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Thursday 2 March 2017

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Scottish Parliament

Thursday 2 March 2017

[The Presiding Officer opened the meeting at 11:40]

General Question Time

Attainment Gap

1. Jenny Gilruth (Mid Fife and Glenrothes) (SNP): I remind members that I am the parliamentary liaison officer to the Cabinet Secretary for Education and Skills.

To ask the Scottish Government what steps it has taken to close the attainment gap. (S5O-00720)

The Minister for Employability and Training (Jamie Hepburn): The Scottish Government has committed £750 million during this parliamentary session through the attainment Scotland fund to provide targeted support for children, schools and communities to close the poverty-related attainment gap. In 2017-18, £120 million will be allocated directly to headteachers on the basis of the numbers of pupils in primary 1 to secondary 3 who are known to be eligible and registered for free school meals, at a rate of £1,200 per pupil. That funding, as well as a number of national programmes, is on top of the existing £50 million attainment Scotland funding that will continue to provide targeted support to specific Scottish attainment challenge authorities and schools in the communities with high levels of deprivation.

Jenny Gilruth: Across the water in the glorious kingdom of Fife, the Labour Party proposes to cut 100 front-line teaching staff from our schools. In Leven, it plans to cut speech and language provision in Mountfleurie primary school. In 2015, it closed Tanshall primary school in Glenrothes. Does the minister agree that it is high time that the Labour Party got its act together when it comes to closing the attainment gap and put kids before its cuts?

Jamie Hepburn: I certainly revel in the glory of Fife with Jenny Gilruth.

Those are decisions for Fife Council, but we seek to make further progress on closing the attainment gap, are working with local authorities towards that end through the developing the young workforce strategy and have provided around £11 million to Fife through the innovation fund, the schools programme and the pupil equity fund. That shows that we are up for the challenge of reducing the attainment gap in Fife, as we are throughout the country. However, achieving that

requires all our partners to work with us towards that end.

Liz Smith (Mid Scotland and Fife) (Con): At yesterday's Education and Skills Committee meeting, a number of additional support for learning professionals raised serious concerns that made it clear that there are weaknesses in the teacher training for additional support. What is the Scottish Government doing to address those concerns?

Jamie Hepburn: We are investing in a range of activities to support the upskilling and training of professional teachers throughout the country. There has been a significant increase in the intake this year. We will continue to invest in that and, if any concerns are brought to our attention about specific matters, it is incumbent on us to consider them. We will, of course, consider any evidence that the Education and Skills Committee gathers.

Suicide Prevention Strategy (Evaluation)

2. Alex Cole-Hamilton (Edinburgh Western) (LD): To ask the Scottish Government what evaluation has been made of its previous suicide prevention strategy, and how this will underpin its updated mental health strategy. (S5O-00721)

The Minister for Mental Health (Maureen Watt): No formal evaluation has been made of the "Suicide Prevention Strategy 2013-2016". However, over the past three years, the Scottish Government's suicide prevention strategy implementation and monitoring group met on seven occasions and advised on progress on the various commitments. Adjustments have been made as appropriate to actions arising from the commitments in light of that discussion and advice.

The engagement process for the mental health strategy included discussion about suicide prevention. We have also undertaken some engagement with key stakeholders from the national health service, the third sector and academia to help to inform us about which areas we should focus on in a future suicide prevention strategy or action plan. Therefore, we have evidence from those processes about stakeholders' views on suicide prevention. Later in 2017, we will undertake some wider engagement to allow stakeholders the opportunity to feed in their views.

Alex Cole-Hamilton: Members will be well aware that suicide still represents the leading cause of death among men under the age of 50 in Scotland. Nearly 15 years has passed since the choose life initiative was launched. That resulted in an 18 per cent reduction in suicides in the country, which shows that policy focus can have a positive impact on the matter. To that end, will the

minister indicate when the most recent suicide prevention strategy, which expired last year, will be replaced and what measures a new strategy may contain?

Maureen Watt: As I indicated in my answer, we continue to monitor the effectiveness of the current suicide prevention strategy, which continues until a new one is published. As the member is aware, at the moment we are concentrating on the mental health strategy, but we will review the current suicide prevention strategy in due course.

Kenneth Gibson (Cunninghame North) (SNP): From 2011 to 2015, the rates of suicide in Ayrshire and Arran, Grampian and Tayside were significantly lower than the rates in the rest of Scotland, while the rates in Lothian and Highland were significantly higher, even when deprivation and other factors are considered. Have the reasons for those differences been examined in order to learn lessons that can help to reduce suicide rates elsewhere in Scotland?

Maureen Watt: As Kenneth Gibson knows, suicide is a very complex phenomenon with a wide range of determinants. Any assessment of difference between rates of suicide in local areas must be treated with caution, because the absolute numbers in local areas are much smaller than national numbers.

We are investing in research such as the Scottish suicide information database, which is helping to cast new light on factors behind individual deaths by suicide. That includes consideration of suicide trends in NHS board areas. That research will inform our engagement later this year on future priorities for suicide prevention.

As the member knows, the provision of services is a local responsibility and individual NHS boards work with their partners to tailor local suicide prevention work to fit locally assessed needs and circumstances.

Anas Sarwar (Glasgow) (Lab): There is clearly a link between deprivation and suicide rates. What work is the Government doing to tackle inequality in Scotland, which has been rising in the last 10 years?

Secondly, following on from Alex Cole-Hamilton's question, I note that males are three times as likely to commit suicide but only half as likely to access mental health services. How can we get the message across to the most deprived communities and to the hardest-to-reach males that they should access those vital services?

Maureen Watt: Across the Government, we are doing all we can to reduce inequality and that is certainly a key factor in the health directorates. On the point about hard-to-reach people, that is why it

is important that the provision of services is a local responsibility so that local partners can work to fit the needs of their local communities.

Miles Briggs (Lothian) (Con): The minister has recognised that there is a need to refresh local suicide prevention action around the country. Will she update Parliament on how local suicide prevention schemes will be supported as the national strategy is developed?

Maureen Watt: As the member has indicated, I am aware that MSPs have had a number of emails on that issue—as have I—and that will be taken into account when we develop the next strategy.

Retail Banking (Branch Networks)

3. **Iain Gray (East Lothian) (Lab):** To ask the Scottish Government what recent discussions it has had with retail banks regarding branch networks. (S5O-00722)

The Minister for Business, Innovation and Energy (Paul Wheelhouse): Scottish Government ministers regularly meet the retail banks to discuss a wide range of issues, including branch closures. I appreciate Mr Gray's concerns over the closures that were recently announced in his constituency, which will have an undoubted impact on communities there. Those concerns are shared by many as banks continue to change the way in which they choose to deliver services to their customers, albeit that we also recognise that the shift to digital banking is having a significant impact on footfall in some branches.

Although we recognise that declining branch activity may be a driver for banks today, we urge banks to avoid acting precipitately and to see branch closures as a last resort. Before closing a branch, we urge banks to consider consultation with local stakeholders and communities to explore all practical options to retain branches where viable to do so, and to consider alternatives to reflect the needs of many customers who have a strong preference or need for face-to-face contact.

Iain Gray: Prestonpans in my constituency recently lost its last bank—a branch of the Royal Bank of Scotland—and now nearby Tranent is down to one bank with the TSB closing its branch there. I appreciate that, as the minister made clear, those decisions are not in the control of the Government, but I ask him and his colleagues to take every opportunity to go a little further than he did in his answer and impress on those banks that they have benefited from a great deal of public money and that the public deserve better in return.

Paul Wheelhouse: I recognise Iain Gray's point. It is a point that has been made to me by a number of members and I know that Iain Gray, Kenneth Gibson and other members have all been

proactive on the issue and have raised similar issues in their constituencies. I give Iain Gray and other members from across the chamber who have expressed an interest in the area an undertaking that I will work with the banks to identify what we can do to tackle the challenge. We must recognise that fundamental changes are taking place in banking but I hope that we can find ways to preserve branches where possible and to work with the United Kingdom Government where reserved powers intervene to make sure that we have the right environment to protect branches. I take the point entirely that banks that have a significant public stake in them, which is controlled by the UK Government, could do more to protect the branch network.

Oil and Gas Industry (Redundancy Support)

4. Gillian Martin (Aberdeenshire East) (SNP): To ask the Scottish Government what it is doing to assist people in the oil and gas industry who are facing redundancy. (S5O-00723)

The Minister for Business, Innovation and Energy (Paul Wheelhouse): The Scottish Government has done everything it can to minimise redundancies in the oil and gas industry. Where this has not been possible, we have supported affected employees through our initiative for responding to redundancy situations, partnership action for continuing employment—PACE. It has focused significant efforts in the north-east, with four large events attended by around 3,500 people. A fifth employee support event will take place in Aberdeen on 29 March.

Furthermore, the energy jobs task force has brought together key partners to maximise employment opportunities; and we have set up a £12 million transition training fund that has, so far, enabled more than 1,600 former oil and gas workers to receive support for training. Training programmes procured by the fund will look to create 755 employment opportunities through two procurement rounds. The fund is also supporting 12 individuals to retrain as teachers in science, technology, engineering and mathematics subjects in the north-east.

Gillian Martin: I recently found evidence that many companies are not even considering giving interviews to applicants who have come from an oil and gas background. Since I revealed that evidence publicly, I have been inundated with emails from constituents and workers all over Scotland who say that they have felt discriminated against. I contacted the United Kingdom employment secretary about the issue more than a month ago and I have had no response to my request for guidance and action. Will the minister outline the Scottish Government's response to the issue, which is affecting many skilled people who

genuinely wish to move into other sectors for employment?

Paul Wheelhouse: It is deeply concerning to hear reports that people are being discriminated against and it is absolutely right that Gillian Martin has raised the issue with UK Government ministers who have responsibility in this area. While not entirely surprised, I am disappointed that Gillian Martin has not yet received a response to her correspondence, but if she is willing to get permission from those who provided the information to share it with me, I undertake to take up the issue with my colleague Jamie Hepburn and UK ministers.

The Scottish Government is fully committed to promoting fair work practices throughout Scotland and we will continue to lobby the UK Government for the full set of powers around employment law so that, regardless of party, the Scottish Parliament can adopt a more proactive role in addressing the kind of issues that Gillian Martin has raised on behalf of her constituents.

Lewis Macdonald (North East Scotland) (Lab): The minister will know that John McDonald, the interim chief executive of the Offshore Petroleum Industry Training Organisation, gave evidence to the Scottish Affairs Committee last week in Aberdeen about the Scottish Government's approach to the apprenticeship levy in relation to the oil and gas industry. He raised concerns that the unintended consequence of the Scottish Government's approach might be to incentivise oil companies to conduct training in England rather than in Scotland because of the different ways in which the levy will apply. Given his evidence and his call for a rethink by the Scottish Government, will the minister give an undertaking to carry out such a rethink?

Paul Wheelhouse: First, I put on record our concern—which I know my colleague Jamie Hepburn has mentioned in the chamber a number of times—that we were not consulted on the imposition of the apprenticeship levy, which clearly has a big impact on major employers in Scotland. There was a fundamental failure on the part of the UK Government to engage with the Scottish Government on its responsibilities.

I take on board the member's serious point that we have to make sure that we have sufficient training support for oil and gas employers. I know that there has been good engagement between Mr Hepburn and OPITO, but I will continue to have dialogue myself with OPITO and Mr Hepburn on how we can ensure that the training packages that are available to the oil and gas industry are as good as they can be.

I also point out that the funding that came with the apprenticeship levy announcement merely

replaced funding in the block grant. We are concerned that it is not new funding, which shows again why it was such a failure on the part of the UK Government not to consult the Scottish Government in the first place.

Rural Communities (Empowerment)

5. Gail Ross (Caithness, Sutherland and Ross) (SNP): To ask the Scottish Government how it works with rural community councils to develop community empowerment, devolve powers locally and help reform local government. (S5O-00724)

The Minister for Local Government and Housing (Kevin Stewart): It must always be remembered that the statutory oversight of and responsibility for community councils rests with local authorities. That said, the Government welcomes the approach of those community councils that already undertake a wide range of roles and activities for the benefit of their communities. In recent times, the Government has been working with the Convention of Scottish Local Authorities, the Improvement Service and Edinburgh Napier University to support community councils in their role across Scotland.

In addition, the Community Empowerment (Scotland) Act 2015 will create opportunities for communities and community councils to enter into dialogue with public authorities about local issues and local services on their terms and, through our community choices programme, we have been supporting communities and community councils in the Highlands and across Scotland to be able to make decisions on local spending priorities.

Gail Ross: In my constituency of Caithness, Sutherland and Ross, many communities feel that they are on the periphery of decision making by councils. Although progress has been made on participatory budgeting, many rural communities in my constituency feel that their voices are not being heard by those on the council. Does the Scottish Government have any plans to allow communities to take a more proactive approach in future?

Kevin Stewart: I am pleased that Gail Ross referred to the use of participatory budgeting, which has the potential to make a real and positive contribution to communities' involvement in decision making. I point the chamber to Comhairle nan Eilean Siar's ambitious programme in Barra and the Uists, where a £500,000 budget was up for decision making by the communities there. I would like other authorities to follow suit.

We set out our intentions to decentralise local authority functions and budgets, to democratise oversight to local communities and to review local government in our programme for government,

and we continue to work with local government to develop the scope and timing of that review.

Fishing Industry (Negotiations on Leaving the European Union)

6. Stewart Stevenson (Banffshire and Buchan Coast) (SNP): To ask the Scottish Government what the impact would be on the fishing industry of the United Kingdom Government considering it a medium priority in its negotiations on leaving the European Union, as suggested in a recently leaked memo. (S5O-00725)

The Cabinet Secretary for Rural Economy and Connectivity (Fergus Ewing): I have asked UK ministers repeatedly for an assurance that Scotland's fishing industry will not be expendable, as it was in the 1970s. UK ministers have failed to give such a guarantee. The memo, if it is genuine, serves only to increase my concern that, once again, the UK Government is not taking seriously the importance of the fishing industry to Scotland. It also indicates why it is vital that Scotland be fully involved in all negotiations relating to Scotland's future in Europe. Scottish waters are among the most valuable in Europe and, with the right management and policy approach to support both offshore and onshore interests, they can help us to build growth in Scotland's rural and coastal communities.

Stewart Stevenson: In the light of the silence from the UK secretary of state, I suspect that I know the answer to the question that I am about to ask, which is whether any guarantees have been given about the funding levels that support fishing communities and which are an important part of the support that flows from the current arrangements with the EU.

Fergus Ewing: Last week, I and my colleagues met Andrea Leadsom and her fellow UK ministers. I cannot say what she said at that meeting, because of the rules under which it was conducted, but I am able to state that I asked for an assurance that the pre-referendum pledges made by Andrea Leadsom and George Eustice that EU funding of £500 million a year to our rural economy would be matched. Those were the pre-referendum pledges.

Since the referendum, there has been radio silence. I specifically asked Andrea Leadsom to confirm that she would meet her unequivocal pledge that the UK Government would match the funding of the EU. We are still waiting for a reply, but we shall fight and fight again for a fair deal for Scotland's fishermen. We will fight to prevent them from being sold out now as they were in the 1970s, when it emerged after the referendum that an internal Whitehall memo said that the

Conservatives regarded the Scottish fishing interests as “expendable”.

Finlay Carson (Galloway and West Dumfries)

(Con): In light of the cabinet secretary’s previous answer, is the Scottish Government in favour of Scotland remaining a part of the common fisheries policy?

Fergus Ewing: In our alternative paper, “Scotland’s Place in Europe”, we put forward how we would be able to come out of the common fisheries policy. [*Interruption.*] It is in our paper. I suggest that Conservative members read it; they might educate themselves.

Sadly, despite Mr Russell’s frequent meetings with Mr Davis, the UK Government has said precisely nothing whatsoever in response to that very serious paper, which sets out proposals that would protect Scotland’s interests. The paper makes clear the importance of single-market membership to our economy as well as the point that we would not be happy to remain constrained by the CFP, or see it as an acceptable option, outside the EU.

First Minister’s Question Time

12:01

Engagements

1. Ruth Davidson (Edinburgh Central) (Con): To ask the First Minister what engagements she has planned for the rest of the day. (S5F-00949)

The First Minister (Nicola Sturgeon): Later today, I have engagements to take forward the Government’s programme for Scotland.

Ruth Davidson: Thank you. This week, the education secretary announced that he would be delaying his education reform plans because he had received more than 1,000 submissions and needed more time to—in his words—chew them over.

If I personally promise to write 1,000 submissions opposing the First Minister’s unwanted plan for a second referendum, will she chew them over and dump that as well?

The First Minister: Education reform is a serious matter that I would have hoped all members in the chamber would want to discuss in a serious way. We have had the consultation on governance reform and we have received more than 1,000 responses to that consultation. It is right and proper that the education secretary considers all those responses and then comes to Parliament with our proposals on the way forward.

Of course, the governance review is only part of our education reform programme. We have our attainment challenge, which is now up and running. Our pupil equity funding is making sure that, from the start of the coming financial year, £120 million will go directly to headteachers to help them with the work of closing the attainment gap. We have our national improvement framework in place. We are now publishing more data about the performance of our schools than ever before and, of course, from August this year, that data will be informed by new standardised assessment.

I have made very clear on many occasions the priority that I attach to making sure that we continue to raise standards in our schools and—crucially—that we close that stubborn attainment gap. I would hope that Ruth Davidson and all members in the chamber will get behind us as we do that.

Ruth Davidson: There we go—education reform is on the slow train. [*Interruption.*] Let us dig a little into the education secretary’s claim that he is still making up his mind about some of the education reform issues, because I do not think that it stacks up.

Two years ago, a charity called the Hometown Foundation submitted proposals to the Scottish National Party Government to set up a series of community-run pilot schools across Scotland. It was told that it would get an answer soon, but it is still waiting. Finally, in November last year, Hometown wrote to Mr Swinney. I have the letter here. Hometown says that

“we have ... lost our patience”

with the whole process, which

“has been a series of false dawns.”

The education secretary says that he needs more time but is it not the truth—as we see from Hometown’s experience—that the Government has made up its mind; it just will not say so?

The First Minister: No, that is not the case. What we have said to Hometown and indeed what we have said to other interests is that these decisions require—rightly and properly, I would have thought—to be taken in the context of the governance review.

The governance review is one part of our wider programme of education reform and when there is a consultation with the potential for some far-reaching reforms in education, it is absolutely right that we take time to consider the responses and to consider the way forward. That is what I think that people expect us to do.

As we do that, the other strands of our reform programme are well under way. There is the attainment challenge, as I said. There is pupil equity funding, and no member of this Parliament should underestimate—I know that no headteacher in this country underestimates—the importance of giving £120 million directly to headteachers so that they can decide on and fund for themselves measures to improve attainment in schools. Standardised assessment will start in schools across the country from August this year, further informing the data that we publish, so that we know in detail how our schools are performing and where schools are doing well and where they need to do further work to improve.

That is an ambitious and serious programme of reform. I think that Ruth Davidson has said in the past that she supports reforms to education. Instead of coming to this chamber and sounding as if she opposes what we are doing, is it not about time that she got behind the reforms that we are taking forward?

Ruth Davidson: The First Minister talks about her delayed governance review and says that we all have to wait for it, but in its letter Hometown told her Government that it was more than able to crack on with its pilot projects without disrupting the review at all. What was the reply that it received from our Government? I have that here,

too. It says that John Swinney is “not prepared” to do it.

The deal is that the Government sits on fresh ideas for two years, then says that we have to wait on a review, and then announces that the review has been delayed, because council elections are on their way. The First Minister said that education reform would be her “defining mission”. Given that one example, who does she think she is kidding?

The First Minister: I spent Tuesday afternoon in a meeting with John Swinney and our international council of education advisers, and I noticed that as I was doing that Ruth Davidson was publishing a report on the constitution. I am not sure that I will take any lectures from her on priorities in government.

The truth of the matter is that it would make no sense at all, even for a Conservative—I know that common sense does not always characterise the decision making of Conservatives—to have a review of governance and then pre-empt the outcome by deciding what track we will go down. We will consider carefully the responses to the consultation and then, rightly and properly, John Swinney will come to this Parliament and set out the way forward.

As I said, as we are doing that, we will get on with the other strands of reform, which are already starting to see difference across our education system, empowering headteachers and directly giving them the funding that they need to make a difference, and ensuring that we are able to tell exactly how our schools are performing. That is the kind of action that I said was a priority, and that is the action that we are taking.

Just this week, a report showed that—despite the moans of the Opposition—in the last financial year for which we have this information, real-terms spending on education in local authorities went up. That is yet more evidence of the priority that is given to education. I know how important education is to me; if it is so important to Opposition members it is about time they got behind this Government’s reforms instead of continuing to come to this chamber and simply moan.

Ruth Davidson: If this is so important to the First Minister, why does she keep kicking the can down the road? The Hometown Foundation said in its letter to Mr Swinney:

“This is really not a great demonstration of meaningful engagement with stakeholders or a good start in trying to empower teachers, parents and communities to achieve excellence and equity in education.”

Hometown is not wrong. A year and a half ago—a year and a half ago—the First Minister staked her reputation on reforming Scotland’s schools. What have we seen since then? We have

seen literacy standards slipping, numeracy standards sliding and curriculum for excellence failing, and now we have seen her education secretary stalling.

The First Minister keeps putting her referendum on the front foot, but she is putting everyone else's child's education on the back burner. Has her Government got its priorities all wrong?

The First Minister: I do not know about the whole issue of putting something on the front foot; how it appears to me is that every time Ruth Davidson stands up in this chamber all she manages to do is shoot herself in the foot. I want to talk about education, but she continually tries to shoehorn in mentions of independence and a referendum—when, of course, the only reason there is any talk of that at all is the reckless behaviour of the Tories in taking us out of the European Union against our will.

Let me get back to my priority, which is education. It seems to me that Ruth Davidson is saying that we should not consult, or that, if we consult, we should not then bother to listen to what people say. Perhaps that is the approach that the Conservatives at Westminster have taken, which is why they have a massive back-bench rebellion on their hands right now over school funding—because the Conservatives are reducing the funding that many schools will have. We will continue to take this forward by listening to people and then making decisions about the best way forward.

Ruth Davidson asks what we are doing to back up the priority. I have already told her what is happening in our schools. Perhaps she should get into more of our schools and find out what is happening in them, instead of publishing papers about the constitution. What is happening in our schools is our attainment challenge; our pupil equity funding, which is going directly to headteachers; the introduction of standardised assessments to inform teacher judgments; and the publication of more data than ever before so that we can determine how well our schools are doing and what more we need to do to support those who work at the front line in our education system. I will leave Ruth Davidson moaning on the sidelines and I will get on with my priority of raising attainment in our schools and closing the attainment gap. I have said that that is my priority, and it will continue to be so.

Engagements

2. **Kezia Dugdale (Lothian) (Lab):** To ask the First Minister what engagements she has planned for the rest of the week. (S5F-00944)

The First Minister (Nicola Sturgeon): Engagements to take forward the Government's programme for Scotland.

Kezia Dugdale: It has been 10 months since the election, yet parents and teachers still remain in the dark about the Scottish National Party's plans for our schools. As we have just heard, the Cabinet Secretary for Education and Skills has kicked the consultation on how schools are run into the long grass. The First Minister says that that is just one part of her education reforms, and she is right, because there is also the education bill, which is the very symbol of the Government's apparent number 1 priority, and it has been kicked into the long grass, too. The SNP's power grab to centralise every school budget in the country has been kicked into the long grass as well, and the roll-out of national testing, which the First Minister also mentioned, has also been delayed. Education was the First Minister's "defining mission". Is it not the case that education is defining the Government as indecisive and distracted?

The First Minister: That question demonstrates that, when a member of Kezia Dugdale's party, after spending the weekend at the Labour conference, described Kezia Dugdale as simply a "pound shop Ruth Davidson", he was absolutely right, although maybe it is more like buy one, get one free.

