Brian Whittle care to cite the evidence for his assertion that the chief medical officer's advisory group and our analytical teams are unable to estimate the R number? They publish their evidence and show it to the public. Where is his?

Brian Whittle: It is quite simple. The R number has not changed for the past five weeks, which tells me that nothing has changed in the past five weeks. The reality is this—

Jeane Freeman: It has changed!

Brian Whittle: It has not changed. The R number has been 0.7 to 0.9 for about five weeks. That is about data gathering. The cabinet secretary has to gather better data. The R number is major contributor in respect of how the virus is being tackled, but she is unable to tell us with any certainty what the number is or how accurate it is.

Everybody has a unique community health index number—a CHI number—that identifies them within the healthcare system. The Government should have been able to identify quickly and contact the most vulnerable people by looking at the data and automatically generating a letter, email or text. Instead, it took weeks to do so, and even then there were too many mistakes.

How we record an individual, what we record about them and how that data is accessed and used and, crucially, who owns that data are key. Health boards around the country use different systems that cannot speak to each other. That means that if data is recorded in Glasgow, it must be recorded again in Edinburgh if a patient needs the same treatment there. The same is often true for patients who move between primary and secondary care: their medication advice or rehabilitation protocols are not available at the push of a button to GPs, pharmacists or physiotherapists.

The speaking time I have left is short, so I will finish by saying that, to date, there has been a "That'll do" philosophy. Our inability to utilise big data properly is not new, but the current crisis has brutally highlighted that failing. As we move forward to ensure the long-term sustainability of our NHS, and to support and enhance the working environment of our NHS staff, the adoption of technology is the first crucial step, and technology must be front and centre. Perhaps the question

that we should ask is whether it should have taken a global pandemic for us to start to consider the challenges.

The Deputy Presiding Officer: I call Jeane Freeman to respond to the debate, for up to 9 minutes.

16:21

Jeane Freeman: I thank all members for their contributions. I have made a careful note of them all, but I will not be able to mention many in this response.

Before I go on, let me say that I absolutely welcome scrutiny and that that is absolutely the job of Parliament. The fact that members might not like the answers that we give, or might not understand them, does not mean that we are not open to scrutiny. I am very pleased to offer Mr Whittle the opportunity to sit down with our chief analyst and have the R number explained to him again, so that Mr Whittle will not again impugn his professionalism.

I want to say an important thing in starting my summing up. Some of the tone of the debate has worried me a wee bit; it is a tone that implies that Covid-19 has gone away, that we are past the peak and the difficulty. Yes, the incidence of cases is reduced, but our headroom is limited. The NHS still needs to be ready to cope with the challenge of Covid-19.

That is why the plans that we have requested from boards for the initial 100 days require them to hold capacity for Covid-19. As we look at how to remobilise and restart our NHS, we need to keep a close eye on a number of factors, such as what happens to the incidence number; what happens to the R number; what the impact will be of the changes in transport that my colleague Mr Matheson will introduce; what the continued demand will be on our health service for the support that it offers the care sector, and for test and protect; and, overall, what will be needed to ensure that patients feel safe in returning.

All of those are demands on our NHS staff. I quote the briefing that I believe all members have received from Unison:

“Staff are tired, both emotionally and physically. We must not overwhelm them.”

That is the “recover” point. We must recognise that we cannot, on Friday, ask staff to do everything that they have done and then, on Monday, ask them to keep up the pace as they continue to do what they are doing as well as do all those extra things.

Ms Lennon is absolutely correct when she says that there will need to be months of careful planning. Those plans might also change as we

go. I share the worry of members across the Parliament—I have done from the outset—about the health impacts of our having to stop NHS services in some areas. I also understand and know all too well the health impacts that Cancer Research UK and others have highlighted to us—and that we have highlighted—which are caused by the significant reductions in attendance at accident and emergency units and in the number of urgent referrals from our primary care colleagues.

The first set of plans cover only the period until the end of July. To get it right, we need to take our time and continue to keep a close eye on what is happening to the virus, and to engage with those important voices. The immediate priority will be to reinstate cancer care—including safely restarting screening, about which much has been said already—along with elective care, where it can be restarted, and cardiovascular work. Primary, dental, pharmacy and optometry care will also begin to pull their plans together and reintroduce services. That includes reintroducing mental health services for the general population and for young people, building on the extensive work that has been undertaken on the emotional wellbeing of health and social care staff, including coaching and trauma counselling. It all matters and it is all important.

As Mr Briggs said, it is also important that we have safe spaces for the treatment of patients and give consideration to the use of additional testing in healthcare settings. All of that is critical as we look at the social care requirements that have been argued for and the consideration that needs to be given to those. That is an immediate but also a long-term prospect for us.

In the coming weeks, we will set out details of the services that we will restart and in what way we will do that. The extent or the pace of some of that work will be influenced by local circumstances and by the need to allow our healthcare workforce to recover. Health ministers and I will ensure that Parliament is informed and has opportunities, in the future, to debate and engage in shaping how the health service emerges as the pandemic progresses.

It is really important that every single one of us understands that Covid-19 has not gone away. Yes, we have suppressed it—the population of Scotland has achieved that by all that it has done and all the sacrifices it has made—but the headroom is small. We need to continue to push hard the public message about staying at home and remembering the 2m distance, which will influence the way in which some of our health services will restart and how slowly they will do so. That public health message is critical not just to the health of the people of Scotland but to our

opportunity to use whatever chance we have to begin to restart our NHS.

The Deputy Presiding Officer: That concludes the debate on Covid-19 and next steps for the NHS. As we move to the next item of business, I remind members who are leaving the chamber to observe social distancing measures.

Economic Recovery

The Deputy Presiding Officer (Linda Fabiani): We are very late in starting the next debate. Unless we are very disciplined, I do not think that we will be finished until 6.15 this evening. The next item of business is a debate on Covid-19 and next steps for the economy.

16:28

The Cabinet Secretary for Economy, Fair Work and Culture (Fiona Hyslop): Last Tuesday, I made a statement to Parliament about our approach to the restart and recovery of the economy and our route map out of lockdown. From the questions that followed, it was clear that, although it was right to set out the forward-looking plan for recovery, we are still dealing with significant economic effects from the initial and continuing Covid crisis.

The impact will not just be on our economy but on our communities and especially on our society's most vulnerable people. It will be essential that we work together to develop responses that mitigate those impacts and to begin to build the foundations for a better future, and for a genuine wellbeing economy that reflects the principles of our national performance framework.

The best way to build our recovery will be by working collaboratively, across parties and with industry, unions and other partners, to build trust and confidence. We must build on the constructive and fruitful engagement that we have seen to date, with a clear vision of what we want to achieve.

The scale of the challenge ahead is significant. We could be looking at a 33 per cent fall in gross domestic product during the current period of physical distancing. A sharp rise in the number of claimants for jobseekers allowance and universal credit in March and April has taken the number of claims to 186,000—around 6.6 per cent of the workforce. We expect that to increase; the proportion could reach 10 per cent.

Some sectors—including manufacturing, construction, retail and wholesale, tourism, accommodation and food services, and arts, entertainment and recreation—are more at risk. Impacts will differ regionally, and exposure to the impacts of Covid-19 will vary according to the composition of industrial, workforce and population structures. Many of the most exposed sectors are more likely to be in rural areas.

I understand the challenges for businesses whose international markets have been lost or disrupted.

Daniel Johnson (Edinburgh Southern) (Lab):

The cabinet secretary rightly addresses the various issues that affect different sectors. In a report today, the Scottish Council for Voluntary Organisations points out that 50 per cent of charities think that they will run out of money in the next six months. Does she agree that the issues affect the charitable sector as well as the private sector?

Fiona Hyslop: I am aware of the issues that face the charitable and social enterprise sectors, which is one of the reasons why we expanded the grants system to give charities access. That was about dealing with the crisis; we also need to help parts of the economy to develop, and charities have a role as part of our societal response.

Businesses whose international markets have been lost or disrupted must reconnect with their supply chains and create new markets, and they must do so in an environment in which consumer sentiment in the United Kingdom has fallen to its lowest level since the financial crisis, with personal finances deteriorating sharply since March. Business optimism, too, has fallen sharply amid significant uncertainty around the pandemic and its wider economic implications.

We still have the impending impact of Brexit to contend with. The real risk of a no-deal outcome will compound and exacerbate the crisis.

It is important to set out that context and to be realistic about the scale of the challenge ahead. The economic situation that we face is unprecedented and will require an unprecedented response.

When the crisis hit, we moved quickly to support businesses to deal with cash-flow challenges through our £2.3 billion business support package, but we are aware that many businesses have had to take on debt to survive. Where we can do more, we will. Where the current funds are not oversubscribed, we are committed to taking any available funding and targeting it back into the economy where it is needed most.

The most recent figures, which are from last week, show that £790 million has been awarded to more than 69,000 ratepayers through the two business grant schemes.

Last week, I announced that we would extend the small business grant fund to applications from small businesses that occupy shared office spaces, business incubators and shared industrial units and lease the space, where the landlord is the registered ratepayer.

We will also extend the upper threshold for retail, hospitality or leisure properties with individual rateable values of up to £18,000 each. From 8 June, the cumulative threshold, which is

currently £51,000, will be increased to a cumulative value of £500,000. That almost tenfold increase will benefit more than 2,500 premises.

On 30 April, we launched a £100 million package across three business support funds, offering targeted support to the creative, tourism and hospitality sector, small and medium-sized enterprises that are vital to their local economies, and the newly self-employed.

One month on, we have awarded more than £104 million in grants to those businesses and enterprises. We have supported around 2,500 businesses and 4,160 self-employed people, topping up those funding streams, given the volume of applications received. The additional funds that have been announced will enable us to reach more businesses in need.

Today, I announce that £3 million of the newly self-employed hardship fund allocation will be repurposed to support bed and breakfasts that were ineligible for other support, due to their not having a business bank account. We expect applications to open for that fund, which will be administered by local authorities, on 15 June.

In the short to medium term, businesses will need further resources to aid recovery as they rebuild their working capital. In the longer term, the unprecedented level of borrowing that we are seeing may affect the resources that are available to invest in growth and innovation to improve productivity.

We know that the economy will not rebound to 100 per cent immediately; a gradual return and reduced demand will impact business and employment beyond the end of the current support schemes. Our support for businesses must go beyond the financial. We will listen to businesses and support them to learn lessons from other countries, and to innovate and institute new practices and processes.

