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Wednesday 10 May 2017

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Scottish Parliament

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

Portfolio Question Time

Health and Sport

General Practice (Nursing Roles)

1. **Linda Fabiani (East Kilbride) (SNP):** To ask the Scottish Government what importance it gives to nursing roles in general practice. (S5O-00949)

The Cabinet Secretary for Health and Sport (Shona Robison): General practice nurses are essential to the future of primary care and general practice services. That is why the Scottish Government has committed to investing £2 million for additional training to enhance their skills, so that they are better equipped to meet the needs of patients with multiple health conditions, making it easier for patients to access the right person at the right time.

Linda Fabiani: I am pleased to hear that the Scottish Government wants nurses to have an enhanced role in general practice. How does the cabinet secretary intend to make sure that health boards and GP practices take that on board and recognise the worth of practice nurses?

Shona Robison: General practice nurses are essential to the future of general practice and, in particular, to the new model of multidisciplinary team working. We are confident that the new model will recognise the role of the general practice nurse. The on-going contract negotiations are key to the delivery of that.

The £2 million that will be invested in additional training will make sure that general practice nurses can contribute even more than they do already—they contribute a lot to general practice settings and primary care more generally—which will free up time for doctors to spend with patients who need their skill set and ensure that the patient sees the right person in the practice.

A short-life working group that has been instigated jointly by the primary care directorate and the chief nursing officer directorate has commenced its work to refresh the role and educational requirements of general practice nurses. I am confident that GP nurses will continue to play an enhanced role and that they will contribute even more than they do already in general practice settings.

Donald Cameron (Highlands and Islands) (Con): We welcome the additional investment to upskill general practice staff such as practice nurses. However, what is the Government's response to yesterday's call from the Royal College of General Practitioners for the £500 million that the First Minister promised general practitioners and health centres last October to be "clearly outlined for the GP service",

rather than primary care in general, so that all those who work in general practice, including practice nurses, benefit from it?

Shona Robison: We have made it clear that £500 million more will go to primary care by 2020-21, of which £250 million will go directly to general practice. That has been discussed with the British Medical Association and the RCGP, with which I have had meetings. The BMA in particular recognised in negotiations on the new contract that meeting the needs of the population cannot all be put on the shoulders of GPs and that we need multidisciplinary teams. In investing that £500 million, we recognise that, as well as general practice nurses, we need community-based paramedics, allied health professionals, pharmacists, mental health workers and others, all of whom will form such multidisciplinary teams. I hope that few, if any, members would disagree with that principle. There will be a big shift of resource to primary care, which I thought would be welcomed across the chamber.

Anas Sarwar (Glasgow) (Lab): I welcome the new investment that will go into primary care and what the cabinet secretary said about nursing roles in primary care, particularly as we head towards being 830 GPs short in primary care by 2020. Two key elements to making that investment work will be the GP contract and the workforce plan. What role will other healthcare professionals have in the GP contract process and when will the cabinet secretary publish a detailed workforce plan?

Shona Robison: As I said, the workforce plan is on schedule to be published in late spring—so, imminently, in the next few weeks. That has been a big undertaking, with massive amounts of consultation across many sectors and staffing groups.

As Anas Sarwar will be aware, the GP contract is negotiated between the Scottish Government and the BMA. Once that contract has been negotiated, its details will be released. However, it would be inappropriate for us to do that while the negotiations are on-going. Once they are concluded, I will ensure that Parliament is informed of their outcome.

Overweight and Obesity

2. John Scott (Ayr) (Con): To ask the Scottish Government what steps it is taking in light of reports that 65 per cent of adults in Scotland are either overweight or obese. (S5O-00950)

The Minister for Public Health and Sport (Aileen Campbell): We remain committed to addressing Scotland's excess weight and, in line with the evidence, we are maintaining activity across the whole of society that makes it easier for people to be more active, to eat less and to eat better. For example, we have invested £12 million over five years to 2017 on a range of programmes to support and encourage healthy eating. This year, we are providing councils with a further £53.9 million of revenue funding for free school meals. We have also exceeded our target of delivering 150 community sports hubs across all local authorities by 2016. In addition, sportscotland has announced a further £6 million investment to create a total of 200 hubs by 2020.

John Scott: Will the minister consider the impact of price promotions on obesity, as Cancer Research UK asserts that 40 per cent of all calories are bought on price promotions? Food and drink products that are high in fat, sugar and salt content are seriously damaging the health of the people of Scotland in many different ways. Can she tell us how she might address those concerns, particularly in relation to extremely high calorie intake as a result of price promotions?

Aileen Campbell: Cancer Research UK has pointed to price promotions as an area that we need to take action on, and there will be opportunities to delve deeply into that issue and a range of others as we develop the obesity strategy and the consultation to go with it in the imminent future. We will continue to engage with Cancer Research UK on this issue. Some of the evidence that it is compiling is very helpful in enabling us to understand just how big an issue this is for Scotland to deal with and to understand the challenges that we face. The issue of price promotions with regard to the availability of, the access to and the affordability of foods that are high in fat, sugar and salt is one that we need to examine. Nothing should be off the table as we approach the new strategy, and I look forward to working with the member on the consultation.

Maree Todd (Highlands and Islands) (SNP): Does the minister share my disappointment that the United Kingdom Government did not take the opportunity to introduce further restrictions on junk food advertising in its action plan on childhood obesity?

Aileen Campbell: I absolutely share the member's disappointment in that regard, and I think that that aligns itself with the disappointment

that Cancer Research UK expressed in relation to the points that John Scott raised.

We have long argued that a ban up to the 9 pm watershed would greatly reduce children's exposure to the marketing of unhealthy foods. That is not just my point of view; the measure is backed up by recommendations from Public Health England and Food Standards Scotland, has the backing of the Welsh and Northern Irish Governments and has a huge amount of support across our third sector. I again reiterate the strong lines of argument that Cancer Research UK has taken on this issue and hope that, beyond the election, there will be a change of heart.

Colin Smyth (South Scotland) (Lab): The minister will be aware that, as well as two thirds of adults being overweight or obese, almost a third of children in Scotland are, too. Does she recognise that the current prevention of obesity route map is not working? Further, given that the utterly inadequate child obesity strategy that was recently published by the UK Government, which we have just heard about, is also failing, will she give a commitment that the new strategy will accept and recognise that the causes and consequences of obesity are not borne equally among Scotland's population, that there is a disproportionate impact on those from deprived areas and that, if we want to tackle this particular health inequality, we also need to tackle wealth inequality in Scotland?

Aileen Campbell: I absolutely recognise that there is a disproportionate impact on the most vulnerable communities and that they stand to gain the most if we take collective, bold action to tackle the issues around obesity. That is why we are introducing a new strategy, starting with the consultation that will be launched soon. We will take on board all the issues that have been raised—not just by the member, who has taken a keen interest in the subject and is continually raising those issues, but by members across the chamber and by partners such as third sector organisations—to make sure that we get this right.

We have a challenge here that we need to face. Obesity costs our national health service and the public purse money, but its impact on people's lives is also costly. Those who are most impacted are, as Colin Smyth articulates, those who are in the most vulnerable communities. We have to bring communities with us because, if we do something about price promotions, that may have an impact on those with the least money to spare. We have to make sure that nothing is off the table in the consultation and work together to make sure that we get the impact that is required, which is a downward trend in obesity levels in our country.

Health Inequalities

3. Gillian Martin (Aberdeenshire East) (SNP): To ask the Scottish Government what action it is taking to address health inequalities. (S5O-00951)

The Minister for Public Health and Sport (Aileen Campbell): Reducing health inequalities is one of the biggest challenges that we face. They are a symptom of wider income inequalities—inequalities that are exacerbated by policies of austerity and welfare reform. We are taking action, focusing on addressing the underlying causes—ending poverty, promoting fair wages, supporting families, and improving our physical and social environments.

Gillian Martin: I thank the minister for that answer. The minister notes that health inequalities are firmly linked to income inequalities. Can the minister give an analysis of the potential knock-on effect on the national health service that a predicted 10 per cent increase in child poverty, as a result of the UK Government's two-child policy, will have?

Aileen Campbell: I reiterate that the United Kingdom Government's welfare cuts are unfair and are having a hugely damaging and disproportionate impact on women. By 2021, around 50,000 households in Scotland will be affected by the two-child cap, reducing spending in Scotland by around £120 million.

The Conservatives here often ask us to do more on a number of different issues. Perhaps they also need to ask their UK Government colleagues to stop this gross unfairness. The Institute for Fiscal Studies estimates that a three-child family will lose, on average, £2,500 per year, while families with four children will lose £7,000 per year; 4 million families right across the UK will see entitlements fall.

Reducing support to low-income families will push people further into poverty, which impacts negatively on health and causes pressure on other public services. I think that 4 million families impacted by harsh Tory cuts give us 4 million reasons why we should not be voting Tory in June.

Miles Briggs (Lothian) (Con): Has the minister studied the new "Surviving or Thriving?" report that was published this week by the Mental Health Foundation? It highlights severe inequalities within mental ill health in Scotland. What specific additional action is the Scottish Government taking to reduce health inequalities among people suffering from mental health challenges and illnesses?

Aileen Campbell: I thank Miles Briggs for raising that issue. He talks about inequalities quite often in the chamber—again, I think that he should also be making those points to his UK

Government colleagues, who are the source of some of those inequalities and have the power within themselves to try to reverse some of them.

The member will have been in the chamber when my colleague Maureen Watt set out our new 10-year mental health strategy, which looks at the impact of inequalities and has a range of actions that will help to reduce inequalities and some of the detrimental impacts that they have on mental health.

I reiterate that it takes a bit of brass neck for the Conservatives to continually come here and talk about inequalities when they themselves have been the cause of much of the social inequality in this country.

Neil Findlay (Lothian) (Lab): Does the minister agree that income inequality is at the heart of health inequality and that one of the key ways of addressing that is through the tax system? Why will the Government not introduce a progressive tax system?

Aileen Campbell: We have taken a number of measures within the powers that we have to make sure that we can reduce inequalities. We are taking a number of measures around the living wage and we have introduced plans around our tax system as well.

We also continually mitigate the worst impacts of welfare reform, so we are implementing a number of measures, within the powers that we have and the budget that we have been given, to ensure that we can create the fairer society that we all seek. It seems a pity that, at times, Neil Findlay ignores those measures and continues to carp from the sidelines.

Sport (Participation)

4. Dean Lockhart (Mid Scotland and Fife) (Con): To ask the Scottish Government what it is doing to encourage participation in sport. (S5O-00952)

The Minister for Public Health and Sport (Aileen Campbell): The active Scotland outcomes framework sets out our ambitions for a more active Scotland and is underpinned by a commitment to equality. We want to ensure that people of all ages from all communities across Scotland have the opportunity to participate in sport and physical activity. That is reflected in our investment in programmes such as active schools, to provide more sport and physical activity opportunities for young people, and in our investment in facilities, including community sports hubs, of which there are currently 157 across Scotland, and that number will increase to 200 by 2020. I am also delighted that, following a total investment of £12 million, the superb facilities at the United

Kingdom's first ever parasports centre at Inverclyde are now open.

Dean Lockhart: Despite increasing levels of child and adult obesity in Scotland, the budget for sports has been cut significantly over the past two years, even after taking into account the funding mentioned by the minister. Can she therefore explain how cutting the budget for sports, including budgets for grass-roots sports clubs, will help to tackle the increasing health problems associated with obesity and related challenges?

Aileen Campbell: I announced in April an additional £2 million investment in sports governing bodies, which will be redistributed by sportscotland to help offset the reduced revenue from the national lottery. I have also written to the UK Government about the issues that continually represent themselves because of the reduction in national lottery funding, and I look forward to getting the member's support in asking his colleagues to do what they can to reverse the national lottery challenges that our sporting bodies face.

Since this Government took office, we have seen an increase in investment in our infrastructure. We have some of the best sports infrastructure in the country and we have invested heavily to ensure that young people get opportunities. We have fundamentally restructured the way in which physical education is taught in our schools, and around 98 per cent of our children now reach the two-hour PE—*[Interruption.]*

Again, I can hear members carping from the sidelines. The Government has made a significant investment to improve the infrastructure of our sporting arenas across the country. We have increased the number of children who are taking part in two hours or more of PE per week in every school. We have just opened a new parasports centre in Inverclyde and we have hosted one of the best ever Commonwealth games in Glasgow. Our commitment to sport is strong, and we want all our young people to have the opportunities that they deserve. However, the barriers to children's opportunities and life chances are exacerbated by inequalities, and I reiterate that the Conservatives need to look a little closer to home on where inequalities are being manifested.

The Presiding Officer (Ken Macintosh): Question 5 has not been lodged.

Sports and Leisure Facilities (Grangemouth Area)

6. Alison Harris (Central Scotland) (Con): To ask the Scottish Government what health guidance is given to the operators of sports and

leisure facilities that are close to the Grangemouth chemical complex. (S5O-00954)

The Minister for Public Health and Sport (Aileen Campbell): There are strict arrangements in place to ensure that the Grangemouth chemical complex operates safely and that, if something goes wrong, the health and safety of the public are protected. Those arrangements include a community warning system in the event of an incident at the complex, to enable people living and working in nearby areas to be alerted quickly. The community warning system is tested twice a year. Falkirk Council provides regular local guidance on what people should do when the community warning system is triggered. That advice, which applies to sports and leisure facilities, is to go in, stay in and tune in—that is, to go indoors, close doors and windows, and wait for further instruction.

Alison Harris: During the recent incident at Ineos in Grangemouth, provision was made for pupils at primary and secondary schools to be kept indoors, but users of the outdoor sports pitches continued to use the facilities. In view of the number of people who use them, will the Scottish Government undertake to review the guidance given to the operators of those facilities?

Aileen Campbell: The member raises a good point. On 2 May, there was an incident at Grangemouth, where a limited number of staff were evacuated from the site following a gas leak. The incident centred on the Kinneil gas plant and involved the release of gases there.

The local incident management plan was activated and local cordons and road closures were put in place to ensure public safety. However, the member makes good points. I am happy to continue dialogue with her on the issue and I reassure her that a multi-agency debrief of the incident will be held on Wednesday 17 May, which will examine the events and ensure that any learning points are captured in order to refine and improve the off-site plan and arrangements. The Scottish Government resilience division is leading the debrief process. I will keep the member updated regarding the outcomes from that meeting.

Mental Health Services (NHS Forth Valley)

7. Bruce Crawford (Stirling) (SNP): To ask the Scottish Government what action is being taken to improve mental health services in the NHS Forth Valley area. (S5O-00955)

The Minister for Mental Health (Maureen Watt): We have published a new 10-year strategy for mental health in Scotland. The new strategy contains 40 actions, including those that commit to funding improved provision of services to treat

child and adolescent mental health problems and funding work to improve provision of psychological therapy services and to help meet set treatment targets.

As part of those actions, we have announced a £54 million comprehensive package of support to improve access to child and adolescent mental health services and to psychological therapies. Within that, we have established an improvement team in Healthcare Improvement Scotland to work on improving access to mental health services, and NHS Forth Valley is one of the first boards to work with the improvement team. Working with the board, a new service model has been introduced in Forth Valley and we have seen substantial improvements in CAMHS waits. NHS Forth Valley is to be congratulated on attaining the target, having recorded the lowest rate of performance across Scotland at this time last year.

Bruce Crawford: I recognise the improvements that have been made. However, can the minister tell me what the current waiting times are for child and adolescent mental health services in the Forth Valley area? I have constituents who continue to be concerned about the length of time that it is taking for their children to access such services. What specific action has already been taken, and what more could be done to improve access to CAMHS in the Forth Valley area?

Maureen Watt: The latest published figures, which are for quarter 4 of 2016, show that Forth Valley's performance against the standard improved across the second half of 2016, with 94.8 per cent of people treated in CAMHS being seen within 18 weeks. That compares with the figure a year ago of 34 per cent of people receiving treatment in CAMHS within the 18 week standard.

In response to Bruce Crawford's constituents' concerns, he might wish to know that yesterday I met parents from the CAMHS Forth Valley parent voices group. I welcomed the opportunity to hear their experiences of CAMHS and to discuss the work that we are supporting through investment and the new mental health strategy to improve the standard of care from CAMHS, including the quality and continuity of service.

At board level, the new service model has been introduced in NHS Forth Valley. The new model looks to address delays that are identified in the system as well as undertaking staff recruitment and working on the longer waits. I understand that the board has established a parent forum to increase engagement with local families, and that it will meet for the first time at the end of this month. That is precisely what the Government wishes to see—patient involvement and participation in designing services.

Monica Lennon (Central Scotland) (Lab): Bruce Crawford has raised an important issue. I met with the founder of the CAMHS Forth Valley parent voices group, Katie Sneddon, and other parents yesterday, after their meeting with the minister. As the newspapers have reported today, they were in tears as they shared their stories. It was heartbreaking to listen to the individual challenges that they have had to face in trying to get the support that they desperately need for their children.

I welcome the fact that some progress has been made, but it is not simply about waiting times. The Scottish Government has committed to looking at rejected referrals, and I look forward to hearing more of the details on that. However, will the minister provide an update on her response to the group's call for a full audit and review of CAMHS in Forth Valley and say whether she will consider that?

Maureen Watt: As I said, yesterday I met parents and listened to their stories, most of which are historic and pre-2007. As a result of what we have in the new mental health strategy and what has been done so far, we are seeing excellent progress on waiting times in NHS Forth Valley. Rather than having a full-blown audit of what is happening, I would prefer to get on with doing the job and ensuring that what is required is put in place. That is precisely what we are doing in NHS Forth Valley and, with the new mental health strategy, what we are doing across the country.

Dean Lockhart (Mid Scotland and Fife) (Con): Despite the hard work of its dedicated staff, NHS Forth Valley continues to suffer from a lack of resource, which left more than 300 people waiting more than four months for treatment. When will NHS Forth Valley be in the position to meet Government targets in this area?

Maureen Watt: As I mentioned in my previous answers, NHS Forth Valley is now meeting its waiting time targets. Of course, this Government was the first to introduce waiting time targets.

The Scottish Government allocation for building capacity in NHS Forth Valley was £233,409 in 2016-17, rising to £369,112 in 2017-18. That money is being used to reduce pressure on core CAMHS services, to increase provision of early intervention, education and community services, and to support group work, with a focus on tier 2 and 3 capacity. It is also being used to fund clinical posts in older people's services, the MSc in applied psychology in primary care, and early psychological intervention practice support: a range of measures to ensure that NHS Forth Valley meets its targets.

Organ and Tissue Donation (Consultation)

8. Bob Doris (Glasgow Maryhill and Springburn) (SNP): To ask the Scottish Government whether it will provide an update on progress with the analysis of responses to its recent consultation on organ and tissue donation and transplantation. (S5O-00956)

The Minister for Public Health and Sport (Aileen Campbell): The consultation responses are being independently analysed and we expect to receive the analysis very soon. We will carefully consider the analysis before setting out our next steps in the coming months.

Bob Doris: I helped to scrutinise evidence at stage 1 of the bill that contained the previous proposal for an opt-out organ donation system. Our committee recommended additional specialist nurses, consultants and intensive care beds, irrespective of whether any opt-out system was to be introduced. I voted against the bill, not out of principle but because of the weaknesses in it. What consideration has the Scottish Government given to the recommendation that I referred to and how has it addressed any weaknesses in that bill?

Aileen Campbell: Through the programme of work to increase donation rates as part of “A Donation and Transplantation Plan For Scotland 2013-2020”, the Scottish Government has provided funding to appoint seven additional specialist nurses for organ donation and funding for a dedicated regional manager from NHS Blood and Transplant to work full time in Scotland. There are currently 22 full-time equivalent nurses. Appointing more would dilute expertise in approaching families and obtaining authorisation and would not necessarily lead to a rise in donation rates.

A review by the clinical leads for organ donation across Scotland resulted in resources being targeted in specific areas where it was felt that they could make a real difference, such as ethnic minority groups and rural areas. In addition, resources have been moved to where donation potential is greatest.

In 2015, National Services Division published “Commissioning Transplantation to 2020”, which looked at capacity in the NHS and did not highlight intensive care capacity as an issue.

We have a positive story. Although the bill did not pass stage 1, a huge amount of work has gone into ensuring that we can increase rates of donation. We have a good story to tell, and considerable work has been done. I can continue to keep in touch with Bob Doris on the next steps following the consultation analysis.