Kezia Dugdale asked where the education bill is. The education bill is what will deliver the proposals from the governance review. When we have considered the more than 1,000 responses to that and brought forward our proposals to Parliament, we will also introduce a bill, as we said we would do. Kezia Dugdale also said—I think I got this right—that we are centralising education budgets. Really? We are giving £120 million direct to headteachers in almost every single school across the country. We are giving resources and the power to use them direct to headteachers. Only in the world of Scottish Labour could that be described as centralising education budgets—it is the exact opposite of that. Giving it to headteachers is decentralising it.

Through that extra resource in our schools, we are empowering headteachers to deliver what they think is required to improve attainment. That is building on the work of our attainment challenge and, as I have already said to the other half of the act, the national improvement framework is making sure that we have the data to track improvements in our schools. That is the kind of work that we are getting on with, day in and day out. I say to Kezia Dugdale, as I said to Ruth Davidson, that maybe she should get out a bit more into our schools, as I was yesterday, and see a bit more of what is happening in reality.

Kezia Dugdale: The SNP Government has failed for 10 years on education, so it is no wonder that the First Minister has to resort to personal attacks. That is beneath her—it is what we expected of Alex Salmond, not what we expect of the First Minister who is committed to closing the gap. The problem is not just the lack of progress; it is the fact that things are actually going backwards.

John Swinney spent years cutting education budgets as finance secretary. He cut more than 4,000 teachers and 1,000 support staff, he cut 150,000 student places in our colleges, he cut university budgets and he slashed grants for students, too. John Swinney now faces the consequences of his own decisions. He was supposed to be a safe pair of hands, but he is fast getting a reputation for dropping the ball on education. If teachers and parents can see that the education secretary is letting down Scotland's children, why can the First Minister not see that?

The First Minister: Kezia Dugdale has come to the chamber week after week and alleged that spending on our schools is going down. Figures that were published this week—for the most recent year for which we have statistics—show that there was a real-terms increase in education spending across our local authority areas, so Kezia Dugdale's scaremongering has been exposed.

Take universities—we have record numbers of young people going into our universities now. We are not just meeting, but exceeding our manifesto commitment in terms of whole-time equivalent places in our college sector. The attainment gap is starting to narrow and more people from deprived communities are going to university than was the case when we took office.

We are seeing progress because of the decisions that this Government has taken and the investments that this Government has made. However, there is so much more work still to do, which is why we will get on with the reforms in our education system that will make sure that we deliver the commitments that we have made to young people and parents around the country.

Kezia Dugdale: The First Minister gave the game away there, because she said that, in the past year, the money for education went up. Is that supposed to make up for it going down over the nine years that preceded it? The reality is that she has cut £1.5 billion from local services since 2011—she cannot escape from that truth.

I would not want the First Minister to think that John Swinney has not been busy. He has launched an improvement framework, a governance review and an advertising campaign. However, he has not done anything to improve our schools.

It is not just John Swinney. Since May, the Government has launched more than 120 consultations and reviews, which is three a week. The enterprise review alone has three reviews within it and the health and social care delivery plan has another four reviews within it. There is even a review into the review of fracking. That might make sense if this were a new Government, but this SNP Government has been in place for 10 years. I know that the First Minister has only one thing on her mind, but when is she going to stop talking about governing and actually start doing some governing?

The First Minister: I advise Kezia Dugdale to listen to this: this Government will never stop talking to, engaging with and consulting the people of Scotland. The Labour Party stopped doing that and it went from first place to second place in Scottish politics, then it went from second place to third place. Who knows where it will end up?

Let us get back to education. Kezia Dugdale comes here and talks about education funding. I have a very basic question for her: if she thinks that not enough money is being spent on schools in council areas around our country, why are Labour councils proposing to freeze the council tax next year after spending 10 years moaning about it? Why are they not using the power that they have spent 10 years asking for and why are they refusing to raise extra money for education? That is a question that Kezia Dugdale cannot answer.

The other things that Kezia Dugdale does not want to talk about are the £120 million that is going direct to headteachers, the extra resources that are available through the attainment challenge, or the many things that teachers are doing in our schools to improve education and to close the attainment gap, because that does not suit her narrative. Just as with Ruth Davidson, I will leave Kezia Dugdale whining on the sidelines, and this Government and I will continue to get on with the hard work of improving our schools.

Kezia Dugdale: The First Minister posed a direct question and it deserves an answer. For 10 years, the SNP has said that the council tax is unfair, so the question is not why Labour councils are freezing it, but why the SNP has not scrapped it.

The First Minister: For 10 years, we have had Labour councils, and Labour MSPs in the chamber, saying, "End the council tax freeze." As soon as we end the council tax freeze, what do we have? We have Labour leaders in councils such as Inverclyde saying that they are going to become the longest-serving leaders ever to freeze the council tax.

Labour does not know what it is doing from one day of the week to the next, and that is why it is in the mess that it is in. I will continue to make sure that we do our job of delivering improvements in our education system, and delivering for parents and children across the country.

The Presiding Officer (Ken Macintosh): There is a constituency supplementary from Alexander Burnett.

Alexander Burnett (Aberdeenshire West) (Con): I have been contacted by the owner of a local nursery in my constituency that looks after 133 children. Is the First Minister as disappointed as I was to hear that the nursery will be hit with a business rates hike of 65 per cent? That will mean inevitable cost increases for parents, which will prevent mothers from returning to work.

The First Minister: We have introduced a business rates relief scheme, as the Cabinet Secretary for Finance and the Constitution announced in the chamber a couple of weeks ago, to ensure that seven out of 10 businesses across our country will pay either the same or lower business rates in the coming year. Five out of 10 business premises across the country pay no business rates whatsoever. The finance secretary announced additional relief for the hospitality sector and for office premises in Aberdeen and Aberdeenshire. We did that to free up local councils to use resources that they might have to provide any additional support that they think is required. That is why it has been so disappointing that Tory councillors in some councils have voted against local rates relief schemes. Instead of coming to the chamber and asking me that question, perhaps Alexander Burnett should direct it to Tory councillors in his area.

Cabinet (Meetings)

3. **Patrick Harvie (Glasgow) (Green):** To ask the First Minister when the Cabinet will next meet. (S5F-00952)

The First Minister (Nicola Sturgeon): Tuesday.

Patrick Harvie: I think that every member in the chamber, and everybody outside the chamber, wants Scotland to be successful in closing the attainment gap in our schools. However, that gap is not the result of merely one simple phenomenon; it has many complex causes. One of the most significant causes is the additional support needs that many young people have. Because we recognise far more of those needs now, which is welcome, one in four of our young people in Scotland is now recognised as having additional support needs.

However, shocking evidence was given to the Parliament's Education and Skills Committee this

week about the lack of provision to meet those needs. There has been a one-in-seven reduction in additional support needs teachers since 2010, and a one-in-10 reduction in ASN assistants. The shocking suggestion was made to the committee that a teacher in a Scottish school had been told that, in lieu of the training that they genuinely need to develop their skills to support young people with additional support needs, they should go away and watch "The Big Bang Theory". Was the First Minister as shocked as I was to hear that?

The First Minister: Patrick Harvie is right to raise the issue of additional support needs. He is also right to say that we have extended the definition of additional support needs so that we capture more people to ensure that they get the support that they need. I referred earlier to statistics that were published this week that show increased spending on schools. Within that, we also saw increased spending on additional learning support.

There is a fundamental point here, and perhaps a point of difference between Patrick Harvie and me. I ask him to consider that something like 95 per cent of all children who have additional support needs are taught in mainstream schools, so we must not see the support that they need as coming just from additional support needs teachers. Every teacher who is working in our schools has a responsibility to provide the support that those young people need. It is not simply a case of looking at dedicated additional support needs teachers.

That is why two things are so important—first, that spending has increased in the statistics that I spoke about, and secondly, that we see from the most recent figures that the number of teachers is being maintained and is slightly increasing as well.

The last part of Patrick Harvie's question was on evidence that was given to a committee this week. The example that he narrated represents, in my view, completely unacceptable practice. That is why the Scottish Government has supported the development of resources for autism, for example, so that teachers have access to such resources. The autism toolbox helps teachers and education support staff to meet the needs of pupils with autism. It is important that we ensure that teachers are aware of that, because the resources are there for the training of teachers and it is important that they all have access to that.

Patrick Harvie: It seems fairly clear to anyone who has looked at the evidence that was given to Parliament this week that the specialists working in this field do not feel that teachers have access to the resources that they need. The Scottish Government is absolutely right to want to recruit more teachers, but concerns have been expressed by, for example, the Educational

Institute of Scotland that teachers will not have the time to develop the skills that they need to do the job that our modern education system quite rightly requires of them. It is vital that all teachers have access to a level of training in additional support needs, but the committee heard this week that in many people's view there is less training provision in place than there was 25 years ago.

We need to invest in the specialists who can give the additional support where it is needed. That specialism also needs to be an attractive and well-supported career path for teachers. Has the First Minister read the evidence that was given to the committee this week? If she has not had time yet, will she commit to do so very soon? Will she ensure that the next time that we discuss this issue we are not talking about the level of provision going down as the level of demand goes up and teachers being told to go and watch sitcoms?

The First Minister: Yes; I have looked at the evidence. I will make sure that I study very carefully all the evidence that is given to the committee on this issue. If the Government needs to take further action, I will work with the education secretary to make sure that we do that. However, it is important that we recognise the trend in investment that I referred to earlier and that we recognise that this is not simply about specialist teachers, important and vital though they are, but about making sure that all teachers in schools have the training and are equipped to support children with additional needs in the way that they need to be supported.

On the comment about teachers being asked to watch "The Big Bang Theory", that situation is totally unacceptable. However, more than that, there is absolutely no need for it to happen. I referred to the resources that are available. The autism toolbox is very well used already, but we will now re-engage with local authorities to ensure that they are aware of it and are promoting it within all their settings. I think that we do the right thing in having a wide definition for young people with additional support needs. We also do the right thing in supporting as many of those young people as possible to learn in mainstream education. Although Patrick Harvie and I might have some disagreements around the right way to do that, he is right to raise the issue because it is of huge importance and the Scottish Government will continue to pay close attention to it.

Cabinet (Meetings)

4. Willie Rennie (North East Fife) (LD): To ask the First Minister what issues will be discussed at the next meeting of the Cabinet. (S5F-00954)

The First Minister (Nicola Sturgeon): Matters of importance to the people of Scotland.

Willie Rennie: Now that the First Minister is thinking again about her plans for education, will she think again about national testing? She told me before in the chamber that she would avoid league tables. Has she kept that promise?

The First Minister: We do not publish league tables and we will not publish them. Willie Rennie asked me whether I will change my mind on national testing. No, I will not change my mind on it. I do not support national testing and we will not introduce it. What we are introducing is standardised assessment that will be used to help—*[Interruption.]* Well, the teachers and the professionals understand very well the distinction between the two. I suggest that Willie Rennie might want to talk to one of them to educate himself a bit more on that distinction.

Standardised assessments will inform the judgments that teachers make about whether a young person is meeting the required level of curriculum for excellence. I think that it is really important—perhaps Willie Rennie and I just fundamentally disagree about this—for a teacher to have an objective source of information to inform all the judgments that they bring to bear. We will therefore continue to introduce standardised assessment and we will continue to publish the data, which I think all parents and, indeed, all members have a right to see.

How are our schools doing in terms of the performance of young people against the required levels of curriculum for excellence? If we do not know that, how do we know whether we are doing well or whether we need to do better? The worst thing that any First Minister or Government could allow to continue is some kind of flying-blind situation where we just hope that we are doing the right things. I want us to have the information to make sure that we are doing the right things.

Willie Rennie: The First Minister is wrong. We already have national school league tables. We have the information on every local authority, every school and every test result. It is published by her own Government on the basis of experimental information. We have national school league tables. She promised that that would never happen, but it is exactly what is happening.

The Educational Institute for Scotland has said that standardised testing

"crushes creativity both for learners and for teachers, does not take full account of pupil progress and causes unnecessary stress for the children and young people who are subjected to it."

Is it not time that the First Minister abandoned the implementation of national testing, which was last brought in by Michael Forsyth under Margaret Thatcher's regime? Is it not about time that the

First Minister recognised that she has got this wrong?

The First Minister: No. Willie Rennie is 100 per cent wrong on that. He is 100 per cent wrong on lots of things, but he is certainly 100 per cent wrong on that. I would go further than that, as I think that he—perhaps inadvertently, but I suspect not—is trying to mislead people about what is happening through standardised assessments.

I know exactly what the Scottish Government is publishing. We are not publishing and will not publish league tables that rank schools by their performance. What we are publishing and will continue to publish—I make absolutely no apology for this—is information that tells us school by school how young people are performing, because parents, teachers and those of us who are accountable for the education system have a right to know that.

If we do not know, for example, what percentages of our young people in primary 4 are meeting and not meeting the required level of curriculum for excellence, how are we supposed to take the action to put things right if the percentages are not as good as they should be? How are we supposed to take the action before the young person gets further into school, when it becomes too late to rectify the situation? I make no apology for that. Parents have a right to know how their young people are doing, and those of us who have the responsibility for making education policy need to know that as well.

That is not national testing; it is standardised assessment to inform teacher judgment. I said once before to Willie Rennie when he raised the matter that, at a previous meeting of the council of education advisers, Larry Flanagan of the EIS gave what I thought was the best articulation that I had heard of the difference between testing and assessment, so perhaps Willie Rennie should talk to him. We are talking about standardised assessment to inform teacher judgment and, to be frank, we should be publishing that information to allow us to know whether we are doing what we should be doing by the young people of this country. I will never make any apology for that.

Mike Rumbles (North East Scotland) (LD): On a point of order, Presiding Officer.

The Presiding Officer: I will take the point of order at the end of First Minister's questions.

Douglas Ross (Highlands and Islands) (Con): In December, the First Minister agreed with concerns about the openness and transparency of the Scottish Police Authority. Now, a member of that authority has resigned, reportedly because of the reaction to her having dared to raise a dissenting voice about how it conducts its business. At the Public Audit and Post-legislative

Scrutiny Committee this morning, a Scottish Government official said that the matter requires further discussion.

Does the First Minister agree that what is needed is not further discussion but for the Scottish Government to tell Andrew Flanagan that his damaging governance review is failing the SPA, failing Police Scotland and failing the public? What will the Scottish Government do to ensure that this vital scrutiny body can become "proportionate, accountable and transparent", as is required by the Police and Fire Reform (Scotland) Act 2012?

The First Minister: The governance review is about improving governance, accountability and transparency. I am clear that the Scottish Police Authority should take decisions in public session and that papers and agendas for those sessions should be available to the public and to the media.

The member will be aware, or certainly should be aware, that in January it was reported that Her Majesty's inspectorate of constabulary for Scotland will inspect the Scottish Police Authority during 2017-18. That will be the first such inspection since the SPA was established, and it will look not just at the state, the efficiency and the effectiveness of the body but, as specific areas of focus, at the transparency and effectiveness of how it does its business. I hope that all members welcome that. Transparency and accountability are vital, and I say again what I have said in the chamber before: the Scottish Police Authority must make sure that it operates in line with those principles.

Maree Todd (Highlands and Islands) (SNP): Today's *Times* reports not just a Westminster power grab on devolved matters such as farming and fisheries, but a cash grab. What is the First Minister's reaction to those latest Tory attempts to undermine and weaken this Parliament?

The First Minister: We had two important revelations from Ruth Davidson in this morning's *Times*. First, she seems to suggest that in areas where Westminster currently has no power over Scotland, such as agriculture, it intends to use Brexit to seize such power, which would be a clear undermining of the devolution settlement if ever there was such a thing.

On money, Ruth Davidson seems to suggest that, instead of Scotland getting its fair share of any savings that Westminster makes by no longer having to pay European Union contributions, the Treasury should keep all that money and the Scottish Government should be left to raise taxes to fund farm payments. That is absolutely outrageous and completely unacceptable, and I hope that, before the day is out, the Tories will clarify the issue and make sure that there will be

no power grab and no cash grab by the Westminster Government on the Scottish Government.

I do not know whether this morning's interview was just inept or whether it was a window into the thinking of Westminster—it was probably both. It is clear that Westminster has no intention of giving new powers to this Parliament. All that it wants to do is muscle in on the powers that we already have.

Murdo Fraser (Mid Scotland and Fife) (Con): Last weekend, the First Minister was quick to respond to comments about nationalism that Sadiq Khan, the mayor of London, made at the Scottish Labour conference in Perth. She described them as “spectacularly ill-judged” and “an insult”.

According to last Friday's *Perthshire Advertiser*, the deputy leader of the SNP administration on Perth and Kinross Council, Councillor Dave Doogan, who until recently was employed by the Deputy First Minister, John Swinney, told councillors:

“Let us not reflect on concerns that we have been under the heel of foreign influence and power for 300 years. The island of Britain is no longer subject to the actions of quislings who may seek to see smaller cultures extinguished on an island of coffins by redcoats”.

Given the First Minister's comments about Sadiq Khan's language, does she believe that Councillor Doogan's comments were appropriate, or does she apply one standard to members of other parties and a different standard to members of her own?

The First Minister: I apply the same standards to everybody. Let me be clear: no matter who they come from, I condemn any comments or language that are in any way, shape or form racist or anti-English or that in any way seek to divide people on the basis of their ethnicity. That is not what my party or the movement that I am part of is for or represents.

I will also say—I ask people to reflect on this carefully—that right now the Scottish National Party, the Scottish Government and the wider independence movement are among the loudest voices in the United Kingdom to be calling for diversity, tolerance and freedom of movement, and among the loudest voices to be standing up for the benefits of migration. We have a Tory Government that still will not even guarantee the rights of EU nationals to live here, and that is disgraceful.

I will practise the values that I hold dear, and I expect everybody to do likewise.

Social Housing (Older People)

5. Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): To ask the First Minister what measures the Scottish Government will take to ensure that there is appropriate social housing to meet the requirements of disabled, vulnerable and frail older people. (S5F-00950)

The First Minister (Nicola Sturgeon): We are committed to expanding social housing in communities across Scotland, which is why 35,000 of our 50,000 affordable homes target will be for social rent. Good social housing is important for disabled, vulnerable and frail older people, and the homes that are delivered through the programme will match councils' local housing strategies.

We will shortly publish our refreshed “Age, Home and Community” strategy. As well as improving access to suitable housing, it will take account of changing needs and demographics and help to address issues of isolation that older people can face.

Christine Grahame: Although the integration of healthcare and social care to help people to stay at home instead of in hospital, is welcome, it hits the buffers if appropriate housing is in short supply. Notwithstanding what the First Minister has just said, is she aware of a recent report that highlights the dearth of sheltered and very sheltered housing, especially for frail elderly people, and calls for a commission to consider and report on long-term funding and provision of supported accommodation? Will the First Minister commit to such a commission?

The First Minister: Yes, indeed. I think it important not only that we have that strategic approach in place, but that we commit to sustainable funding. We share the housing sector's concerns about the United Kingdom Government's changes to funding for supported accommodation, which are part of a broader approach to welfare cuts that is having a considerable impact on people across the country. We will carefully consider the recently published report on effective supply of supported housing and look at its recommendations, which include the setting up of a commission to ensure that older people can access the housing and support that they need. We are also absolutely committed to working with the sector to protect the most vulnerable people and ensure that supported accommodation is put on a sustainable and secure financial footing.

Sports Funding

6. Brian Whittle (South Scotland) (Con): To ask the First Minister what the Scottish

Government's response is to reports that sports funding is set for a 20 per cent reduction over the next three years, which has been described by sportscotland as "heartbreaking". (S5F-00955)

The First Minister (Nicola Sturgeon): The sport and active living budget has not been set beyond 2017-18, but I am happy to confirm that we have no plans to reduce it by 20 per cent by 2019-20. We are providing sportscotland with as much flexibility as possible within what I think we all accept is a tight settlement, and we want to do that not least in the light of projected reductions in lottery funding over the coming years. The Minister for Public Health and Sport has written to the United Kingdom Government seeking to address that issue, and I hope that Mr Whittle will give her his support in that.

Beyond the core sport budget, we are also working to increase support for active living. For example, since 2010, we have increased the budget for active travel, which seeks to encourage more walking and cycling, by 116 per cent, from £18.1 million to £39.2 million in 2016-17, and we will ensure that we continue to deliver the policies and funding that support people to live as healthily and as actively as possible.

Brian Whittle: The decimation of the sports budget along with the major cut in council funding means that more people who are in challenging circumstances will find sport and activity out of their reach. People are not just entries on Derek Mackay's balance sheet, and attempting to save money in this way delivers outcomes that require interventions that are far costlier than the amount of savings that the Government is attempting to make. The of policy will not tackle, but will drive, health inequality, so I respectfully ask the First Minister, please, to take another look at the issue, because the potential damage to sport, activity, the third sector and, therefore, communities will take years to repair.

The First Minister: We will continue to work with sportscotland, the governing bodies and everyone with an interest in sport and active living to ensure that we are making the right investments. We have invested heavily in sport in recent years, and we will continue to invest heavily in it, not just at the elite end but at community and grass-roots levels, too. That is why the legacy of the Commonwealth games, with the community hubs that have been established in many parts of Scotland, has been so vital.

As I said in my initial answer, we will also invest in the wider landscape to ensure that we are promoting active travel, encouraging people to walk more and so on. One of the most fantastic things that we are doing in our schools just now is supporting them in having the daily mile. We will continue to ensure that we work closely with all of

those with an interest in order to support the aspirations.

Being equally respectful in turn, I say to Brian Whittle that we are seeing real-terms cuts to our budgets because of decisions that are being taken at Westminster. I note that when we in this Parliament took a different decision on the higher rate of tax in order to try to protect public services, the Conservatives opposed that and instead wanted us to give a hefty tax cut to the top 10 per cent of income earners. It is not good enough for Tories to come to the chamber week after week to request more spending on this, that and the other thing, when they are also asking us to deliver tax cuts for the wealthiest people in our society. It is about time they decided what their position actually is. When they do so, they will have a bit more credibility when they raise such issues in the chamber.

Child Poverty (Scotland) Bill

7. Mark Griffin (Central Scotland) (Lab): To ask the First Minister how many children the measures in the Child Poverty (Scotland) Bill will lift out of poverty by May 2021. (S5F-00948)

The First Minister (Nicola Sturgeon): The Child Poverty (Scotland) Bill will require ministers to meet four targets by 2030: fewer than 10 per cent of children living in relative poverty; fewer than 5 per cent of children in absolute poverty; fewer than 5 per cent of children in combined low-income and material deprivation; and fewer than 5 per cent of children in persistent poverty.

The bill will make Scotland the only part of the UK with statutory targets to reduce and, ultimately, to eradicate child poverty. However—this is an important point—it is not targets themselves that will reduce child poverty but the policy and the action that we take. That is why the bill also requires the Government to have a child poverty delivery plan with specific measures to lift children out of poverty. The first plan will be published next year and will then be updated every five years.

Mark Griffin: I agree with the First Minister that we need action, and not just targets. In government, Labour lifted 120,000 children in Scotland out of poverty by lifting incomes and not just setting targets. We are ready to make the Child Poverty (Scotland) Bill a success, which is why we back the calls from the Child Poverty Action Group and civic Scotland to top up child benefit for families in Scotland, which would take thousands of kids out of poverty. If the Scottish Government has any hope of making the Child Poverty (Scotland) Bill a success, it must give the bill some teeth and start using the powers of this Parliament. Will the Government support the calls from the Child Poverty Action Group and civic Scotland to top up child benefit, and will it do that

by ensuring that the Child Poverty (Scotland) Bill can deliver that increase now?

The First Minister: We will always seek to have close dialogue with the Child Poverty Action Group. The Child Poverty Action Group, with other organisations, asked us to extend provision of free school meals. That is something that this Government did and which Labour—I seem to remember—voted against in Parliament.

We have also produced plans to use the additional powers that will come to this Parliament to introduce a best start grant, through which we will target resources at low-income families. We will give an enhanced grant to parents when a child is born—every child, not just the first child—and further payments when the child goes to nursery and, again, when they go to school. We have already set out clear plans for how we are going to increase the incomes of families with children who most need support.