Our enterprise agencies have been working tirelessly to support their local economies with non-financial support and advice. Scottish Enterprise has been safeguarding jobs and supply chains through its work with company administrators and using its networks to identify and secure buyers. Highlands and Islands Enterprise has redesigned many of its services to be delivered digitally. South of Scotland Enterprise has continued to build its capacity, engaging with stakeholders since its launch in April to provide targeted support for businesses.

In addition to that, access to affordable upskilling opportunities was identified as an early priority, and Skills Development Scotland launched free online learning opportunities in April, with more than 80,000 visits to those resources in a month. At the end of this month, the enterprise

and skills strategic board sub-group on unemployment will report its initial findings and recommendations for action to the Scottish ministers. The group is working at pace to agree a short list of practical actions that Government can take quickly to mitigate the rising levels of unemployment, with a particular focus on young people.

During times of recession, it can be a challenge to continue to invest in the skills base. However, now more than ever, there needs to be support to ensure that we can draw on all our talent in the recovery phase. We cannot lose our focus on promoting fair work and ensuring that those who have traditionally faced greater barriers in entering the labour market are not left behind. We must continue to support young people, disabled people, those from ethnic minority backgrounds, care-experienced young people and people with convictions.

We know that the impacts of this crisis will not fall evenly. The majority of our key workers are women, but they are more likely to be lower paid and in precarious or temporary employment. Our recovery must ensure that we are closing the gender pay gap and the disability employment gap.

Lockdown has demonstrated that a significant proportion of work can be done at home, keeping many parts of the economy and society moving during lockdown while keeping people out of harm's way. We know that it can work, and it can be improved by investing in new technology and approaches that can be a catalyst for more flexible working, reducing travel and commuting, and more balanced lifestyles. Those are all critical aspects of an inclusive, wellbeing economy.

If we are to change the way we think about work, models such as community wealth building, which require government at all levels, businesses, and communities to work together to invest in and grow local and regional economies from the asset base that they possess, must be central to our recovery. Interest in the community wealth building model is growing rapidly across Scotland. The Scottish Government has committed to £3 million of investment as part of the Ayrshire growth deal to accelerate progress on that.

This is an international crisis that needs a national recovery, but our response must be based on local and regional solutions. In recent years, our focus on inclusive growth has seen us work with local authorities to better understand the drivers of poverty and inequality and how those link to economic sustainability and the ability to create better jobs with their roots in local communities.

Over the past few weeks, we have had emptier roads and we have embraced our relationship with nature through our daily exercise. We must build on that, ensuring that our economic recovery is a green recovery. We have an ambitious climate change target of ending Scotland's contribution to climate change by 2045. We also have a strong track record in supporting decarbonisation projects through low-carbon heat, hydrogen, carbon capture, utilisation and storage, on and offshore wind and the electrification of transport, which must surely be part of that restart and recovery.

Our end goal has not changed but, as a result of this crisis, the path that we take may have to. It may be more challenging, but we should look on the process of restarting the economy as an opportunity to fully embed the principles that we have all signed up to, which are those of a green economy for Scotland.

I absolutely understand and sympathise with the sacrifices that are being made by businesses and individuals, and the hardship that this is causing. I think that members from all sides of the chamber recognise that the restrictions that are in place are vital to suppressing the virus. The transition out of lockdown must not risk undoing what we have achieved so far, but we must also not lose the opportunity to learn from the crisis. Indeed, we must recognise that some measures will—and should—remain part of daily life for the foreseeable future.

As I said earlier, this is an unprecedented situation for our economy. Recovery will require everybody in the Parliament to work together to be part of the solution. The Parliament has an opportunity, and a duty, to lead and to demonstrate that we can work together to shape a new economic future—one with a better balance of work and wellbeing.

We must mobilise all the significant talent, experience and thinking that exists throughout Scotland and beyond to help Scotland's cause. I want the Parliament to be a key part of that, starting with this debate, and to begin to set out some of the ideas and thinking that will drive our recovery over the coming weeks and months. I look forward to hearing members' contributions.

16:40

Maurice Golden (West Scotland) (Con): Coronavirus is perhaps the biggest economic challenge that we have ever faced. Our plan must revolve around inclusive growth and ensuring that no person is left behind. Workers must be put to the fore in all our considerations. The public sector, businesses and the third sector all have a role to play in securing future prosperity for Scotland.

The task at hand is to keep businesses afloat and, therefore, to protect and safeguard jobs. Only a third of Scottish businesses are currently trading, with more than half having had to close. Of the businesses that are closed, a third fear that they might never reopen. Businesses of all sizes and across all sectors have been affected, with thousands of jobs at risk.

The United Kingdom Government quickly launched a massive rescue effort to save Scotland's economy from collapsing. It has already pumped £3.5 billion into Scotland to help fight coronavirus. The figure is even higher when we add in the job retention scheme, which has saved more than 300,000 Scottish jobs. That comes on top of all the other action that the UK Government is taking, such as paying the wages of the self-employed; ensuring sick pay from day 1 and letting companies claim it back; mortgage holidays; helping people who are struggling to pay their energy bills; and offering interest-free loans to small and medium-sized companies.

In total, those measures equate to a £10 billion investment into the Scottish economy. The effectiveness of the measures can be seen in new research from the Institute for Government, which shows that the UK has been more successful at saving jobs than the USA, Canada or Ireland. However, despite the Cabinet Secretary for Finance and the Cabinet Secretary for Economy, Fair Work and Culture praising the UK Government's approach, they have used a less generous system for Scotland. English businesses receive £25,000 per additional property, while the Scottish National Party gives Scottish businesses just £18,500.

The Cabinet Secretary for Finance (Kate Forbes): Does the member think that it is less generous to put in place a pivotal enterprise resilience fund and a hardship fund, and to ensure that more small businesses get the £10,000 grant?

Maurice Golden: I urge the finance secretary to consider all the businesses that are not receiving grants and to look at using any savings from the Scottish budget to pay for such support.

The Scottish Conservatives managed to secure a partial U-turn so that multiple properties are included—initially, the SNP had refused to include them. However, more than 16,000 firms are still waiting to get their money. The outcome is that the SNP is being taken to court by Scottish businesses for what they regard as a failure to provide adequate support. The approach has put jobs at risk. Moreover, the SNP has steadfastly refused to utilise savings from the Scottish budget to support Scotland at this time; in fact, it has made decisions that will increase costs, which will not aid our recovery.

To make matters worse, Scotland was already in a poor state to deal with the crisis, after years of economic mismanagement. More than half Scotland's borrowing capacity has already been spent, and the SNP has put Scotland into last place for business and job growth. Our economic priority must be to ensure a safe and lasting recovery.

Fiona Hyslop: Is Maurice Golden aware of the Ernst & Young report that was published in the past few days? It showed that Scotland has again outperformed every part of the UK apart from London with regard to inward investment and that the impact on jobs is extensive.

Can Maurice Golden please raise his game in the debate? Let us hear about his ideas, prospectus and vision, which I invite him to contribute as we restart Scotland's economy.

Maurice Golden: I will come on to ideas shortly. I appreciate that the cabinet secretary was not in post at the time, but the previous incumbent left her with the major problem of addressing the deficiencies in the Scottish economy due to a failing growth rate and problems with retaining jobs.

Businesses need support if track and trace measures force them to reclose. The Federation of Small Businesses has already called for a new financial assistance package for such situations.

We must also look at modifying our high streets to accommodate social distancing—I said that I would come on to ideas. The Scottish Conservatives want fair funding for councils, communities and business, and we want prompt action to be taken, for example through the FSB's suggestion of local places task forces that can adapt town centres and co-ordinate queues.

We also need the SNP to better co-ordinate with the rest of the UK to avoid damage to Scottish businesses and jobs. For example, Scottish manufacturers have proven that they can work safely when producing goods for NHS orders, but the SNP refuses to let them reopen, thereby handing English firms a free run at contracts. In England, the construction industry is safely working again, but the SNP will not name a restart date for Scotland; meanwhile, desperate homeowners are losing thousands of pounds. As David Lonsdale of the Scottish Retail Consortium noted, in the retail sector, Scottish firms operate across the UK and vice versa. Diverging timescales and regulations add confusion to a sector that is already losing £130 million per week in non-food sales. As a matter of urgency, we must hear when businesses can reopen, and, if there is divergence from the rest of the country, we must hear an explanation of why that is the case.

Beyond those immediate concerns, we must look to the long term. In the oil and gas sector, coronavirus and low oil prices are putting highly skilled jobs at risk. Once they go, it is hard to get them back. The First Minister promised support weeks ago, but we have heard nothing since. We need the detail if we are to secure future energy and decommissioning projects as we make a fair transition to a more green economy.

Small businesses also need help, such as with expanding online services. The past weeks have seen online services surge, and they will only grow. Providing e-commerce support now gives those businesses the best chance to take advantage of growth.

Procurement reform is a must, too. Microbusinesses win just 7 per cent of public contracts despite making up 93 per cent of small businesses, and, since 2008, councils have dropped more than 20,000 local firms as suppliers. Even a modest increase in public contract spending with small local firms could have a big impact on businesses and local communities.

Training and upskilling are important, especially for our young people. The Economy, Energy and Fair Work Committee heard how the 16 to 24 age group will be hardest hit by job losses. The Scottish Conservatives already want to see everyone in school or training until at least 18, along with better access to apprenticeships and college places.

The task ahead is daunting, but we have seen what can be accomplished when differences are put aside. Scotland benefits enormously when the UK and Scottish Governments work together for a common purpose. That must be the approach that we take to rebuilding our economy. For the sake every Scottish worker, I hope that the Scottish Government agrees.

16:49

Richard Leonard (Central Scotland) (Lab): In every community, on every street and in almost every home in Scotland, people are facing difficult questions, living from day to day and losing sleep at night. They are anxious, not knowing when or whether they can return to work and whether they will have a job or a business to return to. Those are the serious questions and pressures that people are struggling with, and they are looking to this Parliament to help them find the answers. That is why I want to be crystal clear from the start that this debate goes beyond party politics and that we will work with the Government to get every one of Scotland's people through this process to ensure that they do not pay the price for an economic crisis that they did not create.