Public Health (Noise Pollution)

9. Mark Ruskell (Mid Scotland and Fife) (Green): To ask the Scottish Government what action it is taking to address the effects of noise pollution on public health. (S5O-00957)

The Minister for Public Health and Sport (Aileen Campbell): Through Scotland’s implementation of the European Commission environmental noise directive—directive 2002/49/EC—noise mapping and associated action plans have been put in place to help manage environmental noise. The strategic noise maps are currently being updated by Jacobs, which is an expert in this field, and are due for publication this summer. They will inform the implementation of the next set of action plans, which could include action in areas such as traffic and transport policies, technological innovation and public awareness raising.

Mark Ruskell: The minister will be aware that noise is the second largest environmental cause of ill health after air pollution. A United Kingdom study last year showed that exposure to noise above recommended levels resulted in an additional 1,169 cases of dementia, 788 cases of stroke and 542 cases of heart attack in a single year. Given that evidence, why was Edinburgh airport recently allowed to carry out a consultation into new flight paths, which will expose nearby communities to levels of up to 80 decibels, without completing a full health impact study?

Aileen Campbell: I will look into the issues that the member has raised. He is right to point out the impact that noise can have on people’s health, which is why the directive recognises that noise pollution is one of the main environmental problems in Europe and that a framework for noise management is necessary.

I will continue to keep the member updated on the mapping work, which includes planning exercises for the four agglomerations, including Edinburgh. That work is multidisciplinary and requires input from a range of local authority staff and other key stakeholders. It is proposed that the working groups for each area will be tasked with delivering the content of the action plans and the Scottish Government will take responsibility for finalising and submitting completed plans. I think that the member will be particularly interested in the plan for Edinburgh, which will include the communities around the airport.

Alexander Burnett (Aberdeenshire West) (Con): It is clear that noise and air pollution are becoming a systemic problem in Scotland. Will the minister back my colleague Maurice Golden’s campaign to increase the number of air quality monitors in Scotland?

Aileen Campbell: Again, I will keep the member updated on how the mapping exercise is progressing and I will certainly take a good look at the work that his colleague is taking forward.

As Mark Ruskell said, environmental noise is an important issue and it has an impact on health. That is why we need to ensure that we have the right procedures, people and resources in place to ensure enforcement, and that we recognise the impact that environmental noise can have on our communities.

Noise is one of the main environmental problems in Europe, which is why the directive is so important and a framework for noise management is necessary. Even though environmental standards are a European Union requirement, the Scottish Government will continue to maintain, protect and enhance them post-Brexit.

The Presiding Officer: Question 10 has not been lodged.

General Practice

11. Ben Macpherson (Edinburgh Northern and Leith) (SNP): To ask the Scottish Government what support it is providing to general practice. (S50-00959)

The Cabinet Secretary for Health and Sport (Shona Robison): In October 2016, the First Minister made clear the scale of our ambition in shifting the focus of health investment from acute care to primary and community care with an increase in overall annual funding for primary care of £500 million by 2021.

Although the full £500 million to be invested in primary care should benefit general practice, Scottish Government investment in direct support of general practice will reach an additional £250 million per year by 2021. There will be year-on-year increased investment between now and then, and the investment has already started. In 2016-17, investment in direct support of general practice was £60 million, which will increase to £71 million in 2017-18.

Ben Macpherson: What support will be provided to practice staff in Edinburgh in particular?

Shona Robison: I am aware that the member has an interest in the issues surrounding Inverleith medical practice in his constituency. The retention of the practice staff team in the national health service was one of the key considerations for NHS Lothian—the member has spoken to me about that on a number of occasions. All the staff have found positions in several other general practitioner practices in the NHS—we actively promoted that.

More widely, the Edinburgh health and social care partnership is using the Scottish Governments primary care transformation fund to develop a programme of support for practices and staff facing challenges.

Brian Whittle (South Scotland) (Con): The cabinet secretary will be aware that GPs in the practice that runs surgeries in Fenwick, Crosshouse and Kilmaurs have recently had to resign from the practice. The area will potentially lose five GPs, with a further six potentially being lost through imminent retirement. On top of that, as of two weeks ago, there were already 15 vacant places in Ayrshire and Arran. What comfort can the cabinet secretary give those GPs who have had to resign from their practices or who are in danger of doing so?

Shona Robison: As I have said in the chamber on a number of occasions, short and medium-term support is available through health boards to help address some of the recruitment and retention challenges in the here and now. The solution that will help to transform the position of general practice and primary care in Scotland is based around the new contract and the new model for primary care, which will benefit GPs in Ayrshire and Arran and elsewhere in Scotland.

Brian Whittle and Donald Cameron, who raised issues about GPs earlier, are less keen to talk about and quote the Royal College of General Practitioners' concerns, which it expressed today, that if the 226 GPs from other European Union countries who are working in Scotland have to leave following Brexit, the consequences for patient safety could be grave. We do not hear the Tories quoting the RCGP on that; I wonder why.

Public Health (Cycling)

12. Gordon Lindhurst (Lothian) (Con): To ask the Scottish Government what action it is taking to improve public health through cycling. (S50-00960)

The Minister for Public Health and Sport (Aileen Campbell): We know that cycling has physical and mental health benefits and plays a big part in health improvement. Over the period 2014 to 2017, sportscotland has invested almost £2.6 million in Scottish Cycling, the governing body for the sport in Scotland. In addition, through Transport Scotland, we have increased investment in active travel by more than 83 per cent compared with investment in 2013-14, and have pledged to match record levels of investment during the current parliamentary session. All cycling organisations are working together to consider what more can be done, at the national and local levels, to get people active through cycling.

Gordon Lindhurst: I thank the minister for that answer. Does the Scottish Government agree with the eight calls set out in pedal on Parliament's manifesto? If not, which ones does it not agree with?

Aileen Campbell: We will continue to work with all our partners on what we can do to improve the accessibility and safety of cycling at the local and national levels. We have invested heavily in making sure that cycling is more accessible. We have invested through legacy programmes. The one that Gordon Lindhurst, as a Lothians MSP, might be interested in is the recently opened Skelf bike park in Edinburgh, which got grant funding through the legacy 2014 project, allowing people who might not ordinarily have had access to cycling to use the cycle route there free of charge for many years to come.

Along with our partners, we have invested a total of approximately £138 million in cycling facilities since 2007 and we have increased the number of cycle paths and walking lanes. We will continue to listen to all calls on what more we can do to increase cycling participation levels at the local and national levels. We will also work with pedal on Parliament to identify areas on which we can work together to make improvements for Scotland.

Ben Macpherson (Edinburgh Northern and Leith) (SNP): What impact does the Scottish Government envisage that the decision to leave the European Union will have on funding for the future of active travel hubs across Scotland?

Aileen Campbell: We have pledged to match record levels of investment in active travel during this parliamentary session. Transport Scotland, as lead partner, has secured investment of up to £8 million from the European regional development fund 2014 to 2020 programme to support the development of low-carbon travel and transport hubs until December next year.

In June, Transport Scotland will publish details of projects that have been successful under the initial low-carbon travel and transport challenge fund round. All ERDF contracts entered into before the United Kingdom leaves the EU will be guaranteed, even when the payments continue beyond the EU exit point. However, there is no clarity on replacement funding arrangements for those schemes once the UK has left the EU. The Scottish Government will negotiate with the UK Government to ensure that future financial support for the range of initiatives that are currently supported by EU funds is allocated fairly and equitably across the UK post-Brexit.

The member is right to recognise that, in all areas of life, the mess that the UK Government has got us into with Brexit and its lack of clarity

and engagement will impact on many issues in local communities, including cycling. We will continue to negotiate, and we will make the case to ensure that Scotland gets a fair deal in the negotiations.

Minor Injuries Units

13. **Pauline McNeill (Glasgow) (Lab):** To ask the Scottish Government what its policy is on the provision of minor injuries units in communities. (S5O-00961)

The Cabinet Secretary for Health and Sport (Shona Robison): The planning and provision of local services is the responsibility of national health service boards. Planning should take account of local needs, to ensure that demands are met and patient care is delivered in an optimal way.

Pauline McNeill: The west Glasgow minor injuries unit treats adults and children over five. On 13 December, NHS Greater Glasgow and Clyde announced that the service would temporarily move to the Queen Elizabeth university hospital.

I am sure that the cabinet secretary agrees that minor injuries units are an important service that prevents patients from turning up at accident and emergency services and thereby reduces pressure on A and E.

People who live in the west of Glasgow would like an assurance that their service will return, given that the move was a temporary measure. It is important that minor injuries units are local services. Does the cabinet secretary think that the people of the west of Glasgow should have their minor injuries unit returned to them, as promised?

Shona Robison: I agree with Pauline McNeill that minor injuries units are an important service that, as she said, can reduce pressure on A and E departments and provide ease of access for patients.

As I am sure that Pauline McNeill is aware, the Yorkhill unit was always an interim step, as part of the migration of services in Glasgow in recent years. It is right that the board should take the time properly to consider where the new west Glasgow service should be located. Pauline McNeill will understand some of the challenges with the Yorkhill site, which I think were partly the reason for low attendance—the site was not easy to access.

I hope that Pauline McNeill will welcome that there has been an assurance—not least from the chair of the board to me, directly—that there will be a west Glasgow minor injuries unit. It is right that the board look at other locations, one of which is the Gartnavel site—I am sure that the member understands that there are advantages to that site

in terms of co-location with other services. I encourage her to engage with the board directly. There is no question whether there should be a west Glasgow minor injuries unit—there will be one; the question is where that is best located.

National Health Service Pay

The Presiding Officer (Ken Macintosh): The next item of business is a debate on motion S5M-05479, in the name of Anas Sarwar, on scrapping the national health service pay cap.

14:42

Anas Sarwar (Glasgow) (Lab): Today, the Scottish Parliament has the opportunity to unite in support of Scotland's NHS staff. We should take that opportunity.

Every single day, our amazing NHS staff perform miracles. There is the caring, the examining, the diagnosing, the treating, the operating, the saving of lives and the delivering of newborns. There are also the aspects that are easily forgotten or not recorded as a statistic: giving advice, holding hands, shedding tears of grief and joy, comforting those who have lost loved ones—to put it simply, just being there and caring.

We all have our own personal stories of how the NHS has touched us. We all have family or friends who have worked for the greatest public institution in the United Kingdom. By coincidence, this debate takes place on the first birthday of my younger son. This time last year was the culmination of probably the biggest emotional rollercoaster that I have ever experienced, all within the space of a week. I welcomed the birth of my beautiful niece, only for her heart to stop the next day and, after days of battling, for us sadly to lose her. The next day, I was elected to this Parliament, and a few days later I welcomed the birth of my son—feeling partly joy and partly guilt because of the tragedy that my brother and sister-in-law were going through.

I can honestly say, with hand on heart, that if it had not been for the love and care of the neonatal nurses and midwives, my family and I could not have got through that week. So to all our NHS staff—the porters, the nurses, the midwives, the doctors, the consultants, the allied health professionals and all the rest—I say thank you, thank you for caring. We should never forget that what makes our NHS great is not the buildings, the medicines, the equipment or the treatments but the brilliant people who work for our NHS.

However, our thank yous are not enough. NHS staff should be respected and rewarded for the job that they do, too, because good will and dedication to the NHS and their patients go only so far. That is why the context of today's debate is so important.

There is a record number of vacancies in all parts of Scotland's NHS—for general practitioners, consultants, midwives, nurses and more. Let us

take the last example of nursing vacancies. More than 2,500 nursing staff are missing from our hospitals across Scotland. Since 2011, the number of vacancies has increased from 660 to 2,500, which is a four-fold increase in only six years. Of those vacancies, the number going unfilled for more than three months has increased by 300 per cent and now sits at almost 750. Nursing staff report that they do not have the right number of colleagues to enable them to do the job properly.

The Royal College of Nursing's centenary survey of its members in 2016 showed that staffing levels were their biggest concern and that they just do not feel that there are enough of them to care for their patients. Without the right number of nursing staff, patients simply do not get the care that they need—whether that is in hospital, at home or in a care setting. Nursing staff want to do their very best for patients, but their best efforts very often come up against the reality of pressures on the workforce. In short, we have too few nurses doing too much work for too little reward. They are underresourced, understaffed and under pressure—and they are clearly underpaid by the Scottish Government, which has the ability to do something about that and which needs to recognise the impact that its austerity is having on the recruitment, retention and morale of Scotland's nurses.

I met some of Scotland's nurses this morning. I want to give just two examples. Graham, who has been in the service for 32 years, told me that morale among staff was among the lowest that it had ever been. In his words,

“Good will only goes so far; good will does not pay the bills.”

Ellie, who is a trainee nurse, told me about staff having to step in to do bank shifts or roles that trainees should not be doing. Others told me about nurses having to take second jobs or even having to attend food banks. It is shameful that NHS staff should have to do that.

Let me set out what this Government's policy of austerity means for Scotland's nurses. The following is from independent analysis by the Scottish Parliament information centre. Pay at the starting point of band 5 has increased by 6 per cent over the period from April 2010 to April 2017. Over the same period, prices, as measured by the retail prices index, have increased by 22 per cent. That means that pay at the band 5 starting point has fallen by 13 per cent in real terms over the period. That is equivalent to a reduction of £3,400.

Ivan McKee (Glasgow Provan) (SNP): I asked SPICe about the figures that the member mentioned. The answer that it gave me was that a nurse who started on band 5 in April 2010 and

progressed up one point per year would be on a salary of £29,033 as at April 2017, which is more than £3,000 more than the member suggests and represents a cash increase of 37 per cent and a real-terms increase of 12 per cent. Does the member recognise those figures?

Anas Sarwar: We are talking about starting salaries, which do not take progression into account. As we are publishing the SPICe analysis, I am more than happy to say that.

What I do not understand is why Scottish National Party members are already jumping up to have an argument about numbers and bands when I have laid out the experiences of NHS members of staff in their own words. I do not think that they will appreciate—

Bob Doris (Glasgow Maryhill and Springburn) (SNP): On a point of order, Presiding Officer. With reference to Mr Sarwar, I ask what course of action a member who misleads Parliament during a debate, whether deliberately or otherwise, should take to correct the factual position at the earliest opportunity.

The Presiding Officer: I think that all members know the rules of the Parliament. Mr Sarwar, continue, please.

Anas Sarwar: Mr Doris should perhaps think about how his intervention and those of other SNP members reflect on NHS staff who will be watching the debate.

Is it any wonder that we have record numbers of vacancies, record levels of sickness absence and a vacancy crisis in Scotland's NHS? While, on one hand, the Scottish Government is overseeing the vacancy crisis, on the other hand it is paying out hundreds of millions of pounds to private nursing agencies. Audit Scotland confirmed that, in the past year across the NHS, £175 million has been spent on private agencies. That has happened at a time when, according to Audit Scotland,

“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.”

It makes no sense for the cabinet secretary to be throwing money at private agencies or starving the NHS of cash to resolve the vacancy crisis.

The verdict of the Royal College of Nursing has been damning. Nursing leaders say:

“Budget savings achieved through pay restraint are being used to meet efficiency-saving targets for the NHS. The result is that NHS staff pay has fallen way behind the cost of living and many nursing staff are now struggling to survive on their pay packet.”

Worryingly, they say that that is negatively impacting on the quality of care that is being delivered to patients. That is what SNP members should be reflecting on. That is happening in

Scotland in 2017. On the watch of an SNP Government and an SNP cabinet secretary, nurses in Scotland's NHS are struggling to survive on their pay packet. I will repeat that: nurses in Scotland are struggling to survive on their pay packet.

The RCN's most recent employment survey of its members found that almost one in three struggled to pay gas and electricity bills, one in seven had missed meals because of their financial difficulties, more than half reported that they were compelled to work extra hours to increase earnings, and one in three were working shifts at night and at weekends to help them to pay bills and meet everyday living expenses. The RCN's careers service has experienced a marked increase in the number of calls from its members seeking advice on career options outside the nursing profession. They often cite pay restraint and the increasingly limited opportunities that exist for skilled and experienced nurses to make progress in their careers.

Emma Harper (South Scotland) (SNP): Would Mr Sarwar care to comment on the fact that the RCN's employment survey is a survey of the RCN's membership in the whole of the UK, not just its membership in Scotland?

Anas Sarwar: I have already said that I met nurses in Scotland this morning, whose experience is the same as that of RCN members right across the UK. Pay restraint has had an impact in Scotland. I would expect Emma Harper, as someone who has been a nurse, to understand acutely the struggles and strains that are being faced by NHS staff across the country. I hope that, as a former member of a union and a qualified nurse, she will vote in favour of a pay increase for nurses.

It is not the Labour Party that is reporting such damning facts—they are being reported by nurses. Many nurses are taking second jobs, and some of them are using food banks to feed their families. That is happening in Scotland in 2017. I note that the Scottish Government's amendment calls for an assessment of pay restraint. I say to the cabinet secretary that the RCN, Unison and others are already telling us what the consequences of pay restraint are. The only people who are responsible are the Scottish Government.

The Scottish Government has been in control of every aspect of Scotland's NHS for a decade. The First Minister was in control of the health service and took decisions that we are now reaping the consequences of, such as the decision to cut the number of student nursing places. There was strong criticism of the decision by Nicola Sturgeon and the SNP Government to slash the number of training places for nurses and midwives by nearly

300 in 2012-13. How did Nicola Sturgeon react at the time? She said:

"A reduction in intake for the 2012 academic year is a sensible way forward."

How she must regret those words today.

Today, the Parliament can unite and send a message to Scotland's NHS staff. We can tell them loudly and clearly, "You are our most valuable asset. You make the difference. We recognise the importance of the work that you do. We respect you, and you will be rewarded." Our motion is clear: we must scrap the pay cap and give the NHS staff the pay increase that they deserve. The alternative is to carry on with more austerity and more cuts. The choice is clear: to focus on a Labour motion that will give the NHS the pay rise that it deserves or to focus on the SNP's obsession with running another independence referendum.

I move,

That the Parliament believes that the NHS pay cap should be scrapped and that NHS staff should be given a real terms pay rise.

14:55

The Cabinet Secretary for Health and Sport (Shona Robison): I am happy to take part in the debate and to move the amendment in my name. As the health secretary, I have the good fortune to see regularly the excellent work that our health service staff do day in and day out. Those men and women provide care to every family in our country, and work to ensure that Scotland is as healthy as possible and that our health service is first class. I know that I am not alone in agreeing with Anas Sarwar on this: those staff not only have the thanks of my family but the thanks of us all.

I will focus my remarks mainly on the issue of pay, and I will return to workforce levels—we have record workforce levels, although we have record demands on our health service—and agency spend in my closing remarks.

The independent pay review body in the NHS can trace its origins back to the 1980s. It considers pay and then makes recommendations that advise all four UK countries on the uplifts that should be applied. As staff representatives have, we have valued the independent pay review process to date. In Scotland, we have made clear our view that ours are annual settlements; however, there continues to be a challenge to that process, as the UK Treasury has, in recent years, insisted that pay restraint of 1 per cent on uplifts will be maintained until at least 2020. In turn, the UK Government's Department of Health has adopted that approach for England, supported by Labour-run Wales: the Welsh Government has agreed that it intends to apply the 1 per cent restriction until 2020. That is

perhaps an example of Labour saying one thing during an election campaign and doing an entirely different thing when it is in government and has the power to pay nurses.

Anas Sarwar: Can the cabinet secretary confirm that her own submission to the independent pay review body recommended continuing with the 1 per cent pay cap for Scotland's NHS staff?

Shona Robison: Our pay policy is made in the context of not just addressing the pay uplift but addressing low pay and preserving the policy of there being no compulsory redundancies. As the RCN has recognised, we are all bound by the Treasury, because the resources that the Treasury gives to the Department of Health dictate what we get in consequentials. I will come back to the issue of the independent pay review body in a second.

Another aspect in which our approach has differed from that which has been taken elsewhere is the fact that we have consistently applied the recommendations of the pay review body as well as taking additional action to help the lowest paid. As a result, we have seen in recent years a steady divergence, whereby agenda for change staff in Scotland are now better paid than their counterparts in England, Wales and Northern Ireland. We were the only country to apply the full recommendations of the pay review body in 2014, and we were the only country to even request recommendations in 2015. Our staff are now paid more than their colleagues who undertake the same duties in the other parts of the UK.

As the Government's amendment notes, nurses at the first pay point of agenda for change band 5 are now paid £312 more than their counterparts in Wales and England. In fact, at every pay point within band 5, staff in Scotland are paid between 1 and 2 per cent more than their counterparts in Wales and England. A band 5 nurse who started on the first pay point in 2010 and has progressed annually within that band will have started on £21,176 and will have advanced to £29,034. On the basis of Labour's own analysis, that represents a real-terms increase of more than 12 per cent—37 per cent in cash terms—over the period. As the unions recognise, it is not just about pay; it is also about pay progression. I will come back to that point.