We will continue to talk to the Child Poverty Action Group and other organisations, and to interests across the chamber, about what further action we can take to tackle child poverty. I hope that it is an area on which we can all agree. I agree with Mark Griffin that although targets are important—which is why it is important that there are targets in the bill—it is the policies that we will introduce that will make the biggest difference.

The Presiding Officer: That concludes First Minister's question time.

Mike Rumbles: On a point of order, Presiding Officer. A few minutes ago, the First Minister accused a member of the Parliament of deliberately misleading Parliament. You know as well as every other member what that phrase actually means. Can you advise us whether the First Minister will be given an opportunity at some point to withdraw her remarks?

The Presiding Officer: Thank you, Mr Rumbles. I heard the remark and considered it at the time. I ask all members to treat each other respectfully and to be careful about their language. In this case, there was no use of unparliamentary language.

Scottish Apprenticeship Week 2017

The Deputy Presiding Officer (Christine Grahame): The next item of business is a members' business debate on motion S5M-03731, in the name of Fulton MacGregor, on Scottish apprenticeship week 2017. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes that Scottish Apprenticeship Week 2017 will take place from 6 to 10 March with the theme, Apprenticeships are Changing; understands that it aims to celebrate the benefits that apprenticeships and work-based learning bring to employers and businesses in Coatbridge and across Scotland, with events and activity taking place throughout the week; recognises the achievements made by apprentices and the value they add to the country's workforce; notes that the week supports targets to create 30,000 modern apprenticeship places each year as well as the introduction of foundation and graduate level apprenticeships; notes the encouragement given to members to get involved by visiting an apprenticeship employer or training provider in their area, and wishes success to all of the employers, training providers and apprentices involved in the week's activities.

12:49

Fulton MacGregor (Coatbridge and Chryston) (SNP): I thank all members who supported the motion and all those who have stayed in the chamber to debate it today. I also welcome representatives from Skills Development Scotland who are in the public gallery for the debate.

Next week is apprenticeship week, and all members will have been invited to visit a local organisation involved with Skills Development Scotland. I am looking forward to visiting the Simon Community Scotland in Coatbridge, a fantastic organisation working to eradicate homelessness, with which I have been involved previously. I encourage any member who has not already arranged a visit to get in touch with SDS and get involved.

Everyone agrees that apprenticeships are a vital part of supporting our young people into work and that the extra investment and focus over the past decade has transformed apprenticeships across the board. Countries with well-developed vocational learning systems and significant employer engagement have the lowest levels of youth unemployment, so by investing in modern apprenticeships we are heading in the right direction. It is also good that we are providing more opportunities for young people who feel that college or university is not for them.

Although it is welcome that more apprenticeships are available, we must focus now

on ensuring that more young people from black and ethnic minority communities are encouraged to sign up. As colleagues will know, I am the convener of the cross-party group on racial equality and at our most recent meeting there was a lot of discussion among members about the lack of access to apprenticeships for black and ethnic minority young people.

Apprenticeships are a vital part of building a stronger Scotland and ensuring that we have a talented, multi-skilled workforce that will help build our economy. It is in all our interests to ensure that modern apprenticeships are easily and equally accessible to all Scotland's young people. At the moment, BEM people in our society face many challenges in obtaining modern apprenticeships. The Coalition for Racial Equality and Rights carried out research that shows that young BEM people are six times less likely to undertake a modern apprenticeship than young white people. When looking specifically at Asian and African, Caribbean and black young people, that increases to nine times less likely.

Therefore, I am delighted that Skills Development Scotland has launched an action plan to encourage more BEM young people into modern apprenticeships. The plan proposes to expand the range of career opportunities and increase the number of modern apprenticeships available to BEM people.

To achieve that, Scotland must improve the capacity within employer networks to embrace positive action recruitment practices. There must also be an effort to increase engagement with the female BEM community, involving more young BEM women in apprenticeships. Training providers must be able to identify good practice and be better prepared to recruit and support BEM young people on SDS programmes.

The equalities action plan ensures that the number of individuals from minority ethnic backgrounds who are apprentices will increase to equal the population share by 2021. The action plan will support BME young people in building successful futures and will contribute to businesses across Scotland.

Another area in which more must be done is in ensuring access to apprenticeships for young people who have been in care. That links in well with the Government's review of the looked-after and accommodated system. When I met Skills Development Scotland last week I was very pleased to hear that it is committed to ensuring that support is in place to help care leavers into modern apprenticeships, including, for example, by extending the age limit for care leavers to 29.

The theme of the awareness week is "apprenticeships are changing" and it aims to

highlight the work being done to adapt apprenticeships to modern times. I was interested to learn a little about the new foundation apprenticeships and graduate apprenticeships being introduced. Foundation apprenticeships are a very exciting prospect as they engage young people while they are still at school, allowing them to pick up valuable experience before the time comes when they need to find a job.

We all know young people who, whether they have gone to university or not, struggle to get into work due to lack of experience. The new apprenticeship sets out to avoid that and at the end of the two-year programme will leave the young apprentice with a qualification that is the equivalent of a higher. Some universities are now beginning to routinely accept the foundation apprenticeships as part of their entry criteria and I encourage more universities to get on board with that.

Foundation apprenticeships are now available in every local authority area in Scotland, including, I am pleased to say, at New College Lanarkshire, Coatbridge campus in my constituency. It is hoped that by 2019, 1,500 young people will be going through a foundation apprenticeship.

Overall, there are currently 37,000 young people going through an apprenticeship in Scotland, at foundation, modern or graduate level. It is important that we continue to recognise those who excel during those apprenticeships. I want to mention Daniel Barr from Coatbridge who was recently awarded adult apprentice of the year for his fantastic work as a plasterer. I want to put on record my congratulations to him.

As we are all aware, next month, a new apprenticeship levy will be introduced on large employers. I was pleased that, after full consultation, the minister made key commitments, including increasing the planned number of graduate apprentices in 2017, considering raising the age limits for modern apprenticeships and a commitment to 30,000 new modern apprentices a year by 2020.

The aim of apprenticeship week is to raise awareness and to encourage more employers in Scotland to recruit apprentices. We can all support that. I am grateful to have had the opportunity to bring the topic to the chamber today.

Before I finish, I will briefly—if you do not mind, Presiding Officer—mention that it is my son's third birthday—

The Deputy Presiding Officer: He is not in an apprenticeship scheme, is he?

Fulton MacGregor: No, he is not old enough yet, but I would like to do him the honour of saying in the chamber, "Happy birthday."

The Deputy Presiding Officer: We will forgive you.

12:55

Dean Lockhart (Mid Scotland and Fife) (Con): I wish a very happy birthday to Fulton MacGregor's son.

I congratulate the member on bringing this important debate to the chamber. It is an opportunity to promote next week's Scottish apprenticeship week and to celebrate the success of Scotland's apprentices.

As the motion suggests, it would, indeed, be a good show of support if members could take time to visit an apprentice, an apprenticeship employer or training provider in their constituency or region. For my part, that will include meeting up with my nephew, who is in an apprenticeship training programme to become an electrician. He very much enjoys it. [*Interruption.*] He is a sparky, yes.

I, too, congratulate Skills Development Scotland on its continued work to deliver Scotland's apprenticeship programmes, and applaud the network of local authorities, third sector providers and colleges that work to support the many thousands of apprenticeships across the country.

This coming week will provide an opportunity to celebrate the achievements of all involved in delivering the programme. It will also provide a chance to reflect on the changing nature of apprenticeships and how we, in Scotland, ensure that we create a modern apprenticeship programme that is fit for employers and employees and takes into account how employment is changing.

Plans to increase apprenticeships featured in all parties' election manifestos last year, illustrating the cross-party support that there is for the benefits that apprenticeships and work-based learning can bring to employers and to businesses.

There are differences in parties' policies on how to deliver an increasing number of apprenticeships, but there is consensus about the priority of the objective. Apprenticeships are an effective way to support young people—and people of many different ages—into the workplace, to develop careers that go on to meet future economic needs, and to address the skills gap.

In addition, at a time of fast-moving change in the economy and the skills required, apprenticeships can provide the tools for lifelong learning and for adaptability to changing employment markets and technology. As the World Economic Forum highlighted, 60 per cent of the jobs that children who are now at school will

do, do not exist yet, so lifelong learning and training are essential for the economy.

In my region of Stirling, Skills Development Scotland has provided data that shows that, in 2016, 581 apprentices were in training and 291 modern apprenticeships were started. That is to be welcomed. In the Stirling area, construction is the most popular modern apprenticeship framework and accounts for 20 per cent of apprenticeships taken up. However, computing and information technology modern apprenticeships represent only 6 per cent of all modern apprenticeships in the Stirling area and, in the longer-term, that may result in a shortage of those skills. That is worth further investigation, given the cross-party support for increasing skills in that important area.

There are also well-documented imbalances between genders in certain sectors. The uptake of apprenticeships in the construction industry in Stirling, for example, is heavily gender segregated, with 99 per cent of those apprenticeships being undertaken by men. There is also demand for apprenticeships for older workers, which are not as available or are funded at lower rates. As employers such as Asda have highlighted, it is important that we seek greater flexibility on the age limit of apprenticeships. I also recognise the issue that Fulton MacGregor raised about the low numbers of young people from black, Asian and ethnic minority backgrounds in apprenticeships.

Given those issues, it is vital that we all work together to evaluate how we can improve access to the modern apprenticeship programme because, as the motion correctly notes, apprentices add a great deal of value to Scotland's economy and the skills of the workforce. That was made clear by the wealth of talent that was honoured in November last year at the Scottish apprenticeship awards.

I once again thank Fulton MacGregor for bringing the debate to the chamber and I encourage everyone to get involved in the many events that are taking place next week to celebrate Scottish apprenticeship week.

13:00

Graeme Dey (Angus South) (SNP): I thank Fulton MacGregor for bringing the debate to the chamber. Apprenticeship week provides an opportunity to highlight the huge benefits of people being able to work and earn while studying and, in many cases, ultimately acquiring a skill set for which there will always be a demand. Of course, university, college or entering the workplace is right for some, but an apprenticeship will provide the ideal solution for others. I welcome the fact

that that range of choices is on offer to our young people.

Last year, two young men from my constituency were recognised for embracing the benefits of an apprenticeship. Callum Low, who started working at Invermark estate in 2015, was named the Scottish Gamekeepers Association young gamekeeper of the year. He manages grouse, deer stalking and other resident wildlife on the 55,000 acre mixed sporting estate. Callum was also named student gamekeeper of the year in 2014 and Lantra's apprentice of the year and learner of the year in 2015. Shaun Davies was named apprentice of the year at the trades awards last year. Shaun, who is an apprentice bricklayer with Stewart Milne Homes, was recognised for the being the best in his class when he was at college and for

"unwavering motivation and ambition to hone his skills in the trade and for his unparalleled work-ethic, as well as his ability to learn fast and ... attention to detail."

I am never one to pass up an opportunity to highlight success stories from my constituency, but I also want to focus on the provision of a safety net for when things go wrong, as they sometimes do—not through anything that an apprentice may have done but perhaps when an employer goes into administration.

In 2014, that was the fate that befell John M Henderson, an engineering firm in Arbroath, with 16 apprentices being told that they were to lose their jobs, although eight of them had started their apprenticeships just 11 weeks earlier. It was a devastating experience for not only the young people concerned, but their wider families. I know because, as the constituency MSP, I was contacted by a number of them and was actively involved in securing a solution.

Thanks to the Scottish Government's adopt an apprentice scheme and a terrific local rally-round, those who were in the second year or later stages of their apprenticeships did not have too much trouble finding other employment. If memory serves me right, all but one continued their apprenticeships elsewhere, the exception being a lad who decided to change career path.

I acknowledge the fantastic contributions made to that rally-round by the Angus Training Group, Angus Council and the local partnership action for continuing employment team. I also recognise that firms that took on those apprentices were able to receive support from the adopt an apprentice scheme, which offers employers in the oil and gas sector financial incentives of £5,000 and those in all other industries £2,000 to help with the wage costs of taking on an apprentice who has been let go.

The big challenge around the Henderson apprentices was finding work for the eight lads who had barely embarked upon their first year, five of whom were in the care of Angus Training Group and three of whom were at Angus College. That is where Angus Training Group really stepped up to the mark by, at a potential cost of up to £18,000, assuming responsibility for its new starts and guaranteeing them the completion of the first year of their apprenticeship training regardless of whether employers were found.

Angus Council also stepped up to the mark by supporting Angus Training Group via its towards employment scheme with wages and travel costs for 12 weeks or until employment was found so that the apprentices were in a position to continue their training. Ultimately, two of the five found other employers and one went to college. The money that Angus Council provided meant that the remaining apprentices could be kept on for over 30 weeks—the rest of their full training year—before finding employment.

I relate that tale not to introduce a negative note, but to highlight during apprenticeship week the fact that it is not always plain sailing and that, between them, the various bodies and the Government provided, and provide, the safety net that I touched upon.

I take the opportunity provided by apprenticeship week and the debate to pay tribute to Alan Swankie, the managing director of Angus Training Group, who is to retire shortly. Alan is stepping down after 39 years. In that time, more than 1,600 apprentices have passed through the group's doors. With the grounding that it has given them, those young men and women have gone on to make careers for themselves in the engineering sector. That is quite a career achievement for Alan and a testament to the work done by that highly-regarded training provider.

13:04

Richard Leonard (Central Scotland) (Lab): I thank Fulton MacGregor for bringing the debate to Parliament. Like many members, I will be supporting apprenticeship week, which begins on Monday, with workplace visits and briefings with Skills Development Scotland.

Apprenticeships are an essential part of the labour market, where Government intervention is both welcome and necessary; it is right that we do not leave the labour market to market forces alone, but plan it. Skills Development Scotland spends around £30 million a year in the area that I represent to support the skills agenda, and backs more than 6,000 apprentices in training, half of whom are in modern apprenticeships. Glasgow city region economic action plan—the action plan

for the city region deal—promises every 16 to 24-year-old a job, training or an apprenticeship. It promises a right to work, in effect. With youth unemployment in Scotland at 9 per cent—about twice the national average of other age groups, according to the Scottish Parliament information centre—that represents a bold commitment that could transform the lives of a whole generation of young people. That is an example of the difference that Labour in power in local government can make.

We live in topsy-turvy political times. Last year, when the details of the apprenticeship levy were announced by the Conservative Government, the Conservative spokesperson in this Parliament declared:

“We now have the chance to invest in Scotland’s workers.”

The SNP Government minister, who is sitting here this afternoon, said in his press release that it is

“an unnecessary financial burden on employers.”

For our part, the concerns across the labour movement are that the new levy, which will be introduced in just a few days, could put downward pressure on wages and serve as a financial disincentive to employers to employ workers directly, as employers just below the £3 million pay-bill threshold seek to avoid the levy altogether, and those above it try to keep their pay bill static or even to cut it, in order to minimise their liability under the levy.

The Minister for Employability and Training (Jamie Hepburn): Richard Leonard makes an eminently sensible point about the disincentive that he has identified. I spoke of the “burden on employers”. Will he join me in recognising that the levy introduces a £73 million tax burden on the public sector, thereby removing investment in the public sector.

Richard Leonard: I agree. The levy was presented as an additional benefit to Scotland, but when we look at the liability on public sector employers, we see that it will leave a hole in the public finances.

I want to turn my attention, in the minutes that I have left, to the Scottish Government’s approach, which is to go for an employer leadership model and the setting up of a Scottish apprenticeship advisory board. I hope that the Scottish Government will listen to employee leadership as well, because if the Government simply provides for employer domination of the design and quality of Scotland’s apprenticeships, they will be tailored solely to meet the ends of employers, and not to meet the needs of working people—young working people, in particular.

I say, therefore, to the minister this afternoon that establishing a Scottish Government apprenticeship framework standards group with only one trade union representative out of 21 members is not good enough. To have formed a Scottish apprenticeship employer equalities group with one trade union representative out of 23 members is not good enough either. To have set up a Scottish apprenticeship employer engagement group with nobody—nobody—from the trade union movement on it is, to be blunt, unacceptable, and creating a main advisory board, directing these groups, with one trades union representative on it out of 28 members, is by any measure, in plain and simple terms, neither democratic nor representative. In fact, there are as many voices of employers that are caught up in the construction industry blacklisting scandal on the Scottish Government’s advisory board on apprentices as there are trade union voices. I am sure that that was not the result that the minister set out to achieve, but it is the result that we have, so the minister should act to correct it.

Finally, I have been impressed in my work with Skills Development Scotland by how it is targeting young people who have come through the care system or who are going through the community justice system. We should be demanding equality for those young people and for others whose access to the labour market is subject to barriers. That is where, I hope, we can redouble our efforts this year and build on the focus that apprenticeship week provides to boost not just the quantity of Scotland’s apprenticeships, but just as important—as the motion suggests—their quality and their equality as well.

13:09

Alison Johnstone (Lothian) (Green): I thank Fulton McGregor for the debate. I am certainly glad that it is not about a certain TV show and its hosts.

Apprenticeship week is about promoting apprenticeships as an important and rewarding career path, and about celebrating businesses that value training their staff. I hope that it is also about challenging some stereotypes, although it has occurred to me that we are not exactly gender-balanced in the chamber today.

In my time as a councillor on the City of Edinburgh Council and as an MSP for the Lothian region, I have met apprentices and employers who have taken on apprentices. Their experiences of apprenticeship have been overwhelmingly positive, so I encourage anyone who is in school to consider it as a career option. The Wood commission reported a few years ago with an absolute insistence on parity of esteem, so it is high time that we challenged the notion that the

vocational career path and apprenticeships are in any way inferior to higher education.

In Edinburgh in 2016-17, more than 1,000 modern apprenticeships will start, so young people will not be alone in taking such a positive path. Next week Edinburgh will host a road show for secondary 4 to S6 pupils, and for anyone else up to 24 years old. It will be an open day for people to learn about apprenticeships. There will be events for parents, careers advisors and teachers, and a graduation event for apprentices who completed their training last year. I encourage those who can do so to get along to the event.

Last year, I had the privilege of awarding prizes that had been won for construction apprenticeships at an event in this building. It was an incredibly moving afternoon, during which I heard from one young man whose tale will always stick in my mind. He cycled to work on a pink bicycle—that always sticks in my mind, too—because he could not afford transport costs on his wage. The Green manifesto on which I stood for election highlighted the importance of paying apprentices at least the living wage, regardless of their age. The national minimum wage for apprentices remains incredibly low at £3.40 an hour, rising to £3.50 from April this year. That is less than half the minimum wage and is a far cry from a living wage. The majority of apprentices are paid more than the minimum, but if we want to value vocational jobs and reward them with fair pay, the UK Government needs to raise the statutory minimum, and we should add our voices to that call.

Edinburgh has a successful scheme, called the Edinburgh Guarantee, to offer a job, training or education to every school leaver. There is a similar national ambition, but we know that 8 per cent of school leavers leave without going into a job, training or further education, and that the figure rises to 15 per cent among school leavers who come from the most disadvantaged areas. Apprenticeship week might be able to give more opportunities to those young people.

We also need to do more to reduce gender stereotypes and increase ethnic minority participation. I welcome Fulton MacGregor's focus—and that of other colleagues—on that point. I do not think that anyone in the debate will disagree about that challenge; the question is how we tackle it. Close the Gap Scotland has created a tool that is based on work that has been done by the WISE—women in Scotland's economy—research centre, and has applied it to the Scottish modern apprenticeship programme. Ideas that came up include taster sessions for women in non-traditional careers paths—far too few women are involved in construction, for example; financial incentives for employers who recruit women into

non-traditional careers; more women-only pre-vocational training courses; and same-sex mentors. Another idea that has potential was to have two work-experience placements at school—one at a pupil's first-choice location, and the second in a non-traditional industry.

Before we even look at the concentration of women in service roles, who are traditionally paid less, the most recent SDS statistics show that 63 per cent of MA starts were male, 37 per cent were female, and 1.7 per cent came from ethnic minority backgrounds.

I welcome the Government's ambition to do more, and plans such as SDS's equality action plan and fund to give support to employers to take on modern apprentices from more diverse backgrounds. I hope that apprenticeship week's strapline, "Apprenticeships are changing", can ring true for improvements in gender, pay and parity of esteem.

None of that takes away from my experience that apprenticeships are an excellent career path for many. I would encourage any young person to go along to an event near them and consider that path.

13:14

David Torrance (Kirkcaldy) (SNP): I congratulate Fulton MacGregor on securing this debate to celebrate apprenticeship week 2017 and the positive contribution that apprenticeships have made to our society, whether for individuals, businesses, government or the wider Scottish economy. I encourage everyone to participate in the events that are being held across Scotland to support and raise awareness about all the amazing opportunities that apprenticeships provide.

The theme of apprenticeship week 2017 is "Apprenticeships are changing". Each year, we set an extremely ambitious target to create new opportunities. By 2020, the Scottish Government aims to expand the number of modern apprenticeship opportunities to 30,000 new starts each year, while simultaneously introducing improving new standards to ensure that those who do apprenticeships can rise to the top and reach their full potential. Even more young people will be able to enter the workforce with employers including BT, Microsoft, Scottish Power, the Royal Air Force, Boots, British Airways, BBC Scotland, Santander and Lloyds Banking Group, to name just a few. Small and local businesses have also pledged new apprenticeships and traineeships to give young people the opportunity to develop skills in languages, maths and social sciences, to progress to other jobs and open other prospects.

In my constituency, a wide array of apprenticeships are available and cater specifically for the skills that young people seek to develop and the goals that they want to achieve. I was particularly impressed during a visit to the Harry Fairbairn BMW car dealership in Kirkcaldy, where I met and spoke with the staff and young apprentices. The automotive mechanical industry is a highly skilled field; I was amazed not only by the opportunities that are available but by the high standard of the education and skills that are received by the apprentices.

Fife Council and Fife College are among the area's largest apprenticeship employers, and offer modern apprenticeships ranging from engineering, construction and social services to creative and media studies. The combination of learning and working provides young people with the best of both worlds, with hands-on work experience as well as study. The 30,000 new starts a year pledge is testament to the popularity of apprenticeships, as more and more young people, employers, parents and teachers recognise their benefits and see that apprenticeships and work-based learning bring economic and social investment to our economy. That will certainly trickle down to our communities.

It is crucial to recognise how businesses and young people can help each other through apprenticeships. When a young person gets involved with a business as an apprentice, they receive the confidence and qualifications that they need to succeed in the future, and businesses are able to build the talent, productivity and motivation that are crucial for growth, success, and accomplishment. The opportunities that apprenticeships provide not only deliver life-changing opportunities for young people; they also help businesses that are eligible for grants for taking on an apprentice. Skills Development Scotland, Scotland's national skills body, plays a crucial part in helping to create a skilled workforce that is prepared to face the future, by setting young people up for success in their careers. Crucially, SDS is designed to tackle potential skills gaps, as well as to support existing apprentices to develop their skills.

Young people entering the workforce today still face challenges. For example, many young women face challenges that make apprenticeship opportunities a less attractive option for them than further education. It is our job as policymakers to close the gender gap and ensure that every sector of our economy provides as many opportunities to women as it does to men.

An apprenticeship is a real success story. Modern apprenticeships employ over 30,000 young people, 91 per cent of apprentices are still in employment six months after completing their

modern apprenticeship, and 96 per cent of employers believe that their former apprentices are better equipped to carry out their jobs. Consistent with this year's apprenticeship week theme, which highlights the changing nature of apprenticeships, SDS has introduced new programmes including foundation apprenticeships, which bring education closer to industry, and graduate-level apprenticeships, which take work-based learning up to master's degree level.

I encourage all my fellow MSPs to get involved with as many events as possible in their respective areas during apprenticeship week to show support for our country's future workforce. Growing talent among the next generation and aiding young people to develop skills to transition into new careers through apprenticeships is a positive way of laying a strong foundation for economic and societal improvement.

The Deputy Presiding Officer: Thank you, Mr Torrance, and I note that you looked up at the clock, so we are making progress. I call Bill Bowman, who will be the last speaker in the open debate.

