



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Meeting of the Parliament

**Wednesday 18 September 2019**

**Session 5**



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# Scottish Parliament

Wednesday 18 September 2019

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

## Portfolio Question Time

### Education and Skills

**The Presiding Officer (Ken Macintosh):** The first item of business is portfolio questions, starting with questions on education and skills. I remind members that questions 6 and 8 have been grouped together. Question 1 was not lodged.

#### Science, Technology, Engineering and Mathematics Teaching (Dumfries and Galloway)

2. **Emma Harper (South Scotland) (SNP):** To ask the Scottish Government how it is supporting the teaching of STEM subjects in Dumfries and Galloway. (S5O-03534)

**The Minister for Further Education, Higher Education and Science (Richard Lochhead):** The Scottish Government's STEM education and training strategy sets out a range of actions to support practitioners teaching STEM subjects in Scotland's primary and secondary schools, in early learning and community learning and development settings, and in our colleges and universities.

In Dumfries and Galloway specifically, support for professional learning is provided by a designated Education Scotland STEM education officer who has now been appointed. Practitioners will also benefit from resources with a focus on cluster working to support professional learning in STEM, including numeracy, mathematics and science, through work supported by the enhancing professional learning in STEM grants.

All that will build on the great work started as part of the raising aspirations in science education—RAISE—programme. That is being further enhanced through the creation of a digital and physical hub and spoke network to facilitate digital learning in rural locations.

**Emma Harper:** Dumfries and Galloway College is working towards plans to build STEM extensions at the Stranraer and Dumfries campuses to allow for research and courses on maintenance and construction of renewable technologies. Will the minister join me in welcoming that work, which is supported by the south of Scotland economic partnership, and will he perhaps commit to visiting Dumfries and

Galloway College to meet the students and staff in the near future?

**Richard Lochhead:** I warmly welcome the development to which Emma Harper referred, which, as she said, is being supported by the Scottish Government as part of our £6.6 million investment in the south of Scotland economic partnership skills and learning network. Through the creation of that hub, the project seeks to address the immediate skills gaps that have been identified in the region in key sectors. I would be delighted to visit Dumfries and Galloway with Emma Harper to view for myself the good work that is taking place there to support STEM.

#### Student Support (Higher Education)

3. **James Kelly (Glasgow) (Lab):** To ask the Scottish Government how it supports students in higher education. (S5O-03535)

**The Minister for Further Education, Higher Education and Science (Richard Lochhead):** The Scottish Government's commitment to free tuition ensures that full-time Scotland-domiciled students studying for their first undergraduate degree at publicly funded higher education institutions in our country do not have to pay fees. That means that they do not incur additional debt of up to £27,000. We also provide a minimum income guarantee of £7,750 per year for students from the most disadvantaged backgrounds through a combination of bursaries and loans. In 2018-19, we increased the care-experienced bursary to £8,100 per year.

Further to that, following recommendations made by the student support review, we will, during the 2019-20 academic year, provide comprehensive online information on further and higher education student finance, among other things. We have also increased the student loan repayment threshold to £25,000 per year from 2021, ensuring that students are supported not only during their studies but after they graduate. We are working on a range of other measures as well, but that gives a flavour.

**James Kelly:** On 20 March, Parliament voted to implement the recommendations of the independent review of student support—crucially, a minimum student income. Students throughout Scotland have had enough of delay on the matter, so I ask the minister when we can expect the plans for implementation to be introduced and when every student in Scotland will benefit from a minimum income guarantee.

**Richard Lochhead:** I remember that debate well. As James Kelly will recall, the Scottish Government supported the principle of a minimum income guarantee for students. As I indicated in my previous answer, we have already started to

implement many of the recommendations of the independent review of student support, including the £8,100 care-experienced bursary. Given the overall cost of implementing all the measures in the student review, it will take some time and expense to do that. We will work our way through as we can, as budgets become available and as we calculate the cost of each individual measure.

Scotland gives a very good package of support to our students in this country compared with the packages of support that are available in the rest of the United Kingdom, not just in respect of free education, but in respect of bursaries for independent students who have independent means and do not have family support, and for students from poorer family backgrounds. Our support compares very favourably on a range of measures with what is being delivered elsewhere in the UK.

### Young Carers

**4. Brian Whittle (South Scotland) (Con):** To ask the Scottish Government what action it is taking to ensure that schools and teachers understand and accommodate the needs of young carers. (S5O-03536)

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** All children and young people deserve the same opportunity to succeed and reach their full potential, and the Scottish Government is committed to ensuring that all pupils, including young carers, receive the support that they need, when they need it.

Under the Education (Additional Support for Learning) (Scotland) Act 2004, education authorities have duties to identify, provide for and review the additional support needs of all their pupils, including young carers, and all schools have plans in place to do that. In some areas, schools have been commissioned to prepare young carer statements. The Scottish Government supports that approach. Those statements are personalised plans that cover a range of information about a young person's caring role, including their own individual needs and personal outcomes.