We have, of course, been able to bring real job security: the Government, with Parliament's support, has delivered our no compulsory redundancies policy since 2007. I know that NHS Scotland staff value that commitment highly. The situation compares favourably with, for example, the more than 20,000 compulsory redundancies in the NHS in England since 2010.

The difference between our approach and what happens elsewhere is even more pronounced when we look at the position of the lowest-paid workers in the NHS. By delivering the real living wage for a number of years, by ensuring additional uplifts for the lowest paid above those that the review body recommended, and by working in partnership with unions including Unison to provide upskilling for previously band 1 staff, we now have entry-level support staff in Scotland being paid more £1,100 more than their opposite numbers in the NHS in England. I know that those additional amounts can make a significant difference for the dedicated and hard-working NHS support staff who help to deliver healthcare to the people of Scotland.

It is clear that there are staff who have reached the top of their bands for whom inflationary pressures will have outpaced their uplifts. I know that although staff at the top of their bands are relatively better off than those in England and Wales, they face real challenges from those inflationary pressures.

Colin Smyth (South Scotland) (Lab): The cabinet secretary has rightly highlighted that people who are at the top of their pay band will, with the pay cap, be worse off in real terms year on year. Will she also confirm that a nurse who starts today will be £3,400 worse off in real terms than a nurse who started in April 2010?

Shona Robison: Nurses in Scotland are over £300 better off at the starting point of band 5 than they are anywhere else in these islands, including in Labour-run Wales. No one stays on point 1 of their band, of course. Labour seems to misunderstand, or not understand, how pay progression works. This is about pay and pay progression. Nurses who started at point 1 in 2010 are now £7,500 better off because they have worked through the scale.

The Scottish Government, the NHS employer side and the staff side work together at all levels to deliver the outstanding health service that we all use and rely on. We greatly value the insight and advice, and the sometimes necessary challenge that the NHS Scotland unions and staff bodies bring. I look forward to meeting the RCN, Unison and others to discuss pay over the next few weeks.

In fact, I met Unison health staff earlier today. A nurse told me that although pay, the pay increase and the percentage of the pay increase are important elements, pay progression, seniority pay and recognition for continuing professional development and training are equally important, which was interesting. All those issues are equally important, and I will address them in my meeting with the unions. I am talking not about a promise of jam tomorrow from a party that has no prospect

of winning the general election, but about real action in the here and now and working with the unions in partnership to address the issues.

Our constructive approach to partnership working was also evident during the recent negotiations effectively to do away with the lowest band 1 level in NHS Scotland and to move the staff on to better pay and more rewarding roles. Again, I am talking not about promises of something tomorrow, but about something that is being done today. Partnership with staff is always the best way to resolve issues.

I confirm that I have written to the staff-side representatives to arrange to meet and jointly to commission work to develop an evidence base that will help us to assess the impact of pay restraint and which can be used in the next round of submissions to the independent NHS pay review bodies.

Neil Findlay (Lothian) (Lab): Will the cabinet secretary take an intervention?

Shona Robison: No—I am in my last minute.

In conclusion, we believe that there can continue to be value in the independent pay review process, but we are willing to explore alternative approaches, if that is in the best interests of NHS staff. We should bear in mind that many unions wanted the independent pay review process. I have made it clear to the unions on many occasions that if they are now saying that they think that it has run its course and that they want to engage with me on considering a different set of pay negotiation structures—perhaps Scottish pay negotiation structures—my door is open to that, but it has to be with staff-side agreement. I will put on the table for discussion with the unions in the NHS whether they want to maintain the independent pay review body process or to move forward in a different way. We will move forward, working in partnership with NHS staff, to deliver Scottish solutions that work for the benefit of all of our hard-working NHS staff.

I move amendment S5M-05479.3, to leave out from “believes” to end and insert:

“notes that the NHS Independent Pay Review body helps determine NHS pay on a UK-wide basis, and that the Scottish Government has consistently implemented the body’s recommendations; further notes that, as a result of recommended pay uplifts being passed on in full in Scotland, unlike other parts of the UK, band 5 Agenda for Change staff members in Scotland will be up to £312 better paid than their counterparts in England and Wales; welcomes that, over and above the pay recommendations, due to Scottish Government action for the lowest paid, entry level NHS support staff in Scotland are paid more than £1,128 more than their counterparts in England; further welcomes that no compulsory redundancies, free nurse student tuition and nurse student bursaries are being retained in Scotland, but is concerned about the impact of their loss on the NHS in other parts of the UK; however,

recognises that NHS staff in Scotland have faced real challenges as a result of inflation outpacing uplifts at the top of pay bands; believes that the best resolution will be found by the Scottish Government working in partnership with NHS staff representatives; therefore calls on the Scottish Government to seek agreement with the staff side, through their representatives and unions, to jointly commission work, developing an evidence base to assess the impact of pay restraint, using this evidence as part of the submission to the next pay round of the NHS Independent Pay Review body; remains concerned that Brexit is continuing to be a cause of uncertainty for staff from other parts of the EU working in the NHS, and believes that the rights of these committed staff should be guaranteed immediately, and that maintaining freedom of movement within the EU is vital to sustain the health service for the future.”

15:05

Donald Cameron (Highlands and Islands)

(Con): The debate is about the priorities and choices for our national health service. Do we want a strong NHS that is able to cope with rising demand, an ageing population and the pressures that are placed on its staff, or must we have an NHS that is unable to handle the heat, with plummeting staff morale, longer waiting times and longer waits for appointments? Nobody in Parliament would opt for the latter.

However, the record of the SNP Government will inevitably lead to the very issues that we want to avoid. This Government has been in power for more than 10 years and has had full control of the direction of the NHS during that time. What is its record? There are significant staff vacancies in nursing and midwifery, consultants and allied health professions. People are waiting well over the 18-week target for referral to treatment and there has been a failure to meet waiting time targets in accident and emergency, with targets being met in only seven out of 52 weeks last year.

Shona Robison: Has Donald Cameron looked recently at the relative performance of our A and E departments compared to those in the Tory-run NHS in England? The difference is night and day. A quarter of NHS A and E departments in England were in crisis over the winter, which was not the case here. Will he please give due recognition to the hard-working efforts of our A and E staff, who have delivered the best performance in the UK?

Donald Cameron: We have been here many times before. The SNP Government runs the Scottish health service. It should concentrate on its record and not point the finger at other places.

Most pertinent to the debate is plummeting staff morale in the NHS; almost half of NHS staff feel that they are unable to do their jobs properly because they are overworked. That is a depressing record for an SNP Government that likes to trumpet regularly that the SNP is the only

party that can deliver for the NHS. It is a record that I will come back to in a moment.

First, however, I will address Brexit, which appears in the Government's amendment. I will deal with the matter head on, given its prominence in the media today and the fact that it was mentioned earlier in portfolio questions. It is difficult to estimate the number of NHS employees who are from non-UK European Union countries, but we know that they make up 5 to 10 per cent of NHS staff. Undoubtedly, Brexit presents a challenge in that regard; the UK Government has been very clear on that. One of the Government's top priorities, as part of the Brexit negotiations, is to secure the rights of EU nationals to continue to live and work in the UK. However, I have said it before and I will say it again: the serious issues in NHS staffing in Scotland did not suddenly begin on 23 June 2016 when the UK voted to leave the EU. GP shortages existed long before then, so the SNP cannot use Brexit as cover for an existing workforce crisis.

Maree Todd (Highlands and Islands) (SNP): Will the member take an intervention?

Donald Cameron: I want to carry on.

We are going to be 820-odd GPs short by 2021, many NHS staff are close to retirement and those who are left are overworked and under immense pressure. The NHS workforce in Scotland is in crisis due to nearly a decade of SNP mismanagement, so let us not hear the SNP Government blame Brexit for its own problems or use it as a reason not to take responsibility.

I turn to Labour's motion. I have huge sympathy with the feelings and motivations behind the motion because we all want our NHS staff to be properly paid. However, at this point in time, the Conservatives cannot support an end to the pay cap, partly because there are tight budgets and multiple rising budgetary pressures. We believe that, for the time being, staff should continue to receive a 1 per cent pay rise and should be supported in other non-financial ways. If we are to secure the long-term future of the NHS, we should be ensuring that the short-staffing problems that pervade the health service are addressed as a matter of urgency.

Anas Sarwar: Surely that extra support should not be food banks. Surely there has to be recognition that there is a direct correlation between staff vacancies, staff morale, patient outcomes and staff pay. Surely even the Tories can see that.

Donald Cameron: I accept that hard-working NHS staff deserve to be paid well because they do skilled and vital jobs. I welcome the Government's commitment to ensure that all staff are paid the living wage. We acknowledge that the Scottish

Government has passed on recommended pay increases and that staff in the NHS in Scotland are paid more than those in other UK countries.

However, as I said, the NHS is facing rising demands from an ageing population with complex health needs. Any decision to increase pay has to be taken in a wider context. Despite the pay cap, staff costs have still increased by 6.4 per cent in the past five years, and they make up nearly half of all NHS operating costs.

If we manage to reform the NHS in order to continue to deliver high-quality healthcare, and truly to shift the balance of care away from the acute services into the community, we would be able to invest what we save. Labour has come to the chamber today with an important issue, but it has made no mention of, or given any detail on, the cost of what it proposes.

Neil Findlay: There are huge vacancy rates in the NHS. We cannot get people to take up posts, yet Donald Cameron argues for a cap of 1 per cent. In this place, there are no vacancies and there are armies of people outside who would be desperate to take up our posts. There are no gaps here, yet Donald Cameron will agree to an increase in what will be paid to him and me that is higher than the increase that will be paid to nurses. Is that fair?

Donald Cameron: The point that I make to Mr Findlay is that he has given no details of how much it will cost. How is it going to be funded? UK Labour has estimated that every 1 per cent extra on pay will cost the NHS £350 million. However, other figures suggest that the cost could be higher. Labour may want to supply some figures—though perhaps not by consulting Diane Abbott, this time.

The Labour motion does not address one of the central issues that face our NHS, but we must address staffing levels. We know that staff morale is low, and we have seen time and again that low morale is down to the fact that there are across the NHS severe staff shortages that this SNP Government has completely failed to tackle.

Maree Todd: Will the member give way?

Donald Cameron: No; I have taken several interventions and need to crack on.

We know that the most recent figures show that. We have cited the number of vacant consultant, nursing and midwifery posts. Time and again, the Government has ignored our warnings, and it has even ignored the warnings in the very consistent calls from professional bodies, including the Royal College of Nursing Scotland, that tell us that the situation cannot go on. The doctor who led the Scottish Government's own cancer strategy, Dr Anna Gregor, has said that the NHS in Scotland is

“hurtling over a precipice with everyone pretending that it is going to be all right and it won't be”.

We are warning the Scottish Government about recruitment and retention. Professional bodies are warning the Scottish Government and medical staff are warning the Scottish Government. The warnings have been coming for years. The question is this: when will the SNP listen? Do we want, under the SNP Government, another four year in which targets are missed? Do we want another four years of crippling pressures on existing staff because of vacancies? Can we deal with four more years of inaction from a Government that deludes itself into thinking that it is best placed to run the health service while ignoring the serious concerns of professional bodies and staff? The answer to all those questions is a resounding no.

I move amendment S5M-05479.2, to leave out from “the NHS pay cap” to end and insert:

“NHS staff deserve to be valued and supported; notes that the Scottish Government has let down NHS staff by failing to carry out long-term workforce planning; acknowledges that nearly half of the NHS workforce believes that there are not enough staff for them to do their job properly; believes that widespread short staffing is damaging for staff morale and patient safety; considers that recruitment and retention issues are in large part due to working conditions; calls for efficiencies to be made in areas such as spending on agency and locum staff, and notes concerns from groups such as the Royal College of Nursing over staffing levels in NHS Scotland.”

15:13

Monica Lennon (Central Scotland) (Lab): I am proud to be standing up in the chamber today to support our hard-working NHS staff and I will be proud to vote at decision time in favour of a wage rise for the workers who are the foundation of our health service.

The continuation of the unfair 1 per cent pay cap on earnings over £22,000 per year means that Scottish nurses will have received, on average, a pay cut of £3,400 under this SNP Government. The Royal College of Nursing in Scotland tells us that, since 2011, nursing staff have experienced a real-terms cut in earnings of between 9 and 14 per cent. That situation is, frankly, unsustainable. Nurses are the foundation of our health service, but they are failing to get the support and resources that they need from the SNP Government.

The facts are clear. Nursing staff are under pressure like never before; they are finding it more and more difficult to get adequate time to care for their patients; and, all the while, they are facing increasing financial difficulties. The RCN's most recent employment survey of members found that 30 per cent have struggled to pay bills while more

than half have been compelled to work extra and unsocial hours just to make ends meet.

Meanwhile, spending on agency and private nurses has soared under the SNP, and there is a vacancy crisis with unfilled nursing and midwifery posts. The number of long-term vacancies has rocketed since 2011, when the SNP formed a majority Government. Audit Scotland tells us that agency spend has rocketed in the same period, and it is now at £175 million. Perhaps that is an area of savings that the Tories could consider before they put questions to the Labour Party.

Nine out of 10 nurses tell us that they feel that their workload has got worse. In every aspect, NHS nurses are being overstretched and overworked. I brought that issue to the chamber recently in respect of multiple sclerosis nurses, particularly in NHS Lanarkshire but right across Scotland. They, like all our staff in the NHS, deserve a much better deal than they are getting from the SNP.

In recent years I have had reason to be in and around hospitals more than I would have liked. Two years ago this month, my father died in Hairmyres hospital in East Kilbride after a period of illness—he was only 60 years old and it broke my heart. A couple of days before he died, one of the nurses prepared me and my family for what was ahead. His name was Paul, and although I did not want to hear what he was telling me, I was so pleased to see him because he had cared for my dad and nursed him during a previous admission. He had cared for him with such compassion and attentiveness that I had not forgotten him, and I doubt that I ever will.

Then there is Katie—another nurse who looked after my dad and my family as we said our goodbyes. When I returned to Hairmyres hospital just two weeks ago, this time while I waited for my mum to be taken into surgery, Katie approached me in the waiting room. It was a lovely surprise to see her, but she gave me one of those hugs that smothers us in kindness when we are struggling to hold it together and leaves us fighting back tears.

In between those experiences, last year, I had to be referred to the breast clinic at Hairmyres hospital to have some cancer tests. I went alone and I was terrified and—again—emotional. The nursing staff were simply first class. They kept me calm as I waited in between different examinations in a very busy waiting room. I looked around me at the dozens of people all queuing at the desk. There were people with children, it was noisy and stressful, and I wondered how the staff managed.

I have been in the Scottish Parliament for the past year. When I come here and hear Scottish Government ministers and SNP back benchers accuse me and my Scottish Labour colleagues of

rubbing NHS staff, talking them down or playing politics, I feel sick to my stomach. When our MSPs come here to shine a light on the pressures that are facing our NHS, it is because we have nothing but admiration and respect for NHS staff. The nurses who the Parliament will celebrate later in a members' business debate are our friends, neighbours and loved ones, too.

When the Scottish Government deflects criticism of its stewardship of our beloved NHS on to the very staff who are being stretched to breaking point, is that fair? I know that a couple of SNP members are nurses, so I ask them to think about where their loyalties lie when they press their voting buttons at 5 o'clock. How can someone who has been a nurse and served alongside NHS staff betray those staff this evening?

The Minister for Public Health and Sport (Aileen Campbell): This might be slightly different, but how can Monica Lennon, as a councillor, defend the approach that South Lanarkshire Council took to the equal pay claims of thousands of women across the authority?

Monica Lennon: I am no longer a councillor, but it is ridiculous for a Government minister to bring into a debate something that has no bearing on it. Aileen Campbell knows fine well that I support equal pay for all workers. That intervention was pretty shameful.

Let us get back to the point. Aileen Campbell can smile, but we have heard that nurses are going to food banks. We had a debate in the Parliament last night about food poverty. The Government cannot sit there and say that it is someone else's problem and turn away. Tonight we will see whether the SNP Government will vote with the Tory party to block a pay rise for nurses.

Aileen Campbell: Will the member give way?

Monica Lennon: I am in my final seconds—thank you for your generosity, Presiding Officer.

The choice is clear. Tonight, MSPs can either support a pay rise for our NHS staff and state that they believe that the pay cap should be scrapped, or not. It is black and white. Labour members are clear that we stand on the side of working people. Other members should consider doing the same.

15:20

James Dornan (Glasgow Cathcart) (SNP): Before I start what I was going to say, I want to make it clear to members on the Labour benches and others that they do not have a monopoly on awareness of people having to deal with the health service. They are not the only people who have had people die in hospital or who care about the nurses and the doctors who treated them. The

contributions from the Labour Party and the Conservatives have suggested that we do not care about the nurses or respect the hard work that they do, but of course we do because, like the people on those benches, everyone here will have lost somebody in the health service. I do not think that it is becoming of anyone to pretend that they have a monopoly on that.

The NHS is often described as the jewel in the crown of British society, and with some justification. Despite what the Labour Party says, however, it seems to me that, across the UK, it is the Scottish Government that recognises the NHS's importance and prioritises its needs while trying to balance the ever-shrinking gift of our own money that is passed down via Tory austerity. The Scottish Government has consistently protected the front-line health budget at all costs, enabling our health service to be free at the point of need and, importantly, to remain publicly owned.

Monica Lennon: What would James Dornan ask the Scottish Government to do to stop nurses in our NHS in Scotland having to go to food banks?

James Dornan: Scottish nurses are better looked after than any other nurses across the UK. What the Labour Party fails to recognise at any time in any debate is that, although we work under the same financial restrictions as the rest of the UK does, we have decided to have no compulsory redundancies, to make sure that the lowest-paid nurses have a £400 bonus and to make sure that they have a 1 per cent increase in their wages, which other nurses across the UK do not get. No one should come here and tell us that Scottish nurses are badly paid in relation to nurses in the rest of the UK, because in Scotland we are doing everything that we can within the restrictions that we are under to ensure that Scottish nurses are looked after.

The NHS is under great pressure across the UK, but nowhere more so than in Wales. Under the devolved Labour Administration there, accident and emergency department waiting times are longer, ambulance response times are longer and patients wait longer for many routine treatments than they do anywhere else in the UK. Perhaps Mr Sarwar, who apparently has all the answers when it comes to running a national health service, could use some of his expertise to assist his colleagues in Wales.

I could list a load of figures to show how much money the NHS is receiving from the Scottish Government, but it is more important to consider the results of that investment across Scotland. Certain politicians often issue quotes criticising the new Queen Elizabeth university hospital but, in January, there was a peak in the number of women who received maternity care across

Glasgow, primarily at the QE. Although numbers are high and patients were looked after at the best available facility, Scottish Labour seemed to see that as another opportunity to use the hospital as a stick to beat the Scottish Government with.

The reality is that the only damage that is being done by the Labour Party's constant carping, apart from the damage that it is doing to its ever-dwindling political reputation, is the damage that is being done to the hard-working staff across the Queen Elizabeth and other hospitals. Monica Lennon talked about the SNP trying to deflect criticism. We do not try to do that. The fact is that the politicians who come here and criticise health service workers are not on these benches but on the Labour Party benches.

The recent BBC documentary "Scotland's Superhospital" was fascinating. It showed only a fraction of the first-class work that that state-of-the-art hospital does for the people of Glasgow. I was a patient in that facility and can vouch for the care that is given there.

Another thing to note is that parking at that hospital is free. Why is that important? It is important because families use it. I know of one family with two chronically ill kids who have to attend the hospital, sometimes four or five times a week. If they had to pay parking charges, on top of the stress of having to go to the hospital in the first place, they would be in an awful state—it would make things much worse. Why is that an issue? Until the SNP Government came into power in 2007, the Labour Party made sure that such families had to pay for parking at hospitals. The Labour Party was quite clear that it was justifiable to make people pay for parking at hospitals.

Neil Findlay: I absolutely agree that the removal of parking charges was the right thing to do. What I do not agree with is removing parking charges and having no traffic management system at hospitals. At St John's hospital in Livingston, parking is chaos. People who attend for chemotherapy and other treatments leave home an hour or an hour and a half early in order to drive round the car park for an hour trying to find somewhere to park. If we remove the payment system, there has to be a traffic management system. If Aldi can do it, surely the NHS can do it.