13:19

Bill Bowman (North East Scotland) (Con): I am pleased to participate in this afternoon's debate on apprenticeship week, and I join colleagues in congratulating Fulton MacGregor on bringing the motion before us. In the spirit of earlier contributions, I wish everybody happy Thursday, since I do not have a specific event to celebrate.

Like many members across the chamber, I am looking forward to participating in Scottish apprenticeship week next week. I am going to be visiting two Dundee-based employers, Caledonia Housing Association and Roseangle House Nursery, which between them employ nine apprentices.

The young people employed by both those employers will benefit from the opportunity to build their confidence, learn something new and develop their skill set—the confidence that an earlier speaker mentioned is an important aspect of this. All those attributes will stand them in good stead when they embark on their chosen career path and apply for jobs.

I was pleased to note that in a survey by Skills Development Scotland, it found that in 2016, two thirds of the modern apprentices it surveyed were still employed by their original employer. In such a competitive job market as today's, any experience that young people can get in the world of work is good.

That experience is not only good for the young people who complete their apprenticeships; the companies that employ them benefit from having someone with a willingness to learn and from the ability to create a training programme for their apprentices that best meets the needs of their business.

As the motion states, our country's workforce also benefits. In my previous employment, one of the pleasures of my job was to witness the progress of young trainee accountants who joined our firm, as they worked their way up the ladder at the same time as following a programme of professional development.

In our manifesto last year, Scottish Conservatives made three commitments in the skills portfolio: to create new skills academies; to expand the number of apprenticeship starts; and to provide more bite-sized training opportunities. We believe that the proceeds from the apprenticeship levy that comes into force in April this year should advance all three of those objectives.

Although we will always welcome the creation of new and more apprenticeships, it is important to recognise that employer-delivered apprenticeships or training programmes are able to deliver the same standard of training as modern apprenticeships, without the additional benefit of Government support—something that a number of businesses have contacted me about. I hope that the minister will consider that point.

Scottish apprenticeship week is about celebrating and promoting the benefits that apprenticeships bring to individuals, businesses and the economy. As other members have encouraged, the more of us who can get out to see apprenticeships on the ground, the better. It is one thing to listen and to read about apprenticeships, but when we see them in place, we see the benefits that they bring. Apprenticeships are often the best route for young people who do not consider university to be the right choice for them and who would benefit more from going straight into the workplace, learning on the job and working towards an industry-recognised qualification. I look forward to meeting some apprentices during my visits next week and to talking to them about their experiences.

We have a duty to do everything that we can to support young people and to give them the best opportunity to succeed. Whether through educational opportunities or vocational routes, it is important that the skills base of our workforce is matched to the needs of our economy, now and in the future. I believe that apprenticeships play a vital part in equipping our young people with the skills and experience that are required for that.

13:23

The Minister for Employability and Training (Jamie Hepburn): I very much welcome the chance that we have had to debate next week's Scottish apprenticeship week. I join others in thanking Fulton MacGregor for bringing the subject matter to the chamber. I also wish the young MacGregor—that is Fulton MacGregor's son rather than MacGregor himself—a very happy birthday. I heard you inquiring, Presiding Officer, as to whether Fulton MacGregor's son had begun an apprenticeship. I know that there has been a call for the Scottish Government to embed a degree of age flexibility in our approach to modern apprenticeships, but I can confirm that we do not intend to go quite that far—although, of course, it is never too early to plan for undertaking an apprenticeship.

Dean Lockhart misheard me earlier when I made a sedentary intervention—something that we are always advised by you and the other Presiding Officers not to do, Presiding Officer, so I apologise for having done so. Dean Lockhart thought that I said that his nephew was a “sparky” when he was talking about his nephew undertaking an apprenticeship. I was actually inquiring as to whether it was his nephew's birthday. I can only assume that it is not. However, I wish Dean Lockhart's nephew all the best as he continues his apprenticeship.

I am proud that the range of opportunities that we have offered over the years has changed many lives for the better. Over the past parliamentary session, we offered more than 128,000 new modern apprenticeship starts, supported by the Scottish Government.

As I think that all members have said, a modern apprenticeship can be a life-changing opportunity for the person who undertakes it. David Torrance was correct to say that an apprenticeship provides the person with not only work and an industry-recognised qualification to support their future career ambitions but a real sense of confidence.

Graeme Dey and Alison Johnstone talked about the need for apprenticeships to be put on an equal footing with academia—I think that Alison Johnstone used the term “parity of esteem”. It is just as valid for a young person to undertake an apprenticeship after leaving the education environment as it is to pursue studies in further or higher education.

That should be a core message that we take from the debate. It is something that we are trying to make clear in the school environment, through our developing the young workforce agenda, and it is well worth putting on the record. This debate, in Scotland's national legislature, allows us to recognise the equal validity of apprenticeships and

academic pursuits. Apprenticeship week is an opportunity to promote that view and to dispel the misconception that has existed—albeit less so now—about apprenticeships not being as valuable as the pursuit of academic study.

I will undertake visits every day next week, and all Scottish Government ministers will undertake at least one visit associated with Scottish apprenticeship week. Indeed, all MSPs can undertake a visit. Given that we are a select few taking part in this debate, it is perhaps not surprising that all those present intend to undertake such a visit. I am sure that we will all encourage our colleagues to get involved, too.

Richard Leonard was correct to say that we cannot leave it to the market to determine how we take forward apprenticeships. We need to respond to economic and social demand, and we need employers across all sectors—private, public and third sector—to be involved in delivery.

There is a critical role for Government intervention. Mr Leonard expressed concern about the role of trade unions. If he wants to contact me, I will be happy to reflect on his specific concerns. I reassure him and all members that I take seriously the need to engage with unions and the Scottish Trades Union Congress on all matters in my portfolio. My officials engaged directly with the STUC just last week on how this Administration responded to the apprenticeship levy, and the STUC was very supportive of our approach.

Given that I have mentioned the apprenticeship levy, I will say that it was somewhat surprising to me that it was left to Mr Leonard to raise the issue. Hitherto, I think that it has been Conservative speaker after Conservative speaker who has raised the issue with me. The penny must at last be dropping; Conservative members are beginning to recognise that the UK Government has pulled the wool over many people's eyes in implementing that new fiscal measure, which does not bring forward pockets of new funding for disbursement on apprenticeships, employability and training but, in essence, replaces existing funding. I genuinely think that many members on the Conservative benches did not realise that at first, but I think that we all now realise that that is the case.

I mentioned the levy because in response to its imposition, the Scottish Government did what the UK Government did not do: we undertook a public consultation on it, which has been hugely instructive in determining how we take forward the delivery of apprenticeships.

We are undertaking implementation of all that we found and gathered through the consultation that we undertook. That is why we are rolling out our ambition to have 30,000 modern apprenticeship starts by the year 2020, which is

what the consultation told us to do. It is also why we are expanding the provision of foundation apprenticeships in the school environment and the provision of graduate apprenticeships, and why we are implementing a flexible workforce development fund, which is something else that was raised in the consultation.

Dean Lockhart: Will the minister give way?

Jamie Hepburn: If I have time, I am delighted to give way to Mr Lockhart.

Dean Lockhart: I understand that the rate of apprenticeships in Scotland is approximately half the rate in the rest of the UK. The minister has provided us with numbers, but when does he expect equilibrium to be reached, in the sense of apprenticeship numbers in Scotland being at the same ratio as in the rest of the UK?

Jamie Hepburn: I wondered when that issue would come up. It is the first time that it has been raised with me today, but I knew that inevitably it would be. It is not for me to worry about what the provision of apprenticeships might be in the rest of the UK and certainly not in England—that is for the UK Government to worry about. However, I wonder how the massive expansion that the UK Government is planning to undertake—in essence, to have 600,000 starts each and every year going forward—can possibly be delivered. In the consultation that we undertook, there was no demand to have a pro-rata share of that level of delivery. We have a high-quality modern apprenticeship offering in Scotland. There are significant questions about the quality of the apprenticeships that might be delivered south of the border. I am happy to explore that further with Mr Lockhart, but I suggest that he looks a bit more closely at what is being delivered in the rest of the UK.

I know that I am a bit over time, Presiding Officer, but you are always very generous in allowing me to make the relevant points that must be made and to pick up on what members have said.

The Deputy Presiding Officer: I am not too generous.

Jamie Hepburn: I have always found you to be remarkably generous, Presiding Officer.

The Deputy Presiding Officer: Your time is getting shorter all the time.

Jamie Hepburn: Members have raised the equalities agenda. I recognise that there is significant underrepresentation of certain sections of our society in our modern apprenticeship delivery. Undoubtedly, some of the barriers are structural although, as I think Alison Johnstone pointed out, they are largely cultural, and those will not be readily overcome. However, there is a

significant desire to achieve a better spread of modern apprentices and representation across the country and we are implementing changes to try to incentivise that.

To try to respond to some of the challenges, there is an enhanced payment for those who are disabled or who are care leavers, and we are introducing a rural supplement for modern apprenticeships from next year. However, we will always be willing to consider what more we can do.

The debate is welcome. I wish all the members who are undertaking visits next week an enjoyable set of visits. It is absolutely appropriate that we have had a chance to recognise the apprentices the length and breadth of Scotland who are undertaking fantastic work.

13:32

Meeting suspended.

14:30

On resuming—

Child Protection Improvement Programme

The Presiding Officer (Ken Macintosh): Good afternoon. The next item of business is a statement by Mark McDonald on the child protection improvement programme. The minister will take questions at the end of his statement, so there should be no interventions or interruptions.

The Minister for Childcare and Early Years (Mark McDonald): A year ago, the then Cabinet Secretary for Education and Lifelong Learning set out the Government's intention to implement a child protection improvement programme. In doing so, she acknowledged the strengths that are inherent in the current system but recognised that there are weaknesses that require to be addressed to ensure that we are doing all that we can to protect Scotland's children.

In the past year, we have worked closely with partners across the children's services sector to honestly scrutinise child protection and determine the changes that are required. Today, I am publishing the "Child Protection Improvement Programme Report" and the report of Catherine Dyer's systems review, "Protecting Scotland's Children and Young People: It is Still Everyone's Job". I can advise Parliament that I accept in full all the recommendations and actions in each report. The effective and efficient implementation of that suite of recommendations and actions will strengthen all aspects of the system to better protect our children.

Before I outline the key findings and indicate the steps that will be taken to ensure implementation, I thank everyone who has worked closely with us on the improvement programme. Their time, effort, knowledge and expertise have helped us to develop meaningful and substantial recommendations. I am grateful to Catherine Dyer for leading the independent systems review and to the members of the review group and the broader advisory groups for their thoughtful contributions.

Every child in Scotland who has been harmed or abused or who is at risk of harm or abuse should receive the best possible support and protection, no matter what their circumstances are or where they live. The risks that children face and our understanding of those risks continue to evolve, and our system needs to continuously adapt to address them.

According to the most recent figures, we have 2,751 children on the child protection register. That represents a 4 per cent decrease on the previous year, but the number has increased by

34 per cent since 2000. Although more children were taken off the register because of an “improved home situation”, more were on the register for more than a year.

Generally, the systems review concluded that, when children or young people are identified as being at risk of significant harm or have been harmed, the system works well to protect them. The need for improvement must be set in that context, but we cannot and must not shy away from the challenge that is before us.

One of the most profound impacts on our children’s welfare comes from neglect. Neglect is the primary maltreatment issue that children in Scotland face. Thirty-nine per cent of children who had been placed on the child protection register had been emotionally abused, and 37 per cent had suffered from neglect. In addition, lack of parental care is the most common reason for referral to the children’s reporter—5,606 such referrals were made in 2015-16.

Over the past 10 years, we have invested significantly to support parenting, to better prevent neglect and to address the issues that give rise to neglect, through initiatives such as the early years change fund, public social partnerships, the Lloyds TSB partnership drugs initiative, the expansion of free childcare and the family nurse partnerships. We have continued that investment with a programme of action on neglect that is working with agencies in three local authority areas to look at how practice change can be effected to work with families more effectively, based on the best available local, national and international evidence. An evaluation of the early work on that programme will report to me at the end of this month, and I will consider carefully the outcomes of that work.

Much has been done over the years to update legislation to strengthen the rights and wellbeing of our children, but one area where the law is out of date is section 12—“Cruelty to persons under sixteen”—of the Children and Young Persons (Scotland) Act 1937. That provision targets physical neglect and harm of children and young people, but it does not take account of our modern-day understanding of neglect. We now know that emotional and psychological neglect can be just as devastating for children and young people as physical harm is, yet section 12 of the 1937 act is still the criminal legislation that operates today. In addition, the archaic language of section 12 means that the Crown Office and Procurator Fiscal Service has difficulty in prosecuting some offences, because the provision has limitations.

I can therefore confirm that new legislation will be brought forward in the current session of Parliament to introduce a new definition and

criminal offence of abuse and neglect of children. As it has taken our society 80 years to make that change, it is vital that we get it right. We will therefore consult this year to determine the scope and nature of that legislation.

Through the improvement programme, we have published an updated action plan for tackling child sexual exploitation—it includes a revised definition and supporting document—to guide practitioners, and we have run a national campaign to raise awareness, particularly among parents, of what constitutes sexual exploitation. We have consulted on a draft human trafficking strategy that includes a focus specifically on children, and we are working with stakeholders and with children and young people in particular to develop a revised child internet safety action plan, which will be published shortly. We are working with the children’s hearings improvement partnership to identify action to strengthen consistency and effectiveness across the children’s hearings system.

I am clear that the improvement programme must not be seen in isolation. The Scottish child abuse inquiry will consider whether further changes in practice, policy or legislation are necessary to protect children who are in care from such abuse in the future. If recommendations for change result from the inquiry, it will be essential that we honour the integrity and spirit of the inquiry and make changes to do all that we can to avoid the abuses of the past.

We must allow the independent root-and-branch review of the care system to shape child protection in the future. The review will look at the underpinning legislation, practices, culture and ethos of the care system and provide care-experienced young people with the opportunity to speak directly to the Government.

The child protection improvement programme has augmented and reinforced our understanding of the factors that can diminish the capacity of parents to meet their children’s needs and keep them safe. Multi-agency planning for and delivery of child protection in local areas is increasingly practised; that should be replicated in national policy, planning and delivery.

A national child protection policy will therefore be published, which will identify all the responsibilities and actions across Government that are aimed at supporting families and protecting children. As part of that policy, we will develop a plan to better prevent the emotional, physical and sexual abuse of Scotland’s children. That will build on the work that I have outlined, and it will be designed to respond to emerging threats and challenges as well as to incorporate evidence of practice, activities and interventions that work. The aim is to provide agencies and practitioners

with an evolving resource that supports their skills, knowledge and expertise. We all need to feel confident that the processes that are in place to protect children are working effectively.

The systems review recommends that we consider how to create a national child protection register. While work with partners will begin to explore how best to establish a national register and how it might work, we will work in the short term with Police Scotland to develop a flagging system on the national vulnerable persons database that will identify all children who are placed on local child protection registers.

We must ensure that the processes for learning in the child protection system are rigorous, timely and effective. When a child has died or suffered significant harm through abuse or neglect, we must always consider what might have been done differently to prevent that tragedy and what could be done differently to minimise the risk of a similar tragedy occurring. That is why we expect child protection committees to undertake significant case reviews and share them with the Care Inspectorate, so that it can analyse reviews and report nationally on key areas of learning.

The systems review concluded that we could learn more if the Care Inspectorate also received copies of all initial case reviews, and I agree. The inspectorate will take on that expanded role and explore how best to share findings to influence practice. I am also writing to all child protection committees to make clear my expectation that they will all follow the guidance and share all case review findings with the inspectorate. National standards will be provided for those who carry out reviews, to make sure that they have the right skills to conduct reviews timeously and consistently.

Analysis by the Care Inspectorate of recent significant case reviews found that the time taken varied from five months to 37 months, with criminal proceedings often complicating matters. The protocol between the Crown Office, Police Scotland and child protection committees on significant case reviews and criminal proceedings is being reviewed and will be further publicised in order to reduce delays in concluding SCRs.

Inspections are key to the child protection system's effectiveness. I have asked the Care Inspectorate to host a short-life working group to look at how joint inspections can focus better on the experiences of and outcomes for children who are at the greatest risk of harm. The group will consider all relevant recommendations that emerge from the child protection improvement programme and it will draft a new inspection framework to be ready to replace the current programme of inspections, which ends in December 2017.

Although it is important to have in place the right processes and to evaluate them effectively, it is people who keep children safe. Our front-line practitioners who undertake this most difficult and often harrowing work need to know that they are supported through effective leadership and by effective governance, responsible scrutiny and appropriate management information.

Leadership was identified as a key focus for the improvement programme, not least because too many joint inspections have identified variable and weak leadership. For that reason, the Deputy First Minister, the Cabinet Secretary for Health and Sport and I held a summit in June last year for the leaders of services in the public and third sectors that have a role to play in child protection in order to emphasise the importance of collective responsibility and hear experiences.

The systems review considered the importance of leadership and governance and, as a result of its findings, I can announce that I will chair a new national child protection leadership group to support, strengthen and improve activity on child protection. The group will seek to embed consistency and reduce duplication in local areas; it will support the implementation of the recommendations and actions in both reports and will expect agencies to work collaboratively to deliver improvements and achieve sustained, meaningful change. The national leadership group will also identify how best to evaluate improvement and measure progress.

Catherine Dyer's systems review group was tasked with considering whether a statutory underpinning was required for key aspects of the child protection system. The group concluded that legislation by itself would not deliver improvement and recommended a range of other actions before moving to legislate. I carefully considered that conclusion before accepting it. I am clear that we must see real progress in implementing the improvements that both reports recommend, particularly to achieve consistency of approach.

If there is little evidence in a year's time of real and substantial progress in delivering improvements, the Government will introduce legislation to provide an appropriate underpinning for child protection committees, the use of the child protection register and the conduct and application of initial and significant case reviews. In particular, it will be vital that I see evidence of consistent good practice in child protection committees; effective leadership in community planning partnerships and engagement by all relevant agencies; adherence to child protection guidance; initial and significant case reviews being undertaken when necessary and shared with the Care Inspectorate; and agencies demonstrating

that practice is changing as a result of relevant findings.

We have in place a child protection improvement programme that can and must move rapidly from reflection to implementation. We must move from having pockets of good practice to having a culture of good practice across the child protection system.

The Government is determined to ensure that more of Scotland's children get the best possible start in life. For the most vulnerable in our communities, that means, at the most fundamental level, protecting them from harm and abuse. We must continue to embed a getting it right for every child approach in children's services. We must also continue to invest in activity that supports families and intervenes early to prevent difficulties from arising and escalating. However, we also need to have a system in place that empowers practitioners to intervene to protect children when support is not working.

The system must value its workforce, and it should be accountable for and committed to a process of continuous improvement to address emerging risks and challenges and focus on adapting and improving practice based on what works. The recommendations and actions that are contained in the "Child Protection Improvement Programme Report" and the systems review report set out a clear pathway to achieve our vision and ambition for Scotland's most vulnerable children.

Liz Smith (Mid Scotland and Fife) (Con): I thank the Scottish Government for early sight of the statement and for its constructive engagement on what is obviously a very serious issue on which I am sure that there will be cross-party support.

Clearly, we have had some issues in recent weeks with the protection of vulnerable groups scheme. The minister was quite right to cite the fact that those issues have not happened in isolation and that other areas are involved. One aspect of the scheme that has been a considerable worry is that, although the legislation and the guidance are in the right place, some of the groups that have been using the scheme have not managed to find a satisfactory way of documenting that. There has been a very worrying gap in sports clubs and so on. Can the minister tell us how that aspect of child protection will be pursued?

Mark McDonald: I am grateful to Liz Smith for her constructive and consensual approach to the steps that I have outlined.

Liz Smith will be aware of the evidence that Aileen Campbell and I gave to the Health and Sport Committee last week, and I can announce that I have published the terms of reference for the review of the PVG scheme. I have written to the

conveners of the Education and Skills Committee and the Health and Sport Committee to advise them of the terms of reference, and I am more than happy to write to Liz Smith and other spokespeople to share the terms of reference with them.

Essentially, the review will look at the practice and operation of the scheme and some of the issues that Liz Smith identified. The review is now under way, and some of the questions that she raises will absolutely form part of the thinking. She is correct to identify that no single aspect of the system guarantees that children are kept safe but that all the aspects form part of a wider jigsaw that ensures the safety of children. It is therefore important that we get that right. I will share the information on the PVG scheme review with her.

Iain Gray (East Lothian) (Lab): I, too, thank the minister for early sight of his statement. We certainly welcome any progress towards protecting our children, and the two reports that have been published today seem at first glance—we have not had them for very long—to be exactly that. It is good, then, that the minister has accepted all their recommendations.

Our remaining concerns are about the speed of what has been quite a lengthy process. It was in 2014 that the Brock report was published, and the author sounded alarm bells when, after 18 months, little had happened, as she put it. It was a year ago that the then cabinet secretary came to the Parliament to respond and announce the two reports that we see today. Welcome though their recommendations are, many of them are for further reviews, consultations, evaluations, research or the drafting of plans. What assurances can the minister give us today about the urgency with which he believes the work that is elaborated on in the reports can be delivered?

Mark McDonald: I thank Iain Gray for his comments on the Government's approach to the recommendations. On the 2014 Brock report and the subsequent statement, if he looks at page 49 of the systems review group report, he will see that Jackie Brock was one of the members of that group, whose recommendations I am accepting, so she has been involved in the formulation of those recommendations.

Iain Gray will also know from my statement that, although—based on the recommendations of the review group—I am not taking steps to put elements of the child protection system on to a statutory footing, I have expectations around the pace of improvement that I expect to see, and if I am not satisfied, I will bring forward legislative measures. We are also today committing to develop a national child protection register and a national child protection policy and to legislate in relation to neglect.

I say to Iain Gray that, although there are areas that require further review and thinking, there should be no underestimating of the fact that a number of actions are following on from the reports. The Government will take those forward, and I look forward to him and his colleagues playing a constructive part in that.

Fulton MacGregor (Coatbridge and Chryston) (SNP): As a former social worker, I am glad to see that children and families are at the heart of the Scottish Government's child protection improvement programme. Will the minister explain how the children's hearings improvement partnership will support the child protection improvement programme?

Mark McDonald: The children's hearings improvement partnership was asked to scrutinise the impact of recent legislative and practice changes on the children's hearings system and to identify action to strengthen consistency and effectiveness across the system. CHIP specifically considered the impact of increased legal representation at hearings. It is taking forward work to ensure that practice and decision making within the children's hearings system are consistent, positive and purposeful across Scotland.

In addition, the systems review group made a specific recommendation that the Scottish Government reviews not only measures that are available to protect 16 and 17-year-olds but whether the Children's Hearings (Scotland) Act 2011 should be amended to allow any young person aged 16 or 17 to be referred to the principal reporter. We will take that work forward.

I echo the point that I made to Liz Smith. Alongside the PVG scheme, the children's hearings improvement partnership forms part of the bigger picture of child protection across Scotland, and we look forward to taking the recommendations forward and working closely with the children's hearings system.

Donald Cameron (Highlands and Islands) (Con): I was interested in the minister's response to Liz Smith about the PVG scheme. First, I ask him to clarify the timescale for the review of that scheme. Secondly, given our exchange at the Health and Sport Committee last week, when I asked him whether he felt that the PVG scheme should be made compulsory, has he given the matter any further consideration in the light of his statement today?

Mark McDonald: As Donald Cameron knows, I said at the Health and Sport Committee that, if legislation is required off the back of the review, we expect to pass it by 2019. Based on that, I anticipate that the review will conclude its work

within this calendar year. However, I will get back to him with firm timescales.

In response to Donald Cameron's second question, I am afraid that I am just going to repeat what I said to him at the Health and Sport Committee. It would not be sensible for me as a minister to pre-empt the work of the review on whether the PVG scheme should be mandatory. That is rightly work that the review should undertake, in relation to which it should consider the evidence. It is a question to which ministers will give active consideration, but before we have undertaken the review it would not be helpful for me to say in the chamber either yes or no to the question whether the scheme should be mandatory.