The evidence is all around us that, just as we were unprepared for the public health crisis, so we are unprepared for the crisis in our economy. The underlying weaknesses of the Scottish economy have not been tackled—all those years when the Scottish Government could have been taking action to diversify and strengthen the Scottish economy, but it failed to do so. That is why, despite the measures that have been introduced by the UK and Scottish Governments to help businesses stay afloat, many are already going under.

I am not sure whether the Scottish Government even knows how many businesses in Scotland are under stress or how many will go bust when state aid stops. Last week, I spoke to a representative of the Federation of Small Businesses who told me that one third of FSB members whose businesses are closed said that they did not think that they would reopen. That applies across all sectors of the Scottish economy and in all parts of Scotland. For them, there will be no going back; for them, this is not an opportunity but a very real threat.

Everything that we already know points to a slow and painful recovery, with fewer businesses taking on new workers, consumers unsure about spending, culture and tourism restricted for months ahead, and entire industries at breaking point. We are facing a massive collapse in our service sector, which is uncertain about future demand and therefore reluctant to invest. We know that our manufacturing base, which has been allowed to decline over the past decade, is also in deep trouble.

That is why Scotland needs a national plan to deliver green jobs and ensure that we meet climate change targets, instead of too much of that work going abroad. It is why Scotland needs the UK and Scottish Governments to work together to deliver the scale of the investment that is needed. It is why we must come together to defeat the arguments for austerity, because there can be no going back to austerity. We ask the Scottish Government to support the Scottish Trades Union Congress's call for a two-year emergency stimulus of £13 billion of investment in an economic recovery plan—a jobs plan.

The new approach must target our young people. They must be on our route map and part of the next steps, because tackling unemployment, including youth unemployment, must be our number 1 economic priority, and it must be our social and moral priority, too. We want the talents of our young people to flourish, not least when there is so much unmet urgent community need and so much useful work to be done.

We have called before, and I call again, for the Government to work with us, employers, trade

unions and local government to introduce a job guarantee scheme as part of a plan for jobs and an industrial strategy.

The next steps in the route map must include democracy in our economy. We know that community wealth building by local government could be an engine for sustainable economic development; we know that co-operative and employee ownership has a part to play; and we know that the pandemic has shown the importance of strong trade unions. It has also shown that people want to have a better balance between work and life, and that, when people are at work, they want to take more decisions for themselves and have more control over their lives and their work. Merely tinkering with those problems will not do. We must harness the hard work, creativity, resolve, dedication and selflessness of the people to build a better economy—a good economy.

If we want full employment, decent pay, training for all, security of employment, decent homes and dignity in retirement, the Government, and the Parliament, will have to take the lead.

I began by talking about the need for unity. Scottish Labour Party members will unite with other parties in the Parliament, and with the Government as long as we are travelling in the right direction, and for as long as the boldness in words by Government is matched by boldness in deeds by Government.

In so doing, and in taking that unified approach, we will appeal to all people of good will to work together, not to divide but to unite and to join together in common endeavour to build a better future—a better future than the past that we left behind 10 weeks ago.

16:55

Andy Wightman (Lothian) (Green): As has been noted by many people, this is an economic crisis as well as a health crisis. However, unlike the last financial crisis, which we faced in 2008, this one has led to a prolonged period of closure for many businesses, and recovery depends on the speed and efficacy of a vaccine which may never arrive. In the words of the cabinet secretary, from last week's debate, it is indeed a time for

"a revolution in economic thinking".—[*Official Report*, 26 May 2020; c 32.]

We are concerned with the fate of Scotland's businesses, and they will remain an important focus in the months ahead. However, the economy is not solely about the interests of businesses. It is about workers, infrastructure, care, housing, and the environment.

Traditionally in developed economies—particularly since the onset of neo-liberalism—economic success by the measure of GDP has come at the cost of growing inequality, continuing poverty and a continued assault on the natural world. Green economics has always concerned itself with reversing that trend and ensuring that economies are built around people, not profit. Indeed it is evident that one significant failure in western capitalism has been the focus on shareholder value and profit, which has driven short-term thinking and has left the wider community paying the costs of job insecurity, and with significant financial risks.

That is why Scottish Green Party members welcome an economic recovery that is to be built around wellbeing—that focuses on ensuring an end to inequality and insecurity. For the purposes of an economic debate, that means security of housing; affordable transport; reliable infrastructure, energy and food security; and a clean and sustainable environment.

The long-term health of any economy, including the health of private businesses, cannot be achieved without addressing those fundamentals, yet a slew of reports over recent weeks, some of which have already been mentioned, has found that the impacts of the Covid crisis have fallen disproportionately on women, younger people, and the minority ethnic population.

Sadly, that should not be surprising. Those groups—in particular, younger people—have suffered flat wages, job insecurity and high housing costs since the financial crash of more than 10 years ago.

For example, a third of 18 to 24 year olds have lost their jobs or been furloughed; and a third of lower-paid employees have lost their jobs or been furloughed, compared with only one in 10 top earners.

An important report from the Institute for Public Policy Research, "Who Wins and Who Pays? Rentier Power and the Covid Crisis", which was published a couple of weeks ago, lays bare the fact that the crisis has exacerbated inequalities for the working poor, who are reliant on wages and have high fixed costs for rent, food and energy. The measures that have been proposed to tackle that include higher taxes on wealth, land ownership and excess profits; rent freezes and controls; and writing off debt.

The report also highlights the important point that supporting people's income is only one side of the coin. Reducing their costs is just as important—in particular, for rents and energy, which is why it was so disappointing that Parliament voted two weeks ago against measures to increase tenant security.

A week ago, the cabinet secretary said that we need

“a revolution in economic thinking that stimulates and values co-operative sharing of risk and reward”.—[*Official Report*, 26 May 2020; c 32.]

That is a bold vision, and I hope that it will be realised, but the tide remains very much in the opposite direction. Sharing of risk and reward cannot be achieved without fundamental reform of company law and the duties and roles of directors and shareholders.

The cabinet secretary went on to say that such a revolution has to involve the replacing of

“old thinking of battling over wealth distribution that is never properly delivered”

with

“collective endeavour.”—[*Official Report*, 26 May; c 32.]

However, wealth inequality has grown over past 10 years. The battle has barely commenced and should certainly not be abandoned. Moreover, we still have the scandalous situation in which the lowest 20 per cent of earners continue to pay more in tax as a percentage of their income than the top 20 per cent.

The Parliament faces significant challenges in recovering from the crisis. It can do more on wealth taxes, as local taxes on property and land. It can do more on giving more power to local communities and councils. It can do more on tackling health inequalities, pollution, access to affordable transport and, of course, to reducing the costs of housing through rent reductions, freezes and tax reform. However, I do not believe that the Parliament has the requisite powers on fiscal policy, employment, business policies and immigration.

Regardless of our position on the constitutional question, we need to pay attention to that. Co-operation with the UK Government has evidently been strong, but the Greens do not believe that that will continue, given the very different political and economic priorities of Edinburgh and London. One example is the extent to which current expenditure is being met through borrowing—and that is not just borrowing from the private sector.

The Bank of England is injecting £200 billion into the economy through the purchase of gilts. The finance to fund that has been created out of thin air—the polite term for that is “quantitative easing”. Given that the money is borrowed by the UK Government from a central bank that it owns, the money need never be paid back. Indeed, the initial loans that created the Bank of England in 1694 have never been paid off. The powerful tool of a central bank is not available to Scotland and it is reasonable, therefore, to ask that a population share of that quantitative easing is made available

to the Scottish Administration to tackle economic recovery.

The next months will, as others have said, test the devolution settlement like nothing since 1999. It will challenge us all. The Greens will redouble our efforts to ensure a safe and green recovery.

17:01

Willie Rennie (North East Fife) (LD): Throughout the pandemic, the Liberal Democrats have sought to be constructive. We have offered solutions, rather than hunted to apportion blame. Of course, there have been big mistakes, and there will be time to look back at that, but in the middle of a global pandemic people expect us to put our shoulder to the wheel right now.

I have been very impressed by the dedication of the workers in councils, the enterprise agencies, Her Majesty’s Revenue and Customs, the Department for Work and Pensions, Government agencies and central Government. They have engineered and executed new financial support schemes in weeks—in the past, those would have taken years to construct. They deserve all our appreciation.

We have supported the Scottish Government’s more cautious approach to the restrictions, although we have questioned the clarity of the message, with differences between the law, the guidance and the rhetoric on non-essential businesses causing unnecessary tension in the workplace.

What does that mean for now? Some weeks ago, Carolyn Fairbairn from the Confederation of British Industry said that the economy cannot afford a damaging second peak. Customers will not return unless they have the confidence to do so. That is why businesses need good guidance to keep their workers and their customers safe so that, as the virus fades, confidence can grow and so can the economy.

The lockdown has been possible only with the financial support of our Governments, and it can be extended only if the support is extended, too. That is why the Chancellor of the Exchequer is right to extend and taper the furlough and self-employment schemes. If there is a second wave of the virus, the chancellor needs to stand ready with a second phase of the financial support.

The gaps in the schemes are, however, leaving people in great difficulty, including those self-employed who are paid by dividends, freelancers, those who are not eligible for universal credit, those with premises with rateable values above £51,000 and those self-employed who are earning just above the £50,000 limit. We also need to consider extending support for students and for

tourism businesses that will lose out on all their peak-season income if the lockdown continues.

Ministers have responded positively to our previous suggestions on bank accounts, fishermen, renters, self-catering and the self-employed, and I hope that they will do so again when I meet them on Thursday.

I also want the Scottish ministers to lobby UK ministers on implementing a universal basic income. That is needed right now, to ensure that no one is left behind. I have been disappointed that they have not already had direct discussions with the chancellor about such a scheme for now. It is not some lofty dream for a distant future, but a measure that is urgently needed to help people today. Spain is doing it, and even Donald Trump has sent everyone in the United States a \$1,200 cheque. Let us get on with such a scheme right now.

Murdo Fraser (Mid Scotland and Fife) (Con)
rose—

Willie Rennie: I will let Murdo Fraser in, in defence of Donald Trump.

Murdo Fraser: I thank Mr Rennie—

The Deputy Presiding Officer (Christine Grahame): I am sorry, Mr Fraser. Your microphone was not on because I had not yet called you. I am just getting back in the saddle.