The Deputy Presiding Officer (Christine Grahame): I remind members that, interesting though traffic, parking and parking charges are, the motion is not on that topic and neither are the amendments, so—

James Dornan: They are not, but—

The Deputy Presiding Officer: Mr Dornan, do not talk over me. Sit down, please.

I am looking at the amendments and at the motion. Let us keep to them, please, and not drift into another area—

Neil Findlay: On a point of order, Presiding Officer.

The Deputy Presiding Officer: Mr Findlay, please sit down.

Neil Findlay: It is on a point of order.

The Deputy Presiding Officer: It had better be.

Neil Findlay: May I speak?

The Deputy Presiding Officer: I am letting you speak. I am waiting to see whether it is a point of order.

Neil Findlay: The issue of parking is relevant because it relates to nurses' pay. They have to pay for parking if—

The Deputy Presiding Officer: That is not relevant to the amendments that are before me, nor is it relevant to the motion. I want us to get back to the motion that is at hand. Mr Dornan, please continue.

James Dornan: Presiding Officer, can you clarify for me how far away from the wording of the motion and the amendments—

The Deputy Presiding Officer: I have made my ruling, Mr Dornan. I want you to get on with your speech. Do not challenge me, please.

James Dornan: Right—okay.

Nurses and midwives are one of the most valuable resources that we have. The Scottish Government clearly recognises that, in order to sustain a high level of care, we must invest in the future of our nursing services, and that is why we are committed to free tuition and bursaries for people who are studying to be nurses.

Not only are we committed to the development of the workforce, but Scotland has worked hard to maintain its policy of no compulsory redundancies while in England there have been more than 20,000 redundancies since 2010. Scotland works under the same financial restrictions as the rest of the UK does, yet I have figures from the Royal College of Nursing that show that nurses here in Scotland are paid at a higher rate than their counterparts across the UK, which is just another way of showing how we value their service.

I know that there is an election coming up and people want to grab headlines with motions criticising the Government. However, in the case of a motion such as this one, I would ask how Scottish Labour would fund this extra pay. Would it scrap the policy of no compulsory redundancies? Would it scrap bursaries for the nurses? Would it

take more money away from the other vital front-line services that it claims to want to protect?

Where, I ask my friends—I was going to say “on my left”; I mean the Conservatives—is the £350 million a week for the NHS that we were promised after Brexit, which we opposed, as did most of the Conservatives in the Parliament? Well, they did back then, before they were told that they no longer oppose it. It is almost like a cult over in the Conservatives’ part of the chamber, is it not?

On Friday, I had the good fortune to be at the count to see the SNP take control of Glasgow City Council from the Labour Party—this is relevant. What did I hear there? I heard Anas Sarwar telling a media company that it was a terrible day for the SNP and independence and that it was a strong showing for Labour. While Mr Sarwar continues to make fanciful and irrelevant contributions such as his contributions last Friday and today, the Scottish Government will keep to its promise to improve the NHS and support our hard-working and much-valued nurses.

Neil Findlay: Eight minutes!

Richard Leonard (Central Scotland) (Lab): Eight minutes!

The Deputy Presiding Officer: I will have no comments from anybody about the length of time members have had for speeches. I intervened during the speech, as did Neil Findlay. I gave the member extra time because I made a ruling during his speech.

15:28

Brian Whittle (South Scotland) (Con): I first declare an interest, in that my daughter is a healthcare professional in the NHS.

I welcome the opportunity to speak in the debate and I thank Labour for raising this important issue in the chamber. I am sure that across the chamber, there will be complete agreement that our NHS staff—as with all our front-line public servants in the police, the fire service and so on—deserve to be paid appropriately for the work that they do and the care and attention that they give daily. The question remains, how is that to be achieved in a sustainable and consistent manner, beyond the political rhetoric and posturing?

In the last week, I have had the opportunity to witness healthcare on the front line, as I spent some time in accident and emergency. Members will be pleased to hear that I was seen well within the four-hour guideline. While waiting to be seen by the duty nurse, I was able to watch the nurses’ station and observe what was going on. There were harassed staff phoning through to the front desk to ask them to stop sending people through

because there was no room; patients complaining that they had already been sitting for half an hour; and a nurse saying that she was fed up of leaving the hospital feeling guilty, even though she was well over her hours. It was 8 o’clock in the evening and she was due back in on the morning shift. I took the opportunity to speak to her, and what she wanted above all was to feel valued, for us to understand her role, to have the staff numbers and experience to cope with demand, and to have the flexibility in the duty roster to cope with the fluctuating demand.

On Monday night, I met a GP who was part of a practice that had taken the difficult decision to close a surgery in Fenwick and resign the rest of the practice in Crosshouse and Kilmaurs. NHS Ayrshire and Arran is currently looking for GPs to take over the practice and has had only one tentative enquiry since January this year. Five GPs could be taken out of the system in Kilmarnock and that is compounded by the fact that, within 18 months, a further six GPs in the same area are due for retirement. That is a potential loss of 11 GPs in Kilmarnock. As of two weeks ago, there were already 15 GP positions advertised and unfilled in Ayrshire. A recent presentation on primary care at Glasgow University made it obvious that that is far from an isolated problem. It is endemic across Scotland.

Maree Todd: Does the member agree that, although there are difficulties in recruitment to general practice, today’s report by the Royal College of General Practitioners about the impact of Brexit on the workforce in Scotland is worrisome? I would say to his colleague, Donald Cameron, that it is particularly worrisome for those of us who represent rural areas, such as the Highlands and Islands, where up to one in four of the doctors is an EU national.

The Deputy Presiding Officer: I will give you extra time, Mr Whittle, as that was a long intervention.

Brian Whittle: Thank you, Presiding Officer.

The problem is not just about recruiting staff from across the world. What about supporting and retaining our own home-grown GPs? The GP that I spoke to told me that she wrote to Shona Robison two weeks before resigning from the practice on 31 January, asking for help. The practice is still awaiting a reply.

Gillian Martin (Aberdeenshire East) (SNP): Will the minister take an intervention?

Brian Whittle: No, I will not take an intervention, thank you.

It is all very well having the rhetoric, but it is action that applies here, and that is patently not the case with the Government.

When that GP joined the practice as a partner 10 years ago, it was the eighth practice that she had applied to. Now a GP can pretty much choose whatever practice they want to go to, and I was shocked to be told that the most dramatic change had happened in only the last three years.

As has been alluded to, the practices that suffer the most are the rural practices, as GPs migrate towards population centres. The people who suffer the most are the patients, who lose continuity of care; it is not just GPs that we are losing, but their years of experience in those communities and the relationships of trust that have been built up with patients over years of treatment.

Locums are increasingly being sought to fill gaps, and that gives rise to a major financial issue that must be addressed. Three years ago, they were paying a locum around £180 a day. Now, I am told, the practice that has just closed was having to pay £250 for a locum to cover just four hours. With the pressure that our GPs are under, coupled with the demand, it is no wonder that working as a locum is such an attractive proposition.

The issue, according to the GP that I mentioned and her colleagues, is not the money that they earn; it is being valued. It is about recognising that GPs are the gatekeepers and that they are healthcare professionals with long-term patient relationships built on years of working in a community. The plea from GPs is first to stabilise the current workforce as an immediate priority. The consequence of not addressing that right now, according to the GP I spoke to, is more people ending up in hospital. The consequence of that is that the next conversation that we will have will be about how to deal with the mess and fallout. It is as true for politicians as it is for GPs that the longer you leave a problem before treating it, the harder it is to deal with.

The reality is that, as GP numbers have fallen, hospital consultant numbers have risen. With falling front-line GP numbers, the number of patients ending up in hospital inevitably rises as they come through A and E. Those patients could and should be dealt with in local GP practices.

That brings me to the Labour motion. It is not just about levels of pay. An NHS that is sustainable for the long term must be the aim, and that, quite frankly, will require a radical overhaul of the way in which we view health and healthcare. It requires a culture change in how health professionals are viewed and treated both in this place and by the public more widely. The preventative healthcare agenda, where there are potentially billions to recoup and reinvest, has to be placed front and centre instead of being given the lip service that it currently is.

The jobs that healthcare professionals do must have more attractive and valued career paths. In the words of healthcare professionals, that is about more than just money. Choosing a career as a healthcare professional is not driven by financial reward; it is driven by a desire to care. What came across loud and clear in my recent conversations with healthcare professionals, way above all else, was concern for patients and what will happen to them if the NHS is not steered on to a more sustainable course, where the baseline is improved long-term health outcomes through sustained continuity of care.

If we are serious about recruiting into the health service to address demand and about rewarding our healthcare professionals appropriately, simply throwing more money at the problem is not the right course of action. We need to stop treating the symptoms of the systemic issues in the NHS and focus on dealing with those issues for the long term. Let us stop just trying to keep the show on the road and start thinking about how we build a sustainable future for our NHS.

15:35

Stuart McMillan (Greenock and Inverclyde) (SNP): We have heard comments from some Labour members about the Royal College of Nursing Scotland briefing, so I would like to quote from the briefing. It states:

“Pay awards for NHS staff have been constrained by the UK Government’s policy on public sector pay since 2011.”

It goes on:

“It should, however, be noted that the Scottish Government has implemented recommendations made by the PRB to date, even when the UK Government has not. This means that whilst terms and conditions remain broadly equivalent across all countries pay rates for each of the pay bands vary.”

That means that, in Scotland, there has been an increase and there is a higher level of pay across the bands here.

Colin Smyth: Will the member take an intervention?

Stuart McMillan: I have just started. I will try to let the member in later.

Between 2010-11 and 2019-20, the Westminster Government will reduce Scotland’s fiscal departmental expenditure limit budget by 9.2 per cent in real terms. In spite of that, the Scottish Government has committed to continue to provide above-inflation increases to Scotland’s health budget. While in government, the SNP has protected the front-line health budget, increasing it by 40 per cent between 2006-07 and 2017-18. Health funding now stands at record levels. In 2017-18, health spending in Scotland will exceed

£13 billion, with resource spending being over £3.6 billion more than when the Government took office in 2007. Figures from Her Majesty's Treasury show that health spending per head in Scotland is 7.2 per cent higher than in England, which is the equivalent of an extra £152 per person.

There are challenges in the NHS, and nobody on the SNP benches would say that there are not. There will always be challenges in the NHS, irrespective of which party or parties are in power. That will be the case here, in England and in Wales, and we have heard examples of that in the debate. Nonetheless, it is clear that those figures highlight the importance that the Scottish Government places on the NHS in Scotland. The funding that goes in to our NHS and the focus on it to make it better and more responsive show that it is absolutely paramount. Members across the chamber really have to try to understand the level of funding that is going in.

As we have heard today and in previous debates, our NHS staff are resilient. They have a unique set of skills that they bring to their patients and to the multidisciplinary teams in which they operate. Our NHS staff are always there at times of crisis to treat, care for and reassure their patients. I have been very fortunate in that I have not had to call on NHS staff very often, and my family, too, has been very fortunate from that perspective. However, I deal regularly with constituents who have had challenges, and the one thing that comes back time and again is how valued our NHS staff are. I for one fully recognise and appreciate every single thing that our NHS staff do for the country, and I am sure that every single member of the Parliament does so.

The Scottish Government's public sector pay policy sets out the 1 per cent maximum increase for those earning over £22,000 per annum. The continued real-terms reductions in public sector budgets for Scotland for 2017-18 flow from the UK Government spending round.

Members of the Tory Party have to recognise that their cuts are coming to this Parliament and this Government, and that that means that constraints in pay bills across all public sector organisations are still required.

It is recognised that maintaining employment and fair rates of pay in the public sector is crucial in ensuring that Scotland's economy remains strong. The aim of the policy is to allow public bodies to provide a pay increase for all staff, with particular support for those on the lowest incomes, and for employers to take their own decisions about pay progression.

I will put that in the context of NHS England and NHS Scotland. This proposal to increase the pay

of NHS staff beyond 1 per cent per annum is primarily a result of the fact that there are severe shortages of NHS staff, particularly nurses, in England. Speaking on BBC Radio 4's "Today" programme, Jonathan Ashworth, the shadow health secretary, revealed that as a result of staff shortages in England, Labour would scrap the 1 per cent pay cap in place for all NHS staff and would reverse the end to bursaries and introduction of tuition fees for student nurses and midwives that are planned for August. Indeed, the latest Universities and Colleges Admissions Service figures have revealed the deep damage that Tory Government cuts are having on the nursing sector in England. Applications to English nursing courses are down 23 per cent this year, after the UK Government abolished bursaries that encouraged people to take up training.

It is no wonder that Donald Cameron did not want to talk about comparisons with England, given that there has been a 23 per cent reduction in applicants, tuition fees are being introduced and bursaries are being scrapped, and given the creeping privatisation of the NHS.

I am conscious of time, so I will conclude with this point. The SNP Government continues to value the work of the independent NHS pay review body, whose recommendations the Scottish Government applied again this year. The Scottish Government has been consistent in its efforts to offer the right support to nursing students. By keeping free tuition, protecting the bursary and creating the discretionary hardship fund it is supporting our NHS staff of the future, as well as the staff of today.

15:41

Alison Johnstone (Lothian) (Green): It is time for the pay cap to be scrapped. Years of pay restraint have eroded living standards for our NHS staff. We cannot deny the negative impact that that has on staff morale, or the effect that it has on staff retention. The NHS in Scotland already faces severe workforce shortages, with a retirement boom on the horizon, and many staff are looking back at years and years of real-terms pay cuts and wondering whether they can afford to keep on giving to the NHS. I will support the motion, because the Scottish Greens believe that we must restore the value of pay for our NHS staff, and indeed, for staff in our wider public sector.

The pay cap has a direct impact on our wider communities. The NHS employs more than 160,000 people in Scotland, the majority of whom are women. A below-inflation pay cap contributes to the gender pay gap and inhibits multiplier effects in our local communities and economies. Hospitals and health centres are vital anchors in our communities, and holding down pay has

implications for them, particularly in our remote and rural regions.

The Scottish Government's position is that it adheres to the NHS independent pay review body's recommendations and passes on its pay uplifts in full. I am glad that that often results in better pay for NHS workers in Scotland, compared to their counterparts in England. Ensuring a minimum increase of £500 for staff who earn £22,000 or less is a positive measure, but it does not go far enough.

The independent pay review body's most recent report is quite clear that Government sector pay policies set the context for its recommendations. On NHS pay in England, it says:

"We were told by the Health Departments ... that a 1 per cent pay award is funded"

and

"it is clear that a pay award higher than 1 per cent would require trade-offs in terms of service levels, investment decisions and potentially staff numbers, with associated implications for workload and pressures on staff and service delivery".

If the independent pay review body is prepared only to make recommendations that are already in line with the Government's spending plans and to set the expectation that NHS staff should bear the costs of "trade-offs" between pay and service delivery, I struggle to see where the independence lies.

The report also outlines the Department of Health's view that

"public sector pay restraint played a key role"

in the Government's intention to reduce the budget deficit. It seems clear to me that the report makes its recommendations in that fiscal context. It is not for nurses, midwives, and healthcare assistants to play "a key role" in reducing the budget deficit, and NHS pay should not be based on misguided economic austerity.

Even the NHS pay review body's report acknowledges that, in 2017, inflation is outpacing forecasts and that we are

"approaching the point when the current pay policy will require"

change. Public sector workers did not cause the financial crisis and they should not be expected to shoulder that burden 10 years on, or to absorb the financial pressures on our NHS due to demographic change.

In view of the UK-wide pay review body's overall approach, I would be inclined to support a Scottish system for pay review in the future. However, if professional bodies and trade unions take a strong view that pay recommendations should still be set on a UK-wide basis, it is vital that the Scottish

Government plays a full part in that process. The pay review body's report was blunt about the impact that postponing the draft budget had on the process: it delayed the submission of evidence from the Scottish Government, reduced the time that was available for scrutiny and inhibited the ability of other parties to respond to the Government's position.

The Royal College of Nursing has told us that the pay cap has resulted in a 9 to 14 per cent drop in earnings for nursing staff since 2011, which grossly undervalues the care that nurses give, the long hours that they work and the pressures that they face. As we have heard, the Royal College of Nursing's recent survey of members found that 30 per cent of them have struggled to pay gas and electricity bills and—staggeringly—that 14 per cent of them have missed meals because of financial difficulties.

Maree Todd: Could the member—or other members in the chamber—provide me with information about how many of the respondents to that survey were based in Scotland?

Alison Johnstone: I was speaking to nurses yesterday and I can confirm that the policy is having an impact on them. I spoke to an experienced nurse who has taken on a part-time job because she cannot make ends meet. Although I have heard that pay progression is still in place, which is to be welcomed, the fact of the matter is that someone could be paid less now than someone doing the same job in 2011. We have a problem here.

Nurses should not have to cope with financial pressure at home as well as pressure at work. The Royal College of Nursing is calling for a pay award of 2.6 per cent in line with the retail price index. That is right and fair.

It cannot be denied that economic inequalities are at the centre of health inequalities in this country. Someone does not have to be living in absolute poverty to suffer poor mental health due to debt. They can suffer stress because they have no work-life balance or because they keep taking on extra shifts to keep their head above water.

Financial factors have an incremental effect, leading to sickness and time off work. In turn, staff absence pushes up spending on agency staff, and NHS employees really feel the unfairness when they see how much is being spent on agency nurses and locum doctors. NHS employees might look to Denmark, where hospital nurses are paid around 16 per cent more than they are here in the UK, or Australia, where their pay would be more than 20 per cent better. Sadly, we know that many NHS employees do exactly that.

Our nurses do not go into the profession for the money and nor do our midwives, paramedics,

public health professionals, physiotherapists or psychologists. However, they should not expect their dedication, professionalism and expertise to go unrewarded as their pay falls below inflation.

The Government's amendment says that it will "jointly commission work" to develop

"an evidence base to assess the impact of pay restraint".

We have a good idea about what the impact of pay restraint is. Our NHS staff know the impact and, in previous submissions to the pay review body, they have already made clear what it is. The Royal College of Nursing has polled its members on the action that should be taken on pay restraint, including the option to ballot for industrial action. That is how urgent the situation is. Restoring the value of NHS pay will have a positive impact on staff retention and professional development and, ultimately, on the standard of care that we all want to receive.

15:48

Alex Cole-Hamilton (Edinburgh Western) (LD): I congratulate the Labour Party on securing this important debate and I assure Labour members of the Liberal Democrats' support tonight.

I have spent the first year of my term as the MSP for Edinburgh Western on one of the steepest learning curves of my life. It has been my great privilege to serve as my party's health spokesperson throughout that time and, through my introduction to the many tiers and avenues of our health service, I have met some of the finest and most dedicated professionals in our society. In many cases and from an early age, those people answered an inner calling to meet the needs of the most vulnerable and infirm in our society, and they have done so without thought of reward. That is just as well, because few roles in the health service attract lavish financial recompense.

Pay in the NHS has never been world beating, but the cap that we are debating has meant a year-on-year real-terms decline in the take-home pay of hard-working staff across the health service. In the teeth of a hard Brexit and with the devaluation of the pound that comes with that, the value of those pay packets will diminish still further and with it the buying power of hundreds of thousands of employees. We ask much of those whom we look to for treatment and care and yet we offer little reward, and what we offer is diminishing by degrees.

I do not think that it is melodramatic to say that to continue as we have done, with no prospect of pay increases in real terms for our NHS or social care workers, represents an existential threat to the delivery of health and social care in our

society. At its bedrock, the NHS and the social care system that underpins it are nothing without their staff.

The rhythms of our health service are constantly interrupted by the stuttering of staff shortages, inadequate workforce planning and attrition in our staff base. Underpinning all that is the need for fair and equitable pay to make a career in health or social care an attractive and viable life path choice again. We cannot expect the pressures on our hospitals or GP surgeries to abate while those facilities are hungry for a new staff cohort that is not coming through the ranks or is looking overseas for opportunities that offer greater financial incentives.

Adequate investment in our workforce is vital. It is the call that all members receive from stakeholders in every specialty in the sector, and it is in the Labour Party motion. At all too many junctures, the system is buckling under the weight of demand. That was evidenced in last September's revelations from Audit Scotland that our health boards have missed all but one of the national targets that they are expected to meet.

Delays in accident and emergency offer the starkest insight into the chronic problem that we face in throughput in our health system. I was grateful to meet representatives from the Royal College of Emergency Medicine, who opened my eyes to the reality that underpins the massive delays beyond the four-hour target.