**Brian Whittle:** When I speak to young carers and those who advocate for them, a common theme is how patchy the support structure is for them across the education system. Some have excellent school experiences, whereas others have not so excellent school experiences; it depends on individual teachers and their experiences in dealing with young carers. Given that every teacher is likely to work with young carers multiple times in their career, does the cabinet secretary agree that the education of our

educators should include specific instruction on the issues that young carers may experience?

**John Swinney:** Mr Whittle makes a fair point. It is important that all our educators are equipped to deal with young people as they present themselves and the circumstances with which they are wrestling. Mr Whittle is also correct to say that there are examples of outstanding practice in our country and examples in which practice will not be as strong as that.

During the summer, I spent some time at the Scottish young carers festival near Dunfermline, at which I spoke to a group of young people who, even in that small grouping in the same local authority area, were able to recount a position that Mr Whittle has recounted. Some young people had very specific and focused support in place; for others, that was less the case.

I agree with Mr Whittle that, as part of continuing professional development of our teaching profession so that it understands the health and wellbeing aspects of our curriculum, teachers should be equipped with that knowledge to provide the support that young carers require in our society.

**Mary Fee (West Scotland) (Lab):** I recently spoke with Renfrewshire Carers Centre, which told me about young carers who feel isolated in school and struggle with bullying and teachers who do not understand that they cannot complete their homework or arrive on time because of their caring responsibilities. To change that, it is facilitating peer support groups in school and conducting awareness-raising training for teachers. What can the Scottish Government do to help to support organisations such as Renfrewshire Carers Centre to provide those vital services?

**John Swinney:** I welcome the information that Mary Fee has shared with us, which illustrates the practical and tangible support that can be put in place for young carers.

Mary Fee recounted circumstances in which there are perhaps difficulties and challenges in the interaction of young people with the school, whether that relates to homework not being presented or young people not being able to get to school on time. Schools should focus on the experiences of individual young people. If we are to sign up to the getting it right for every child agenda, we should be engaging and understanding the needs of every single child. That is the founding ethos of our education system and the curriculum for excellence.

Obviously, those are significant policy approaches that the Government supports. I am grateful to Mary Fee for putting on the record the

specific ways in which support is being offered in Renfrewshire, and I am happy to support that.

#### **“Scotland’s People Annual Report 2018”**

**5. Alexander Stewart (Mid Scotland and Fife) (Con):** To ask the Scottish Government what its response is to the satisfaction level of local schools in the “Scotland’s People Annual Report 2018”. (S5O-03537)

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** Satisfaction levels among those who use our local schools was recorded at 86 per cent in “Scotland’s People Annual Report 2018”. That is testament to the excellent work undertaken by all staff in our schools along with the active participation of pupils and parents. I take the opportunity to commend them on their efforts.

**Alexander Stewart:** The report shows that, after 12 years of Scottish National Party government, satisfactions levels with services are at their lowest since 2007. Back in 2011, 85 per cent of people were happy with schools; now, the figure sits at 71 per cent. Does the cabinet secretary disagree with those individuals, or will he listen, take action and sort out the school issues?

**John Swinney:** It is important that we look at what the survey tells us about those who are using our local schools. The rate of satisfaction, among parents and carers of school-aged children, in the quality of school education and local schools is at 86 per cent.

Obviously, we must continue to strive for continuous improvement in our education system. There is a relentless focus in the Government’s education policy on improving our education system and our schools. We should listen carefully to the opinion of service users, because they have lived experience of using our schools. They have demonstrated significant levels of support for, and satisfaction with, the quality of local schools.

**Iain Gray (East Lothian) (Lab):** Parents, carers and others are concerned about the narrowing of the curriculum in the senior phase of secondary school. On that basis, the agreement to undertake a review of the senior phase, which the cabinet secretary announced earlier this week, is welcome. Will he take this opportunity to tell us more about who will undertake the review and its timescale?

**John Swinney:** As Mr Gray recounts, I agreed to the Education and Skills Committee’s recommendation that we undertake a review of the senior phase. We will do so, and the review will be independent of Government.

I have not yet come to any conclusions about the names of individuals who will be involved in

the review. I am mindful of the fact that the review of broad general education involved input from the Organisation for Economic Co-operation and Development. For consistency’s sake, it might be advantageous to rely on some of its input. I will consider those issues swiftly, and I will update Parliament on the details of appointments and the timescale within which I expect the review to be undertaken.

**The Presiding Officer:** Questions 6 and 8 have been grouped together.

#### **Substandard Schools**

**6. Adam Tomkins (Glasgow) (Con):** To ask the Scottish Government what its response is to reports that one in 10 pupils are taught in substandard schools. (S5O-03538)

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** The number of poor or bad schools has decreased from 993 in 2007 to 288 in 2019. It is the statutory duty of local authorities to maintain the school estate across Scotland, but the £1.8 billion schools for the future programme and the £1 billion learning estate investment programme are means by which the Government is demonstrating its commitment to improving Scotland’s school estate.