Murdo Fraser: Thank you, Presiding Officer—and welcome back, too.

Mr Rennie mentioned Spain. Does he realise that the scheme that is being implemented there is more akin to the universal credit scheme than to one that provides what most people would recognise as a universal basic income?

Willie Rennie: The principle is that there is a guaranteed threshold below which no one should fall. Such universalism is what is required, instead of the schemes that we have, which have so many gaps in them. It is through no fault of either the UK or the Scottish Government that that has happened with their schemes, because they have had to set them up in a hurry, but they must accept that they contain many gaps that need to be filled. I hope that Murdo Fraser would perhaps lend his support to achieving a universal basic income, because I believe it to be essential.

I, too, welcome the Presiding Officer back to her seat following her long period of exile in the Borders. It is good to see her back today. *[Applause.]*

Finally, I want to consider what is next. It took this country decades to pay off its debt from the second world war. Clearing our virus debt too soon would be not only an intolerable burden on the people of today, but would crush any fledgling

economic recovery and further deprive young people of the opportunities in life that they deserve. We have a responsibility to future generations to get this right. We would never be forgiven if we were to leave them with a massive debt without taking the opportunity to reshape our economy and society into a more sustainable, fair and just model.

What does that mean? I think that it means investing in people and their skills, talents, ingenuity and dedication to this country that we have seen all too evidently over the past few weeks. We must change the way that we work, cut unnecessary travel and use the technologies that we have become accustomed to. We must embed flexible working so that we can maintain the better quality of life and work-life balance that we have seen. We must accelerate the conversion of electricity and heat to decentralised and sustainable sources so that we can continue to benefit from the reduced pollution that we have experienced recently. There must be fairness and equity in people's incomes. The very people who have been out there on the front line during the pandemic have often been the people who are paid the least, such as care workers, refuse collectors, posties, delivery drivers and workers at food-processing facilities.

That has to change. We must invest in people so that we can catch up. People will need to be retrained for the new jobs—

The Deputy Presiding Officer: Please conclude.

Willie Rennie: We also need educational catch-up funds to make a difference. Out of this darkness we need to do something new and better—something that we can achieve for this country—to create a sustainable future of which we can all be proud.

The Deputy Presiding Officer: We move to the open debate. Speeches should be no longer than six minutes, please.

17:08

Kenneth Gibson (Cunninghame North) (SNP): Welcome back, Presiding Officer.

The pandemic has forced upon us an immediate goal—that of saving lives—which overshadows all else. As the virus retreats, our economic focus must grow. Right now, entire sectors of our economy are paralysed. Our response must be determined and flexible.

Arran's Auchrannie resort is run by an employee ownership trust on behalf of its 171 employees, all but six of whom are currently furloughed. Its staff represent a huge chunk of the workforce on an island of 4,600 inhabitants. They turned a 16-

bedroom guest house into a world-class resort. Auchrannie is a major provider of indoor leisure facilities to island residents and visitors, with 90 per cent occupancy and an annual turnover of £8.5 million in normal times. Its recovery from Covid-19 could be swift. However, last week, the Cabinet Secretary for Transport, Infrastructure and Connectivity suggested that, on lifting the lockdown restrictions, ferry capacity could be limited to a shockingly low 17 or 18 per cent. Island hotels are already at a competitive disadvantage, because visitors have to pay ferry fares to get there. It is worth it, for what is on offer, but how can island businesses survive if visitors cannot even get there?

If it is unable to reopen soon, Auchrannie will be forced to make the majority of staff redundant from the end of July, unless it receives assistance. Direct Scottish Government support is essential to ensure its survival. Unless progress is made by mid-June, there will be no alternative to starting a redundancy process. Payroll and national insurance costs in August and furlough top-up costs in September, plus accrued holidays, will lead to it going into administration.

I warmly welcome the cabinet secretary's announcement that the £51,000 rateable value limit for grants, which risked the future of major hospitality businesses, has been lifted to £500,000. That will help Auchrannie and many of the 2,380 businesses in Scotland that employ 250 or more people. Clearly, this is a listening Government, which will, I know, do more.

We must back innovative start-ups and our productive, export-led sectors, such as aerospace, data, and food and drink, and access growing global markets for sustainable goods and services.

Although funds are not unlimited, supermarkets, which have paid out colossal funds in dividends while seeing profits soar, are being provided with millions of pounds in rates relief. Surely it would be better to redirect some relief to our struggling hotel and hospitality sectors, which face a bleak future without on-going assistance, leading to rising unemployment, particularly in rural and island Scotland and among young workers.

We know that the UK has already reneged on £60 million of consequentials allocated for business support. Any money that Scottish ministers allocated for anticipated grant applications but has not yet been claimed should be redirected to where it is most desperately needed, which will save businesses and jobs. As other speakers have already said, we must lead the development of clean energy and new technologies, such as hydrogen, and increase job-creating home insulation measures, which will be key to future success.

Our economic restart must be safe and as we emerge slowly from lockdown, we begin to see some light ahead of us—a return to normality. At least, that is what I hope for, not a society where social distancing becomes an accepted part of daily life but the pre-Covid world we lived in less than three short months ago—a world of everyday human social interaction, of theatres, cinemas, football, pubs, restaurants and bunching up at parties or on trains, not the wearing of bandanas like a latter-day Jesse James or masks like a character from a dystopian sci-fi film while sitting on a bus. One hopes that such measures will be very temporary.

The economic response will be defined by four phases, as pointed out by the Cabinet Secretary for Economy, Fair Work and Culture last week: response, reset, restart and recover. I would mingle in reality, resources, and redirection. We are a sub-state legislature with minimal room for economic manoeuvre and resources are a major issue. The impact on our care sector and on the NHS and the need to provide additional funds amidst rising debt and unemployment and a resultant decline in our tax base must be faced. We cannot levy duty on alcohol, tobacco or fuel. Corporation tax, VAT, national insurance and pension contributions are not under our control. Lockdown, in reality, will end when UK furlough, pension and national insurance payments end.

Borrowing powers are limited so we must focus on the achievable. The crisis will see UK national debt soar beyond £2 trillion, pushing it above 100 per cent of income for the first time since world war two, which is described by the Institute of Economic Affairs as staggering. Three quarters of businesses report damage to their supply chain—we must work with them to fix what is broken; we cannot return to austerity.

Scottish ministers have already acted positively to support the productive economy of the future, putting innovation and technology at the heart of a new futures industrial plan, for example, with an additional £20 million for the National Manufacturing Institute Scotland, which aims to make us a world leader in advanced manufacturing, and £15.8 million of investment via the advanced manufacturing challenge fund to help small and medium-sized enterprises develop their manufacturing capabilities.

The oddly named internet of things is a game changer, which has already been embraced by the Scottish Government. It will allow companies to create new products and services or implement cost and time-saving efficiencies. The IOT's environmental, health and social care applications will also impact positively on society.

We need much more creative thinking if we are to haul ourselves out of this post-pandemic

recession and remain internationally competitive. We must grow our indigenous companies and attract inward investment. It is heartening that the Ernst & Young Scotland attractiveness survey of international investment showed only last week that in 2019, Scotland was the top destination outside London among the UK's 12 nations and regions for foreign direct investment for the seventh consecutive year—good news that somewhat derailed Maurice Golden's Tory narrative.

Of course, Brexit and the damage that it will cause looms and I urge the UK Government to seek a two-year extension of the transition period this month before it is too late and our economic recovery from the pandemic is derailed. Only today, CBI director Carolyn Fairbairn said:

“For businesses, jobs and economic confidence in this”

most challenging of years, that

“would be a shocking outcome.”

Scotland deserves a better future.

17:14

Murdo Fraser (Mid Scotland and Fife) (Con): I will start by referencing some comments that I made in a debate in the Parliament just three weeks ago, when we discussed the easing of lockdown restrictions. At that time, I made the point that lockdown was not a trade-off between lives and jobs, as it is sometimes portrayed. We now know that 1,200 people in Scotland have died, over and above normally expected numbers, from illnesses that are non-Covid-19 related, and that many more will die in the future as a result of lockdown.

We also know that lockdown is having a hugely detrimental economic impact that we will have to live with for many years to come. We are likely to see unemployment soar and a raft of business failures, which in the long run will mean fewer job opportunities, a poorer country and less tax revenue to spend on all the public services that are important to us. Therefore, getting the economy back working as quickly as possible is absolutely essential to our future wellbeing as a country.

I have a particular interest in the future of Scottish tourism, as it is vital to communities throughout Mid Scotland and Fife, so I will spend the rest of my speech talking a bit about what can be done to help the tourist industry. In rural Fife, Stirlingshire and Perthshire, tourism is the lifeblood of local communities. Normally at this time of year, local hotels, bed and breakfasts, lodges and campsites would be filling up with visitors from the rest of the UK and all over the world. The enormous knock-on impact of not

having that essential source of income is already being felt, and the latest business support schemes using Treasury money, either directly or channelled through the Scottish Government, have been absolutely essential in keeping Scottish business afloat.

However, a range of issues still need to be addressed. The first, which is an issue that I have raised before, is that there is a real question as to why self-catering holiday accommodation has been lumped into phase 3 of the lockdown route map along with hotel and other types of holiday accommodation. To me, it is self-evident that self-catering accommodation, whether in caravans, holiday lodges or cottages, can be run with socially distanced family groups, providing that there is deep cleaning at the time of changeovers, in a way that is simply not possible in hotels, guest houses and B and Bs, which have common areas.

Fiona Hyslop: The member raises a genuine point. If he looks at the overall route map, he will find that the underlying issue in deciding whether self-catering accommodation could be opened in advance of hotels for the reasons that he has just set out is not necessarily about cleaning and distancing in self-catering premises; it is about people travelling there. If people travel from one part of the country to another, that might have an impact on the infection rate. The issue that the member raises is genuinely an issue and, obviously, we will keep a close eye on it, but that is the rationale for our approach.

Murdo Fraser: I am grateful to the cabinet secretary for that response, although I trust that all my points are genuine. I welcome the cabinet secretary's point and, to be fair, the Scottish Government has already said that it is prepared to consider the issue further. I strongly urge it to do so.