Accident and emergency waiting times act as a weather vane for the natural state of flow in the health service. They point not to a problem in capacity at accident and emergency, as people often expect, but instead to how easy it is in reality to clear patients out of accident and emergency and into the wider hospital. Put simply, such delays are caused by bed blocking, which in turn is caused by a profound shortage in social care capacity.

I have raised many times the case of George Ballantyne, my elderly constituent who had to endure 150 nights in Liberton hospital beyond the point at which he was declared fit to go home.

Maree Todd: I am sorry, but I perhaps missed the congratulations from my colleague Alex Cole-Hamilton to the Scottish Government on its incredible performance in accident and emergency four-hour waiting times in the past few years compared with all the other UK countries. The target is indeed a canary in the mine for the health of the system.

Alex Cole-Hamilton: I am delighted to congratulate Maree Todd on using neither the word "coalition" nor the word "Conservatives" in her intervention on me this time. She misses the

point entirely, which is that we have a colossal problem with bed blocking in our hospitals.

The delay in Mr Ballantyne's discharge was due entirely to the fact that a social care package was not available. No night-time check could be established and put into a programme for him because no staff were available. That delay cost NHS Scotland hundreds of thousands of pounds. When members on the Government benches ask me from where we should get the money to pay for such an uplift, I point them to Mr Ballantyne's protracted stay in the most expensive hotel in Edinburgh. The cost of failure demand in his case is replicated across every health board in our country. If we were only to recalibrate the direction of expenditure, we could free up far more resource to offer more financial recompense at every level. It is precisely because we fail to invest in our social care workforce that such cases are so commonly raised in the chamber.

We expect carers to attend their charges for sometimes as little as 15 minutes a session because of carers' travel times and to receive a salary that they could just as well find stacking shelves in a local supermarket. Local authorities state regularly that they commission social care on the ground of quality over cost, yet the reality of that split is felt most keenly by service users.

It is easy for members of Opposition parties to ask the moon of the Government and to write cheques that, were we in government, we could never hope to cash, but the solution to much of the staff crisis that bedevils our health service and much of our social care sector is blindingly simple. If we entice people back to the fold, invest in our workforce and give people a future of comfort and security, they will visit that back on the people in their care tenfold.

We have much to be proud of in the men and women who deliver care in this country. The least that we as public servants can do is ensure that they can do the job that they love with a measure of dignity and proper reward.

The Deputy Presiding Officer: Before I call Richard Leonard, I ask Neil Findlay, Maree Todd and Emma Harper to press their request-to-speak buttons. There is a technical glitch that means that, if someone intervenes, their request-to-speak button goes off.

15:55

Richard Leonard (Central Scotland) (Lab): I refer members to my entry in the register of members' interests and specifically to my membership of the GMB and Unite trade unions.

With today's motion, Labour is showing people a way out of a failing economy in which working

people are being made to pay the price of a crisis that they did not create. Wages, which were once rising gradually, are no longer increasing. Housing costs and even the price of food cannot be afforded and, for too many people, fuel poverty is going up, not down.

We have the poor, the working poor and the public service working poor—people whose wages have been held down year after year. Nurses have experienced a real-terms pay cut of 13 per cent since 2010, and other people who work in full-time jobs in our national health service are below the poverty line and are forced to claim benefits. All that has been done in our name.

It is not as though we are living beyond our means; rather, we are not equitably distributing our means. All the demands for sacrifice are aimed at working people who deliver our public services, while the idle rich are studiously ignored. The result is that in Scotland the richest 1 per cent have more personal wealth than the whole of the poorest 50 per cent put together.

There are other consequences, too. As Cheryl Gedling of the Public and Commercial Services Union told the Parliament's Economy, Jobs and Fair Work Committee,

"as long as we continue to have pay freezes and pay restraint we will not eradicate the gender pay gap."—*[Official Report, Economy, Jobs and Fair Work Committee, 18 April 2017; c 22.]*

In days gone by, incomes policy was part of a wider programme of action by Government, through a social contract to deliver a social wage, which included food price subsidies and rent subsidies, increases to the basic state pension and investment in our industrial base and our public services. What we have today is not a two-way social contract but a blunt, one-way fiat of austerity.

In its amendment, the SNP Government makes comparisons with England. I am sure that that will be a comfort to the midwives who work around the clock in Wishaw and to the nurses in the Forth Valley royal hospital in Larbert who are at the top of their pay band.

Shona Robison: Would the member make the same speech to a Labour Party conference in Wales, where nurses are paid less than they are paid in Scotland?

Richard Leonard: The last time that I checked, I was in the Scottish Parliament, addressing an SNP Government.

What will the cabinet secretary say to the porters who toil long hours and work long weekends at Hairmyres hospital, to the on-call ambulance crews who are stationed across the country and to the hard-working cleaners at

Monklands hospital, who get £8.50 an hour—the lowest-paid staff? I am sure that it will be a comfort to them to know that, if they were living in England, they would be even worse off and subject to even more restraint.

I am sure that, in light of their experience, those workers will greet with some cynicism the suggestion in the cabinet secretary's amendment that the best resolution will be found in partnership working and the benevolence of the Scottish Government. When the NHS pay review body produced its recommendations, it said:

"The scale of efficiency savings that the NHS is required to make appears to be bigger in Scotland than in other parts of the UK, with the Scottish Government telling us that Health Boards will be expected to make 3 per cent efficiencies in 2017/18."

I challenge the Government to support today's motion to scrap the cap and allow for free and responsible collective bargaining.

Shona Robison: Will the member give way?

Richard Leonard: No—I have given way already.

Let me turn to the Conservative amendment. We have on the statute book the Trade Union Act 2016, which is barely a year old. It is a Tory act, which I presume that the Tory members in this Parliament support. It singles out public service workers and puts, at the top of its list of such workers, health service workers—the very workers we are discussing. That is what is in the act that the Tories support.

The act demands a minimum turnout threshold of 50 per cent and a minimum majority threshold of 40 per cent of those eligible to vote in order for industrial action to be taken legally by health service workers. I am bound to say that, if the same rules had been applied to the local government elections last week as Tory MSPs and ministers now apply to NHS workers, not a single Tory councillor would have been elected anywhere in Scotland.

Brian Whittle: Will the member take an intervention?

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

Richard Leonard: Of course, the Tories want to stop trade unions having a political voice, too.

Finally, I remind Parliament of the principles of the NHS as set out by Aneurin Bevan, who said:

"Society becomes more wholesome, more serene, and spiritually healthier, if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves, but all their fellows, have access, when ill, to the best that medical skills can provide ... If the job is to be done, the State must accept financial responsibility."

Those prophetic words of Nye Bevan are chosen carefully. They remind us that the foundation stone of the NHS is not medical machinery or pharmaceutical formulas but the skills and dedication of the people who work in the national health service. [*Interruption.*]

I finish by saying to the SNP that it is no good claiming to be on the side of the workers in the NHS when the SNP is not prepared to back them up and it is no good claiming to be investing in the NHS if the SNP is not investing in the people who deliver the NHS. I urge all members to look to their conscience, to accept financial responsibility—and moral responsibility as well—and to back the Labour motion.

The Deputy Presiding Officer: I say to those on the front benches that, if they wish to intervene, they should do so properly and not heckle from the side.

16:02

Ivan McKee (Glasgow Provan) (SNP): The debate gives us an opportunity to highlight the different approaches to nurses' pay that are adopted in each part of the UK. I welcome the Labour Party bringing the debate to Parliament in advance of international nurses day, which falls this Friday. The debate gives us a chance to compare and contrast how Administrations across the UK—the Scottish Government, the UK Government and the Welsh Government—treat the most valuable asset of our NHS, which is its staff.

Although a clear process is in place to determine nurses' pay, whereby the independent NHS pay review body makes recommendations each year that cover all parts of the UK, the Governments' approaches have differed. That tells us much that we need to know about the priorities, focus and commitment of each Administration and of the parties that run each one.

Although the Tory-led UK Government and the Labour-run Welsh Government have failed to implement in full the PRB's recommendations, in contrast, the Scottish Government, run by the SNP, has stood by the body's recommendations and implemented them in full. Labour talks the talk—while failing to meet the PRB's recommendations where it has the power to do so—and the Tories look the other way, but the SNP has met its obligations to abide by the agreements that are in place and has funded nurses' pay to the levels that the review body required.

The RCN understands that well, as it said in its briefing in advance of today's debate. It states:

"the Scottish Government has implemented recommendations made by the PRB to date, even when

the UK Government has not. This means pay rates for each of the pay bands vary. For example, the starting salary for a newly qualified nurse is £21,909 in England”,

the same in Wales,

“£21,693 in Northern Ireland and £22,218 in Scotland”.

A band 5 nurse in Scotland earns £300 more than their equivalent in England and in Wales.

It is a clear demonstration of their priorities that the Tories never stop talking about the top 10 per cent paying a bit more—they are higher-rate taxpayers who can afford it—while the Tories never mention NHS staff who benefit from a similar amount in higher pay in Scotland. Never mind the benefit from council tax being some £400 lower in Scotland than in the rest of the UK, which impacts on the majority of households. When it comes right down to it, the Tories’ priority—their target constituency—is laid bare for all to see. If someone is in the top 10 per cent, the Tories will argue tooth and nail for their interests; if a person happens to be an NHS worker who earns a fraction of that income, the Tories are not interested in even honouring the independent recommendations on their pay.

As well as honouring the PRB’s recommendations, the SNP Government has put in place measures to assist the lower paid in the profession. A flat-rate £400 uplift for those who earn £22,000 or less has been implemented in recognition of the particular pressures on low-paid staff.

The Scottish Government understands the importance of supporting those who are entering the profession and ensuring that nurses are trained for the future to support our growing health service. Nursing bursaries are still in place in Scotland, and nursing students pay no tuition fees. That is in stark contrast to elsewhere in the UK, where such policies have been scrapped. As a consequence, the number of applicants to nursing courses in England has plummeted by 23 per cent, which is 10 times worse than the situation in Scotland. It is no surprise that England is suffering from a 9 per cent nurse vacancy rate, which is more than double the rate in Scotland. That is a consequence of the different approaches that are being taken to the treatment of staff.

The Scottish Government also understands the need to provide stability and security for our NHS staff. In contrast to the situation south of the border, where there have been more than 20,000 compulsory redundancies over the past six years, NHS Scotland has continued with its policy of no compulsory redundancies.

The Scottish Government’s practices of higher remuneration also apply to other NHS workers. Entry-level NHS support staff in Scotland are paid £1,128 more per year than their English

counterparts. Salaries of consultants in Scotland can be up to £2,000 higher than those of consultants elsewhere in the UK. Those measures are underpinned by the Scottish Government’s commitment to support our health service with £500 million of real-terms funding increases over the parliamentary session—that is £500 million more than the amount that Scottish Labour committed to in its 2016 manifesto.

Anas Sarwar: Does the member agree that it is unacceptable—indeed, it is a scandal—for any nurse or other NHS staff member in Scotland to have to turn to a food bank? What action should we take, if we should not give them a pay rise?

Ivan McKee: If the member had been listening for the past five minutes, he would have understood what I just said. Nurses in Scotland are getting paid more than nurses in Labour-run Wales. What does Anas Sarwar have to say about that? I made the point that the Scottish Government has committed £500 million more to the health service than Scottish Labour did in the manifesto on which its candidates stood for election in 2016. That is against the backdrop of the 10-year real-terms 9.2 per cent departmental expenditure limit funding reduction that has been imposed on Scotland by the UK Government since 2010, when the Tories came into office.

It is not only in funding and support for its staff that NHS Scotland is outperforming its counterparts in England and in Labour-run Wales. A and E performance is significantly higher in Scotland than it is across the rest of the UK. The Scottish Government has also stood firm against the creeping privatisation of services in the rest of the UK, as a result of which 7 per cent of health service provision down south is now in private hands.

The contrast between how the SNP Scottish Government funds and runs the health service here and how the Tory UK Government and the Labour-run Welsh Government run their health services could not be clearer. When it comes to fulfilling our commitment to implement the recommendations on nurses’ pay, as on so many other aspects of running our NHS, it is the SNP Government that the people of Scotland can trust to have their interests at heart and to deliver for staff and patients alike.

The Deputy Presiding Officer (Linda Fabiani): We have no time at all in hand, so please stick strictly to the guidelines.

16:08

Maurice Corry (West Scotland) (Con): I thank Anas Sarwar for bringing forward this important debate. It has been an extremely interesting

debate on a very significant matter, so I am delighted to contribute to it.

I join other members in paying tribute to those who work in the NHS and care for us on a daily basis. I would like to focus on securing the long-term future of the NHS in Scotland and how staff should be supported by improving the response to the short-staffing crisis.

In the 10 years for which the SNP has been in power in Scotland, the NHS has taken a turn for the worse, with a major staffing crisis. The Scottish Government has taken a short-term view on job vacancies in the NHS, much to the detriment of our NHS in Scotland. We no longer have the number of staff that we need to ensure that patients get the best treatment possible. The number of nursing vacancies, for example, has been on the rise. On 31 December 2016, there was a vacancy rate of 4.1 per cent in nursing and midwifery posts, rising from 3.6 per cent in 2015. Those vacancies are putting increasing levels of pressure on overstretched staff seeking to deliver high-quality services.

Ivan McKee: Will the member take an intervention?

Maurice Corry: Let me continue.

Similarly, there have been rises in the number of vacancies for GPs, consultants and mental health specialists. Every empty post puts further strain on already exhausted staff. As with nurses, there is undue stress on those who work in our health services, while the Scottish Government looks to solve the problem by sourcing locum doctors and nurses. The Scottish Government continues to look for temporary solutions instead of seeing the bigger picture—and it does so at the expense of the Scottish people.

In fact, due to that poor workforce planning, the use of agency nurses has increased by almost 50 per cent in one year. That has inevitably led to an increase in the cost of agency staff, which has increased sixfold in three years. In addition, the Scottish Government is spending nearly £0.25 billion on locum staff. That is completely unsustainable and will do nothing to solve the long-term issue of vacancies in the NHS. Although I recognise that there will always be a need for locum staff, we certainly should not be as reliant on that form of staffing as we are at present. What we are seeing is, in fact, a sticking-plaster approach by the Government.

Former MSP Dr Jean Turner, who is now the chief executive of the Scotland Patients Association, called for fewer locums and bank staff to be used and more NHS staff to be appointed. In 2015, she stated that

“Our health service is in a serious state, really serious, and if we want to have care when we are old, we have to look after it today.”

Furthermore, Royal College of Nursing Scotland associate director Ellen Hudson highlighted that

“we need to find new ways for health boards to focus on the long-term sustainability of services.”

We can tackle that serious issue only by filling vacant posts on a permanent basis.

The number of gaps in the NHS in Scotland is predicted to grow, as many staff are close to retirement age. The issue is particularly prominent among nurses and midwives, a fifth of whom are set to retire over the next decade. Indeed, in the next 10 years, 18.2 per cent of the workforce are planning to retire, which will have a significant impact on NHS staffing across Scotland and put even more strain on overburdened staff.

The Scottish Government needs to focus more on recruitment to ensure that we have a sustainable NHS workforce for the future. It is currently turning to retired GPs to fill staffing gaps, and there have been many cases of trusts and health boards in Scotland having to recruit from abroad due to the shortage of qualified staff. That is not the way to secure the future of our NHS.

It looks as though we are starting to see the impact of the cuts that Nicola Sturgeon made when she was the health secretary. Between 2009 and 2012, the number of training places for nurses and midwives was slashed by more than a fifth, and more than 2,000 nursing jobs were cut to help to balance the books. The Royal College of Nursing believes that those cuts are now hitting the NHS in Scotland as students from those years graduate and take up full-time jobs. The Royal College of Nursing has summarised the situation as follows:

“we warned that this was short-sighted and would lead to problems. We have increased demand for services and not enough nursing staff, with staff bearing the brunt of these pressures and health boards having to employ expensive agency staff to fill the gaps.”

Aileen Campbell: Will the member take an intervention?

Maurice Corry: I am sorry, but I am in my last minute.

The SNP Government was warned about its actions at the time and now needs to take responsibility for ultimately bringing about the staffing shortages that we see today. We ask it to start planning the NHS workforce for the future and to ensure that we take measures to improve the sustainability of our NHS in Scotland.

I will support the Conservative amendment.

16:13

Neil Findlay (Lothian) (Lab): I thank Anas Sarwar for lodging the motion and for getting the Government to act. It is now going to act, but it would never have acted unless the motion had been lodged.

I declare an interest in the debate, as both my wife and my daughter work in the NHS—both very much at the lower end of the NHS pay scale. I also declare an interest as a member of Unite the union.

My wife's and daughter's colleagues throughout the NHS—the porters, clerks, domestics, kitchen staff, tradesmen and tradeswomen as well as the clinical support workers, nurses, physios, occupational therapists and the rest—have been subjected to years of austerity pay, with their salaries frozen or uplifts capped at no more than 1 per cent. There have been years of pay settlements below the rate of inflation while, at the same time, the cost of basic food items such as beef, fish and dairy products, the cost of transport and the costs of gas and electricity have all soared by well over 20 per cent. Moreover, the retail prices index is forecast to reach 3 per cent. That has all resulted in an effective pay cut of around £3,500 for a band 5 nurse, as members have said.

The reality of working in Scotland's NHS is that we have a system that is under pressure like never before. Staff are run ragged, morale is low, vacancies are up and the system is creaking at the seams. All of that overwhelmingly and disproportionately impacts on women workers, who make up three quarters of our NHS staff. So much for addressing gender pay issues.

The Scottish Government will claim that staff spending increased by more than 7 per cent between 2011 and 2016. That may be true, but it was, of course, driven by increased spend on bank, agency and overtime payments to try to plug the staffing gap. Indeed, agency spend doubled over that period. Staff are working more hours via the staff bank and agencies to try to make up for lost pay.

Aileen Campbell: Has Neil Findlay taken the same message to Wales, which spends considerably more on bank and agency staff than we do in Scotland?

Neil Findlay: There is more chance of me telling my Welsh colleagues some home truths than there is of SNP members telling Aileen Campbell some home truths, because they have to sign a statement to say that they cannot do that.

Audit Scotland has told us that agency staff cost more and pose a greater risk to patient safety and quality of care. On which planet is it sensible to pay nursing agencies £84,000 a year for one

nurse for a year? However, that is the reality of what is happening.

All of that impacts on vacancy rates, of course. There are vacancy rates of 3.6 per cent for nursing and midwifery staff, 9 per cent for health visitors, 5 per cent for public health nurses, almost 5 per cent for GPs and 6.5 per cent for consultants. Across the NHS, there are similar vacancy rates; for example, on tradesmen and estates workers, it is difficult to recruit electricians and other craftsmen because pay has not kept up with industry rates.

NHS staff do not want to be patronised. They are heartily sick of the warm words about being angels and heroes. They want respect, a supportive management regime in the establishment that they work in, an employer that cares about their wellbeing, the tools to get on with the job that they enjoy and, crucially, the pay that recognises all of that.

In its UK-wide staff survey, Unison identified that two thirds of staff felt worse off in the previous 12 months, 34 per cent relied on overtime payments to pay their bills, half relied on financial support from family and friends, and 11 per cent had used a payday lender. What a state of affairs for our greatest public services and the staff who deliver the care that we need when we are sick and injured. Let us be clear: that is a major contributory factor to people choosing other careers.

I want people to join the NHS. I am proud that my daughter, who works as a weekend cleaner in St John's hospital, will soon graduate as an occupational therapist and, I hope, secure a job in the NHS. However, increasing stress, a high number of vacancies and an unhealthy management culture combined with a decline in pay is not a recipe for addressing the shortages in and demands on the system. The cabinet secretary can and must act, otherwise the problems that we have witnessed will pile higher and higher.

I want all our public sector staff to be paid fairly. The pay cap has hit people in many areas, including local government, the police and the fire service, but the Government can act when it wants to. I publicly commend the Prison Officers Association for securing what was called a one-off £2,000 increase for prison officers in 2015. It seems that "one-off" has a flexible meaning for the Government, just as "once in a generation" has, as the deal has been repeated this year. As I said, I congratulate the POA, but what about other staff in the prison service and staff in local government? There is no £2,000 for them.

The Deputy Presiding Officer: You must come to a close, please.

Neil Findlay: What about NHS staff? There is no £2,000 for them.

Public sector workers deliver the services that civilise our society. I support the call to end the pay cap, and I support Anas Sarwar's motion.

16:19

Maree Todd (Highlands and Islands) (SNP): I remind the chamber that I am a qualified pharmacist registered with the General Pharmaceutical Council.