Rona Mackay (Strathkelvin and Bearsden) (SNP): I welcome the setting up of a working group to consider how joint inspections might better focus on outcomes for children. Can the minister outline his views on how a new approach to inspection could ensure that agencies—especially those involved in education, health and children's services—could work together more effectively to deliver better outcomes for children and young people?

Mark McDonald: I want to ensure that joint inspections of services for children and young people are underpinned by prevention, early intervention and partnership working. Inspections should recognise that child protection is a collective responsibility, be transparent with regard to learning, use evidence to effect practice improvement, and enable practitioners to make the right decisions at the right time to protect children and support the workforce.

Rona Mackay gets to the nub of the issue when she mentions the various agencies that need to work together to ensure that children are protected. We must ensure that children's protection is viewed as everybody's responsibility and that people do not work with silo mentalities. That will very much form part of the work on joint inspections and the leadership group.

Monica Lennon (Central Scotland) (Lab): In his statement, the minister said:

"We must also continue to invest in activity that supports families and intervenes early to prevent difficulties from arising and escalating."

We can all agree that early intervention to prevent harm from occurring is absolutely crucial. What assurances can the minister give that social workers and all other practitioners who are involved in the protection of children at the crucial early intervention stage will be able to access the resources that they need to do their jobs?

Mark McDonald: I point to headcount in relation to the Scottish social service workforce,

particularly in children's services. Data collected for us by the Scottish Social Services Council shows that from 2012 to 2015, the number of social workers who work in children's services has increased from 5,550 to 5,960. I also highlight to Monica Lennon, as I have highlighted either to her or to her colleagues in previous debates, work done by Audit Scotland that shows that there have been real-terms increases in spending on social work in Scotland. Put together, those pieces of evidence demonstrate a collective focus and a collective will to ensure that services are not just available but well resourced.

Beyond that, I have highlighted a number of other areas where this Government is taking forward work on early intervention. I highlight to Monica Lennon the children and young people early intervention fund, which the Government has established. As I announced during the debate on the care review, a large part of that fund is being specifically targeted at how we work with children who are either in care or on the edge of care.

The Government is taking forward all those areas of work so that we can intervene early to protect children and prevent them from coming to harm and from having to come into contact with the system in the first place.

James Dornan (Glasgow Cathcart) (SNP): The minister will be aware that the Education and Skills Committee has begun its own exercise to take stock of the reforms to the children's hearings system. We will of course share our findings and any recommendations that we make arising from that to inform the wider child protection improvement programme. How will the minister reciprocate and involve and include the committee in this type of work? When will he be able to say who will be on the leadership group that he is setting up?

Mark McDonald: I welcome the committee's interest in and input to the child protection improvement programme. I will be more than happy to engage with the committee and provide regular updates on its progress.

I am currently giving careful consideration to membership of the national leadership group, but it is clear that it must consist of individuals who have demonstrated a track record of strong leadership. I will provide an update to the committee when the membership of the group has been agreed, which I expect to be next month.

John Finnie (Highlands and Islands) (Green): I thank the minister for early sight of the report and commend its good work, which will clearly enhance children's rights. As he will be aware, I am hoping to progress a member's bill to remove the offence of justifiable assault, which will similarly enhance children's rights, and I look

forward to the review of section 12 of the 1937 act and the subsequent legislation.

Recommendation 11 of the report talks about understanding children's experiences. The Government has a very good track record of engaging with looked-after children and people in formal settings, but a more challenging issue is how we understand the experience of children who live at home or in domestic settings, who make up the vast majority of those involved. Has the minister considered how their views might be taken on board?

Mark McDonald: I thank John Finnie for his question, although I should correct him—I think that he mentioned section 11 of the 1937 act, when what we are looking at is section 12. I just want to make sure that that is correctly understood.

Mr Finnie also mentioned his member's bill, which I have committed to discussing further with him. However, the Government will obviously wait until the bill is published before we take a position on its content.

Mr Finnie is absolutely right to highlight children who are looked after at home as a group that we must consider. In fact, just this morning, I was in Perth, meeting organisations that will be delivering mentoring to children who are looked after at home. The Government is giving careful consideration to how best to capture the views and experiences of children who are looked after at home because, as Mr Finnie has rightly pointed out, the outcomes for those children are not what we want them to be. As I have said, I will carefully consider the best way of capturing their views as part of our wider commitment to listening to the voices of children and young people who have care experience.

Liam McArthur (Orkney Islands) (LD): I, too, thank the minister for early sight of the statement and welcome his willingness to accept the recommendations. I also put on record my thanks to Catherine Dyer and the others involved in this thoroughgoing work.

As well as inviting the minister to clarify some of the funding implications of what he has set out, I want to focus on the issue of leadership, which he is right to highlight. The committee that was the predecessor to the one that James Dornan now convenes looked at the issues that are very much at the heart of the minister's statement, and one of the problems that we identified was the loss of experience from front-line social work to management roles or indeed from the sector as a whole. Can the minister offer any reassurance that that expertise in assessing risk will be retained at the front line?

Moreover, is there any reason why the minister has chosen not to accept the report's recommendation that the leadership group report to the minister? Why is he proposing to chair the group himself?

Mark McDonald: If Liam McArthur wishes to write to me with any specific questions about funding implications as a result of actions that the Government is taking forward, I will be more than happy to respond to him with specifics.

With regard to experience in assessing risk, I think that it is important to ensure that that is not just the responsibility of those at the front line, although I take on board the member's point. Good leadership is about ensuring that all staff feel empowered to assess risk and capable of making, analysing and responding to such assessments.

With regard to the leadership group, I had a conversation with Catherine Dyer in which I indicated my position that it would be better if I chaired it. If I am going to place an incumbency on leadership in other areas, I, too, should demonstrate leadership by chairing the group and bringing together individuals with strong track records to look carefully at how best we can improve the system.

Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): Violence against women and girls has significant consequences for the lives of children and young people. I see from the minister's statement that the Government is going to consult on changes to section 12 of the Children and Young Persons (Scotland) Act 1937. Can he offer any further information in that respect and outline the impact of such an update on the protection of children who live in households where domestic abuse is present?

Mark McDonald: Last month, the Cabinet Secretary for Justice and I met groups representing children and victims of domestic abuse to discuss how the law can be reformed to reflect the impact of domestic abuse on children. At that meeting, we agreed to continue to work with those groups on the issue. As Christina McKelvie will be aware, the Cabinet Secretary for Justice is going to introduce a bill during this parliamentary year that will provide for a specific criminal offence of domestic abuse between partners and ex-partners. The Scottish Government has been working with stakeholders to consider what can be done in that bill to reflect the harm that is done to children through domestic abuse.

Separately, the consultation on reform of the offence of child cruelty or neglect, which is in section 12 of the 1937 act, will enable us to reflect our understanding of the long-term effects of the

experience of emotional and non-physical neglect along with how the damage that is wrought by that experience can be just as devastating to the victim as other, physical forms of neglect and abuse. It will also provide a clear opportunity to consider what further law reforms are required to recognise children as victims of domestic abuse, whether through a reformed and modernised version of that offence or through the creation of a separate provision to deal specifically with domestic abuse of a child. We will work closely with stakeholders in the children's sector in the development of that consultation and will keep the Parliament informed as part of the process.

Jeremy Balfour (Lothian) (Con): I thank the minister for the advance copy of his statement. I also remind the chamber that I am a councillor in the City of Edinburgh Council.

A lot of the leadership that the minister has talked about will come from local authorities, from both councillors and council officers. What work and consultation has he undertaken with the Convention of Scottish Local Authorities, and what role does he see local authorities playing in delivering the policy, particularly at a strategic level?

Mark McDonald: Jeremy Balfour is correct in saying that, as well as strategic leadership, in the form of local authority officers, there is political leadership and direction, which is given to those officers by local authority councillors. I will give careful consideration to how best we can ensure that that leadership mentality is embedded at an elected member level as well. With the upcoming local authority elections, there is the potential for changes in local authority administrations across Scotland, which will perhaps provide us with an opportunity to look again at how we can address the matter and take it forward with any new administrations as well as with those councillors who are returned to their posts, some of whom have a strong interest in and track record on the issue. I will give the matter careful consideration and will reply to Jeremy Balfour once we have given it some further thought.

Daniel Johnson (Edinburgh Southern) (Lab): There are a number of recommendations that will place additional responsibilities on the Care Inspectorate; indeed, the minister has spoken of an "expanded role" for the Care Inspectorate. Liam McArthur asked about budgetary considerations. Given the recent cut in funding for the Care Inspectorate, what resources will be made available to ensure that it has the staff and capacity to meet the new challenges?

Mark McDonald: I had discussions with the Care Inspectorate before we produced the recommendations, so I am confident that it is in a position to accommodate the role that I am asking

it to take on. I would not ask it to take on the role if I did not feel confident in its ability to manage that function. I am happy to reply to Daniel Johnson in writing with more detail. My clear focus is on ensuring that the system is about continuous improvement and learning from experience. The Care Inspectorate has a fundamental role to play in that, and I am confident that it will be able to play it.

Richard Lyle (Uddingston and Bellshill) (SNP): The minister has explored the range of areas on which the programme focuses. I have, however, a question on a particular area. Can the minister outline what action the Government is taking to protect children from being exploited on social media, including by parents or close relatives of the children?

Mark McDonald: I want all children and young people to be able to benefit from the opportunities that the internet has to offer. However, we must also ensure that they are safe and protected from the risks that can be posed. Richard Lyle may be aware of operation Lattise, which Police Scotland ran last year. The operation identified more than 500 children aged between three and 18 years who were victims or potential victims of online predators, and it recovered 30 million images of abuse. The operation has highlighted the fact that online abuse is a national threat and that the abuse is happening to children of all ages.

In our programme for Scotland, we have committed to publishing a refreshed action plan on internet safety for children and young people, to ensure that appropriate training, support and information are provided. We will publish that action plan in the very near future. In developing the plan, we have worked across the Government and in partnership with Police Scotland, a number of third sector organisations and Education Scotland. We also consulted children and young people.

As part of that work we are in conversation with some of the key social media providers, including Facebook and Twitter. We will continue to engage with them in an effort to ensure that children who use their sites are appropriately protected. We also continue to be represented on the executive board of the Council for Child Internet Safety. In addition, the Scottish Government continues to engage with the UK Government as it develops the Digital Economy Bill.

I hope that Richard Lyle can be assured that a range of approaches are being taken by the Scottish Government to ensure that children are as safe as they can be online. I am sure that he will take an active interest in the internet safety action plan when it is published.

Miles Briggs (Lothian) (Con): Figures that have been published by the Scottish guardianship service have highlighted that 40 per cent of the 262 unaccompanied children that it has registered since 2011 were brought to Scotland by traffickers. Nine children were trafficked in 2011, and the number rose to 32 children in 2015. That is clearly a worrying trend. We welcome today's statement, but in the light of those figures, what specific measures regarding children will be included in the draft human trafficking strategy?

Mark McDonald: The approach that we will take will be to ensure that we raise awareness among the public and professionals about the services that are available to children who have been victims of trafficking. They will continue to be supported through standard child protection processes. As a Government, we have a zero-tolerance policy in relation to issues around trafficking.

The specific point that Miles Briggs makes highlights the importance of ensuring that appropriate care and support are available for unaccompanied children. I am sure that he shares my discomfort at the approach that it appears is being taken by the Government down south in relation to unaccompanied children, which seems to suggest that it has pulled back completely from the Dubs amendment, which was about ensuring that appropriate support and protection are given to unaccompanied children. I am sure that he will join the Scottish Government in asking the UK Government to think again on that issue.

Gillian Martin (Aberdeenshire East) (SNP): Given that thousands of neglected children in Scotland are not visible, can the minister expand on the action that the Scottish Government will take to address the specific issue of neglect?

Mark McDonald: As I highlighted in my statement, there are in Scotland some areas of promising practice in dealing with neglect. The Care Inspectorate triennial review and the Brock report both highlighted weaknesses in assessing and responding to instances of unmet need and exposure to risk. We have developed a programme for action on neglect that is now working in three local authority areas to identify and implement the best approaches to tackling neglect and building practitioner capacity.

In addition, as I said in my answer to Monica Lennon, £3.3 million is being invested this year through the children, young people and families intervention fund to charities that support looked-after children and work with vulnerable families to help to prevent children becoming looked after. Among those programmes is intandem, which mentors young people who are looked after at home.

A range of work is being done to address the impact of neglect, to identify children who are either at risk of neglect or have experienced neglect, and to support them to ensure that they achieve positive outcomes, rather than the negative outcomes that have been experienced in the past.

The Presiding Officer: That concludes our ministerial statement on child improvement. I will allow a few moments for members to change seats before we move on to the next item of business.

Scottish Patient Safety Programme

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-04324, in the name of Shona Robison, on the Scottish patient safety programme.

15:10

The Cabinet Secretary for Health and Sport (Shona Robison): I am delighted to have the opportunity to share with members the many successful initiatives that are being rolled out to continue to improve patient safety in Scotland. I thank all staff who are involved in that very important work.

When we launched the Scottish patient safety programme, it was ambitious. It was also unique to the world, because no country had ever decided to tackle patient safety head-on in that way. That is still true eight years on—we remain the only country with the level of ambition that I will describe today to strive for zero harm across our national health service and social care settings.

Don Berwick, president emeritus and senior fellow of the Institute for Healthcare Improvement, recently said:

“What I love about what Scotland has done, is it has done it scientifically. It has done it through developing the capabilities of the country to be a learning nation, to actually improve things. That’s how you’ve done brilliant work in patient safety.”

Our initial focus—understandably—was on acute hospitals, with the aim to reduce mortality by the end of 2012. The work has expanded to include safety improvement programmes across six strands: adult hospitals; healthcare associated infections; maternity and children; medicines; mental health; and primary care.

This morning, I visited the public dental service centre in Glenrothes, which is one of the practices participating in the Scottish patient safety in dentistry pilot. The aim of the dentistry programme is to improve quality and safety in general dental practice through a collaborative approach. Dental teams now see many more patients who are on high-risk medications, such as antiplatelet drugs or anticoagulants, and the work has focused on reducing the potential impact of dental treatment on that group of patients. I am delighted that Healthcare Improvement Scotland is further investing in dentistry, extending the testing phase and developing a plan to spread the learning.

The expansion of the work to dentistry, community pharmacy and nursing homes means that we have SPSP work in all healthcare settings, from our largest hospital in Glasgow displaying

real-time safety data in each ward to small general practices in Fife discussing patient safety at staff meetings.

The Scottish Government's position on patient safety is clear. It is—and will continue to be—of paramount importance in the daily work in healthcare settings throughout Scotland. Today, the Care Quality Commission down south announced a clear need for change in the NHS in England, including the need for safety to remain of central importance, with many trusts failing to learn when things go wrong.

The position that is taken in Scotland is why its unique national patient safety programme is internationally renowned and has made patient safety in Scotland the global benchmark for safe care. Since its launch in 2008, the SPSP has contributed to a significant reduction in harm and mortality through a national collaboration to improve the quality and safety of care.

A number of factors have been key to that improvement. We have built capacity and capability in clinical and non-clinical roles to develop and to apply quality improvement methodology through testing of focused safety interventions to understand and to deliver reliable, evidence-based processes. We have used data to support improvement, shared through national and local forums and networks—those data are on the walls in our healthcare facilities for all to see. We have tested and implemented leadership activities, providing strong organisational support for safety, such as executive safety walkabouts.

Taking all those measures has helped to create a culture in care that is more transparent, learns from success—and failure—and continuously improves. Crucially, in that culture, individuals and teams have risen to the challenge and continually work to improve safety.

The programme has sought to engage front-line staff in improvement work by promoting the application of a common set of tested, evidence-based interventions. That comes from a common improvement model based on the Institute for Healthcare Improvement model.

However, we recognise that, in order to meet the increasing demands that are being placed on our health service, we must reform as well as invest and work to accelerate the shifting balance of care. Consequently, we have committed to introducing a national and regional workforce planning system across the NHS in Scotland. The national plan will look to strengthen and harmonise workforce planning practice, take full account of the future demand for safe and high-quality services for Scotland's people, accurately identify gaps in supply and help to deliver the vision that is set out in the national clinical strategy.

The plan, which is currently being consulted upon and will be published in the spring of this year, will take full account of the many demographic and other influences on our NHS workforce and enable us to continue to deliver a safe and sustainable NHS.

We have also committed to enshrine safe staffing in law by placing the nursing and midwifery workforce planning tools on a statutory footing. The work on legislation for safe and effective staffing is progressing, and the consultation will begin in early spring of this year.

A crucial element of the programme is that the changes are led by the staff who are directly involved in caring for patients. They can monitor and see the improvements through the collection of real-time data at the individual unit or ward level.

Many countries around the world—including Norway, Denmark, Sweden, Australia, Mexico, Chile and Tanzania—have looked at the Scottish model with envy. They are keen to emulate what we have been able to achieve for the people of Scotland through the Scottish patient safety programme, and many have begun to do so. This month, people from Singapore are visiting to learn from our approach.

The Scottish surgical checklist, which has been introduced under the safety programme, has been praised internationally, including by renowned experts such as Atul Gawande. That simple but powerful technique has been adopted across Scotland. It uses techniques that were developed in the airline industry to ensure that the safety of every surgical procedure is checked and assured every time.

We continue to strive to improve. This week, the chief medical officer's annual report, "Realising Realistic Medicine: Chief Medical Officer's Annual Report 2015-16", was published. It sets out an ambition to put the person who receives health and social care at the centre of decision making and it encourages a personalised approach to their care. Its aims of reducing harm and waste, tackling unwarranted variation in care, managing clinical risk and innovating to improve are essential to a well-functioning and sustainable NHS.

In response, Sir Muir Gray, who is the director of the national knowledge service and chief knowledge officer to the NHS in England, tweeted:

"NHS Scotland is the future of healthcare".

That is good praise indeed. We will take that.

Patient safety goes beyond the programme. Our diabetes improvement plan includes actions to improve the quality of care for people living with diabetes who are admitted to non-diabetes wards

in hospital by improving their glucose management and reducing the risk of complications, such as foot ulcers. Only this week, we have written to the chief executives of NHS boards to begin the national adoption of two important diabetes initiatives. To support that, the Scottish Government will fund 1,000 hypo boxes, which are to be made available to acute wards across Scotland. That will ensure a standardised and improved approach to the management of low blood glucose and will improve patient care.

It is important to share with members some of the specific improvements that have been achieved throughout Scotland. The primary care programme, which was launched in March 2013, has been successful in improving the care that is delivered by health and social care partnerships. That includes general and dental practices, community pharmacies and care homes. One programme aim was for 95 per cent of primary care clinical teams to be developing their safety culture and achieving reliability in three high-risk areas by 2016.

An increasing number of mental health wards and units are showing improvements. Those include a 78 per cent reduction in violence, a 57 per cent reduction in the use of restraint and a 70 per cent reduction in self-harming. Speaking about the identification of physical conditions for people in Scotland with mental illness, Frances Simpson, the chief executive officer of Support in Mind Scotland said recently:

"Among the most supportive has been the Scottish Patient Safety Programme ... team, whose staff have opened up access to hundreds of health professionals across the country for the Equally Fit message."

Elaine Smith (Central Scotland) (Lab): On maternity and children, it was revealed recently that stillbirths at Forth Valley royal hospital in Larbert were disproportionately higher than the national average but those deaths do not seem to be counted in the mortality rates according to the National Records of Scotland. Will the cabinet secretary comment on that?

Shona Robison: There has been an 18 per cent reduction in stillbirths. A lot of that reduction is due to the patient safety programme working with front-line professionals to change some of the practices. However, there is more work to be done. That is why we have just had the review of maternity and neonatal services, which makes a number of recommendations that we will implement to make further improvements. We should recognise that that has been a significant improvement, but there is more work to be done.

I turn briefly to the medicines programme, which aims to bring together improvement activity related to medicines from acute care, primary care, the maternity and children's service, and mental

health. That provides a unique opportunity to consider the safer use of medicines from a whole-system approach, focusing on the patient as they move between care settings and home. The first key area of focus for the programme is medicine reconciliation, which focuses on reducing harm from medicines across transitions of care by ensuring that medication is accurately checked and prescribed.

Finally, I am delighted to report that the hospital standardised mortality ratio, which provides details of unexpected hospital deaths, continues to decrease. As that was the primary aim of the programme, the continued reduction in those figures is a success that I am proud to celebrate. The latest available hospital standardised mortality ratio figure, published last month, indicates that it has reduced nationally by 8.6 per cent since 2014, and it is well on track to reduce further to 10 per cent by December 2018.

Similarly, national data published at the end of 2016 indicates that there has been a 24 per cent reduction in surgical mortality, a 21 per cent reduction in sepsis mortality, an 18 per cent reduction in stillbirths, as I mentioned earlier, a 93 per cent reduction in healthcare associated infections and a 78 per cent reduction in ventilator associated pneumonia rates.

I recognise the very significant challenges that face our health and social care system, in terms of our ageing population and the increasing numbers of people living with multiple and complex conditions. For that reason, we need to maintain momentum and continue to improve quality of care. We must apply our successful improvement approaches to allow us to continue to deliver today, and into the future, better outcomes for the Scottish people.

I move,

That the Parliament recognises that the work of the Scottish Patient Safety Programme, which is the first programme of its kind to be implemented on a national basis, is world leading and represents the international benchmark for safe care; notes the efforts of the many staff throughout the NHS in a variety of care settings all over the country to ensure that the people of Scotland can undergo safe and effective treatment; acknowledges the huge challenges that face the NHS in meeting the demands of an ageing population and those of integrating health and social care services, and recognises the role that innovative improvement approaches can play in helping to meet those challenges.

The Presiding Officer: Thank you, cabinet secretary. I call Donald Cameron to move amendment S5M-04324.1. I let all members know that there is plenty of time, and members may take their time over their remarks this afternoon.

15:22

Donald Cameron (Highlands and Islands) (Con): I am delighted to open for the Scottish Conservatives in this very important debate. I am pleased that we are finally having it, since it originally appeared in the *Business Bulletin* several weeks ago.

I have said many times in this chamber that, on issues across health and beyond, our party will act as a strong Opposition, scrutinising the actions of the Scottish Government at all times. We will critique the Government when we feel that it is not performing to standards expected by the people of Scotland and, similarly, we will welcome positive achievements that make a real and tangible difference to people's lives.

In that spirit, we on this side of the chamber fully support the Scottish patient safety programme and its aims and objectives, and we will continue to support it as its remit grows. That means ensuring that every Scottish citizen who enters a hospital, whether that be for an out-patient appointment, for minor treatment or for a longer stay, should have a right to outstanding treatment, professional care and, above all else, know that they are safe from further illness or complication where that can be prevented.

The need for every patient in our health service to be safe is obvious and paramount. However, context is important in understanding why the Scottish patient safety programme came into being in the first place. Before the programme was introduced, it was recognised that the number of hospital deaths was too high, and that the number of people succumbing to infections or other complications was excessive.

In fact, the Scottish patient safety programme acknowledged that there are many severe risks in Scotland's hospitals. In 2008, it was estimated that around 2,000 falls occurred in Scottish acute hospitals every month, accounting for a third of all reported patient safety events. In 2011, NHS statistics showed that around 22 per cent of all healthcare acquired infections were urinary tract infections, with 4 per cent of patients developing life-threatening bacteraemia or sepsis as a result. Those statistics range over different timelines and different conditions, but all highlight that there are always risks in hospitals, proving the need for a monitoring body to ensure that those risks can be reduced as much as possible.

Given the original aims of the Scottish patient safety programme when it was established—to oversee reductions in infections, life-threatening developments and, sadly, deaths in acute hospitals—there have been many successes that must be welcomed and that I am happy to welcome. Since 2007, there has been a 16.5 per

cent reduction in the hospital standardised mortality ratio and it is good that the up-to-date information that the cabinet secretary just provided confirms that that is on-going. In plain English, there are now fewer avoidable deaths in Scotland's hospitals, which is testament to the hard work and commitment of our NHS staff, and we should all welcome that.