For many businesses in that category, the lack of certainty is their greatest concern. At present, they are unable to take bookings even for later in the year, whereas competitors elsewhere in the United Kingdom can now plan ahead. We hear a lot about people not being able to travel abroad and considering staycations instead, so there is an opportunity for the Scottish tourist industry that we should not lose. I entirely recognise the health risks that are attached, but I strongly urge the Scottish Government to consider the issue seriously and to try to give some certainty and support to businesses in that vital sector.

Willie Rennie talked about businesses that have fallen through the gaps in direct support. We continue to see issues with a lack of direct grant support for businesses that have a single rateable value of over £51,000. Many of those businesses are middle-sized or large hotels in towns such as Pitlochry, Crieff or St Andrews and are the

absolute lifeblood of the local tourist economy, yet so far they have been getting no direct grant support.

The Scottish Government says that it is passing on all the Barnett consequential from the UK Government, but it has made choices to disburse the money in different ways, as it is perfectly entitled to do. As Maurice Golden reminded us earlier, there has already been £3.5 billion in Barnett consequential from the UK Government, and when the additional support from other funds such as the furlough scheme is added together, we find that the total UK Government support to Scotland is now in excess of £10.5 billion.

In contrast, as far as I can work out, the Scottish Government appears to have allocated a mere £255 million from its budget to Covid-19 support. I cannot believe that every penny that was set in the budget that this Parliament passed back in February is accounted for and that there is no scope for reallocation. For example, we now know that the 1,140 hours of free nursery care for three and four-year olds will not be delivered in the current financial year and that the devolution of social security that was planned for April has been postponed. *[Interruption.]*

The Deputy Presiding Officer: The member is coming to his last minute. I am giving him extra time for the intervention from the cabinet secretary.

Murdo Fraser: Thank you. We know that a range of infrastructure projects that would otherwise be proceeding are now likely to be delayed. There may be other areas of spending where it would be possible to divert resources into supporting our vital business sectors. I fear that, if we do not do so and do not take this opportunity now, we will see a greater economic impact on Scotland compared to the rest of the UK and, in the long run, we will have lower tax revenues, as I mentioned earlier. I urge the Scottish Government to delve deep into its budget and find the money now if it can to support our businesses so that we will have the tax revenues in future to support the public services that we all rely on.

The Deputy Presiding Officer: I call Maureen Watt.

17:21

Maureen Watt (Aberdeen South and North Kincardine) (SNP): Thank you, Presiding Officer, and welcome back.

I am pleased that we are having today's debate, which I hope and am sure will be the first of many as we try to take the first tentative steps on the road to economic recovery—but not at the expense of health recovery. It is important to

stress and stress again that reimposing lockdown is a possibility, as we have seen in China and South Korea. It is very important that the steps to reopen businesses are tentative, in line with the science and the evidence. I am pleased to note that the vast majority of our citizens are in agreement with the First Minister's cautious approach.

Many members in today's debate have rightly focused on opening up the different sectors of our economy, but it is timeous to air the important issues that will have to be taken into account as we rebuild our economy for the future and take the opportunity to build an economy that must be very different from the one that we have and be built on sustainability, wellbeing and social justice. The opportunity was missed at the time of the banking crisis, and we have seen that the most vulnerable and younger people were hit the hardest and inequality has grown. The younger generations will not forgive us if we do not change radically this time round. We must build back better—that must be the headline of all that we do as we emerge from this major health and economic shock.

It is incumbent on business, finance and the state to reinvent and reimagine. The economy must be job rich and recognise the value of health and social care workers and of all those who continue to supply our food and other vital goods and services. For example, if the UK Government realises that we need migrant workers to come to do that vital work and, at the same time, expects them to earn more than £25,000, is it prepared to move more quickly to a real living wage of about £15 per hour? That would be more likely to give that £25,000 income and also more likely to take more families out of poverty. That is the joined-up thinking that must take place.

I managed to listen briefly to a virtual meeting of MPs, health experts, economists and others who are interested in the wellbeing economy. It was said that we need the opposite of what happened after the banking crash, when wealth went into capitalist policies to an even greater extent. I learned that the financial sector finances itself, with 80 per cent of its finance going back into the sector, such as to finance, insurance and real estate businesses, which focus on shareholder maximisation rather than stakeholder maximisation, as other members have said.

Even more than ever, it is important that we take our experiences from our constituencies during this pandemic into our role as lawmakers. The pandemic has made even starker the inequalities in our society, with higher mortality in our poorer areas and in our black, Asian and minority ethnic communities. We must build back better—it is possible.

We have seen how necessity is the mother of invention: the furlough scheme was introduced rapidly; help has been provided for the self-employed; and the Cabinet Secretary for Finance has made sure that she has helped as many businesses as possible in a very short space of time and, thankfully, has not given more to those who shout the loudest at the expense of the more vital organisations.

I was pleased that, when Rishi Sunak announced the provision of assistance to the self-employed, he said that, in future, they might not enjoy the same tax breaks that they have previously enjoyed. We know from our mailbags how many such people work across our economy in the legal, property and service sectors; it is not just in the oil and gas sector that so-called consultancy workers, who are not really self-employed, are overused.

I have been trying to help a constituent who rents a very small unit in one of Aberdeen's shopping centres to get a rent break; I eventually traced the owner's address to a tax haven. I am pleased that the Danish Government is not bailing out companies that use their tax haven status, and I hope that, in the future, the UK Government will follow that example.

If our Governments are to aid, for example, our aviation sector, they must do so only on the basis of helping it to move to a greener, more sustainable future. I thank the Scottish Government for the many discussions that it has had with the oil and gas sector on how it can help the sector to move more quickly to diversify to greener technology and keep Aberdeen and the north-east as the all-energy capital of Europe.

If vast amounts of taxpayers' money are to be used to help key sectors in our new economy, that must be done on the basis of taxpayers having a stake in those companies. Many innovative companies have rapidly changed and reinvented themselves to be sustainable in the future, while other companies have seen new business opportunities. We must help to support them, but business angels should do so, too.

We need more powers to make our own decisions. At the same time, we need global co-operation. This morning, Gordon Brown said that there is \$7 trillion in tax havens worldwide. That must be harnessed to build back better.

17:27

Jackie Baillie (Dumbarton) (Lab): Coronavirus is not just a public health crisis; it is also an economic crisis. Poverty and the impact of austerity can be just as deadly a killer as Covid-19—it is simply that the effect might be less immediate.

There have already been job losses. At the start of the pandemic, people on zero-hours, temporary and insecure contracts—whether they worked in hospitality or retail, or as lecturers at universities—lost their jobs almost instantly. They were the first economic casualties of Covid-19. Some employers went to the wall before the job furlough scheme kicked in, so people lost their jobs. Now, not a day passes without there being a roll call of companies that are downsizing or closing altogether.

We are talking not just about small companies, important as those are, but about household names such as Debenhams, Shearings Holidays, Rolls-Royce, British Airways and OVO Energy. The job losses are in their thousands and, unfortunately, it looks as though there will be more to come.

I know that many in the tourism industry are concerned about their survival, as it is unlikely that they will have any business to speak of this season, and most are trying to survive until March in the hope that the market picks up then. It is true that the UK Government's job furlough scheme has been a life-saver, but many tourism businesses cannot afford to keep staff on until March 2021, which means that we face the prospect of more job losses, potentially before October. In Loch Lomond national park, as many as 1,200 jobs could be lost. Such losses will have a devastating impact on local communities. We are not talking only about jobs in hotels or on cruise boats; the supply chain, too, will be affected.

The impact on every part of our economy will be devastating. We face a recession on a hitherto unseen scale. I do not want a generation of young people to grow up with no hope, few opportunities and the prospect of a bleak future. Therefore, it is important that we kick-start the economy for all the reasons that I have mentioned, but also for the sake of the country's finances.

The fiscal framework that was agreed by John Swinney might cause us problems. If Scotland underperforms relative to the rest of the UK, that will have a negative effect on our block grant. If our take from income tax drops at the same rate as that of the rest of the UK, the effect is neutral, but if it drops by more, we will have the block grant reduced, which means less money for public services. There is reason to worry that that might happen. We have been in lockdown for longer than the rest of the UK, more companies in Scotland have ceased to operate than in the rest of the UK, and we have a greater reliance than the rest of the UK has on industries such as tourism and hospitality and oil and gas. Those are all reasons that should make us concerned.

However, the oil and gas industry does not just have Covid-19 to cope with, because the price of a

barrel of oil has crashed. I recall that, a mere six years ago, a certain white paper had oil at \$113 a barrel. At the start of last month, the price was down to \$27 a barrel. It is extraordinary. None of us could have foreseen that drop, but the North Sea industry is now predicting the loss of 30,000 jobs on the rigs and in the supply chain.

Following a survey of 800 smaller firms, the FSB tells us that a third of them think that they will not reopen and a quarter think that there will be staff redundancies. The scale of the problem that we face is huge and so, too, must be the scale of our response.

I will make a few suggestions to the cabinet secretary—I know that she likes suggestions as well as criticisms. First, in the immediate term, I ask that the Scottish Government spends the money that is remaining in the business grants scheme. There are 16,000 applications pending. Let us get them dealt with. There is still more than £450 million that has not been committed. Let us get that out of the door.

Fiona Hyslop: I agree that we should repurpose funds that are not being spent. We have already used some of that money in the pivotal enterprise resilience fund and other funds. We want to have transparency about that. However, we would require to close that scheme, which Wales is looking to do. Does the member believe that we should close phase 1 in order that we can liberate some funds that can be used elsewhere?

Jackie Baillie: The Government needs to deal with the 16,000 outstanding applications first, in order to provide the confidence to do that.

Secondly, I believe that the Government needs to reach sector-specific deals for tourism and oil and gas.

Thirdly, I would like it to bring forward capital spending to kick-start construction. Given that some spending will inevitably have to be reprofiled, can we use that money elsewhere? For example, could the Scottish National Investment Bank use it for grants and loans to businesses?

Fourthly, can we do something with the supply chain? Supply chains are now shorter and less global. The time to encourage local supply chains is now, because we know that the money is more likely to be spent locally and be reinvested in the local community.

The approach of both Governments needs to be about collaboration and not conflict. We cannot afford to have the Scottish Government or the UK Government picking fights with the other, because everything else must come second to the wellbeing of the country and getting the economy back to work. We need to provide hope, vision and

leadership. We need to give young people who are leaving school, college or university a guarantee that they have a future.