I am pleased to have the opportunity to speak in the debate. As many members know, until my election as an MSP last year, I worked as a hospital pharmacist, in one of the many staff groups paid under agenda for change. Each year, the NHS pay review body made a recommendation on how much my salary should rise by, although several times in the past few years, it was a below-inflation settlement because I was at the top of my pay band. I therefore agree that it is incorrect to describe that as a rise.

The Scottish Government has honoured the review body advice every year—something that my colleagues in Scotland were very thankful for. My colleagues south of the border in England have not been so lucky, because in several years the Westminster Government did not pass on the increase.

Jackie Baillie (Dumbarton) (Lab): Will the member take an intervention?

Maree Todd: No.

That situation has led to a marked difference in salaries between the two countries, with Scottish band 5 staff being paid up to £312 a year more than their English and Welsh counterparts. The difference is even more stark at the lower bands where, over and above the pay recommendations, Scottish Government action for the lowest-paid entry-level NHS support staff means that, in Scotland, they are paid £1,128 more a year than their counterparts in England. The reality in the UK today is that nurses, junior doctors and care workers in Scotland all get paid more than those in England.

Alex Cole-Hamilton: Will the member take an intervention?

Maree Todd: No.

As members might expect, given my background, I believe that NHS staff should be paid more, but I wonder whether that is possible, given the budget cuts coming from Westminster.

Alex Cole-Hamilton: Will the member take an intervention?

Maree Todd: No.

Along with many of my colleagues in the NHS, I know that the NHS in Scotland is relatively well

protected by a Government that is committed to a publicly run service, free at the point of care. Of course, the austerity agenda, which was supported by the Tories and their Liberal Democrat coalition partners, has cut public spending, which has an impact on the Scottish Government's budget by reducing the block grant.

Alex Cole-Hamilton: Will the member take an intervention?

Maree Todd: Yes.

Alex Cole-Hamilton: I am grateful to Maree Todd for finally taking an intervention.

Even given the ultra-loyalist prism through which she sees the Scottish Government, does Maree Todd not think that her description of her colleagues being grateful for the miserly increase that we have seen under the Scottish Government belies the statistics and the research from the Royal College of Nursing in this country?

Maree Todd: As I have said before, I suspect that if the survey in question had been conducted on an individual country basis in the UK, we would have got very different results.

With regard to Mr Cole-Hamilton's party's coalition Government and the NHS, the Institute for Fiscal Studies has said:

"Spending growth under the coalition was the lowest five-year average since records began (though generous compared with the cuts to spending in other government departments over the same period)."

Given the constrained budget, the Scottish Government has to be congratulated on not only managing to increase pay in Scotland, but ensuring that there have been no compulsory redundancies and maintaining free nurse student tuition and nurse student bursaries. In addition, the Scottish Government has created the discretionary hardship fund. That has not happened in England, and the number of English applicants to nursing courses has plummeted by 23 per cent as a result, while the number of applicants has been substantially maintained in Scotland. That may be why the current nurse vacancy rate is 9 per cent in England in comparison with 4 per cent in Scotland, where wage increases have been more generous.

The increasing policy divergence between the NHS in Scotland and the NHS in England is making it much harder to sustain a UK-wide perspective of the NHS workforce. I have already mentioned some areas of divergence, but the Conservative Party amendment raises another: the level of spend on agency and locum staff. My Conservative colleagues will no doubt welcome the fact that NHS Scotland has a nationally co-ordinated programme for the effective management of all temporary staffing. The team involved is working to establish regional and

national staff banks to allow boards access, when required, to a high-quality, flexible workforce of appropriately qualified, experienced and competent staff who all work on NHS contracts, providing better value for money than alternative methods of filling the gaps.

My Conservative colleagues will also no doubt be pleased to hear that NHS Scotland spends, proportionately, a third of what is spent in NHS England on medical and nursing agency staff.

There are other areas of divergence that we might consider. Scotland outperforms all other UK countries on the four-hour accident and emergency target. Scotland outperforms on delayed discharges, too: there has been an increase of 11 per cent in England because of a lack of investment in social care, but in Scotland the figure has decreased by 9 per cent because of the contrasting policy. Scotland has consistently spent more per person on health than England since at least 2009-10. Scotland has higher clinical staffing—*[Interruption.]*

The Deputy Presiding Officer: The member is coming to a close.

Maree Todd: Scotland has higher clinical staffing per capita than England. More doctors, more nurses and more midwives work in NHS Scotland thanks to the SNP Government's sound management of the NHS.

The Deputy Presiding Officer: You must come to a close.

Maree Todd: I finish with a wee mention of this evening's members' business debate, which was secured by my colleague Emma Harper MSP, who is a nurse.

The Deputy Presiding Officer: You must come to a close, please, Ms Todd.

Maree Todd: Later this week, we celebrate international nurses day, and over many years of working in a hospital—

The Deputy Presiding Officer: Ms Todd, you really must close.

Maree Todd: I am finishing—this is my last sentence. I have worked with some awesome nurses. I am sure that they will be pleased—

The Deputy Presiding Officer: Ms Todd, you have finished your contribution. Thank you.

16:26

Alexander Stewart (Mid Scotland and Fife) (Con): I welcome the opportunity to speak in the debate and thank Labour for bringing the topic to the chamber today.

The challenge facing the NHS has been described as

“a perfect storm of funding, structure and culture.”

The Scottish Conservatives recently constructed a 15-point action plan highlighting a myriad of areas in which there is massive scope for improvement, even when the demand is rising with an ageing population. The action plan highlights a multifaceted problem that faces the NHS. Staffing is the key to managing its funding, and that is where huge cracks have begun to appear.

My mother was a district nurse, midwife and health visitor who gave decades of support to the NHS. Her drive to support patients in dignity from birth to death was exceptional and she gave her working life to caring in the community. I am very proud of that.

Wastage, overspending and delays continue to blight the NHS in its day-to-day operations, and that is one area where we can look for efficiencies in improvements that can yield savings. Funding for the NHS in Scotland was roughly flat in real terms in the years from 2008-09 and that has had a huge impact across the piece.

Despite moves towards integration, the NHS is still broadly based on a traditional model—it acknowledges that, and we see it—in which we have social care reliant on primary and secondary care.

I pay tribute to all the staff who play a vital role in the sector. Their dedication, enthusiasm and commitment know no bounds and our NHS staff are the envy of the world because of that.

However, staff feel disengaged from reforms and look at the workload bases; if they are not managed effectively and efficiently, they feel stressed and overworked. There are still far too many managers in our NHS, which creates unnecessary tiers of management. Those problems are all linked: pay, training and support are vital to ensure that staff feel valued in our NHS. If clinicians feel alienated from the management reforms that are taking place, the pressures that they face continue to grow. If staff feel engaged, they are effective and they see better ways of managing things, which in turn reduces pressures on the workforce and ensures better outcomes for our patients. All of that is exactly what we want to see in our NHS system, and I believe that that is happening the length and breadth of the country because of the dedication of the staff who work in our NHS.

We know that we are dealing with an ageing population and we understand the demographics that we face—the bedblocking and all the other aspects that we have to manage. At the end of the day, we have to manage the finances to ensure

that the budgets work effectively and that individuals can work within those constraints.

The whole situation is complex, but that alone is not why we have to see the SNP spending millions of pounds on private health firms. In 2015-16 alone, 14 health boards spent £51.6 million on private operations because NHS hospitals could not cope with the demand.

Shona Robison: Will the member take an intervention?

Alexander Stewart: I want to make progress, because time is tight.

The Government is also spending millions of pounds on agency doctors and nurses, which has a huge knock-on effect. The SNP has been running the health service in Scotland for 10 years and staff morale is at its lowest ebb. The SNP is failing staff and letting them be left behind and left out. This Government has a track record of looking at what its staff are achieving but not making progress.

Stuart McMillan: Will the member take an intervention?

Alexander Stewart: I want to make progress.

We have to think about what we are doing in my region of Mid Scotland and Fife. Tayside, Fife and Forth Valley have all had issues with staffing levels, morale and targets set by the Government, many of which have been failed. Much of this is unsustainable if we are to ensure that we have a workforce that is fit for purpose.

New information technology systems are being introduced. The new NHS 24 IT system is 73 per cent over budget and more than four years overdue.

The SNP is not tackling the lack of staff in the system; it is adding to the issue and to the complexities that we face. Technological glitches have been reported by staff who are struggling to cope in many hospitals across Scotland. Low morale, staff vacancies, staff sickness rates and stress are compounding what is happening in our NHS.

The NHS requires certainty as it moves forward. The Scottish Conservatives have recommended that the NHS invests now in dramatic service change that will have a positive knock-on effect and ensure that we manage our finances. The Government must address national workforce planning; it cannot continue to sweep the matter under the carpet. That will go some way to making the changes that we require to revitalise our NHS. I pay tribute to the NHS staff, but I do not pay tribute to the Scottish Government, which has overseen this decline and decay for 10 years. I

support the amendment in my colleague Donald Cameron's name.

16:32

Emma Harper (South Scotland) (SNP): I have been looking forward to speaking in the debate. I thank Anas Sarwar for his opening comments about his family's experience. I am sure that, as James Dornan noted, everyone in the chamber has direct experience of interaction with the NHS. I remind members that I am a nurse and a member of the Royal College of Nursing.

If there is one thing that we can agree on across the chamber, it is that nurses should be paid more. This evening, I will lead a members' business debate celebrating international nurses day, because we should shout louder about the invaluable work that nurses do here in Scotland and internationally, often in difficult circumstances.

Of course that should be reflected in their pay and conditions. However, does the Labour Party ever ask itself why we cannot pay nurses as well as we would like in Scotland? I have some bad news for Labour members: when we do not fully control our own budget, we do not fully control the pay and conditions of NHS staff. I believe that that point has been made to them before.

The Scottish Government has managed to maintain record levels of investment in NHS Scotland while receiving cuts to the block grant. Funding constraints on the NHS are the direct result of Westminster's austerity agenda.

Neil Findlay: We appear to control our budget enough to pay prison officers more. Why can that not apply to nurses?

Emma Harper: We have to understand the whole process—it is not just about raising taxes—and look at all aspects of salaries and banding in the whole NHS.

In my experience as a nurse who has worked 33 years, the most recent 14 in the NHS, I see staff struggle with the workload every day. When I was a nurse educator, part of my duties involved supporting efficient working and recognising when people are under stress—as I am right now. I want to make sure that I get this on the record. I hear what has been said in the chamber, and my colleagues would love a pay rise, but how can we do that with the constraints that we are being put under by the constant austerity measures of the Tory Government?

Maree Todd: I am sure that all of us in the chamber will welcome the fact that, although many people have expressed concern about staff satisfaction in the NHS, we have a high level of patient satisfaction, and many members of our nursing workforce are to be congratulated on that.

Our patient experience survey shows that we have a record high of 90 per cent satisfaction among in-patients, and the Scottish social attitudes survey has recently recorded the highest rate of confidence in the NHS in the past 10 years.

Emma Harper: I thank Maree Todd for that intervention.

In its briefing, the RCN states that pay awards for NHS staff have been constrained by the UK Government's policy on the public sector since 2011. However, it should be noted that the Scottish Government has implemented recommendations that have been made by the pay review body to date. That means that, every year, as the pay review is processed, the Scottish Government takes on board those recommendations.

I appreciate the scrutiny of the Government's policies. That is a role that all the Opposition parties—and back benchers such as me—have to play. However, it is also the role of the Opposition parties to come to the chamber ready with an approach that might support the NHS in a balanced, fair and level-headed manner.

The 1 per cent pay rise in Scotland is further supplemented by the Scottish Government's measures for the lowest paid, such as the £400 flat-rate uplift for anyone earning £22,000 or less. In Scotland, entry-level NHS support staff get £1,128 more a year than their English counterparts do.

One of my colleagues was at a recruitment event and said that nurses are leaving NHS England and coming to Dumfries and Galloway to get better pay and better working conditions, because they see what is happening in NHS England. I welcome those nurses from England and say to them: come and work in Scotland, and we will look after you.

The Deputy Presiding Officer: We move to the closing speeches.

16:38

Miles Briggs (Lothian) (Con): I am pleased to close this debate on the NHS for the Scottish Conservatives. Since being elected, I have found it a pleasure to meet and learn from many people who work day in and day out in our health and social care services. Their commitment and work ethic is what drives them each day and, as a number of members have done, I thank them and pay tribute to their dedication to helping to care for our fellow Scots.

One message that I have heard from them directly is that the decline in the performance of our NHS in Scotland is not a recent development, because it started while the Labour Party was in

charge of health in the Scottish Executive. Over the 10 years when Labour was in power, waiting times increased dramatically; drug-related deaths and methadone prescriptions skyrocketed; and Scotland had the highest prevalence of hospital superbugs in Europe. All of that sits alongside Labour's hospital closure plans.

We all have personal stories to tell about how the NHS and those who work in it have helped us and given us love and support, and about the amazing nurses who work throughout our health service. However, what struck me in today's debate was the fact that no Labour speaker wanted to justify what Labour does when it is in power, and certainly not with regard to the party's record in Wales. Wales is the only part of the United Kingdom in which the Labour Party has been in consistent and unbroken control of the health service since 1997—more than two decades.

Neil Findlay: Will the member take an intervention?

Miles Briggs: No—I want Mr Findlay to listen to this.

Looking at the NHS in Wales, I think that it is little wonder that Labour MSPs do not want to discuss that record today. The Welsh Labour Party has not introduced the pay rise that Scottish Labour proposes. Their colleagues who are in power are not doing what Scottish Labour proposes. Waiting times in Wales are at their longest and patients are having to be sent to England—

Neil Findlay: Will the member give way?

Miles Briggs: No, thank you.

Patients are having to be sent to England for emergency treatment. That is Labour's record in power in Wales. In fact, analysis shows that, on average, patients in Wales have to wait five weeks longer for treatment than patients in England do. Labour has imposed record-breaking budget cuts and presided over the poorest access to cancer treatments anywhere in the UK, downgrading hospitals across Wales.

It is a scandal that the Labour Government in Wales has not met its cancer waiting targets since 2008. Welsh Labour—

The Deputy Presiding Officer: Mr Briggs—may I ask you to address what has happened in the debate this afternoon?

Miles Briggs: Thank you. That is Labour's record on the NHS and it is certainly not one to be proud of.

Here in Scotland, we are still seeing the impact of Labour's use of the private finance initiative, under which hospitals have been built at an

expense of £7.8 billion to the taxpayer—hospitals such as the Royal infirmary of Edinburgh, which cost £180 million to build but will cost the taxpayer £1.6 billion by the end of 2034. I do not think that that is right.

James Dornan tried to make a point about the cost of NHS staff parking. That is a key issue in relation to the costs that staff are facing. It is a scandal that car parking charges are as high as they are in Edinburgh and I have been pleased to support the campaign at the Royal infirmary, alongside NHS staff, patients, visitors and the *Edinburgh Evening News*.

NHS Lothian and the private company running the car park at the Royal infirmary—

The Deputy Presiding Officer: Excuse me, Mr Briggs. The other Deputy Presiding Officer made a ruling earlier about discussing car parking. I ask that you address the debate that has taken place and indeed the motion and amendments.

Miles Briggs: I think that it is an important point that we are all making that these costs impact on people's lives. On living costs, many nurses have told me that the cost of travelling by car and parking at the hospital comes to a significant amount. Certainly when the parking charge increase was proposed—

The Deputy Presiding Officer: Mr Briggs—I asked you to move on to address the motion and the amendments and indeed the debate that has taken place, taking due cognisance of what my colleague in the chair said earlier.

Miles Briggs: I will indeed, thank you.

Of course, we all agree that everybody in the NHS deserves to be respected and valued and to be able to work in a positive and safe environment—I am sorry to say that the Health and Sport Committee has heard that that is not always the case in the NHS, with NHS staff being bullied. Often, they do not feel that they are being listened to.

My colleague Donald Cameron has laid out the SNP's failure to improve our health service over the past 10 years. Scotland's NHS has declined on the SNP's watch and major reforms are clearly required. The SNP has taken decisions on hospital closures and service redesign such as the closure of the Edinburgh cleft lip and palate surgery unit, against clear evidence. That has impacted on NHS staff.

As Brian Whittle set out, a radical culture change is required. Working for our NHS must become an attractive and valued career path again, especially in rural areas and in areas such as general practice, which is struggling to attract graduates. Staff shortages are widespread, with

more than 2,500 vacant nursing and midwifery posts.

Spending on agency staff has increased dramatically and nearly a quarter of a billion pounds is being spent on locum staff in Scotland. Not only do we have an ageing population; we have an ageing NHS workforce. To return to the culture change that is needed within the NHS, unnecessary A and E visits are costing NHS Scotland at least £33 million a year. Only this week, the Health and Sport Committee learned about the triaging work that is being undertaken by NHS Greater Glasgow and Clyde to help to take the pressure off A and E units. I welcome such reforms, which can make a difference to the performance of our NHS and give NHS staff the professional responsibilities that they are desperate to have.

Our NHS should rightly be an institution to be proud of, rather than one that is constantly on the brink of crisis; it should be an organisation that values every member of staff—all those who care for us. Enabling our NHS workforce to do their jobs and to deliver high-quality care—

The Deputy Presiding Officer: You must come to a close, please.

Miles Briggs: —is something that we must all work towards. Today's debate has failed to say where the money will come from.

The Deputy Presiding Officer: Mr Briggs, please come to a close.

Miles Briggs: Until Labour can answer these questions—

The Deputy Presiding Officer: Mr Briggs, will you please sit down?

I remind members that, when I ask people to close their contribution, there is a reason for it. There are time constraints and I expect them to be complied with.

16:45

Shona Robison: I want to start on a point of agreement that has come out of this afternoon's debate. We all care about the NHS and the staff who work in it, and no party has a monopoly on that, so perhaps we can start from there. Anas Sarwar and Monica Lennon gave powerful and personal testimonies of the support that their own families have received from the NHS. Monica Lennon talked about the high level of care that her family had received, and we would expect nothing less. In recent months, my family has received the same level of care, and I want to thank each and every one of the nurses, healthcare workers and porters from the bottom of my heart, as I am sure other members have done.

I will address as many of the points that have been raised as I can. A number of members talked about the workforce. I have said time and time again in this chamber that I do not run away from the challenges in the health service. Although we have record levels of staffing, with 3,400 more whole-time equivalent nursing and midwifery staff compared with five years ago, the demands on the NHS continue to rise. Vacancy levels are too high, standing at 4.1 per cent in December of last year, and we are working hard with boards to address that.

Similarly, agency spend, which a number of members mentioned, is too high. That is why we have a national programme to reduce agency spend, but there is a context to that. Combined medical and nursing agency costs represent 2 per cent of the overall staffing spend, and agency nurses represent 0.4 per cent of the total nursing and midwifery staff in the NHS. That is too high, but we have to look at it in context, and it is still less than when we took power in 2007. Indeed, as many members have pointed out, we have maintained such things as the student nurse bursary, which has meant that there is still a high level of interest from people coming into nursing and midwifery courses compared with the situation south of the border, where the bursary has been removed and there has been a 23 per cent decrease in student nurse applications. That will store up a whole heap of trouble and difficulties for the NHS south of the border.

That has been one of the defining issues in this afternoon's debate. I can tell all members that I have no difficulty with anyone, from wherever in the chamber, criticising my Government's record in power. That is what members are here to do. However, it is a little disappointing that nowhere in Anas Sarwar's speech or Monica Lennon's speech, or in speeches from anybody else on the Labour benches, was there any recognition that pay rates are higher in Scotland, that the Scottish Government has taken action to address low pay, that we still have student nurse bursaries, or that we have a no compulsory redundancy policy.

I thought that all those things would have merited a mention in one of the Labour speeches, but there was no mention of any of that, which shows a complete lack of balance. I accept criticism, but occasionally it would be good to get recognition of some of the good things that the Scottish Government has brought in, to bring balance to the debate.

Anas Sarwar: I recognise those things.

Shona Robison: He never mentioned them.

Anas Sarwar: I will do so now. We are pleased that those things have happened in Scotland. However, we also recognise that, in her own

submission to the independent peer review body, the cabinet secretary submitted that we should have a 1 per cent pay cap for NHS staff this year.

Shona Robison: The Scottish Government made a balanced submission on pay, progression, tackling low pay and many of the other things that nurses tell me are important—it is not just about pay; it is about all those other things, too. As many members have said, what the independent pay review body can do is constrained by the Treasury—in effect, all roads lead back to the Treasury. Alison Johnstone made an important point on that, and she leaves a choice for us. If we are part of the independent pay review body, we will have to implement its recommendation, because otherwise why are we part of it? If we want to have Scottish negotiating machinery, I am more than happy to talk to the unions and staff side about that. However, at the moment, they do not agree that that should be the direction of travel—some agree and some do not. We need to get agreement across all the unions and the staff side about that way forward. If that is the way that we want to go, I will support that.