The remit of the patient safety programme has expanded in the past 10 years to include the monitoring of healthcare associated infections, maternity and neonatal services, the safer use of medicines, mental health services and primary care services. There have been many notable achievements in primary care, including the fact that 93 per cent of all general practices regularly participate in the Scottish patient safety programme's safety climate survey. That allows practices to monitor their performance against that of other practices, enabling patient safety to develop within a practice. Practices can also check not just safety within the practice but the perception of safety within the practice.

I will talk only briefly about maternity services because I have colleagues who want to elaborate on the issue later. It is notable that since 2007 stillbirth rates have fallen. There are many achievements to praise, and I cannot stress enough that we on the Conservative benches and, I am sure, all members across the chamber support our NHS front-line staff and the phenomenal work that they carry out in keeping patients safe in ever-changing and difficult circumstances.

However, it is also right that we talk about what we need to do better to ensure that the aims of the programme are and continue to be fully met. While many of the overall statistics are delivering better outcomes for patients, there remain inconsistencies in the performances of individual hospitals. My local hospital, the Belford in Fort William, had a significantly higher mortality ratio than the national average in the first quarter of 2016. Dr Gray's hospital, the Inverclyde royal, the Royal Alexandra and the Vale of Leven were all recorded as being above the upper warning limit for the mortality ratio in the most recently available information.

The cabinet secretary mentioned the chief medical officer's report that came out this week. In that report, the CMO noted that between 2011 and 2015, the incidence of E coli rose by 5.2 per cent, and that half of the near 4,600 cases of E coli in 2015 were associated with healthcare. Public confidence is important and it remains an issue. As last year's in-patient experience survey notes, one in five people say that they experienced problems during a hospital stay, and nearly a

quarter of people felt that their condition worsened while they were in hospital.

It is clear that, while much progress has been made on patient safety, there is still a lot to do. Any debate on patient safety must consider current levels of NHS staffing, and it is here that I have to adopt a more critical tone.

It is no coincidence that every Opposition amendment to the motion mentions staffing. The amendments were lodged without any collaboration, so there are clearly huge concerns about the issue across the chamber. We need to ensure that the great work that is being carried out by NHS staff is supported and aided by ensuring that the NHS has the right number of front-line staff to deliver those changes.

NHS staff cannot be expected to deliver a Scottish patient safety programme and reach its targets when there are so many unfilled vacancies across the board. We have been consistent in our calls for a solution to that crisis and have highlighted it time and again. That is why we lodged our amendment. The terms of the Government's motion are entirely laudable but, given the crisis in staffing, we cannot leave matters as they stand. It is only realistic to expect progress.

Clare Haughey (Rutherglen) (SNP): Will the member accept that NHS staffing rates are at the highest that they have ever been and that this Government has increased staffing rates across all the staffing groups in the NHS?

Donald Cameron: I have said many times—and professional bodies say it too—that it is not enough simply to say that we have record numbers of staff. There are record numbers of people in Scotland who are getting old, and we need sufficient numbers of staff.

This is not just the cry of the Opposition parties. Some of the major professional bodies have voiced real concerns. The British Medical Association Scotland said that staff shortages can lead to a system breakdown and that the NHS is being stretched pretty much to breaking point. The Royal College of Midwives says that, due to higher birth rates and a lack of recruitment, Scotland's maternity services are beginning to buckle. The Royal College of Radiologists says that Scottish radiology is on the brink of collapse and, crucially, that patient safety is at risk.

We welcome and acknowledge the work that is being carried out by the Scottish patient safety programme to uplift standards and share best practice. We recognise and support our NHS staff as they work to implement the changes required to ensure that all Scotland's patients receive quality care, but we also believe that in order for the programme's results to continue to improve and

come to fruition, the Government must commit to ensuring that staff vacancies are filled so that expectations can become reality.

I move amendment S5M-04324.1, to insert at end:

“; notes that staffing levels are essential to patient safety; believes that, across a range of clinical specialities and across the country, the NHS is facing severe workforce and staffing issues, and therefore believes that to sustain further progress on patient safety, further action on staffing must be a priority.”

The Presiding Officer: I call Anas Sarwar to open for the Labour Party and to move amendment S5M-04324.2.

15:30

Anas Sarwar (Glasgow) (Lab): I start by thanking the cabinet secretary for bringing the debate to Parliament. Labour members will support the Government motion today. There is a lot to welcome in the Scottish patient safety programme and what it has delivered for Scotland, and we should pay tribute to all the staff and management who have helped to deliver the programme and thank them for the work that they are doing on the front line to support people in our national health service.

Like Donald Cameron, I welcome the improvement in mortality rates, the reduction in hospital deaths and the very welcome reduction in hospital-acquired infections—I am sure that everyone across the chamber will want to welcome all those things.

In a moment, I will talk about some other challenges that are associated with patient safety, but I want to take the opportunity to thank not just all the staff members who are involved in the patient safety programme but staff right across the national health service, who go above and beyond in delivering care for people right round the clock and all year round, whether in primary care, acute care or social care or in specific services such as maternity and mental health services. I genuinely thank each and every one of them.

However, we have had a lot of challenges in the national health service since this session of Parliament began. There are still some severe issues around the decisions that the cabinet secretary has made, and the mismanagement of the NHS has left staff overworked, undervalued and underresourced. Although I welcome the motion and will support it, I do not think that the cabinet secretary should be patting herself on the back. She, too, should look at the genuine challenges that we face.

I welcome the fact that we are finally having a meaningful debate on the NHS in Government time. However, I hope that we can also have

meaningful debates on the new health and social care delivery plan, which is a strategic approach for the NHS for years to come, on access to new medicines, on the maternity and neonatal services review or on what is happening in our social care sector, where we see continued cuts to local government budgets, meaning that there will be cuts to social care budgets, too.

The cabinet secretary mentioned service reform, and I read with interest her comments on the issue in *Holyrood* magazine, when she said:

“I have had opposition members sitting in the very chair that you’re sitting in and I’ve put these issues to them and they’ll sit in here and agree with me but on the floor of parliament you get into a different territory and they’ll say something entirely different.”

That is simply not true. Shona Robison is 100 per cent wrong, and she is trying—perhaps inadvertently, although I suspect not—to mislead people about service cuts. Not once has the cabinet secretary met me or any of my front-bench colleagues—I cannot speak for the other parties—in private to outline the specific service changes that she proposes. Not once has she had the courage to come to Parliament to make the case for the specific service reforms that she proposes. The only debate that we have had on service reforms was in Opposition time, when the cabinet secretary attempted to deny that any service reform proposals even existed—and on that day she even lost the vote. Will she be brave enough to come to Parliament in future to make the case for the service reforms that she supports, rather than hiding behind the health boards?

There are wider issues that impact on patient safety. It is very clear that resource is not meeting demand. How is that going to improve patient safety? Across Scotland, health boards are being held accountable for delivering improvements in healthcare and patient outcomes, but year after year they are also having to make cuts that the cabinet secretary is forcing on them. There will be cuts of more than £1 billion in the next four years. How is £1 billion of cuts going to improve patient safety?

Bruce Crawford (Stirling) (SNP): With all due respect to Anas Sarwar, I am sure that he would accept that even the Tories, in their May election manifesto, promised more for the health service than the Labour Party did. It would help everybody if, instead of chuntering about spending, the Labour Party stepped up to the plate with real money. It would also help if every single thing that the cabinet secretary suggests by way of reform was not opposed.

Anas Sarwar: I thank Bruce Crawford for that intervention. Perhaps as convener of the Finance and Constitution Committee, he should have read Labour’s budget amendment, which talked about

using the Parliament’s tax powers to invest more in our NHS and stop the cuts to local government, which would stop the cuts to social care that also impact directly on the NHS.

I gently say to members on the Scottish National Party benches that they can repeat a line as often as they like, but that does not make it true. The reality is that cuts are happening across health boards under this Government.

We have also seen a complete failure in workforce planning, with vacancies right across the NHS. There are more than 2,500 nursing and midwifery vacancies, including vacancies for mental health nurses. Only a third of NHS Scotland staff feel that there are enough of them to do their jobs properly, and nine out of 10 nurses say that their workload is getting worse. How is that going to improve patient safety?

In primary care, one in four of Scotland’s GP practices reports a vacancy, asking staff to do more while they oversee the worst workforce crisis since devolution. That led the chair of the BMA to warn that the situation would lead to “personal breakdown” and then “system breakdown”. How is that going to improve patient safety?

There are cuts to local services across the country, with maternity wards, a paediatric ward and neonatal intensive care units under threat. How is that going to improve patient safety?

Shona Robison: Will Anas Sarwar give way?

Anas Sarwar: Let me just finish my point.

We have had the worst Audit Scotland report since devolution, with seven out of eight patient standards failed, including those for accident and emergency, cancer treatment and mental health. Seven out of eight standards failed—how is that going to improve patient safety?

Shona Robison: I refer Anas Sarwar to the report of the review of maternity and neonatal services—a report by experts that included input from Bliss Scotland and was very much led by patient safety. Just for clarity, is he saying that that report is wrong and that he knows better than the experts who have recommended those changes?

Anas Sarwar: Absolutely not—I welcome the Bliss Scotland report but if we look at the report’s findings, it is not a record to be proud of; it is a record to be ashamed of. The report talks about three quarters of units not having enough nurses or staff to meet minimum standards. The cabinet secretary wants to congratulate herself on the fact that three quarters of units do not meet minimum standards. Again, how is that going to improve patient safety?

The continued cuts to social care budgets mean that we have chronic problems with delayed

discharge. More than half a million bed days were lost in one year alone, with patients trapped in hospital, waiting to go home. I ask the cabinet secretary: how is that going to improve patient safety?

In a separate report, Audit Scotland says that the spiralling cost of private agency spend is now up to £175 million a year. Audit Scotland also states:

“Agency staff are likely to be more expensive than bank nurses, and also pose a greater potential risk to patient safety and the quality of care”.

That is Audit Scotland saying that—not me. How is that going to improve patient safety?

I have explored the patient safety programme web pages and I found an interesting article that referred to a meeting of senior NHS managers in Greater Glasgow and Clyde. They posed three questions at the meeting—remember, this is part of the patient safety programme. First, why is the largest health board in Scotland in persistent financial overparity—that is civil service speak—despite extensive efforts to overcome that via efficiency savings? Secondly, how will it be able to squeeze services into a smaller bed complement in the new hospital on the south side when demand is increasingly exceeding supply?

The Deputy Presiding Officer (Linda Fabiani): You should be coming to a close, Mr Sarwar.

Anas Sarwar: Thirdly, why is compliance with the four-hour accident and emergency waiting time target in Greater Glasgow and Clyde the worst in Scotland and deteriorating?

Those are serious questions. In closing, I say to the cabinet secretary—

The Deputy Presiding Officer: You must close.

Anas Sarwar: If the cabinet secretary really wants to improve patient safety, she needs to get her head out of the sand, address the workforce crisis, stop the cuts to local services, stop the cuts to NHS boards—

The Deputy Presiding Officer: I asked you to close, Mr Sarwar.

Anas Sarwar: —and meet patient standards across the country.

I move amendment S5M-04324.2, to insert at end:

“; thanks Scotland’s health and care staff for all that they do, but understands from listening to the workforce that services are facing a situation in which demand is often outstripping supply, with rising vacancy rates in key areas, key standards missed and a situation that the BMA Scotland has described as being ‘near breaking point’.”

The Deputy Presiding Officer: I call Alex Cole-Hamilton to speak to and move amendment S5M-04324.3. Mr Cole-Hamilton, you can have a little extra time.

15:40

Alex Cole-Hamilton (Edinburgh Western) (LD): Thank you very much, Presiding Officer.

The Scottish Liberal Democrats are happy to welcome the debate and will support the Government motion and all Opposition amendments.

As a platform that aims to improve safety and reduce harm in any landscape where care is delivered, the Scottish patient safety programme sets an international standard. It successfully sets out an approach to safety from birth to death, at every stage and in every transaction in the delivery of health and social care in our society. I welcome the opportunity that the debate affords to scrutinise the programme’s merits in granular detail.

The welfare and safety of our citizenry must always be the alpha and omega of our responsibility as legislators, and the delivery of health and social care represents the largest landscape in which we, as public servants, must discharge that duty. Since its inception, the patient safety programme has delivered groundbreaking interventions and disseminated best practice at every level of care in our society. We heard about the prevention of sepsis through a whole-system approach to infection control, which is underpinned by robust data analysis that is building a structured approach to all frontiers of patient safety. As was said in a programme press release in early 2015:

“Patient safety problems exist throughout the NHS, as in all large complex health care systems in the world. However, it is not staff negligence, but the systems, procedures, environment and constraints faced by health care professionals that lie at the root of most safety problems.”

I think that all members share the belief that our health and social care staff represent some of the finest professionals in Scottish society. However, there is a structural problem that can run counter to the efforts of the patient safety programme and can visit symptoms on every aspect of our health service. That, in turn, impacts on the programme’s work.

Problems in workforce planning create a blockage that impedes patient flow through primary, acute and, ultimately, social care, at every stage in the health journey. A shortage of general practitioners—we know that by the end of this decade we could have nearly 1,000 fewer GPs than our society will require—leads to

appointment delays, which in turn can lead to conditions becoming more acute, which then results in hospital admissions that earlier intervention could have prevented. That exerts upward pressure that is manifested in every other part of the health service, and which, coupled with the postcode lottery around the availability of social care packages, can cause delays in hospital discharge—as we heard from Anas Sarwar—on a monumental scale.

A recent volley of freedom of information requests that my office issued uncovered the extent of the problem. Some patients are staying in hospital for as many as 500 days beyond the point when they are declared fit to go home.

Shona Robison: I hope that Alex Cole-Hamilton was copied into the letter that I sent to Willie Rennie on the subject, because many of the cases that were highlighted were very complex and related to patients who were, for example, waiting for a house to be built, or for very specific packages. Those people were not readily dischargeable from hospital. Does Alex Cole-Hamilton acknowledge the complexity of the cases to which he is referring?

Alex Cole-Hamilton: I thank the cabinet secretary and I am delighted that she raised the issue, because when I raised it at First Minister's question time we did not get to cover the point that our FOI request was for information on people who are left in hospital beyond the point at which they are declared to be fit to go home, entirely because of the social care package being unavailable—not because of houses being built or specific secure care needs. I am glad that we have had the opportunity to thrash that out.

I want to return to a more consensual tone. The issue presents an immediate challenge for the patient safety programme, because we know that prolonged stays in hospital increase patient exposure to pressure sores and hospital-acquired infection—albeit that we are doing well in reducing the incidence of such harm, as we have heard.

Put simply, if we can get the workforce planning right and, by extension, reduce delayed discharge, we can take a giant leap forward in improving patient safety. I therefore welcome the steps that the cabinet secretary has outlined towards a plan for workforce planning.

The locus of the programme rightly extends beyond the traditional institutions in which health and social care are delivered. With the advent of new initiatives such as hospital at home, as well as the decades-old approach of care in the community, we must ensure that patients are kept safe in any setting where they receive care. First and foremost, that must follow a proactive and

preventative approach in which we anticipate and mitigate risk from the outset.

In December, I had the great honour of chairing the older people's assembly in this chamber. It was a fantastic event at which there was a robust and vibrant exchange of views. At one session, I asked everyone assembled what they were most worried about, and I was surprised to learn that, among those present, fear of falling outstripped fear of crime, loneliness and money worries. Given the commonness of falls and the direct causal link between them and senior mortality, there is a great desire among older citizens for us as policymakers to take action. That is why I call today on the Scottish Government to develop a national falls strategy that will build on the work of the falls prevention framework of 2014.

Emma Harper (South Scotland) (SNP): Will the member take an intervention?

Alex Cole-Hamilton: I would like to make progress, please, Emma. I am sorry, Presiding Officer—I mean Ms Harper.

The strategy would include comprehensive training for all care staff, employment of technology and a full suite of marketing and awareness-raising materials to help older people to stay safer in their homes or in any setting in which they receive care. Put simply, falls prevention is one of the most important steps that we can take in promoting patient safety.

The final area that I would like to cover is mental health—specifically in relation to the work of the programme. The inclusion of mental health is of course welcome, but it stands alone as a separate thread. To my mind, that stand-alone nature does not take account of the fact that there is a causal relationship with every aspect of patient safety. It is right that we should focus on physical safety, but there has to be an element of mental safety for patients as well. At the moment, the patient safety programme focuses on restraint and seclusion and an understanding of risk factors, but it should also focus on prevention of mental ill-health, as a vital aspect of improving patient safety.

In the work on safety in maternity, for example, the programme should look for dissemination of best practice, sharing of knowledge and roll-out of specialist perinatal mental health support teams across all our health boards. After all, one in five mothers will experience mental ill-health as a result of pregnancy, yet only five health boards have dedicated perinatal mental health teams.

Similarly, in cases in which mental ill-health is a factor in patient care, the risk assessment of patient safety must include the likelihood of self-harm or suicide. That is why it is fundamentally important that the safety programme dovetails with

the nascent mental health strategy and the successor to the suicide prevention strategy.

We should be justifiably proud of the patient safety programme, because it sets an international standard, as I said, and is groundbreaking in many ways. I come to the chamber not to bury it, but to praise it, and I want it to be enhanced.

I move amendment S5M-04324.3, to insert at end:

“, and believes that action to reduce harmful and avoidable incidents would be strengthened by ending the NHS recruitment crisis, following warnings from frontline professionals that shortages pose a risk to patient safety, developing a national falls strategy and delivering a step change in mental health services.”

The Deputy Presiding Officer: We move to the open debate, with speeches of four minutes, please.

15:48

Emma Harper (South Scotland) (SNP): Twenty years ago, I was involved in the improvement of safety in the perioperative environment in the United States as part of a collaborative approach with the USA's Institute for Healthcare Improvement. For example, I taught best practice and a standardised approach for surgical counts of swabs, needles and instruments, in order to avoid the retention or loss of a surgical instrument inside an abdomen. There is growing implementation of non-technical skills to safeguard patients. That approach has been adopted and promoted in the USA as well as here in Scotland. Those skills relate to things such as situation awareness, good decision making, a flattened hierarchy, leadership and a good approach to teamwork and communication. In Scotland, research on that has been procured and continued by Dr Steven Yule and others at the industrial psychology research centre in Aberdeen.

When I was a clinical educator for NHS Dumfries and Galloway, the training programmes that my colleagues and I initiated for healthcare support workers and nurses had a specific focus on safe, effective and person-centred care. I collaborated with colleagues regarding verbal handover from the anaesthetist to the post-anaesthesia recovery room nurses so that clear plans of care were identified and documented. I also provided education about deep venous thrombosis prophylaxis and prevention, central venous access line infection and medication safety, so that the right patient, drug, dose route and time were achieved, which improves the safety of patients.

Quick, snappy education sessions, for example on the sepsis six, were delivered using the one-minute education approach. I could continue to

give examples of these seemingly small but immensely important measures that can make the difference between life and death. They are vital to the improvement of both acute and primary patient care.

I am pleased to be able to speak in the debate, not least because it enables me to say to Parliament that my former colleagues in NHS Dumfries and Galloway and across NHS Scotland deserve to be commended for and congratulated on their on-going work to promote best practice using evidence-based care. Too often, we hear nothing but negativity surrounding our NHS, and I can tell members that that has a real effect on the morale of the nurses and doctors.

I was proud when, in 2008, Scotland became the first country in the world to launch a national patient safety programme. The programme has been vital to delivering the highest-quality healthcare services to the people of Scotland and is recognised as world leading in the quality of healthcare that it provides. In fact, when he was President, Barack Obama mentioned Scotland as having one of the best healthcare systems in the world.

Since its launch, the acute adult programme has contributed to a significant reduction in harm to and mortality in adult patients through measures such as those that I have described, and many more. Since 2008, the scale and ambition of the programme has grown and the work, which began in acute adult hospitals, now extends to primary care, mental health and maternal and child health.

There are many examples of cultural change that has been brought about by the programme, notably in mental health settings, where we have seen a real shift in the approach that is taken to the administration of psychotropic medication and improvements in how challenging behaviour is managed.

The Scottish patient safety programme will continually adapt to meet our changing needs and will embrace new technologies and approaches to care. We should be proud that, thanks to its implementation, Scotland plays a leading role in patient safety initiatives in Europe. NHS England officials have praised the programme, stating that they hope to use the experiences and learning to take forward practices in England. According to Dr Marc Wittenberg, a clinical fellow at NHS England, the programme is “unrivalled” and contains much that should be replicated in England.

The 8.6 per cent reduction in hospital standardised mortality and the praise from bodies such as the Organisation for Economic Co-operation and Development and NHS England show exactly why the Scottish patient safety

programme deserves its international reputation as a world leader.

15:53

Brian Whittle (South Scotland) (Con): I refer members to my declaration of previous business interests and to the fact that I have a daughter who is an NHS midwife.

I welcome the chance to speak in this debate on the Scottish patient safety programme and the excellent work that our healthcare professionals do in ensuring that the quality of care and the safety of patients is of the very highest standard.

Although we recognise the significance of the Scottish safety programme, it is always incumbent on interested parties, including members, to continually examine the programme and look for ways to improve and enhance it. In the short time that I have, I want to make two points. First, I want to highlight that, in delivering the patient safety programme, it is essential that we recognise that a key element in its effectiveness is the safety, health and wellbeing of NHS staff. In that regard, we have to recognise that the system is under quite a bit of stress, which has a detrimental effect on those who are working in that system. For example, in NHS Ayrshire and Arran, there is a consistently higher than average absentee rate in the neonatal and midwifery section—sometimes more than double the national average—and that has been the situation for at least the past five years. To me, that represents a department that is under quite a bit of pressure.

Furthermore, we know that there is a growing issue of experience being lost to the profession, with 1,200 midwives in Scotland over the age of 50 who are eligible for retirement at 55. That experience cannot be replaced by newly qualified staff. If the situation is not addressed, it could put staff in situations of which they have no experience and in which, crucially, they would be without the support of more experienced staff. That speaks to a heightened risk to patients, especially in emergency cases.

I know that the Royal College of Midwives recognises that and is attempting to recruit experience from outside Scotland. Indeed, I spoke to the chair of the RCM a couple of weeks ago at an event in London, where the organisation was actively promoting Scotland as a career destination. There is a general recognition that the new neonatal strategy that the cabinet secretary announced last week is a step in a positive direction. However, if the workforce does not have enough capacity to deliver the strategy, the safety of patients will once again be brought into question. Midwives want to get away from what the RCM describes as “conveyor-belt” care and

move towards the provision of more personal care that allows them to effectively address preventable health issues.

When things go wrong, it is crucial that NHS boards are in learning mode and are able to scrutinise system failures and look at where clinical issues arise to ensure and enhance future patient safety. However, there is no national standardised process that describes what constitutes a significant adverse event, and the numbers of significant adverse events that are reported vary widely between NHS boards.

What is more, when Healthcare Improvement Scotland reviews cases, it does so under instruction from the Scottish Government, and it can only offer recommendations; there are no regulatory powers in that respect outside the private sector. If HIS recommendations are implemented, we need to consider how we audit implementation and how that is further reviewed.

In highlighting the importance of patient safety, we should recognise that the safety and working environment of our healthcare professionals is crucial. Staff numbers are inevitably linked to the health and wellbeing of NHS workers, and therefore to the safety of patients.

With regard to patient safety, it is important that a national system for triggering a significant adverse event investigation is in place and that it allows for a consistent response that staff and patients feel comfortable engaging with and giving feedback on. Furthermore, any recommendations that are made by any review must be rigorously implemented and reviewed to ensure that consistent learning continues to enhance the patient safety programme.

15:56

Fulton MacGregor (Coatbridge and Chryston) (SNP): I am pleased to speak in the debate, and I remind members that I am the parliamentary liaison officer to the Cabinet Secretary for Health and Sport.

As has been mentioned, the hospital standardised mortality ratios for Scotland decreased by 16.5 per cent between 2007 and 2015, and the latest published figures show that there has been an 8.6 per cent reduction in hospital standardised mortality ratios in Scotland's hospitals since the baseline figure in 2014. In addition, a total of 10 hospitals—including Monklands hospital, which serves my constituency—have shown a reduction in excess of 20 per cent.