We have the opportunity to reimagine work, with more home working and four-day weeks, and make people's work-life balance better. We should have no more precarious work or zero-hours contracts. Let us value people for their labour and ensure that we incorporate analysis of gender and disability into our labour market and economic policy making. I hope that I do not need to say to the cabinet secretary that we need a gendered approach to resolving the crisis.

Before the coronavirus arrived, the Scottish economy was sluggish and was underperforming compared with that of the rest of the UK. It has been like that for much of the past decade. The challenge now is how we do better, because we really must do better. I am happy to offer constructive criticism.

The Deputy Presiding Officer: I call Tom Arthur, to be followed by Alexander Burnett.

17:33

Tom Arthur (Renfrewshire South) (SNP): Thank you, Presiding Officer, and welcome back.

I think that we have all been struck by how quickly the public health crisis has morphed into an economic crisis. That is explained by just how connected the world has become over the past century, but particularly over the past 20 years. That has left us uniquely exposed, and it has left many businesses and individuals exposed to hardship. It is difficult to comprehend the scale of that, but I will focus on two examples; one example is constituency related and the other is sectoral.

Like many MSPs in the west of Scotland, I have been contacted by constituents who are deeply concerned by developments at Rolls-Royce. The situation there is a direct consequence of the collapse in the civil aviation industry. There are grave concerns about the threat of the loss of 9,000 jobs globally and as many as 600 or 1,000 jobs at the Inchinnan plant. I have written to the minister, Jamie Hepburn, urging the Government to do all that it can to support employees at the site and engage constructively with Rolls-Royce.

It is vital that the jobs are retained, and not only for the sake of the site at Inchinnan. Those individuals are highly skilled, and we must retain their talent and skill sets, as they will be essential in meeting many of our key strategic objectives. Those individuals have the kind of skills that we will require if we are going to meet our climate change obligations. Ultimately, if engagement with Rolls-Royce proves to be fruitless, it is imperative

that the Scottish and UK Governments engage with employees to ensure that they are redeployed and repurposed so that we retain their enormous talent and skill.

Another sector on which I wish to say a few words is one that is very close to me: the music sector. I declare an interest in that I am a member of the Musicians' Union and I was previously active in music. As one individual in the sector put it to me, it is an extinction-level event. I am not talking about headline acts that play at the Hydro, Murrayfield or Hampden park. I am talking about the countless grass-roots music venues and musicians who operate across Scotland week in, week out.

It is an incredibly complex and fragile ecosystem. Grass-roots music venues are not profitable in strictly financial terms, but in cultural terms they make an enormous contribution. They are the incubators and the talent pipeline and, as things stand, they face very little prospect of recovery. They will be among the last sectors that can reopen, and they will perhaps not be able to return to their previous capacities and output until we have a vaccine or effective treatment. There must be sector-specific support, because we cannot lose them.

An area that I was very much involved in is music for weddings and corporate entertainment. In the public imagination, there might be the idea of a wedding band being four middle-aged males with thinning hair, playing music poorly, but the majority of people who play in wedding bands are highly talented and skilled professional musicians. Playing weddings, corporate events and functions provides those musicians with the bread and butter income that allows them to engage in other projects, whether that is recording their own material and performing in the United States, performing as session musicians and playing in touring bands, or running community choirs that greatly enrich their local communities. Without that bread and butter income, they will not be able to do those other activities.

A recent Musicians' Union survey shows that up to one in five musicians is now considering chucking music as a result of Covid-19, so they need specific support. Although some sectors might be able to return to normality, that will not be the case for musicians, as it will not be the case for many others operating in the leisure sector. There has to be continued support from the Scottish Government and the UK Government until such time as we are able to return to full capacity and those musicians can play at weddings, private parties, corporate functions and pubs. If we fail to provide that support, we will lose more than just a few jobs. We will lose a part of

our cultural identity, and that is a consequence of the Covid crisis that none of us can tolerate.

There is much to be said, but a key theme that has emerged is that we must not repeat the mistakes of 2008. We cannot have an austerity-led response. We must have a level of stimulus that matches the challenge that we face, because although a public health crisis has led to an economic crisis, there is a real and genuine danger that that economic crisis could lead to a political and social crisis. Across western societies, existing tensions are simmering under the surface. The touchpaper could be lit not just by the experience of lockdown, but by the insecurity that comes from job losses.

If we want to understand the events that are taking place in the United States right now, we need to understand not only the history of racial inequality there, but that the events have been precipitated by the economic catastrophe that many individuals and communities face. We cannot risk that happening in Scotland or across the UK.

There is a direct link between the austerity-driven approach following 2008 and the Brexit vote and the rise of populism in 2016. We cannot repeat that mistake. We need a response on a scale that has not been seen since the years following the second world war.

The Deputy Presiding Officer: I hate to stop you in full flow, but I have to.

Tom Arthur: If we have that response, we can build a better society, address climate change and create a better future for the next generation.

17:40

Alexander Burnett (Aberdeenshire West) (Con): I refer members to my entry in the register of members' interests. I am an employer and a company director.

I thank every person in my constituency, the north-east, Scotland and the United Kingdom for their continued commitment to helping to get our country through the crisis. I have been truly heartened by seeing everyone in our communities coming together in this difficult time. Their resolve to help our Governments to beat the virus is working, and I have no doubt that they will continue to support efforts as we look to get the economy back up and running safely. However, there are still many areas in which the Scottish Government needs to do more. It was falling behind in many of those areas before the virus.

Over the years, I have met many organisations and businesses that have advocated improved energy efficiency. The Scottish Conservatives have continuously called for that. I call on the

Scottish Government to use this time of lockdown and restricted movement to help to get the country back on track by focusing on the small rather than the large.

We all know that large infrastructure projects are often the easiest route for Governments to spend their way out of difficulties and, unfortunately, we all know about the Scottish National Party Government's dismal track record on large infrastructure projects, from bridges to hospitals.

We have a problem in Scotland. The list of shovel-ready large projects dried up before the virus, and the reality of large sites being at risk of temporary shutdown because of localised outbreaks puts even more risks on those projects in respect of delivery times and subsequent cost management.

Fiona Hyslop: I want to say two things. First, the Scottish Government has a very good record on delivering big and major infrastructure projects, not least the Aberdeen peripheral road, which could have been developed decades before, but was not.

Secondly, Alexander Burnett has made a very important point. I agree that capital infrastructure projects will be part of how we can come through the crisis. I also agree on reallocating for small as well as large infrastructure projects. I look forward to hearing about what Alexander Burnett is looking forward to being developed in his constituency and his region in the pipeline that delivers the green, renewable, project-based approach that we have talked about.

The Deputy Presiding Officer: I will give Mr Burnett his time back.

Alexander Burnett: Thank you, Presiding Officer.

I am sure that history will judge the SNP on its record on large projects. However, I welcome the constructive approach to suggesting projects. I will certainly mention some things that will, I think, help in the future.

We should be encouraging investment in small, dispersed projects that will boost our green economy. That will happen if the Scottish Government leads by example, recognises housing as national infrastructure and kick-starts our home energy efficiency programme. We have been calling for that for some time in order to reduce carbon and boost the economy across the whole of Scotland. We can now add that that will be one of the few ways in which people can safely work on infrastructure in small teams to reduce the risk of spreading the virus.

Last week, there were discussions in the cross-party group on construction about how we should use this time to encourage a large-scale public

sector programme of maintenance. We should grasp the opportunity to do conditions inspections and remedial works in schools, colleges, museums, libraries, police stations and on other local infrastructure, such as bridges, which have been woefully neglected by the SNP Government. That approach would not only ensure that maintenance works could continue; it would support jobs and apprenticeships across the whole supply chain. It would ensure—this is important—that we would retain our skilled workforce, which is willing and ready to get back to work. That would be a welcome relief to the 175,000 people who work directly in a sector that makes up 10 per cent of Scotland's workforce.

It is not just the construction industry that can change and adapt to a new way of business. I have spoken recently with BP, Oil & Gas UK and the Oil and Gas Authority, and discussed issues around their targets towards achieving net zero emissions. There are innovative projects out there, from the electrification of platforms to hydrogen production and carbon capture. I applaud all our oil and gas workers throughout the supply chain for their hard work and resilience in tough times and, as always, their ability to innovate and adapt.

As the member of the Scottish Parliament for Aberdeenshire West, I will end with a call for our rural economy, which is another sector that has been on the cusp of great opportunity for too long under the Scottish Government. For too long we have heard about the benefits of rural life, and of how Scotland's tourism and food and drink sectors are the way forward—I agree, but sadly that has all been given more spin than support over the past decade as infrastructure crumbles and relative connectivity worsens.

It will come as no surprise to any rural MSP to hear how the broadband issue became even more chronic during lockdown. The future looks no better as the reaching 100 per cent, or R100, project continues to be delayed. If ever there was a chance to jump-start the rural economy for the benefit of the whole of Scotland, it is now. Will the Scottish Government please invest more wisely? Will it prioritise the issues that matter most to people? The Scottish Government has an opportunity to start a fresh page. Please do not just cut and paste your previous mistakes.

The Deputy Presiding Officer: I call Mr Stevenson, who is the last speaker in the open debate.

17:46

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): Welcome back, Presiding Officer. I would like to join you soon.

I start with saying a single word on projects to all members on the Conservative Party's benches: HS2.

The next steps required to rebuild our economy after the shutdown caused by the pandemic cannot all be known. Indeed, some of what will turn out to be the most important steps may only be identifiable some years after they are taken. The Government's immediate concern is—

The Deputy Presiding Officer: Mr Stevenson, will you pause just a moment? Your sound is quite quiet; could you please turn it up? I say to members that I cannot hear Mr Stevenson if they are mumbling. They will appreciate that it is difficult when someone is speaking from a remote location.

Stewart Stevenson: The Government's immediate concern is to minimise harm to existing businesses; that is proper, because businesses that are already established will be the source of employment for the overwhelming majority of those who will be in work in six months, a year or a couple of years.

I will concentrate on where the real building of a new economy will take place. It will start with small businesses—just as almost all new businesses start as small businesses. Ten years ago, Brewdog was a small brewery in my constituency with a handful of employees. Today, it is an international company that is worth in excess of £1 billion. New ideas, new money and risk-taking and risk-managing owners, coupled with very good marketing, helped it to get there. Even with all that, the outcome, and certainly the scale of the outcome, was very far from predictable. The new businesses that will be the new Brewdogs in 10 years' time simply cannot be known today. It is about removing barriers and about those of us in the public realm being prepared to be brave. Adversity creates difficulty, but it also spurs innovation.