I want to touch on something that Richard Lenin said. Lenin? That is maybe a Freudian slip—I mean Richard Leonard. [*Laughter.*] I see him looking very proud. He said something interesting that Labour will have to clarify, perhaps in the winding-up speech today. He seemed to indicate that Labour's position on partnership working has changed and that it no longer supports that. I am paraphrasing, but in essence his point was that the unions should be free to negotiate outwith the partnership arrangements. Really? Does he no longer want employee directors to sit on boards with an equal voice at the table representing the staff side? Does he no longer want partnership forums to be absolutely at the heart of decision making in our NHS? The unions like partnership working because it delivers for them in a way that does not happen in the rest of these islands. I think that the unions would be very interested to hear Richard Leonard's comments about partnership working, and perhaps Labour can clarify whether it indeed no longer supports that.

The Deputy Presiding Officer: You must close, cabinet secretary.

Shona Robison: Yes.

I am sorry that I have not been able to come back on other members' comments. However, we have the delivery plan, which is a comprehensive blueprint for the NHS, and we will get on with that. We will work with staff—

The Deputy Presiding Officer: You must close, please.

Shona Robison: I will address pay and all the other concerns that staff have raised—they are not

just about pay—with the unions when I meet them in the next few weeks.

16:52

Colin Smyth (South Scotland) (Lab): Next year, we will celebrate the 70th anniversary of Labour's greatest achievement: our national health service. The founding principle that, no matter someone's class, race, age or wealth, they should be entitled to quality healthcare, free at the point of use, is as precious today as it was when Nye Bevan established the NHS in 1948. However, nearly 70 years on, equally precious is the principle that, if we want high-quality healthcare, we need to value the staff who we entrust to deliver that care.

As Richard Leonard said, the foundation stone of the NHS is not medical equipment or pharmaceutical formulas but the skill and dedication of the people who work in the service. Today, Parliament has the opportunity to match that principle and those words with our actions. We have the opportunity to show that we are on the side of the nurses, doctors and allied healthcare staff who look after our loved ones as if they were their own.

Many members have rightly paid tribute to the commitment and dedication of our amazing NHS staff. We heard personal stories from Monica Lennon, Anas Sarwar and Shona Robison. However, we know that the best way that we can support and repay those staff, as Alex Cole-Hamilton said, is by providing them with adequate investment in the workforce. Those staff need decent pay and conditions, and they want adequate staffing levels. However, as speaker after speaker has rightly highlighted, we do not have adequate staffing levels. Instead, we have a recruitment and retention crisis across our NHS.

One in four of our GP practices reports a vacancy, and we have a ticking time bomb of GPs queuing up to retire. The Royal College of General Practitioners predicts that, by 2020, Scotland will have a GP shortfall of nearly 830, just to bring coverage per head of population back to the level that we had in 2009. The crisis is not just in GP numbers. There are more than 2,500 nursing and midwifery vacancies, which is four times higher than the 660 we had in 2011. Further, nearly 750 of those posts have been lying vacant for three months or more, which is a rise of 300 per cent since the SNP formed a majority Government in 2011.

The consequence of those high vacancy rates and of training posts going unfilled is an increase in the burden on existing staff, which adds to their already unsustainable workloads, yet the Scottish Government has continued to impose a pay policy

that means that someone entering nursing today is worse off in real terms than someone entering nursing seven years ago. That is a real-terms cut in the value of a starting salary, which will make it more difficult to attract the new nurses, doctors and allied health professionals that we so badly need in our health service.

As Anas Sarwar outlined, the Scottish Parliament information centre's independent analysis shows what that means for those staff. If nurses' pay had not even increased in real terms but simply stayed in line with inflation over the past seven years, the band 5 starting point in April 2017 would have been £25,839. Instead, it was £22,440. [*Interruption.*]

The Deputy Presiding Officer: There is far too much background noise going on. Could members please show some courtesy to Colin Smyth?

Colin Smyth: In other words, a nurse's starting salary under this Government today is £3,400 less in real terms than a nurse's starting salary was in April 2010. That is an undeniable fact, and it is disappointing that, having listened to some SNP speeches today, I can tell that SNP members are in denial over the impact that that has on recruitment. The SNP's argument seems to be that it is fine, because the situation is a little bit better for agenda for change staff at pay bands 4 to 9 in Scotland than it is for staff in England. It is touching to hear SNP members who want to break up the UK and have nothing to do with the NHS in England, Wales or Northern Ireland suddenly shed crocodile tears for nurses in other parts of the UK. The irony was lost on SNP member after SNP member, who had more to say about England and Wales than he had to say about Scotland, even though the SNP wants to walk away from England and Wales.

If the height of the SNP's aim is to be a little bit less uncaring than Tory health minister Philip Hammond, frankly it is time that it raised its ambitions. Its approach was surpassed only by Miles Briggs. We thought that he was trying to walk out of this Parliament by standing for Westminster, but it seems that he is actually making a bid for the Welsh Assembly.

The SNP says in its amendment that

"the best resolution will be found by the Scottish Government working in partnership with NHS staff representatives".

It calls on the

"Scottish Government to seek agreement with the staff side, through their representatives and unions"—

Shona Robison: Will the member give way on that point?

Colin Smyth: I have not finished that point, but I will give way.

Shona Robison: Will Colin Smyth clarify Labour's position on partnership working? Does Labour support it or not?

Colin Smyth: We support partnership working if we can deliver the pay rise that we want for all staff across the UK. That is what will be contained in the Labour Party's election manifesto.

The SNP amendment talks about working with unions and representatives to jointly commission work and develop an evidence base

"to assess the impact of pay restraint, using this evidence as part of the submission to the next pay round of the NHS Independent Pay Review body".

It is a bit rich of the Scottish Government to talk about joint submissions with staff to next year's pay review body when its submission to this year's pay review went against those staff and argued for a real-terms pay cut. As Alison Johnstone pointed out, the pay review body bases its recommendations on Government pay policy.

The reality is that there is already evidence in this year's staff-side submission to show the impact of pay restraint. The 44-page submission to the NHS pay review body for 2017-18 states that

"Public sector pay restraint has ... clearly damaged both the finances and morale"

and that

"Unless action is taken now, minimum wage levels will overtake Agenda for Change pay points ... This can only be avoided by a significant pay increase".

If that evidence is not enough for the Scottish Government, it should read, rather than try to rubbish, the Royal College of Nursing's most recent employment survey of its members. It found that 30 per cent struggled to pay gas and electricity bills, 14 per cent missed meals because of financial difficulties, 53 per cent have been compelled to work extra hours to increase earnings and 32 per cent worked extra nights and weekend shifts just to meet everyday living expenses.

That corresponds with a year-on-year increase of 30 per cent in the number of RCN members having to seek specialist money advice from their union's welfare service over the past five years. Many more are borrowing money or taking second jobs to meet essential costs such as childcare. Some are having to use food banks—yes, food banks—to feed their families. Maybe that is what Donald Cameron meant about supporting nurses in other ways, rather than giving them a pay rise. It is no wonder that nurses in Scotland are being balloted on industrial action to end the pay cap. Yes, nurses in Scotland—before any more SNP members try to pretend that it is not an issue for nurses here.

We do not need to wait until next year to see evidence of the impact of the pay cap, as it is there before our eyes, although the Scottish Government is ignoring it. The Scottish Government has the power to make different decisions, as it—rightly—did with regard to prison officers. It has the power to be more progressive than the Tories but, as usual, it has chosen not to use those powers and, therefore, not to support Scotland's healthcare workforce.

The SNP amendment makes one valid point on the impact of Brexit. Scotland's health and social care sector employs around 12,000 EU nationals and we know that parts of the sector would simply not function without their contribution. However, Teresa May and the Tory Government—shamefully—will not make a commitment to protect the status of each of those EU nationals. Despite the Tories' anti-immigration rhetoric, the truth is that, in hospital, we are more likely to find a migrant caring for us than a migrant lying in the next bed.

Not content with misleading us with their false claims on the back of a big red bus that the NHS would receive an extra £350 million a week if we left the EU, the Tory hard Brexiteers are now using the EU nationals who work in our NHS like poker chips in their negotiations. That is sickening and wrong, and it needs to stop.

The staffing crisis that our NHS faces is with us right here and now, even before the hard Brexiteers have their way. The SNP amendment is full of warm words but, in its failure to address that crisis, it is as cold as the Tory amendment. Like the Tory amendment, it will not put a single penny in the pocket of nurses who are struggling to pay the bills and it will not contribute to the recruitment of a single new doctor.

We will have a clear choice when we come to vote. This Parliament can choose to be on the side of our NHS workforce and to say to the Scottish Government that it is time to scrap the cap, to give our hard-pressed NHS staff a well-deserved pay rise and to begin to tackle the recruitment and retention crisis; or we can choose to continue austerity and to say that nurses going to food banks is acceptable. Labour members know what side we are on—the side of the NHS.

Business Motion

17:02

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-05517, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, which sets out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 16 May 2017

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Debate: A Fairer Scotland for Disabled People

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 17 May 2017

1.15 pm Members' Business

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Communities, Social Security and
Equalities

followed by Scottish Conservative and Unionist
Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 18 May 2017

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Government Debate:
Partnership Action for Continuing
Employment (PACE)

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 23 May 2017

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 24 May 2017

1.15 pm Members' Business

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Economy, Jobs and Fair Work;
Finance and the Constitution

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 25 May 2017

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time—[*Joe FitzPatrick*]

Motion agreed to.

Parliamentary Bureau Motion

17:02

The Presiding Officer (Ken Macintosh): The next item of business is consideration of Parliamentary Bureau motion S5M-05521, on committee meetings.

Motion moved,

That the Parliament agrees that, under Rule 12.3.3B of Standing Orders, the Public Petitions Committee can meet, if necessary, at the same time as a meeting of the Parliament from 11.40am to noon on 18 May 2017 for the purpose of hearing evidence on petition PE1517.—[*Joe FitzPatrick*]

Decision Time

17:02

The Presiding Officer (Ken Macintosh): There are four questions to be put as a result of today's business. I remind members that, if the amendment in the name of Shona Robison is agreed to, the amendment in the name of Donald Cameron will fall.

The first question is, that amendment S5M-05479.3, in the name of Shona Robison, which seeks to amend motion S5M-05479, in the name of Anas Sarwar, on scrapping the national health service pay cap, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

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)
 Swinney, John (Perthshire North) (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)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (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)
 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)
 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)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 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)

Thomson, Ross (North East Scotland) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 62, Against 55, Abstentions 0.

Amendment agreed to.

The Presiding Officer: Amendment S5M-05479.2, in the name of Donald Cameron, is therefore pre-empted.

The next question is, that motion S5M-05479, in the name of Anas Sarwar, on scrapping the national health service pay cap, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

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)
 Swinney, John (Perthshire North) (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)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (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)
 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)
 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)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mitchell, Margaret (Central Scotland) (Con)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 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)

Thomson, Ross (North East Scotland) (Con)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 62, Against 55, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament notes that the NHS Independent Pay Review body helps determine NHS pay on a UK-wide basis, and that the Scottish Government has consistently implemented the body's recommendations; further notes that, as a result of recommended pay uplifts being passed on in full in Scotland, unlike other parts of the UK, band 5 Agenda for Change staff members in Scotland will be up to £312 better paid than their counterparts in England and Wales; welcomes that, over and above the pay recommendations, due to Scottish Government action for the lowest paid, entry level NHS support staff in Scotland are paid more than £1,128 more than their counterparts in England; further welcomes that no compulsory redundancies, free nurse student tuition and nurse student bursaries are being retained in Scotland, but is concerned about the impact of their loss on the NHS in other parts of the UK; however, recognises that NHS staff in Scotland have faced real challenges as a result of inflation outpacing uplifts at the top of pay bands; believes that the best resolution will be found by the Scottish Government working in partnership with NHS staff representatives; therefore calls on the Scottish Government to seek agreement with the staff side, through their representatives and unions, to jointly commission work, developing an evidence base to assess the impact of pay restraint, using this evidence as part of the submission to the next pay round of the NHS Independent Pay Review body; remains concerned that Brexit is continuing to be a cause of uncertainty for staff from other parts of the EU working in the NHS, and believes that the rights of these committed staff should be guaranteed immediately, and that maintaining freedom of movement within the EU is vital to sustain the health service for the future.

The Presiding Officer: The final question is, that Parliamentary Bureau motion S5M-05521, in the name of Joe FitzPatrick, on committee meetings, be agreed to.

Motion agreed to,

That the Parliament agrees that, under Rule 12.3.3B of Standing Orders, the Public Petitions Committee can meet, if necessary, at the same time as a meeting of the Parliament from 11.40am to noon on 18 May 2017 for the purpose of hearing evidence on petition PE1517.

International Nurses Day

The Deputy Presiding Officer (Christine Grahame): The next item of business is a members' business debate on motion S5M-05165, in the name of Emma Harper, on celebrating international nurses day on 12 May 2017. The debate will be concluded without any question being put.

Motion debated,

That the Parliament recognises International Nurses Day 2017, which is celebrated around the world every year on 12 May; acknowledges that this date is the anniversary of Florence Nightingale's birth; considers that Mary Seacole also contributed immensely to furthering the caring for ill and recuperating patients; understands that nurses are the single largest group of healthcare professionals in the UK; acknowledges that nursing encompasses the autonomous and collaborative care of individuals of all ages, families and communities in all settings, and includes the promotion of health, prevention of illness and care of people who are ill, disabled and who are dying; considers that advocacy, promotion of a safe environment, research, participation in shaping health policy and education are also key roles in nursing, and notes calls for everyone to mark International Nurses Day in some way, whether it be by sharing messages of support on social media, learning more about the hard work nurses do, or fundraising for a charity that supports nursing staff.

17:06

Emma Harper (South Scotland) (SNP): I am really pleased to be leading this members' business debate celebrating international nurses day, which is on Friday.

The motion states

"that nurses are the single largest group of healthcare professionals in the UK".

There are estimated to be more than 20 million nurses and midwives in the world, accounting for 52 per cent of the healthcare workforce. The motion also

"acknowledges that nursing encompasses the autonomous and collaborative care of individuals of all ages, families and communities in all settings, and includes the promotion of"

physical and mental

"health, prevention of illness and the care of people who are ill, disabled and ... dying".

Outstanding care happens everywhere and at every stage of life in Scotland and across the world.

The International Council of Nurses presented a paper of case histories about the work that nurses do in different parts of the world, from HIV treatment and care in South Africa, to family partnership for improved maternal care in urban USA, to accessing food aid in Syria, to bariatric perioperative best practice in Australia, to caring

for people who have contracted the Ebola virus in Sierra Leone, to developing community respiratory early warning scoring systems for persons with chronic lung health problems in NHS Dumfries and Galloway.

I have my own case history.: I am a nurse. Prior to Hollywood—I mean Holyrood; Hollywood was another place where I worked. Prior to coming to Holyrood in 2015, I was a nurse for 33 years. My specialties are surgery and education. Even although I am not currently working as a nurse, that does not stop me thinking like one and approaching problems with my nurse head on. My sisters are nurses, too: between us, the Harper sisters have 130 years of nursing experience and have contributed more than a quarter of a million nursing hours of patient care. Having a career in nursing allows us all to travel internationally and to work and learn from other professionals and cultures about the best way to care for people. We sisters have worked with medical personnel from across the world. The medical community is wholly international, and what we learn from each other truly contributes to enhancing not only the lives of our patients, but our own lives.

According to the Royal College of Nursing, nurses are the superheroes of healthcare. I met two superheroes a couple of weeks ago: Marcia Ramsay is director of operations for Alzheimer Scotland and Clare Stroyan is the service manager at its recently opened dementia resource centre in Stranraer, in Wigtownshire. Both are nurses, and both are proud of the new facility and the opportunity to develop a great support service for people who have had a diagnosis of dementia, and their families.

May 12 was chosen as the date on which to celebrate international nurses day because it is the birthday of Florence Nightingale. Florence is probably one of the most famous nurses. She modernised the approach to care during the Victorian age and was instrumental in improving care by implementing the new mathematical science of statistical analysis.

Other famous nurses are worth celebrating, including Mary Seacole, the Jamaica-born contemporary of Florence Nightingale. The two women took different approaches to care, but they had the same goal of reducing mortality among the soldiers for whom they cared. Both proved to be formidable women who worked to save soldiers' lives. Let us also celebrate Pauline Cafferkey, who almost lost her life when she contracted the Ebola haemorrhagic virus while caring for victims of the virus in Sierra Leone. I think that one of my colleagues will talk a bit more about Pauline Cafferkey.

Each year, the International Council of Nurses celebrates nurses day by focusing on a specific

theme. This year the theme is, “Nurses: A voice to lead—Achieving the Sustainable Development Goals”. The 17 sustainable development goals were set by the World Health Organization and the United Nations and tackle issues that affect people by stimulating action on the themes of

“people, planet, prosperity, peace, and partnerships”.

Goal 3 is about good health and wellbeing, but all goals can be directly linked to nursing and the optimisation of people’s lives—for example, the goals that are about addressing poverty and hunger and about promoting education and gender equality. David Hope-Jones and Kathryn Chipperfield, who have been on the Scotland Malawi Partnership’s stand outside the members’ block this week, also support the sustainable development goals. If members have not visited the stand to have their photo taken and learn about the sustainable development goals in the context of the relationship between Scotland and Malawi, I urge them to do so.

I do not have time to explain all 17 goals. I urge everyone to read more about the targets that are to be achieved over the next 15 years. Nurses are key partners in work to achieve the WHO and UN SDGs. These are not new tasks in the already challenging work that nurses face daily across primary and acute care. The International Council of Nurses wants to make it clear that the sustainable development goals are already embedded in current practice across the globe—it wants to highlight that to us all. I urge everyone to celebrate the work of nurses and to thank their nurses when they meet them.

I thank the Scottish Government for choosing to keep the bursary that supports nurses during training at universities and in Scottish hospitals. A career in nursing is hugely satisfying—my three sisters and I can testify to that. The Scottish Government should continue to promote the profession and to support men and women to step into nursing.

I note that the sun is shining on me right now. I call on everyone to mark international nurses day by doing wee things. Members can share a message of support on social media, watch and share the Royal College of Nursing’s support video, which contains messages of thanks from people who have received care from nurses across many specialties, or donate to a nurse charity.

I reiterate to nurses across the world and certainly here at home that they are already contributing to the sustainable development goals. Let us tell everyone that, celebrate it and celebrate international nurses day.

17:14

Clare Haughey (Rutherglen) (SNP): I thank Emma Harper for lodging the motion. Like her, I come from a family of nurses: I am married to a nurse and both my brothers are nurses. I am not sure that we have clocked up as many hours of nursing practice as Emma and her family, but we are getting there. I refer members to my entry in the register of members’ interests: I am a registered mental health nurse and I hold an honorary contract with Greater Glasgow and Clyde NHS Board, which allows me to continue my practice as a nurse.

Florence Nightingale is often described as “The Lady with the Lamp” but, as we can all appreciate, she was so much more than that. Not only did she challenge expectations; she was a truly gifted healthcare professional, who was as skilled in the study of healthcare as she was in the creation of new standards and practices, was as committed to research as she was to statistical analysis, and was a true pioneer in the planning of hospitals and wards. She was an innovator—she introduced new strict cleanliness regimes that drastically reduced mortality on her wards, and she was compassionate, heading to the horrors of the Crimean war to help the wounded. Fundamental and radical service redesign is how nursing was born with Florence, and it is how it continues to stay relevant and at the forefront of healthcare.

My experience in mental health nursing has borne that out: there has been a concerted effort to reduce the stigma around mental illness, and we have encouraged people to access care and treatment at an earlier stage. We now talk about mental illness instead of shying away from it, which is a tremendous success that I have seen as a mental health nurse. However, those changes were difficult. Service users, carers, staff and the public were worried and concerned about bed and hospital closures, about services not meeting their expectations and about safety.

Change is the one constant for nursing; we develop and adapt to new ways of working and new practice. In short, we move forward with what works rather than sticking with outdated ways that do not deliver the results that we need. Florence Nightingale created and reformed nursing, in part by redesigning wards and improving outcomes of care by reframing the environment. In mental health nursing, we continue to follow that spirit of reform, by moving care away from existing models and hospital settings and into the community.