I have a personal story here. In January 2000, my gran was admitted to Monklands hospital and sadly passed away there after contracting

pneumonia. Although she would have wanted me to point out that the care that she received was tremendous, and there was definitely no fault on the part of the staff, it is heartening that the mortality statistics that I quoted, which must have included her, have been decreasing in more recent years, and that Monklands has, over the past decade, regained its good name.

It has shocked me in the past few weeks, including at First Minister's questions last week, to hear members of the Labour Party call the saving of accident and emergency departments throughout Scotland—including the one at Monklands hospital—a 10-year-old story that does not need to be heard. That has been niggling at me for a while, because I beg to differ with that view, and I expect that the thousands of patients whose lives have been saved will also disagree with it. I want to put on record that Monklands A and E is a vital service for the community, and the fact that it was saved should not simply be dismissed, whether it is 10, 20 or 30 years later.

Elaine Smith: Would Fulton MacGregor state just now on the record that Monklands A and E is fully and properly staffed at the moment?

Fulton MacGregor: I believe that it is fully and properly staffed.

Despite the significant challenges of Scotland's public health record, its changing demography and the economic environment, the Scottish Government has set out a strategic vision for achieving sustainable quality in the delivery of healthcare services across Scotland.

The 2020 vision delivers the necessary strategic narrative and context for taking forward the implementation of the quality strategy and the required actions to improve efficiency and achieve financial sustainability. I welcome the Scottish Government's 2020 vision to ensure that everyone is able to live longer and healthier lives, that we have a healthcare system where health and social care go hand in hand and that we continue to focus on prevention, anticipation and supported self-management. It is critical to continue pursuing the goal of providing the highest standards of quality and safety, regardless of the setting, with the patient at the centre of all decisions.

It is therefore important that all forms of support across our communities are nurtured. On Monday, I visited the Coatbridge meeting of the Lanarkshire carers group, where I heard at first hand from carers how much they valued the service and how worried they are about the pending cuts by North Lanarkshire Council, which might impact on how they care for their relatives. It is imperative that we provide support across the board to such support services. I have also had contact with the St Andrew's MS self-support group, whose

chairperson is a constituent of mine. That group is fighting for an increase in the number of specialist multiple sclerosis nurses across North Lanarkshire, and I have submitted a question to the cabinet secretary on the matter. That is another example of how we can provide support to such support services.

As we have heard, a key point is that the SNP Government has committed to enshrine safe staffing in law, and the consultation period for that will begin early in spring this year. The link between safe and sustainable staffing levels and high-quality care is well established. As other members have said, it is vital to have the right number of staff in place, with the right skills; the debate benefited from Emma Harper's contribution on that aspect, given her experience. Scotland has led the United Kingdom in the development and implementation of nursing and midwifery workload and workforce planning tools, for example.

Progress has been made but, given the changing demographics and Tory cuts, we must continue to work together and be innovative across all health services so that those who serve my community and all communities across Scotland are the best they can be.

16:02

Elaine Smith (Central Scotland) (Lab): Nye Bevan said:

"Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community."

That was why Labour created our NHS, which remains one of the most valued assets of people across Britain. People expect to be safe when using it so, although Scotland's once-unique patient safety programme is welcome, we must consider it closely and strive always to improve it.

It is also important to make it clear that, although our hard-working NHS staff deserve our thanks for all that they do, they are under extreme pressure. The use of agency staff has increased, and spending on that has rocketed over the past four years, despite Audit Scotland's warning that

"Agency staff are likely to be more expensive than bank nurses, and also pose a greater potential risk to patient safety and the quality of care."

I am sure that everyone who is taking part in the debate agrees that improving our hospitals, keeping staff well trained and maintaining staff numbers at safe levels takes investment and long-term planning, which is something that we all want to see.

The patient safety programme has the worthy goal of the safer use of medicines, but that goal is

not well served by not providing people with the correct medicines in the first place. As the cabinet secretary mentioned, Scotland's chief medical officer, Dr Catherine Calderwood, said on Monday that doctors should spend more time listening to their patients in order to avoid giving them unnecessary treatments. Dr Calderwood called that realistic medicine, which focuses on quality of life, not the efficiency of treatment. However, that is not realistic for some patients if they cannot get the medicine that they need to live a normal life. For example, too many thyroid patients, who are mainly women, are not being properly diagnosed or are being refused access to liothyronine, which means that they are forced into buying desiccated thyroid hormone on the internet. That can hardly be called safe and it is not putting patients at the heart of their own care.

It is common for some patients with thyroid illness to be prescribed antidepressants, perhaps because their GPs do not have the time to listen to them and therefore cannot reach a proper, safe and correct diagnosis. That is an example of patients with chronic disabling or life-threatening conditions being deprived of treatment because of costs, the closed-mindedness of the medical establishment and NHS boards, or GPs being under immense strain. That issue should be considered further, and the Public Petitions Committee is considering it.

Getting patients into and out of hospitals safely and having them there for the right amount of time is a key concern for patient safety. Back in January, Labour obtained official figures that showed that, between the start of March 2015 and the end of September 2016, 683 people died in hospital after being deemed medically fit to leave. Of course, we have promises to end the practice of bed blocking.

At present, even getting into hospital for desperately needed operations is a problem. In NHS Lanarkshire, there is a wait of up to 24 weeks for an initial appointment for a hip replacement. That is 24 weeks of being in extreme pain for older people who will then have another long wait for the operation, and that is despite the Government giving a 12-week guarantee, although I accept that that is not legally binding.

What happens afterwards? The figures may show a decrease in acquired infections, but I am becoming increasingly concerned that I am hearing about people with such infections, which may need to be looked at. I am also concerned about those who tell me that aftercare is poor, which seems to be a result of staff shortages and, in some cases, low morale. A recent disturbing story involved a constituent who waited 30 minutes, while pressing her buzzer, and who then suffered the indignity of having to wet herself.

It is important to consider the kind of people who are dying in our hospitals and how we might be able to prevent that. For example, we know that Scots who are from poorer backgrounds are 64 per cent more likely to die from cancer and that general health outcomes for those in our deprived areas—specifically those in greater Glasgow—are some of the worst in Europe. Those inequalities must be addressed.

If we are to improve patient safety in our hospitals, we need not only to tackle workforce planning but to ease the tensions that affect hospitals, and that requires prevention, as has been said. The 2015-16 NHS audit report found that many NHS boards across the country struggled to achieve financial balance and, overall, NHS Scotland failed to meet seven out of eight key performance targets. That is not exactly a picture of health and it will only get worse if we do not continue to take action and make improvements.

16:07

Maree Todd (Highlands and Islands) (SNP): I am delighted to participate in the debate. As many members will know, I worked as a clinical pharmacist, specialising in mental health, until my election last May. I can honestly say that, in my 20 years of working in a hospital, nothing came close to the effectiveness of the Scottish patient safety programme for change management. I hope that the debate will reassure my Lib Dem colleagues that a step change is already occurring in mental health services.

The SPSP is about delivering reliable and safe care for every patient, every time—24 hours a day, seven days a week. As the cabinet secretary mentioned, in mental health, the safety programme has supported improvements at ward level, where there have been examples of reductions of up to 70 per cent in the number of patients who self-harm, 57 per cent in the number of incidents in which physical restraint has to be used and 78 per cent in the number of incidents of physical violence on wards. Those figures are phenomenal, and they come from some of the most disturbed wards in Scotland.

What is so special about the SPSP? The methodology empowers staff to identify what is not working well, to make changes and to monitor their impact by on-going use of data collection. Data is incontrovertible, which makes it really powerful for instigating change.

I will tell members about some of the progress that has been made at the hospital that I used to work at—New Craigs hospital in Inverness. At the time when I left, we were using SPSP methodology for medicines reconciliation. It might

seem simple, but the process of creating the most accurate list that is possible of all the medications that a patient is actually taking and comparing it with their records at transition points, when errors are most likely to occur, has dramatically reduced errors.

The next focus of our attention was “as required” medication, which is used to alleviate symptoms of distress and agitation, so it is not a regular prescription. For some time, coloured stickers—red for intramuscular injections and yellow for oral drugs—had been used in patient notes to highlight the use of such medication. The stickers prompted staff to record how well the patient responded and the bright colours in the notes were a crude visual cue as to how well the patient might be.

An audit of the stickers at New Craigs found that, when such drugs were being used, more than 50 per cent of the time the patient had only a slight improvement or no improvement in symptoms. Of course, the discovery that an intervention does not work half the time warrants a response. The pilot team proposed seeing whether alternatives to medication might be of more benefit to patients. All the staff, including my pharmacy colleagues, had training on decider skills. The training was excellent and the techniques are popular with staff and patients alike. It is clear that learning those skills and teaching them to patients has the potential to have a much longer-lasting benefit than medication has. Now, in addition to the yellow and red stickers system, a green sticker is used to record the score of psychological interventions from the perspective of both the nurse and the patient. I hope that that example demonstrates the power of such incontrovertible data to drive change.

Fundamentally, the SPSP empowers staff at the coalface. My colleagues are increasingly turning to the methodology as a standard approach to problem solving and process improvement. As I have mentioned before, the Government is enabling all healthcare professionals to develop and take on new roles. To support GPs and other primary care colleagues, the pharmacists at New Craigs have all trained as prescribers and are taking their skills from the hospital into the community. The SPSP methodology will be ingrained in that change, to identify and improve any processes that are not working well.

Scotland is leading the way with the Scottish patient safety programme. Our ambitious and comprehensive approach to improving the safety and quality of care might have caught the interest of the rest of the world, but it is the results that have made it really impressive.

16:11

Alison Johnstone (Lothian) (Green): The Government’s motion acknowledges the success of the Scottish patient safety programme and it acknowledges the significant challenges that the NHS faces. Given the scale of those challenges, we must take stock of approaches that work, learn from them and build on opportunities to expand them.

The amendments that have been lodged all—rightly—address workforce shortages, which undermine the efforts of our NHS staff to provide the best possible care. Appropriate staffing levels are essential to patient safety, and demand is often outstripping supply. The latest Information Services Division figures show that many patients are facing unacceptable waits for diagnostic tests and treatment. I am worried that, although our health service is delivering very high standards of safe care to most patients, many others are being left for too long without the care that they need.

The Government points to its long-term strategy, but we need urgent action to improve access to care for patients who need it today. We have been promised a new national workforce plan, but I am not encouraged by recent actions such as the modest uplift in student nurse numbers. An increase of 142 in the number of student nurses is not ambitious enough when 28 per cent of nursing posts in the care home sector are vacant. Bliss Scotland’s report on our maternity and neonatal services found that many of our neonatal units do not have enough nurses in post and that most struggle to ensure that nurses get appropriate specialist training.

Training and support are essential. We know that, when staff are well supported and their experience is valued, they can achieve fantastic results for patients. The patient safety programme has delivered some of the best examples of improvements in our healthcare system, and that is because it gives staff the opportunity to drive change themselves, as we have heard. Learning from that approach can help to make our hospitals and community health services more attractive places in which to work.

Sometimes NHS targets are criticised for creating perverse incentives, contributing to a tick-box culture and putting processes, not patients, first. However, the patient safety programme set ambitious goals and has surpassed many of them. In its briefing for us last November, the Royal College of Nursing said:

“There have been real improvements in the way health services are delivered in Scotland over the last 10 years, for example, the patient safety programme.”

Colleagues have mentioned the 16 per cent reduction in hospital mortality, the 18 per cent

reduction in stillbirth rates and the 21 per cent reduction in mortality from sepsis, which are clear and significant improvements. They have all been achieved by staff working together to review their practice, question their normal processes and develop safer alternatives. That is brave work, and I thank all the staff who have been involved in the pilots, collaboratives and improvement projects across Scotland.

I am glad that the patient safety programme is moving into care homes. Its target of reducing harm from pressure ulcers by 50 per cent in hospitals and care homes by December this year will greatly improve many people's quality of life. We need to ensure high standards of safety as health and social care is integrated, and this is the kind of approach that we need.

I want the programme's successes to reach even further—not just to care homes but to those who are cared for at home and in our communities. People often feel that a frail elderly relative would be safer in hospital and that that would be the best place for their relatives, because they are more confident that risks will be minimised there. However, we also need to use the patient safety programme's rigorous approach to improve the safety of vulnerable people who are cared for at home. That poses clear challenges because, at the moment, social care staff do not have much chance to lead improvements in care services. They often have to work in relative isolation, under pressure and with few opportunities for training and development.

One strand of the patient safety programme is its highly regarded fellowship programme, which allows clinicians to develop their leadership skills, strengthen collaborations and learn directly from international experts. It is crucial that we invest in our future clinical leaders. In the long term, we have to develop equivalent mentoring, training and expert support for our social care staff.

Back in our hospitals, there are concerns about consultants' ability to teach up-and-coming medical students. That, too, has implications for patient safety, and it leads to the perception that Scotland is a 9:1 country. That is the very reason that has been cited by consultants who are not attracted to practising medicine here, and it impacts on consultants' contribution to the NHS.

The Deputy Presiding Officer: You should close now.

Alison Johnstone: Thank you. A crucial aspect of the programme is the way in which it encourages people to be open about failure. Great successes have been highlighted in the debate, and we should be proud of the staff who have led this challenging work, because they have looked not just for good news stories but for examples of

failure that others can learn from. I applaud all those who have contributed to the patient safety programme and its outstanding achievements.

16:17

Clare Haughey (Rutherglen) (SNP): I refer members to my entry in the register of members' interests as a registered mental health nurse.

I am proud to say that Scotland's health services are again leading the world in innovation. Because of the Government's commitment to the sector, we are rolling out new ways of delivering healthcare in 21st century Scotland. The wider integration of health and social care—which, again, has been spearheaded by the SNP Government—is an acknowledgement that caring for individuals without looking at all their needs can get us only so far. We recognise that in Scotland we need an holistic system if we are to tackle problems with multiple contributing factors, and the Scottish patient safety programme recognises that, too.

Nowhere is that more evident than in what was my clinical practice—mental health services. When we look to treat the person rather than the condition, we take into account their experience of their illness, their individual strengths and what their recovery means to them. That approach is especially relevant for people who are receiving treatment from mental health services, because those patients frequently experience the kinds of unique challenges that the SPSP tackles.

The programme does that through five main workstreams: safer medicines management, risk assessment, violence and restraint reduction, communication and strong leadership. That five-pronged process works by placing on healthcare professionals the requirement to gather information systematically on those key areas and to tailor their care for the individual accordingly, based on evidence.

The patient safety climate tool was created to deliver that and to ensure that patients' voices are heard when their care is being planned. The tool invites patients with mental illness to record their experiences of receiving treatment, from how they feel on the ward to how their medication is affecting them. Staff are committed to acting on the feedback that the patient gives them. For patients, it is an empowering experience.

However, it is more than that; it is an extremely effective system, and its success is borne out in the figures. More than 600 patient safety climate tools and 3,000 staff climate surveys have been completed in the past four years. Those have gathered patient and staff feedback—a huge amount of real intelligence on patients' experiences and the experiences of staff on the

wards. It is already having a demonstrable effect on care, with participating wards showing massive improvements. My colleague Maree Todd alluded to the following: there are reductions in restraint of up to 57 per cent, reductions of up to 70 per cent in the number of patients who self-harm and reductions in rates of violence of up to 78 per cent. Those are amazing figures that all of us in the chamber can support. When violence drops to a quarter of the existing level and when self-harm drops to less than a third, that is a massive improvement in the lives of real people—patients and health professionals. It presents a fantastic opportunity to improve mental healthcare nationwide and to share our learning internationally. Those numbers should be applauded: they are concrete evidence that using a human-rights-centred approach in mental healthcare simply works.

When we engage with patients, use their feedback and tailor their care and environment appropriately, everyone involved benefits. When we empower healthcare workers to share their experiences, to learn from their patients and to tailor their approach, we ensure that care is personal and that outcomes are improved for everyone. We are fortunate, with a devolved NHS, that we can seek to implement holistic human-rights-centred solutions to the specific problems that Scotland faces. With mental health wards already experiencing the benefits, I look forward to the approach rolling out to more services across the country.

16:21

Jeremy Balfour (Lothian) (Con): I declare an interest in that I have a number of family members who work in the NHS.

The Scottish patient safety programme was launched in January 2008 as a five-year national programme to reduce mortality and the number of adverse events in acute hospital settings. Undoubtedly, there have been successes, with the number of deaths having been cut by 15 per cent and the number of adverse incidents having been cut by 30 per cent over the past five years. The most recent phase of work was completed in March 2016, and reductions in harm were reported, which can only be welcomed by everyone.

The care that is provided by NHS staff is fantastic—we all agree on that. The fact that we sometimes criticise or comment on Scottish Government policy does not mean that we are attacking front-line staff. It is unhelpful when members of the Government party keep saying that we are attacking front-line staff when, in fact, we are pointing out what a good job they are doing in very difficult circumstances.

Clare Haughey: Perhaps Mr Balfour and his colleagues might reflect on some of the language that they use in the chamber when they describe the NHS—emotive language such as “crisis”—and the effect that it has on the staff who work in the NHS.

Jeremy Balfour: It is nothing to do with the front-line staff; it is all to do with the Government and its lack of action.

The SPSP has definitely helped to create a safer culture, but staffing levels play an essential part in patient safety, and currently, across a range of clinical specialties, the NHS is facing severe workforce and staffing issues. When we look at what is coming up in the next few years, it is likely that the situation will only get worse.

A freedom of information request that was made by the Scottish Conservatives earlier this year revealed that dozens of adverse events are recorded every day in the dementia wards of Scotland’s hospitals. More than 160,000 such incidents have occurred in the past six years, as an under-pressure health service attempts to deal with an ageing population, with incidents ranging from falls, to assaults on staff, to self-harm, to patients leaving secure facilities. Much more serious is that bosses at NHS Greater Glasgow and Clyde said that adverse events had resulted in the deaths of 49 patients since 2011.

Patients in dementia wards are among the most vulnerable in our hospitals and deserve the best possible care—both for their own sake and for the comfort of family members. There is no question that wards that deal with dementia patients are very challenging places in which to work. In such environments, many of the adverse incidents will have been unavoidable. Once more, it is a credit to front-line staff that they deal with such incidents daily.

Patients in those wards and their families will be extremely worried about the sheer scale of the flashpoints. A significant number of incidents were put down to staffing shortages or to lack of adequate resources and training. Again, that is not the fault of those on the front line, but of the Scottish Government.

Although the SPSP is playing an important role in improving safety and keeping patients safe, we need to see a plan to ensure that our staff and hospitals are equipped for all the future challenges that they will face.

16:25

Richard Lyle (Uddingston and Bellshill) (SNP): As a member of the Health and Sport Committee, I am delighted to be taking part in the debate on the Scottish patient safety programme.

The Scottish patient safety programme is the world-leading first-of-its-kind system to be implemented on a national basis. Focused on advancing the safety and reliability of healthcare, the Scottish patient safety programme includes safety improvement programmes for acute adult care, healthcare associated infections, maternity and children's healthcare, medicines, mental health and primary care. It is an international benchmark for safe care.

The programme demonstrates a key relationship between the Scottish Government and NHS Scotland, in the shared desire to provide safe care and to reduce harm, as well as to achieve sustainable high-quality healthcare for everyone in Scotland. In particular, Healthcare Improvement Scotland has partnered the NHS to achieve the goals that are set out by the SPSP to help NHS Scotland to

“deliver high quality, evidence-based, safe, effective, and person-centred care; and to scrutinise services to provide public assurance about the quality and safety of that care.”

The idea of evidence-based care is reliant on having close and personal hands-on staff throughout the NHS in a variety of care settings all over the country. Their attentiveness to each individual patient is what has allowed for the continued reliability and improvement of routine healthcare systems and processes. The impressive work that has been demonstrated by NHS Scotland staff has progressed since 2008, despite the demands that stem from the ageing population in addition to those that arise from integration of health and social care services.

Since its 2008 implementation, the Scottish patient safety programme has seen improvements in healthcare across all individual safety improvement programmes. For instance, the safety improvement programme for mental health has seen an increase in the number of wards and units showing improvements in rates of violence and restraint: since 2008 there has been a reduction of up to 64 percent in patient restraint, a 75 per cent reduction in patients self-harming, and a reduction of up to 80 percent in rates of violence.

In 2012, the acute adult programme had done so well that the then Cabinet Secretary for Health and Wellbeing expanded its aims, on top of its primary responsibilities, which included building capacity and capability within clinical and non-clinical roles. The new aims were to reduce mortality further and to reduce harm that is experienced by patients in Scotland's acute hospitals. That has been achieved through continuous improvement.

The groundbreaking work that the Scottish patient safety programme has achieved is unique to Scotland among healthcare programmes internationally. Its aim to reduce Scottish hospital

mortality rates in a safe and effective way has been incredibly successful thus far.

In the coming years, NHS Scotland and Healthcare Improvement Scotland will face challenges concerning the wellbeing of Scots. However the innovative improvement approaches that have been implemented by the Scottish patient safety programme will make those challenges surmountable.

Once again, the initiative is a perfect demonstrator of the incredible service that is the national health service. I am proud that we here in Scotland continue not only to protect our NHS and deliver world-leading healthcare, but to pioneer innovative approaches such as the SPSP.

I pay tribute—as I do in any health debate—to all the people who work in our NHS. I previously worked as a part-time out-of-hours driver for doctors in NHS 24 and have personally seen the excellent work that is done by all the staff in Lanarkshire's accident and emergency departments.

We have one of the best health services in the world. Since coming to Parliament in 2011, I have seen health spending increase tremendously. Yes—there is more to do, but let us stop kicking the health political football. We have to look seriously at what we are doing, what we are providing, how we can improve it and how we will support our health providers. I, for one, am glad that the cabinet secretary is totally committed to the brief—and I thank her for that.

The Deputy Presiding Officer (Christine Grahame): Thank you very much, Mr Lyle.

We have one culprit not here for the closing speeches—although, at one point, Anas Sarwar was holding his breath, too, hoping that he would not have to sum up for Labour. Undoubtedly, the SNP whip will let Fulton MacGregor know that, as he spoke in the debate, it would be good if he could come in—just to let us have his company—during the summing-up.

We move to the closing speeches now, and Alex Cole-Hamilton will close for the Liberal Democrats. He has five minutes.

16:31

Alex Cole-Hamilton: We have had an excellent debate this afternoon. There is a lot of common ground in our recognition of and support for the work of the Scottish patient safety programme. That was wonderfully delineated in Mr Lyle's excellent speech, which laid out in granular detail the successes and the huge advances in patient safety that the programme has delivered.

Donald Cameron noted that the Opposition amendments today are very similar. The references to workforce planning were entirely unco-ordinated, but they show the depth of political concern on the matter. Although it feels as though Donald Cameron, Anas Sarwar and I have turned up at the same party in the same frock—again—it demonstrates the significance that parties across the chamber attach to the NHS staffing crisis. Alison Johnstone eloquently echoed that point when she put forward the Green Party perspective.

We have heard time and time again that staff shortages are having a material impact on patient safety in our NHS and social care workforce, because appropriate clinicians are not available or, if they are, are being worked to the point of burnout. Brian Whittle made excellent points about the impact that that can have on staff safety, particularly the effect of staff absences, which, in turn, exacerbates the wider problem. Although Fulton MacGregor recognised the importance of having a full staff complement, he did not pay heed to where we would get that from and how we should address the crisis.

The cabinet secretary—and I thank her for this—opened up an avenue of this discussion that I had not considered by referring to the excellent report published by the chief medical officer, Dr Catherine Calderwood, entitled, “Realising Realistic Medicine: Chief Medical Officer’s Annual Report 2015-16”.

Clare Haughey—rightly—pointed to the need to have rights-based patient planning. Nothing makes that point finer than the treaty espoused in the CMO’s report. It speaks to my core values as a liberal that, ultimately, when equipped with all the information about their situation, patients will make the decisions that are right for them. Sometimes those decisions will surprise their clinicians, with their choosing fewer life-extending interventions in favour of spending the last few days in the comfort and dignity of their family home. I hope that we have opportunities in the chamber to unpack further the intellectual arguments about quantity versus quality of life and about the harm that too much focus on the former can do.