On 27 April 2007, a dispute over the moving of a Soviet-era memorial in Tallinn was the trigger for an electronic attack on every public institution in Estonia—a country of about 1.3 million residents. Today, Estonia has a hardened electronic infrastructure that converted the country into one of robust online commerce. One may become an e-resident of Estonia for a modest sum—currently 120 euros. The country has created infrastructure that allows people around the world to establish companies and open and operate bank accounts, and it has created secure and trusted electronic identities for its e-residents. A large cohort of foreign companies are now resident in Estonia, without the country having become a tax haven—its attraction as a place of residence is much more than that.

There are plenty of other opportunities that we might look to. I say to Government: let us crank up our support for our micro-businesses, small businesses and even medium businesses—the next big winner might be in there.

I will give some specific suggestions for what we might do—they are deliberately a bit off the wall because I like to provoke thinking. Let us direct our help to new ideas, or to reinventions of old ones, with the expectation that, in doing so, 80 per cent of our interventions will fail. If we get it right, the 20 per cent will do far more than pay for the 80 per cent.

We should not analyse projects to death. If I could spot the winning projects, I would be a very rich man. Instead, we should look at the people who are trying to take something forward. There are those who have the knowledge, energy and self-belief that will take them somewhere useful for themselves and for our country. We should ignore their proposals—we should not pretend we can spot winners.

We should back small teams. It is amazing what one man can do leading a team of 12—that team can succeed even if one of them is a duffer or a Judas. Those who are failing are spotted very quickly in a small team. No management structure is needed to make a small team work.

Hundreds of years ago, Europe's main centre for medical training was in Edinburgh. Why? Because the old town was desperately unsanitary and had a correspondingly high degree of morbidity, so it was an excellent place to study disease. What could we be doing today in the Covid world? Are there genetic differences that drive differences in outcomes? We know that that is the case for many other conditions. Covid is a virus about which we are still learning, but we have no broad-spectrum attacker of viruses in general, equivalent to what antibiotics once were in relation to bacteria.

Scotland has a particular advantage, in that the data in our national birth, marriage and death records is more comprehensive than is the case almost anywhere else. Thus, it is easier to identify connections of paternity, maternity and consanguinity than in many other countries. Could we use that information? It is worth trying.

In 1973, I fell out with my boss over a software development. I spent the weekend in the computer centre pursuing my idea, which I showed him on Monday. I met someone a couple of years ago who was still maintaining that software, which I had developed 45 years earlier. We might need a few more angry youngsters. Let us find them and support them—and I am not volunteering.

The Deputy Presiding Officer: We move to closing speeches. I call Rhoda Grant.

17:52

Rhoda Grant (Highlands and Islands) (Lab):

Thank you, Presiding Officer, and welcome back to the big chair.

Scotland's economy was fragile for a long time before the pandemic. We in the Scottish Labour Party have continuously called for an industrial strategy to help grow the economy in a way that works for the many, not just the few. Had the Government paid heed, we would not have been in the place that we were in going into the pandemic.

The Scottish Government's "State of the economy" report highlighted that Scotland's economic output could decline by as much as 33 per cent in the social distancing period alone. It is clear that, to reduce the devastating impact of Covid-19, we need a targeted industrial strategy to help save jobs and retain skills.

As we start to think about the return to work, we all need to be reassured that the right health and safety measures are in place and are enforceable. For that, we need a health and safety executive that is fit for purpose and co-operates closely with Government agencies and local government. Much of the policing of workplaces during the pandemic has fallen to environmental health officers, and they need to be resourced.

Critically, we also need strong and continuing trade union involvement, to ensure that those who return to work are safe. Trade union health and safety representatives can work with employers to cut out much of the anxiety. They are well trained, and unions will support them in their role to ensure that workplaces are safe. Their work not only saves employers money but gives workers the confidence that they need to return to the workplace.

We know that many sectors will be affected by Covid-19. Richard Leonard mentioned the FSB, which said that it thought that one third of the companies that it represents—a huge number of businesses—would not reopen. We also know that tourism is badly affected—Jackie Baillie said that it would be March next year before some of the tourism sector could reopen. Culture and hospitality are also hugely affected because they require people to gather together. Along with those sectors are the businesses that depend on them, their workers and their supply chains.

Daniel Johnson talked about the need to support charities. A lot of the burden of the response to the Covid-19 pandemic has fallen on charities, but they cannot fundraise because of social distancing.

In rural areas, people work three or four different jobs just to make ends meet. I welcome the

announcement about bed and breakfasts, which will make a big difference to the rural economy. In its briefing for today's debate, Community Land Scotland talked about resilient communities, and it is true that we are hearing about such communities in rural areas. However, those communities need access to economic levers through the ownership of land if they are to make a difference. The alternative for rural areas is depopulation at an even greater pace than we have already seen.

All communities are dependent on oil and gas, as Jackie Baillie said, and every sector needs a tailored response because each sector's experience is different.

We also know that some people have been affected worse than others. We have talked about young people, women and the low paid—those groups will be really badly affected. In his speech, Richard Leonard asked for a Scottish Government-funded job guarantee scheme. Such a scheme could bring together trade unions, businesses and local government in all parts of Scotland. We could look at apprenticeships for young people, and we could look at young people carrying on in education. We could also value the work that women do.

I remember that, back in the 80s, there was a community project where, for a living wage, people carried out a lot of work that benefited the environment. We need to look again at such approaches—and we must ensure an end to the gig economy that has failed everybody.

We should also make sure that assistance is given only to companies that practise fair work and look after their employees, and not to companies that offshore to avoid paying tax on profits that are made in the UK. I welcome the Scottish Government signing up to those principles, but I now ask it to implement them for procurement in the post-Covid economy. As Maureen Watt said, Gordon Brown talked about the trillions of pounds that are held in tax havens—we could use that money.

The Scottish Government could bring forward capital spending, as was suggested by Jackie Baillie, but if it did so using fair work principles and asking those involved to sign up to the Fair Tax Mark scheme, we could make sure that our spending in Scotland was kept in Scotland and worked to the benefit of our economy.

Out of this tragedy, some good must come. We cannot go back to the same economic answers that mean that wealth is amassed by the few; we must create an economy that works for all. Those who are undervalued and who work for poverty wages are the very people who bear the brunt of the responsibility for fighting Covid-19. The post-

Covid world must be different. We have an opportunity to create a fair economy, and we need to start building it now.

17:59

Donald Cameron (Highlands and Islands) (Con): Thank you Presiding Officer. As other members have said, it is good to see you in person.

As we continue to ease gradually out of lockdown and get back to a semblance of normality, it is clear that we have seen from both Scotland's Governments seismic interventions, at a simply unprecedented scale, to deal with the effects of the deadly virus. Jackie Baillie was right to say that we must take a constructive approach, as we have seen being taken so far by both the Scottish Government and the UK Government.

The UK Government has injected an estimated £10 billion into Scotland to support our workers, to prevent massive job losses and to support the efforts of our NHS. We have seen the creation of a number of schemes at UK and Scotland levels that have ensured that thousands of businesses have not gone to the wall.

We have seen the enactment of furloughing—the coronavirus job retention scheme, which has paid the wages of hundreds of thousands of workers in Scotland and which will, I hope, mean that people will have a job to return to when the crisis is over. We estimate that those workers have benefited to the tune of more than £4.8 billion.

There is also the support for self-employed people. I spent 11 years of my life as a self-employed advocate, so I know about the insecurities of that status—the gnawing doubt when one is not working and not earning, and the fear of turning down work in case it is the last job for a while. I am therefore particularly pleased to acknowledge the self-employment income support scheme, which was extended last week and has delivered support to hard-working self-employed people.

There has been an additional £3.5 billion in Barnett consequential, which is supporting Scottish businesses and our vital public services through the crisis. I was pleased that the Scottish Government acknowledged that last week in its summer budget revision; we should acknowledge what the UK Government has done to protect people during the crisis.

Likewise, it would be churlish not to acknowledge and welcome what the Scottish Government has done, and how it, too, has in many ways stepped up to the plate to support the economy and protect people's jobs. In principle,

the route map and phased approach to easing lockdown make eminent sense.

We should also acknowledge that there have been failings. Every member here will have been approached by organisations or individuals who have told them about gaps in the support that the Scottish Government has offered. Members will have had queries to do with ensuring that businesses here can access support that is similar to what businesses receive south of the border, and about helping businesses that could not access any support whatever. Willie Rennie talked about that.

We cannot ignore the fact that political decisions in the health sphere have an impact on the economy. Failure to ramp up testing, for example, has a significant effect on when we can restart our economy—which I hope will be sooner rather than later.

It is important that we give a broad overview of the economic picture, as other members have done, from the point of view of organisations that represent business, including the Federation of Small Businesses, which wants the economy to reopen. As Maurice Golden, Richard Leonard and Jackie Baillie noted, the FSB has said—somewhat pessimistically—that a third of its members fear that they might close permanently as a result of the crisis. It has also said that one in five business owners has reported that they have sold assets or struggled to make commercial mortgage or rent payments, and that a quarter of firms are considering making some staff redundant over the next three months.

All that is of deep concern to members of whatever political stripe, and it is why we need to promote reopening of the economy as safely and as swiftly as is practicable. Maurice Golden quoted the director of the Scottish Retail Consortium, David Lonsdale, who wrote that non-food retailers are losing £130 million a week. David Lonsdale went on to say:

"It's unclear therefore why Ministers have put larger stores to the back of the queue when it comes to the phased re-opening."

The consortium believes—I have great sympathy with this view—that the focus should be on whether a business can reopen safely, not on the business's size.

Fiona Hyslop: My response to that is similar to the one that I gave to Murdo Fraser. The issue is not just safety in the workplace but the position of the workers and shoppers who travel to the workplace if it is, for example, a large out-of-town retail outlet that is under cover. The safety issue has to be seen in the round.

Donald Cameron: I accept that, but I urge the cabinet secretary to hear the concerns, because

there is a belief that many businesses can reopen and can operate safely, regardless of their size.

David Lonsdale noted that the Scottish Government's route map is

"thin on ... timescales for moving between the differing phases, making it tricky for firms to plan ahead with confidence."