We have to be open to discussion about what can be done differently and more effectively in order that we can do what is best for our patients. “Service redesign” is a term that can still instil fear, but it is how nursing began. Changes to services can be challenging, but with the challenges come

opportunities to make real and positive changes to real people's lives.

This year, the ICN has chosen, as the theme for international nurses day, "Nurses: A voice to lead—Achieving the Sustainable Development Goals". Every day, nurses' work has a significant impact in delivering SDGs—not just in ensuring healthy lives and promoting wellbeing, but in areas such as education and poverty. Those social determinants of health are the conditions in which people grow, work and live, and the work of nurses across the world seeks to address those wider issues and not just immediate clinical needs.

Pauline Cafferkey, who is one of my constituents, is an exemplar of the dedication of nurses to help to improve the lives of people who face health and social challenges. Pauline and many other volunteer nurses have worked tirelessly to help people in Sierra Leone who have been affected by Ebola, and she herself became infected. Despite that, she is planning to return to Sierra Leone and will continue to help people who need assistance.

Pauline and our nursing staff here in Scotland are at the forefront of healthcare, with nearly 60,000 nurses working across the NHS in Scotland to improve the care and the lives of our fellow citizens. Every day, each of our nurses contributes to service redesign and to developing and redefining best practice—each carrying on the work of Florence Nightingale.

The RCN is running a Twitter thunderclap, in which we can all offer our support online. Through its nurse hero programme, we can also write about a nurse who has made a difference to our lives or the lives of our families.

I ask Parliament to join me in marking international nurses day on 12 May in a small way. Let us tell our nurses that we appreciate the amazing work that they do, and encourage the next generation of nurses, too.

17:19

Donald Cameron (Highlands and Islands) (Con): Sadly, I cannot make it three nurses in a row. I feel as though I am letting the side down.

I thank Emma Harper for moving the motion. I, too, want to put on record my admiration and respect for our nursing staff across Scotland.

This chamber is definitely a richer place when MSPs from a wide variety of professional backgrounds are able to bring their invaluable experience to debates such as this evening's. I pay tribute to Emma Harper and Clare Haughey for their speeches, which were informed by their day-to-day experience.

Nurses are, by and large, the public face of the NHS in our hospitals and community health centres. They do an incredibly tough job, often on unsociable working hours, and, as we heard earlier this afternoon, they are taking on an increasing workload as demand grows. They are the bastions of our health service, and we must always remember that.

As Emma Harper intimated in her motion, international nurses day was set up to coincide with the birth of Florence Nightingale, one of the most famous nurses in the world, who is largely credited as the founder of modern nursing. As has been said, her persona as "the lady with the lamp" made her a beacon of hope to the soldiers who were injured during the Crimean war.

However, it is for her significant contribution to modern nursing that she is and should be best remembered. Her book "Notes on Nursing" was published in 1859, yet many if not all of its contents continue to have stark relevance today. Today, we talk about hospital cleanliness. Florence Nightingale tackled that. Today, we talk about the importance of diet. Florence Nightingale tackled that. Today, we talk about making sure that our homes are clean, ventilated and warm. Florence Nightingale tackled that. As Churchill said,

"Those who fail to learn from history are doomed to repeat it."

That springs to mind when we talk about Nightingale's observations on healthcare.

One nurse whom the motion does not mention is Elsie Inglis. I want to mention her briefly as we debate the motion because, as well as being a famous Scottish nurse, she was an incredible person. She founded the Scottish women's hospitals unit, which provided nursing staff and a variety of auxiliary personnel to battlefields across the European continent, despite the incredible barriers that women faced at the time. Her pioneering work saved thousands of lives, and she and many others who go unrecognised in history should always be remembered.

I have mentioned some famous and renowned female nurses because it is important to understand and remember that nursing is a predominantly female profession. The most recent statistics show that almost 90 per cent of nursing staff in Scotland are female—just under 60,000 women are employed as such, compared with 7,000 men. That is not to say that we do not value our male nurses as much; of course we do.

Nursing is also a profession with vacancies. I make that point not to score a political point but to raise awareness of the fact that all of us need to do more to encourage more men and women to take up nursing as a profession. We need to

promote the sector to young people who are about to leave school or university and are unsure of what path to take. Nursing can be extremely rewarding, and it provides people with an immeasurable number of important skills. As we continue with the shift in care from acute to community-led services, the importance of community nursing will grow significantly.

Nurses are extremely important in our NHS, and we must always recognise that.

Maree Todd (Highlands and Islands) (SNP): I apologise for intervening during a members' business debate—I know that that is not the usual form—but I just wanted to state for the record that Elsie Inglis was a doctor, not a nurse.

The Deputy Presiding Officer: By the way, it is possible to intervene in members' business debates; it is not a precious regime.

Donald Cameron: I might take that up with the member at a later date. My information is that Elsie Inglis was a nurse.

Nurses are the lifeblood of the health service. Without their work, the service would not survive. I thank the Royal College of Nursing for its service in representing nurses across Scotland and for its continued efforts to improve that service. I wish all nurses the very best for international nurses day on Friday.

17:23

Anas Sarwar (Glasgow) (Lab): I thank Emma Harper for securing the debate and I congratulate her on her immense service, and that of her family, to the NHS. I am always struck by the number of people we come across who are from NHS families and who have brothers, sisters, aunts, uncles, sons or daughters who work in the profession and dedicate their lives to caring for our fellow citizens. I offer a genuine thank you to Emma Harper and to all those people across the country who dedicate their lives to our national health service.

I also put on record my gratitude to all those bodies and unions that represent our fabulous nurses, from the RCN—I am delighted to see that Theresa Fyffe of the RCN is in the gallery this evening—to trade unions such as Unison, which support those nurses all year round.

Emma Harper rightly mentioned the sustainable development goals and the Scotland Malawi Partnership, which this week has a stall in the garden lobby. It is important that we recognise the universal healthcare system that we take for granted in the United Kingdom, and it should be our ambition for people around the world to have access to a universal healthcare system. No matter whether they are from the poorest

background or from the wealthiest background and no matter their race, religion, nationality, gender or sexuality, they should have a healthcare system that is there to care for them whether or not they have money in their pocket.

I hope that we can realise that ambition either directly through our work with the Department for International Development—which I am proud to say was introduced by a Labour Government and had its budget trebled under a Labour Prime Minister—or through individual healthcare workers going from here to spread their expertise and knowledge in other parts of the world. Pauline Cafferkey is just one of many people who risk their lives going to other parts of the world—sometimes the most dangerous places—to care for others.

It is, however, important to realise that our NHS workforce in Scotland still face challenges. On a daily basis, our NHS staff have to deal with people who exhibit threatening behaviour and people who are in difficult emotional situations. They have to face that on the front line, and we owe them a huge debt of gratitude for that.

As Donald Cameron mentioned, there are pressures and strains on the NHS and earlier this afternoon we had a debate about the stresses and strains on our NHS staff here at home. I note with disappointment that the Parliament has voted down a pay increase for NHS staff just prior to a debate that, I am sure, we all want to take part in as we celebrate international nurses day. As Graham, a nurse whom I met this morning, told me, good will is one thing but good will does not put food on the table. It is important that we remember that.

I hope that all of us, across the Parliament, can resolve to work together to champion the valuable role of nurses—both at home and abroad—not only on international nurses day, but all year round and that we can continue to have a national health service that is a gold-standard beacon not just for the rest of the United Kingdom but for countries right around the world. We must show that they can have effective healthcare that is free at the point of need and that their societies can come together and pay their dues to care for all their members, no matter what their background. That is a principle of the NHS in Scotland that I am proud of, and it is one that our nurses live and breathe every day. I hope that we can all resolve to make that principle a reality for people right around the world.

17:27

Alison Johnstone (Lothian) (Green): I am proud to join other members in celebrating international nurses day. I thank Emma Harper for securing the debate, for her contribution to nursing

and for sharing her passion and expertise on the issue.

Nurses throughout our national health service and social care system do truly heroic work. We must celebrate their achievements and thank them for their dedication and tireless care. From our neonatal units to our hospices, nurses care for the most vulnerable and lead increasingly complex care in community settings. I also thank all our healthcare support workers for the vital work that they do alongside our nursing staff to support patients. In the time that I have available, I will focus on the tremendous impact that nurses have on children and young people's health.

Sadly, not every family can take their newborn baby straight home from hospital, and one in 10 babies who are born in Scotland will be admitted to a neonatal unit. Neonatal nurses deliver very technically skilled care and support families through unimaginably stressful experiences. However, recent surveys that have been led by Bliss show, unfortunately, that too many neonatal nurses are not getting the protected time that they need for training and professional development. We should have comprehensive standards for nurses becoming qualified in their specialty and developing further in specialised clinical practice areas, but we must ensure that nurses have real opportunities to develop their skills, and good staffing ratios are key to that.

As our children grow older and move into education, school nurses provide child-centred primary care and can play a key role in tackling health inequalities in childhood. School nurses are trusted, they are well-placed to help schools and families with income-maximisation advice and they provide universal, non-stigmatising mental health support. The Government has indicated that school nurses will start to take on a refocused role this year or in 2018 and will work more with children who have additional support needs and with young carers and looked-after children. I hope that the minister can update us on the progress of those plans.

Strengthening preventative healthcare in schools is essential, because we are seeing real increases in the number of children and young people with mental health problems and children and young people who need intensive emotional support. Nurses make up over 40 per cent of the total child and adolescent mental health services workforce, and demands on the sector are intense. The Royal College of Nursing has called for continued additional investment in CAMHS to enhance early intervention and preventative work, and to ensure that there is a well-trained and well-supported workforce.

Nurses who work in our communities are at the very centre of early intervention. I support the

expansion of the family nurse partnership programme, which is an important preventative health programme that gives younger first-time mothers additional support during pregnancy and through the baby's early years. Evaluations show that that approach improves antenatal health, promotes strong attachment, and leads to better health and developmental outcomes for children. That is all because of the therapeutic relationship between specialist nurses and new parents. Making that focused support available to more parents aged up to 24 is a good step forward.

The key relationship between nurses and patients is at the heart of our health service, and I am proud to celebrate it and to ensure that it is at the centre of our health and social care system in the future. We know that there are real challenges in recruitment and retention in Scotland, and we must do more to provide more training opportunities in remote and rural areas and attract new entrants to the profession a bit later in life.

Due to demographic changes, the role that nurses play in supporting the elderly and vulnerable will change, too. We know that a high level of nursing posts are vacant in our care homes and that, as health and social care become more integrated, we must have robust workforce planning to ensure that nurses can support people well in their homes for longer.

It is often said that we have more statues of animals than statues of women in the city of Edinburgh. As the deputy convener of the cross-party group on animal welfare, I welcome those statues of animals, but we could do far more. Last year, a plaque was unveiled in Edinburgh to commemorate 500 nurses who died during world war 1. The sacrifice and the contribution that nurses have made are often overlooked in this society, and I would certainly welcome a campaign to recognise that with a statue in Edinburgh.

17:32

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I thank Emma Harper for providing the opportunity to discuss this important subject.

The thing that I most noticed in Emma Harper's motion was the name Mary Seacole, of whom I had not heard anything whatsoever in my life. I therefore very much welcomed the opportunity to investigate who she was and what she did with her life.

Like everyone else, I have a few nurses in my family. My father-in-law was a psychiatric nurse, as was my sister-in-law—both trained in Inverness in the 1950s. My Aunt Stewart—another Stewart Stevenson—and her sister Daisy registered as nurses in Bradford in 1925, my niece Susan is now a transplant co-ordinator in Queensland,

Australia, and there is also my sister Mairi, of course.

Perhaps most critically from my point of view, I spent five months working as a nurse in Stratheden psychiatric hospital in 1964. Members may think that things are a bit difficult now, but we did a 108-hour fortnight—12 days on and two days off—for £6.50 a week. The staffing ratios were horrendous. One weekend when we were working double shifts, two of us looked after 32 physically ill psychiatric patients. That would just never happen now. Progress is therefore being made.

One important thing about nurses today that we should think about and support them for is that they are highly trained and have skills and knowledge that I, when I was a nurse in 1964, and all my antecedents, ancestors and relatives definitely did not have. Nurses are now trained to a level that is higher and more effective than my father was trained to as a general practitioner—he qualified in 1945 at the comparatively elderly age of 44.

My individual experience of nurses has been universally good. I have a campaign scar from being bitten by a dog during the Falkirk West by-election in 2000. It was a nurse who put the six stitches in my hand that allowed me to return to canvassing for our candidate—unsuccessfully; the nurse was therefore not that successful in repairing me. I spent five weeks in Bangour hospital some 30 years ago for a condition that I will not share with members, but which was one that none of them will wish to experience. I was not critically ill but was certainly in need of nursing. Therefore, in my personal life, I am grateful to nurses.

In modern times, of course, like many of my age group, I have a particular relationship with the Macmillan nurses, because one gets to an age when more of one's friends and relatives are reaching the end of their lives. In particular, the work that the Macmillan nurses do in supporting people to end their lives with dignity and in comfort in their own homes is absolutely magnificent.

The motto "Nurses: A Voice to Lead" sounds to me absolutely spot-on. Nurses are important in primary care in a way that they did not used to be. I would rather see the practice nurse for most of the things that I would wish to go to my GP for. Fortunately, I do not even know the name of my GP—that is how infrequent a visitor I am, and I hope to remain in that position.

Some nurses are brave beyond the point of foolhardiness. My best man's mother was a nurse, and she met her husband during the last world war in a hospital where he had been taken because he had been badly burned when his tank was blown up. Such was the personal charisma of that nurse

that my best man's father proposed to her and married her three weeks after meeting her. However, the real trick was that he was badly burned and bandaged from the neck upwards, and when she got married to him, she had not even seen his face. That is nursing bravery of the highest order, but I can tell members that it worked extremely well.

For me to end on a humorous note does not in any way diminish the very serious and valuable work that nurses throughout our health service do on behalf of us all. Let us hope that we never have to meet them, although we know that they are there when we need them.

The Deputy Presiding Officer: I never fail to wonder where you are taking us with your speeches, Mr Stevenson, but I never fall asleep.

17:37

Gordon Lindhurst (Lothian) (Con): It is a great pleasure for me to speak in this members' business debate led by Emma Harper, not least because my own mother was a nurse. I well remember her telling the story of how she became a nurse. At the time, she worked as a young secretary in an architects' firm in Ayr, and one day the senior partner came dancing into her office singing about her becoming another Florence Nightingale. For some reason, he, rather than she, had received the letter confirming her acceptance for nurses training in Glasgow. It was not too many years later that my Aunt Esther followed her big sister Edith into the nursing profession, making it a Murray sister double act.

International nurses day—or week in the United States of America and Canada—gives us all the opportunity to reflect on the outstanding work that is done by nurses across the world and on the particular invaluable abilities that are required of those in the nursing profession. A selfless, caring, patient, understanding and dedicated attitude and approach: those are just some of the qualities that are associated with these important workers in our health services. They are people whom we depend upon to help us through some of the toughest times that we experience in life or who have been there for some of those closest to us in the most difficult of times.

I know that many of us in the chamber have pointed already to examples of nurses in their lives or others' lives who have taken up these roles, and that is exactly what this day encourages us to do. I know that I and my brothers and sisters all benefited from our mother's skills and training as a nurse, and I know that countless others did as well, including in my mother's later life when she worked as a volunteer nurse at children's summer camps.

On a day such as this, it is important to remember the debt that we owe to all our healthcare professionals, who work to help save life and limb; in particular, it is important to remember our nurses on this day.

When the Murray sisters worked in the Gorbals in Glasgow in the late 1950s, they could walk alone through the streets in their nurses' uniform, night or day, without any fear of harm. Sadly, it is not uncommon nowadays to hear stories of a lack of respect being shown not just to nurses in our hospitals, but to others in essential emergency services.

It is important that we re-emphasise the need for respect for our nurses and the work that they do. Nurses are essential in our society and deserve all our respect. I hope that by celebrating this day, including in the Scottish Parliament, we can reinforce that message.

The Deputy Presiding Officer: Thank you very much, Mr Lindhurst. It is always interesting to hear about members' backgrounds, which we would not hear about otherwise than in members' business debates.

I call Maureen Watt to close for the Government.

17:40

The Minister for Mental Health (Maureen Watt): I thank Emma Harper for bringing this important debate to the chamber, and I congratulate her and her sisters on their amazing contribution to the NHS.

Nurses make up the largest single profession in our NHS. They are at the heart of care for every single person, young or old. They work not just in hospital wards but in GP practices, homes and care homes, and in communities across the country. Every person in the chamber has—often literally—been touched by a nurse and our lives have been improved because of that encounter. It is my privilege as a Scottish minister to thank each and every nurse across our country for their commitment and professionalism. On behalf of all the people of Scotland who are recognising international nurses day, we thank them for their unstinting service. We value and appreciate them.

The Government is committed to supporting our nurses and ensuring that we have a sustainable workforce who have fulfilling careers and are able to play the fullest part in delivering the health and social care that Scotland needs, today and in the future. Scotland has a long and proud history of supporting our skilled nurses. The first nursing unit to be set up at a British university was opened in 1956 at the University of Edinburgh by another

nursing heroine—who has not been mentioned—Elsie Stephenson.

Nursing has changed beyond all recognition from the pioneering days of Florence Nightingale and Mary Seacole. I am surprised that my general knowledge on this occasion is better than Stewart Stevenson's, because I knew about Mary Seacole. When I was on Clapham High Street in London the other month, I passed a Mary Seacole centre and was able to tell my daughter who she was. That is one up on Stewart Stevenson, for once.

As Donald Cameron mentioned, the basic commitments of nursing that Florence Nightingale pioneered—the hygiene, and the food and diet—are still very much to the fore, but the equipment and skill that are required by our professional graduates, who deliver increasingly complex care to a more diverse population in a wide range of settings, are certainly challenging. It is more important than ever that we ensure that our nursing workforce is fit for the future with the right numbers, the right skills, the right opportunities and the right support. It is important that we make sure that everyone who has a desire, aptitude and ability to go into nursing can do so. That is why our chief nursing officer has commissioned a review of the ways to support and widen access to nursing education and careers, which is being led by Professor Paul Martin CBE.

To support nursing, the Scottish Government is delivering a record number of qualified nurses and midwives. There are over 3,400 more nursing and midwifery staff working in our NHS today than there were five years ago. We are creating 1,000 extra training places for nurses and midwives over this session of Parliament and supporting our student nurses by keeping their tuition free and protecting their bursary, as other members have said. We have created a £1 million discretionary fund as a safety net for students in the greatest need.

We are transforming nursing roles to maximise nurses' vital and unique role in the health and social care system. Our chief nursing officer is developing a fresh vision for nursing in Scotland and is taking it forward in partnership with nurses throughout the country.

We are investing £3 million to train an additional 500 advanced nurse practitioners as part of our health and social care system, plus a further £2 million to enhance the skills of general practice nurses in supporting the wider primary care transformation aims.

We are committed to enshrining safe staffing in law. We are doing groundbreaking work to place our nursing and midwifery workload and workforce planning tools on a statutory footing.

It is important to mention the return to practice scheme. We have a rich resource of former nurses who have dropped off the register for one reason or another. In January 2015, we announced £450,000 over three years to reintroduce a national return to practice scheme. Robert Gordon University in my constituency is at the forefront of that work.

Others have mentioned the international context. We know about Florence Nightingale's nursing team in the Crimea and we heard about Mary Seacole not being allowed to join that team but going anyway, which showed her determination.

Clare Haughey mentioned the nurses and clinicians who go to other countries to learn about other ways of working and to help achieve the development goals. We have supported Scottish NHS clinicians to work with nurses in Malawi's major hospitals in order to improve their skills, which has included working with oncology nurses at the Queen Elizabeth hospital in Blantyre to develop a multidisciplinary approach to cancer treatment. We supported Malawian breast care nurses to visit the UK to gain experience in diagnostics and follow-up clinics. I visited Mount Mulanje hospital in the south of Malawi, which has a lot of connections with Scotland.

As we speak, nurses are working away saving lives, comforting those in pain and delivering world-leading care in our communities and hospitals.

In recognition of international nurses day, I note that the Scottish global health collaborative seeks to create a framework for volunteering in global health that recognises challenges and constraints as well as the benefits at home and overseas. It intends to develop guidance that is helpful to clinical and non-clinical staff for those in training, those who are trained and their employing organisations.

We are in safe hands, not just on international nurses day but every single day. We thank nurses and appreciate them.

Meeting closed at 17:49.

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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