Donald Cameron said that those in the chamber are united in agreeing that the programme is internationally recognised. The member outlined the context against which it was originally brought in and the measurable impact that it has had in not just reducing harm but saving human life and reducing preventable deaths—a theme that was picked up by Jeremy Balfour.

Anas Sarwar rightly pointed out and referenced the spectre of major service redesign and the potential impact that that might have on patient safety. He asked whether that should receive the

full scrutiny of Parliament, as we have voted for it so to do.

Elaine Smith made excellent points about access to medicine, underscored by harrowing examples of the blockage preventing patient flow through our health system. Indeed, thousands of bed days are lost to delayed discharge. Much of what she covered was to do with older people’s needs.

I very much hope that, in its closing speech, the Scottish Government will respond to my call for a national falls strategy. Jeremy Balfour touched on that in his contribution about the needs of dementia patients, dementia wards and the distance that we still have to travel.

Maree Todd kindly referred to our amendment but said that a step change was happening in mental health. I take issue with that. Last week, she and I attended the same mental health conference, at which it was clear that we are far from making a step change in mental health. We still lack talking therapists in every GP surgery in the country—and the Liberal Democrats will not cease from calling for that because it is the only way of delivering on the Scottish Association for Mental Health’s call for people to be able to ask once and get help fast. The same applies to investment in child and adolescent mental health services and other mental health services.

That said, we are well served in the Parliament by having the expert professional knowledge of members such as Emma Harper, Clare Haughey and Maree Todd. In a spirit of cross-party consensus, I look forward to hearing their contributions and following their guidance on the matter. They are right that the patient safety programme is world leading and we can all justifiably be proud of it. The Opposition amendments seek not to denigrate it but to enhance it.

16:36

Colin Smyth (South Scotland) (Lab): During the debate, members have all acknowledged the positive impact that the Scottish patient safety programme has had since its establishment in 2008. Richard Lyle in particular summarised the successes well.

Among other things, the cabinet secretary highlighted the success of the surgical safety checklist, on which Scotland is leading the way. We should all be proud of that. She stressed the fact that the programme’s encouraging outcomes have expanded recently to include paediatric and neonatal care, maternity services, mental health services and primary care. That has increased the programme’s positive impact on our health and wellbeing by, for example, improving mortality

rates, as the cabinet secretary and Donald Cameron stressed.

Alison Johnstone also made the valid point that the programme had surpassed its initial goals. However, a number of members made important, constructive suggestions for further improvements. I refer, for example, to Brian Whittle's point about consistency in the measurement of adverse incidents and Alex Cole-Hamilton's call for a national falls strategy.

It is important that we build on the programme's success. The overall trend in premature deaths is one of steady improvement. Life expectancy in Scotland has risen from 64 years for men and 69 for women when the NHS was established to 77 for men and 81 for women today. However, that paints only part of the picture. Premature death is still much more common in Scotland than in England and Wales. Elaine Smith highlighted the fact that there are huge disparities between deprived and more affluent communities. As the Health and Sport Committee's report on health inequalities said in 2015:

"A boy born today in Lenzie, East Dunbartonshire, can expect to live until he is 82. Yet for a boy born only eight miles away in Carlton, in the east end of Glasgow, life expectancy may be as low as 54 years, a difference of 28 years or almost half as long again as his whole life."

The solutions to that appalling fact cannot be tucked away in patient safety—or any part of the national health service—or written off as a problem of individual behaviour. If we want to tackle health inequality, we need to be more serious about tackling wealth inequality.

Every speaker has rightly stressed the often heroic efforts of our health and social care workforce and the outstanding contribution that they make to our health and wellbeing. As Anas Sarwar said, there would be no patient safety programme without the work of our healthcare staff. However, the truth is that there are not enough of them to keep doing what we want our NHS to do. It is not good enough for some SNP speakers to keep saying that we have more doctors and more nurses, but to fail to acknowledge that staffing levels are simply not keeping up with growing demand.

We need an honest debate about the future funding and staffing of the health and social care sector. We all accept that we have an ageing population and more people with complex care needs. However, despite a growing demand for services, local health boards are still being hit by significant health savings targets of £1 billion over the next four years. Those cannot be achieved without impacting on services.

The cuts come at a time when the NHS is struggling to recruit and retain staff, a problem that

is exacerbated by the number of unfilled trainee and specialist posts. One in four of our GP practices reports a vacancy, and we have a ticking time bomb of GPs queueing up to retire. The Royal College of General Practitioners has predicted that, by 2020, Scotland will have a shortfall of 830 GPs—the number needed just to return to 2009 levels.

It is not just in GP numbers that we have a crisis—and yes, it is a crisis. There are more than 350 consultant vacancies, nearly half of which have been vacant for more than six months. There are 2,500 nursing and midwifery vacancies, including more than 300 unfilled mental health nurse posts.

The consequence of the failure of the Government's workforce planning is not only high vacancy rates and training posts going unfilled across the NHS, but an increase in the burdens on existing medical staff, which add to an already unsustainable workload. Dr Peter Bennie, the chair of the British Medical Association in Scotland, has warned that our NHS workforce is "stretched pretty much to breaking point".

Emma Harper shared her own invaluable experience, but she also touched on the issue of staff morale. Let us look at what really damages staff morale. The Royal College of Nursing surveyed its members and revealed that 90 per cent said that their workload has got worse. That is what damages staff morale. NHS Scotland's own staff survey showed that only a third of NHS staff feel that there are enough staff to do their job properly. That is what damages staff morale.

Emma Harper: Will the member take an intervention?

Colin Smyth: Very briefly; I am in my last minute.

The Deputy Presiding Officer: I had a sixth sense that Miss Harper was going to rise to that—she did not let me down.

Emma Harper: Thank you, Presiding Officer. On staff morale, it does not matter what a nurse does in a shift, she or he will always feel that they could do more. The surveys are sometimes not the best way of portraying morale. I am sure that Mr Sarwar is helping Mr Smyth with a response to that right now.

The Deputy Presiding Officer: I will give you your time back, Mr Smyth.

Colin Smyth: I hope that Emma Harper will actually read the surveys that have been published by the Royal College of Nursing—90 per cent said that their workload has got worse. NHS Scotland's own staff survey said that only a third of

staff felt that there were enough staff to do their job properly.

What impacts on staff is a shortage of staff, the failure of proper workforce planning and the fact that we are asking our staff to do too much with too few of them. It is about time that the Government started to acknowledge that that is a problem, instead of burying its head in the sand and pretending that we have enough nurses and doctors.

To conclude, Labour members will back the wording of the Government's motion and show our support for the patient safety programme, but we will also back the hard-pressed nurses, doctors and all health and social care staff by backing the amendments and showing support for a staff team that is overstretched and underresourced by this Government.

The Deputy Presiding Officer: Thank you. I call Miles Briggs to close for the Conservatives.

16:42

Miles Briggs (Lothian) (Con): I am pleased to close the debate. It has been useful and there has been much consensus, although perhaps not between the SNP and Labour members. However, we can all support the aims of the patient safety programme to reduce mortality and adverse events in all NHS settings.

While we recognise that the Scottish Government has made progress, Donald Cameron was right to highlight the importance of staffing levels when it comes to patient safety. Other members have raised legitimate issues around specific services including maternity and neonatal care and paediatrics. I pay tribute particularly to the points raised by Brian Whittle and Alison Johnstone, who highlighted midwife recruitment, a key concern that many of us have been told about by constituents.

A number of members mentioned the care of the elderly in hospitals, which is an issue that I am particularly concerned about. A recent freedom of information request showed that each year in hospitals in my NHS Lothian region there are typically at least 3,000 instances of elderly patients suffering falls in elderly care and dementia wards, and that a significant proportion of those falls cause moderate or major harm to patients. We need to make sure that all measures are put in place in elderly care wards to ensure that falls are minimised, including having enough staff on duty at all times to care for and monitor patients.

As well as causing fractures and affecting mobility, falls can destroy the confidence of older people and make them less likely to undertake the physical exercise that is so important to

maintaining their overall health. Alex Cole-Hamilton spoke about preventing such falls, and I totally agree with what he said. The cost to the NHS of treating falls is significant, and investment in fall prevention can save under-pressure NHS resources, so we need to look at that.

Technology will play a huge role. Just last week, I visited a company called Snap40 that is "the doctor at your side". I welcome the fact that they will undertake two pilots in NHS Scotland. The continuous monitoring device that they have developed can automatically identify the warning signs of health deterioration. We need to lead on technology like that here in Scotland.

As my party's mental health spokesman, I welcome the progress that was identified in the "SPSP Mental Health: End of phase report" from November 2016, which covers 2012 to 2016 and has influenced the development of mental health safety principles. As the cabinet secretary said, there is some positive data in the report, including examples of reductions in restraint of up to 57 per cent, a reduction in the percentage of patients who self-harm of up to 70 per cent, and a reduction in the rates of violence of up to 78 per cent. Maree Todd said that we should pay tribute to all those who work in our mental health services who have helped to achieve such significant progress.

Although the work that has been undertaken focuses on our acute mental health service wards, we look forward to the roll-out of similar approaches to in-patient mental health services across Scotland. That will be challenging, but is important, and I hope that the Scottish Government will make sure that it is progressed within the mental health strategy.

I also welcome the fact that the SPSP-MH will support the work of the equally fit project in reducing physical health inequalities for those who suffer from severe mental illness, along with Support in Mind Scotland, See Me Scotland and Bipolar Scotland.

The need for the patient safety programme to be supported at all levels of healthcare provision and across services is vital, from NHS board level to local teams within hospitals to GP practices and community pharmacies and I hope that the Scottish Government will take that support forward.

It is important for all parts of our health service and all NHS workers to share the aims of the safety programme, to share relevant information and best practice and to work collaboratively. As Elaine Smith said, it is also important to ensure that NHS staff are adequately supported to be able to implement the programme and encourage further development and training.

It is also worth reflecting that many patients can find the acute hospital setting to be a disorientating environment and experience. On a recent trip to the Queen Elizabeth hospital in Glasgow, the Health and Sport Committee saw a "What matters to you?" board in a room in the specialist dementia care unit. Those patient information boards show the things that are most important to individuals and they are incorporated into the care planning and delivery process. The bedside boards display information at a glance and form part of the conversation with the patient and their family. They have helped to personalise care by providing quick prompts for how to relieve distress for some patients and they act as an aid for non-permanent members of the care team, informing them about important issues to facilitate communication with patients. The information is updated as and when changes occur for the individual. I was particularly impressed with that and I hope that the initiative will be rolled out as a national standard across Scotland.

I also highlight the problem of hearing aids and reading glasses being lost. As a new MSP, I have been struck by the number of people who have contacted me to say that their loved ones have had their hearing aids or glasses lost when they have been taken between the care home and hospital appointments, for example. We need to look at that. In some of the cases I have dealt with, the individual has been really upset by the loss and their health has deteriorated. I hope that the Scottish Government will look at that.

Clare Haughey and Richard Lyle used today's debate to talk about Opposition members talking down our health service and I have to say that that could not be further from the truth.

Clare Haughey: Will the member take an intervention?

Miles Briggs: I do not have time and we have heard enough today.

The Deputy Presiding Officer: The member is in his final minute.

Miles Briggs: I meet NHS staff often and see them under pressure, and I have them in mind when we come to the chamber for these debates. We have the right to be their voice in this Parliament. When the Royal College of General Practitioners and the RCN tell us that there is a crisis in the service, we have a duty to highlight it to the Parliament and we make no apologies for doing so. We support our NHS staff 100 per cent. As I have said in the chamber previously, the NHS does not depend on the SNP Government; it depends on those who work in our health service day in, day out and we need to make sure that their voices are heard.

The Scottish Conservatives welcome today's debate and support the aims of the Scottish patient safety programme to minimise adverse events and avoidable harm in the health service. We recognise that good progress has been made but there are still a lot of important improvements to put in place to ensure that patient safety outcomes are as good as they possibly can be. We look forward to the Scottish Government providing the national leadership required to drive forward the programme and the funding to support all parts of our NHS to deliver best practice.

16:50

The Minister for Public Health and Sport (Aileen Campbell): I am pleased to close today's debate because, although we are not blind to the challenges, it is right that we pause to recognise the phenomenal improvements brought about by the Scottish patient safety programme. Maree Todd and Emma Harper's professional analysis of the impact of that important approach in their contributions was compelling because, as the cabinet secretary outlined, there has been a 24 per cent reduction in surgical mortality, a 21 per cent reduction in sepsis mortality, an 18 per cent reduction in stillbirths, a 93 per cent reduction in healthcare-associated infections, and a 78 per cent reduction in ventilator-associated pneumonia.

I welcome the largely consensual comments from members who have chosen to be constructive in participating in the debate. I will single out Alex Cole-Hamilton, who made an informed contribution; I recognise his continued interest in making improvements to mental health services. Likewise, Miles Briggs made points that I know will be taken on board by my colleague Maureen Watt, who recently announced the managed clinical network on perinatal mental health, which will be a priority in the implementation of the recommendations that were set out by Jane Grant in "The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland".

Although there are challenges around delayed discharge, as Alex Cole-Hamilton and others mentioned, since 2011 there has been an 11 per cent reduction in bed days lost. Alex Cole-Hamilton also commented that falls were more feared by the elderly than crime, and we are making progress on that. Efforts are being made in hospitals and care homes to take action on falls. For example, NHS Grampian has reduced falls by 14 per cent, and there has been a reduction in falls more generally right across the country. Alex Cole-Hamilton, Miles Briggs and others are right to say that we must continue to focus on that, which is why, in my portfolio, which includes sport, it is also imperative that we do what we can to get our

older population more active so that they have the resilience to cope with falls that may happen to them in later life. I am happy to continue that dialogue with Miles Briggs and Alex Cole-Hamilton, and indeed with Elaine Smith, who I see is keen to raise a point with me now.

Elaine Smith: Does the minister agree that, if we are to keep older people more active, making them wait for up to 24 weeks for operations such as hip replacements is not acceptable?

Aileen Campbell: We have capacity in the Golden Jubilee hospital. I understand the points that Elaine Smith raises about NHS Lanarkshire, and we continue to engage with that health board to support it in making better progress on some of these issues. Her question is relevant, but we are ensuring that there is capacity in other hospitals to cope with some of the demand, and we will continue to work through the issues and to engage with her on what is happening in that local setting.

I want to look ahead to what is next for the Scottish patient safety programme. The teams in the Scottish patient safety programme are ambitious. They have reviewed the varied work and many achievements to date. Looking forward, the programme will have a much wider focus on the overall patient journey. That will ensure that sick patients are identified appropriately and timeously, that they receive their medicines safely and effectively, and that they move through their healthcare journey as safely as possible.

During 2016, the content and delivery methods for the future programme were reviewed. That identified three core themes under which future work will be planned: prevention, recognition and response to deterioration; medicines; and system enablers for safety. A greater focus will be placed on designing improvement activity across pathways of care with a focus on NHS boards and partnerships setting their own priorities and outcomes to be achieved to meet local needs.

While improvements continue to take place in healthcare settings, improvement methodologies from the programme are also being applied across the public sector in Scotland, whether in education, justice or beyond, and we are spreading our improvement approach beyond the boundaries of health and social care—Alison Johnstone touched on those points. The children and young people improvement collaborative is central to our work to make Scotland the best place in the world to grow up. It joins up the early years collaborative and the raising attainment for all programme to use quality improvement approaches to deliver improvements throughout a child or young person's journey, to support positive experiences in the early years and educational attainment.

I think that I might have to have an improvement approach to my own voice, which is deteriorating—

The Deputy Presiding Officer: You can pause for a sip of water. We will understand.

Aileen Campbell: Our health and social care delivery plan, which was published on 19 December, sets out how we will further enhance health and social care services so that the people of Scotland can expect to live longer, healthier lives at home or in a homely setting.

We will have a health and social care system that is fully integrated and which focuses on prevention, anticipation and self-supported management. It will make day-case treatment the norm where hospital treatment is required and cannot be provided in a community setting; it will focus on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and it will ensure that people get back into their home or community environment as soon as appropriate, with minimal risk of readmission.

The Deputy Presiding Officer: Could members please be quiet? The minister is struggling womanfully on through a bad cold and members are all chattering and chattering away, so stop it.

Aileen Campbell: I am struggling. Thank you, Presiding Officer, for your sympathy and your very matronly approach to this.

The Deputy Presiding Officer: Not at all.

Aileen Campbell: In its ninth year, the Scottish patient safety programme continues to grow, to mature and to develop to meet these new challenges in the new integrated environment. Increasingly, the emphasis will be on supporting NHS boards and health and social care partnerships to identify their local priorities. The programme will act to tailor any improvement support that is required to meet those local priorities.

To return to some other points raised by members, many members raised the issue of the workforce. Although it is absolutely right to hold the Government to account and we would never deny any Opposition member the opportunity to do that, we must also be mindful of the words of Emma Harper and Clare Haughey, who pointed out the impact of consistent negativity on the morale of our NHS staff, who work daily on our behalf to help others. The Government is committed to supporting and developing our workforce. Staffing has increased. Qualified nurses and midwives numbers are up by 4.9 per cent. The cabinet secretary announced a 4.7 per cent increase in intake to pre-registration nursing and midwifery programmes for 2017-18, which

means 151 extra places. That is the fifth successive rise and it equates to 3,360 new places. We have committed to retaining the nurse student bursary, unlike in the rest of the UK.

Anas Sarwar: I thank the minister for taking an intervention, which I am making purely out of solidarity—I thought that I would give her a chance to get a sip of water, as she is struggling. Can she address the point that was made by Dr Peter Bennie that, if the workforce crisis is not addressed, it will lead to “personal breakdown” and then “system breakdown”?

Aileen Campbell: We have the workforce plan, which is coming out. I noticed what Anas Sarwar announced at the weekend—again, he is playing catch-up with action that this Government has already taken and I think that he should take cognisance of that fact and of the improvements that we have made. He puts his hands up—“10 years, 10 years”. Under his party, Monklands A and E and Ayr A and E would have been closed for 10 years. I think that our record is a positive one and a good one and we will continue to govern effectively for our NHS.

In relation to our support for the NHS workforce, Clare Haughey made an important point about empowerment. The improvement approach empowers practitioners. The programme and the CMO’s broadening of realistic medicine also mean that we are empowering patients to be in control of their own care. However, we know that there are challenges, which is why we are developing a workforce plan and will continue to engage with Opposition members on the strategic future of the NHS, when their voices are constructive.

Bruce Crawford intervened on Anas Sarwar’s contribution—or “chuntering”, as he described it—to ask a simple question about why Labour did not commit to more funding for the NHS in its manifesto. It was this party—the SNP—that pledged the most financial support for the NHS and it is this Government that has delivered and will deliver on that pledge. No matter how much the Opposition does not like to hear it, unfortunately, that uncomfortable truth for Anas Sarwar is one that this Government will continue to repeat, as we continue to deliver for our NHS.

Miles Briggs mentioned “What matters to you?” and I was desperately trying to find in my notes when the next “What matters to you?” day will be, as last year’s day was such a success. I will get back to him on that.

I will again quote Don Berwick, who said:

“In my opinion Scotland should be extremely proud of what it’s done in the improvement of healthcare and extremely excited about what it can do now with the ambition to make Scotland the healthiest country in the world. It may be the leading example in the world”.

On that point, I will conclude. However, I think that we should all be grateful for the impact, effort and dedication of our committed NHS staff, who allow us to be able to showcase Scotland’s NHS on that global stage.

Criminal Finances Bill

16:59

The Presiding Officer (Ken Macintosh): The next item of business is consideration of motion S5M-03924, in the name of Michael Matheson, on the United Kingdom Criminal Finances Bill.

Motion moved,

That the Parliament agrees that the relevant provisions of the Criminal Finances Bill, introduced in the House of Commons on 13 October 2016, relating to amendments to the Proceeds of Crime Act 2002 and the Anti-terrorism, Crime and Security Act 2001, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.—[*Michael Matheson*]

Parliamentary Bureau Motions

17:00

The Presiding Officer (Ken Macintosh): The next item of business is consideration of three Parliamentary Bureau motions. I call Joe FitzPatrick to move motions S5M-04332, S5M-04333 and S5M-04335, on approval of Scottish statutory instruments.

Motions moved,

That the Parliament agrees that the Continuing Care (Scotland) Amendment Order 2017 [draft] be approved.

That the Parliament agrees that the Scottish Landfill Tax (Standard Rate and Lower Rate) Order 2017 be approved.

That the Parliament agrees that the Schools (Consultation) (Scotland) Act 2010 (Modification) Regulations 2017 [draft] be approved.—[*Joe FitzPatrick*]

Decision Time

17:00

The Presiding Officer (Ken Macintosh): There are six questions to be put as a result of today's business. The first question is, that amendment S5M-04324.1, in the name of Donald Cameron, which seeks to amend motion S5M-04324, in the name of Shona Robison, on the Scottish patient safety programme, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-04324.2, in the name of Anas Sarwar, which seeks to amend motion S5M-04324, in the name of Shona Robison, on the Scottish patient safety programme, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Hamilton, Rachael (South Scotland) (Con)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)

Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Thomson, Ross (North East Scotland) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Evans, Mairi (Angus North and Mearns) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)

Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division is: For 62, Against 61, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S5M-04324.3, in the name of Alex Cole-Hamilton, which seeks to amend motion S5M-04324, in the name of Shona Robison, on the Scottish patient safety programme, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Hamilton, Rachael (South Scotland) (Con)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)

McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Thomson, Ross (North East Scotland) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Evans, Mairi (Angus North and Mearns) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)

McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division is: For 62, Against 61, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S5M-04324, in the name of Shona Robison, on the Scottish patient safety programme, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Hamilton, Rachael (South Scotland) (Con)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)

Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Thomson, Ross (North East Scotland) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Evans, Mairi (Angus North and Mearns) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)

Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division is: For 62, Against 61, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament recognises that the work of the Scottish Patient Safety Programme, which is the first programme of its kind to be implemented on a national basis, is world leading and represents the international benchmark for safe care; notes the efforts of the many staff throughout the NHS in a variety of care settings all over the country to ensure that the people of Scotland can undergo safe and effective treatment; acknowledges the huge challenges that face the NHS in meeting the demands of an ageing population and those of integrating health and social care services; recognises the role that innovative improvement approaches can play in helping to meet those challenges; notes that staffing levels are essential to patient safety; believes that, across a range of clinical specialities and across the country, the NHS is facing severe workforce and staffing issues; therefore believes that to sustain further progress on patient safety, further action on staffing must be a priority; thanks Scotland's health and care staff for all that they do, but understands from listening to the workforce that services are facing a situation in which demand is often outstripping supply, with rising vacancy rates in key areas, key standards missed and a situation that the BMA Scotland has described as being 'near breaking point', and believes that action to reduce harmful and avoidable incidents would be strengthened by ending the NHS recruitment crisis, following warnings from frontline professionals that shortages pose a risk to patient safety, developing a national falls strategy and delivering a step change in mental health services.

The Presiding Officer: The next question is, that legislative consent motion S5M-03924, in the name of Michael Matheson, on the United Kingdom Criminal Finances Bill, be agreed to.

Motion agreed to,

That the Parliament agrees that the relevant provisions of the Criminal Finances Bill, introduced in the House of Commons on 13 October 2016, relating to amendments to the Proceeds of Crime Act 2002 and the Anti-terrorism, Crime and Security Act 2001, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.

The Presiding Officer: The next question is, that Parliamentary Bureau motions S5M-04332, S5M-04333 and S5M-04335, on approval of Scottish statutory instruments, be agreed to.

Motions agreed to,

That the Parliament agrees that the Continuing Care (Scotland) Amendment Order 2017 [draft] be approved.

That the Parliament agrees that the Scottish Landfill Tax (Standard Rate and Lower Rate) Order 2017 be approved.

That the Parliament agrees that the Schools (Consultation) (Scotland) Act 2010 (Modification) Regulations 2017 [draft] be approved.

Meeting closed at 17:04.

This is the final edition of the *Official Report* for this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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