I accept that the lack of set dates in the Government's plan is deliberate, given that the various phases are subject to the progress that we make in combating the virus. However, retailers need clarity.

It is not just uncertainty about timing that is creating issues for our businesses as we move out of lockdown: there is confusion about other issues.

Many members have spoken about tourism. The cabinet secretary will know that last week I raised the issue of hotels closing in the Highlands and Islands. Many businesses have suffered because of uncertainty about grants during lockdown, and those businesses now want to know when they can reopen and how they can do so safely, with the financial security to get through some tough months ahead.

As Murdo Fraser mentioned, the self-catering industry has made very strong representations on its beginning to reopen safely in phase 2 as opposed to phase 3. Murdo Fraser also said that decisions about exiting lockdown are political decisions. They are choices that are made by the Scottish Government—as it is entitled to do—but they are nobody else's. The Scottish Government must, in my view, be responsible for those decisions, because businesses might be faced with losing vital support earlier and will want to know whether the Government can provide financial support.

Murdo Fraser also asked whether the Scottish Government has, given that it has abandoned some policy initiatives, looked at further reallocating funds from within its budget. I wonder whether the Cabinet Secretary for Finance will address that in her remarks following my speech. It is not only a matter of Barnett consequential; it is also a matter of the Scottish Government's budget.

John Mason (Glasgow Shettleston) (SNP): Will the member take an intervention?

Donald Cameron: I am sorry, but I do not have time.

The Deputy Presiding Officer: You are in your last minute and should conclude shortly.

Donald Cameron: I note briefly that I was struck by the comments that Kenny Gibson made about the islands. I have great sympathy with what he said.

Alex Burnett spoke about the importance of broadband. If the crisis has shown us one thing, it is the need for reconsideration of how important broadband is.

Stewart Stevenson spoke about the importance of microbusinesses and small businesses.

Businesses require certainty and clarity. Our economy is in a fragile place, confidence is dented, and people will no doubt continue to be worried about their own jobs. It is right that we all play our part to support them. However, it is also right that the Scottish Government takes responsibility for its actions and choices during the crisis, that it listens to the voices of business and workers, that it restarts and rebuilds our economy and works tirelessly to ensure that Scotland recovers as quickly and as safely as possible.

18:07

The Cabinet Secretary for Finance (Kate Forbes): I will start with an area of consensus, which is that the health crisis has led to an economic crisis. I say very clearly at the outset that we know the harm that is being done to the economy, the enormous pressures that are on businesses and the stress and worry that workers and employers have faced over the past few weeks. Those worries have been unimaginable.

As Jackie Baillie said, the impact has been widespread and deep. Tom Arthur articulated the impact on certain sectors—in particular, the music industry—which has, at times, felt catastrophic. As others said, there are also age and gender dimensions to the impact of the economic crisis, which we need to take seriously.

Our initial response to those challenges—in collaboration with the UK Government—was to respond quickly with a financial package of support, reducing fixed costs through 100 per cent rates relief, helping with cash flow through grants and protecting the productive capacity of the economy with key financial interventions in anchor businesses through the pivotal resilience fund.

We took those actions—

The Deputy Presiding Officer: Just a minute, cabinet secretary. Because you and the other member are sitting so far apart, I can hear your conversation, Mr Torrance. I am sure that you are not directing it at me.

Kate Forbes: We took those actions precisely because of the importance that we place on the many small and medium-sized businesses in every town, city and region in Scotland. Beyond the initial financial interventions that I mentioned, we have also listened at every step of the way to other parties and to businesses, and we have never been too scared or too entrenched to make

changes to establish new schemes or to accept recommendations.

None of this has been easy. Designing financial schemes at pace without access to the tax system—like HMRC—and reaching some of the smallest businesses has tested all of our systems. Local authority staff, enterprise agencies and representative organisations such as the FSB and the chambers of commerce have all risen to the challenge of delivering for businesses in every corner of Scotland. It was good to hear Willie Rennie pay credit to those organisations.

Although the pandemic is far from over, our minds are turning to the recovery. I will make a brief comment about the budget, because Murdo Fraser and Donald Cameron referenced the need to find more funding to support businesses. The summer budget revision, which was laid last week, captures the impact of Covid-19 on the budget. Murdo Fraser mentioned early learning and childcare funding, for example, and local authorities now have full flexibility to use revenue and capital funding for other means.

Many members talked about capital projects that might not be able to go ahead, which would create some spare capital. Of course, right now, businesses do not need capital; they need revenue. However, we will use capital to invest in projects, as Fiona Hyslop said.

Some members have called on us to find money from elsewhere in the budget. I remind the chamber that the UK Government's funding for the furlough scheme, the self-employed scheme and the grants is borrowed. The Office for Budget Responsibility assumes that the Chancellor of the Exchequer will need to borrow nearly £300 billion. The Scottish Government cannot borrow revenue in response to the coronavirus, and we do not want to see revenue cuts in areas that are critical to our recovery. We are fully committed to rejecting austerity, to investing in our economy and to moving forward together, but one of the challenges that has been identified by the Institute for Fiscal Studies, the Scottish Fiscal Commission and many others is the way in which our current fiscal powers restrict our ability to manage that uncertainty.

I do not often say this, but our relationship with the UK Government is constructive. Donald Cameron and Jackie Baillie called for that constructive relationship. The investment—the consequential funding—that has been given is critical, but consequentials are estimates. That is just a fact. They can be revised down; in a recent announcement, they were revised down by £60 million. All that we are asking for are the flexibilities, the minor powers and the funding guarantees in order to invest in the recovery, reject austerity and ensure that there is sufficient

funding for our communities and businesses. I hope that all parties in the chamber will back that. I think that I heard Jackie Baillie indicating some form of support for a review of the fiscal framework.

Andy Wightman: Will the cabinet secretary take an intervention?

Kate Forbes: Yes, I will.

The Deputy Presiding Officer: I call—*[Interruption.]* I have forgotten your name.

Members: Mr Wightman!

The Deputy Presiding Officer: I am having a senior moment. Sorry, Mr Wightman—you see what happens when I am away for 12 weeks.

Andy Wightman: Welcome back, Presiding Officer.

Does the cabinet secretary agree that there might be some mileage in exploring with the UK Government the extent to which it might be better for a population share of the £200 million of magic money tree money that is being created by the Bank of England to be allocated to the Scottish Administration to spend as it sees fit, rather than the UK Government spending it partly in Scotland? Or am I barking up the wrong tree?

The Deputy Presiding Officer: My apologies, Mr Wightman. It was all going too well until then.

Kate Forbes: We are keen to explore all options in relation to how we invest. We are working with the UK Government to look at further consequential funding, which we could use and adapt to the specific needs of the Scottish economy and in Scottish society, and at the powers to manage the uncertainty. So, the short answer to Andy Wightman's question is yes.

In the next few weeks and months, we will face choices that, if made wisely, will change our economy and society for the better. All members have raised suggestions and recommendations, whether unlocking innovation, as Willie Rennie called for, backing start-ups, as Kenny Gibson mentioned, making work and living less fragile, as Andy Wightman said, making significant progress on some of the structural inequalities that Richard Leonard identified, moving to a greener, more sustainable and fairer future, as Maureen Watt suggested, or learning from the mistakes of the response in 2008 and doing things better, as Tom Arthur argued. I assume that all those suggestions are backed by members from across the chamber. They are worthy goals, but we need to do things differently.

Neil Findlay: Will the cabinet secretary take an intervention?

Kate Forbes: My time is running out, so I cannot take an intervention.

We also want to back our entrepreneurs, so that they are international success stories in the next 10 years, as Stewart Stevenson said. We have choices to make, and we will rise to that challenge as we have risen to the challenge of the economic crisis that has been created by the coronavirus health crisis.

As we look ahead over the next few weeks, we want to see businesses open and trading as safely as possible. As some members have said, businesses want certainty about when to open; however, I would argue that, equally, they want to know how to operate safely.

For tourism businesses, it will not be enough to reopen; we also need to see markets return. The route map that was published is designed to give a sense of the direction of travel, to give some certainty, but it needs to be backed by detailed guidance that is published in advance of certain sectors reopening. As members will know, there are about 14 working groups representing different sectors building the guidance, and they are heavily informed by representatives from those sectors.

There have been many good recommendations as to how we can support different sectors, use capital to invest with an economic stimulus and make sure that every penny is invested in businesses that have been hard hit. In the past few months, a great amount of work has been done in response to the crisis, and that work will continue. We want to do as much as possible to keep people safe and protect livelihoods.

The next stage of restarting the economy will require us to take action now that will have both an immediate effect and an impact far further down the line. We want to set the direction for the recovery of the economy and for the future. We want to make decisions now that, in 10 years' time, we can look back on and see that they made a difference to future generations, but we will succeed in doing so only by taking a collaborative approach and working together across the chamber and across the nation.

The Deputy Presiding Officer: That concludes the debate on Covid-19 and next steps for the economy. Before we move to the next item of business, I remind members that social distancing measures are in place and ask that they observe them when exiting the chamber.

Point of Order

18:16

Daniel Johnson (Edinburgh Southern) (Lab): On a point of order, Presiding Officer. I apologise for not giving you prior notice of it.

Earlier today, in response to a question from Jackie Baillie, the Cabinet Secretary for Health and Sport made a statement regarding the science of asymptomatic transmission of the coronavirus. She quoted from a World Health Organization situation report that was published on 2 April. She said:

“there has been no documented asymptomatic transmission.”

The cabinet secretary failed to state the following sentences of the report. The next sentence says:

“This does not exclude the possibility that it may occur.”

The sentence after that confirms that

“Asymptomatic cases have been reported as part of contact tracing efforts in some countries.”

I believe that, by the cabinet secretary quoting only the first sentence, Parliament may have been given the false impression that the WHO was denying the risk of asymptomatic transmission, whereas the contrary is true. I am sure that the cabinet secretary will want to correct the record.

The Deputy Presiding Officer (Christine Grahame): I have been a little lax with you, Mr Johnson, because that was not a point of order—it is the only time that I will be. The matter is now on the record, and it is for the cabinet secretary to look at it afterwards. I was not here at the time.

Decision Time

Meeting closed at 18:18.

18:18

The Deputy Presiding Officer (Christine Grahame): There are no decisions to be taken as a result of today's business.

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