**Adam Tomkins:** The Scottish Government’s guidance advises caution when comparing 2019 figures with figures from previous years, because the measurements have changed. Last week, the Scottish National Party compared 2019 figures with figures from previous years, and the Deputy First Minister just did so again. The Deputy First Minister is a serious politician—or, at least, he used to be—and he has a choice. He can either spin stats or acknowledge that the SNP is failing thousands of pupils across Scotland. Is the cabinet secretary interested in accuracy, or is he interested only in papering over the cracks—in this case, literally?

**John Swinney:** I am, of course, interested in the facts. I am also interested in improving the physical condition of Scotland’s schools and the quality of education. That is what I focus on every day of the week.

Mr Tomkins gives me the opportunity to place on the record further detail in relation to the school estate survey, which it is important for me to do. Mr Tomkins’s reference to the statistical bulletin relates to the effects on individual schools that might have changed their classification as a consequence of the change to the guidance that was applied in 2017. I am advised by statisticians that that affects a small number of schools. The statistical publication, which is a publication not from me but from the chief statistician—I do not

control the data; it is controlled by the chief statistician—presents and demonstrates year-on-year comparisons since 2007.

Of course, since 2007, the percentage of pupils who are educated in poor or bad conditions has declined from 36.6 per cent to 10.3 per cent. I accept that one in 10 pupils being educated in poor or bad conditions is unacceptable, but that is a colossal improvement in the situation. That improvement in the school estate around the country as a consequence of the investment by the Government and our local authority partners is visible to the naked eye.

#### **New and Refurbished Schools**

**8. Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** To ask the Scottish Government how many schools have been built and refurbished, and at what cost, in East Ayrshire and across Scotland since 2007. (S5O-03540)

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** Between 2007-08 and 2018-19, 928 schools were built or refurbished in Scotland, of which 21 were in East Ayrshire. Since 2007, the Government and local authorities have collectively invested about £4 billion in improving the school estate. Through the schools for the future programme, the Government and East Ayrshire Council have invested £143 million in six school projects.

**Willie Coffey:** It is great to hear that the Scottish National Party Government has completed all that important work in the school estate across Scotland. Will the cabinet secretary outline when all the schools in the East Ayrshire Council area will be upgraded and brought up to a satisfactory condition?

**John Swinney:** According to the latest school estates statistics, East Ayrshire Council has two schools in condition C—that is, in poor condition. Improvement works are expected to be complete at Netherthird primary school by the end of March 2021 and at St Sophia primary school by the end of June 2021, after which all schools in East Ayrshire will be in the good or satisfactory categories.

Willie Coffey mentioned the scale of the achievement in building all those schools. That undertaking happened during a period of austerity. Had it not been for the Conservative Government's cuts and had capital budgets remained at the same level as they had been in 2010-11 when it came to office, we would have had in Scotland an additional £7.7 billion in real terms at 2018-19 prices to spend on capital investment, which could have been spent on school investment.

#### **Childcare (Funded Places)**

**7. Michelle Ballantyne (South Scotland) (Con):** To ask the Scottish Government what action it is taking to ensure that funded childcare places are flexible enough to meet parents' needs. (S5O-03539)

**The Minister for Children and Young People (Maree Todd):** Quality is at the heart of the expansion, because high-quality early learning and childcare have the potential to transform children's lives. As well as ensuring a high-quality experience for our children, we are working to enable flexibility for families. To support that, and in preparation for August 2020, local authorities are working with providers to develop their plans for delivering the expanded hours. In line with their statutory duty to consult parents and carers on the provision of early learning and childcare as set out in the Children and Young People (Scotland) Act 2014, local authorities are also working with families to inform how they make ELC available in their area in order to put in place a flexible and high-quality local offer.

**Michelle Ballantyne:** The requirement that all settings that want to provide funded places have to offer the full 1,140 hours has meant that small settings that have, to date, been contracted to deliver 600 hours but cannot or do not want to deliver the full 1,140 hours are being removed as a choice for parents. Will the Government consider revising that requirement, to allow parents to choose blended care or fewer hours in small high-quality settings?

**Maree Todd:** That is a very good question. Blended provision is already a cornerstone of many local authorities' provision. As part of the phasing, local authorities are consulting their communities on exactly what is required. I refer to my earlier response, in which I mentioned the statutory duty on local authorities to consult local families closely, which means that local authorities are aware of what is required in their areas. Blended provision is part of the provision in areas where parents are requesting it.

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** Will the minister provide an update on the Scottish Government's recent work on the issue of deferment for children with birthdays from mid-August to December, as highlighted by the members' business debate on the issue on 1 May this year and the give them time campaign?

**Maree Todd:** I put on record my thanks to Fulton MacGregor for his work on the issue. I know that many of the founder members of the give them time campaign group are his constituents and that he has worked well alongside them to raise their issues.



This morning, I updated the Education and Skills Committee on the work that the Scottish Government and partners are undertaking on funded early learning and childcare and deferral of school start. We are in the process of updating the early learning and childcare statutory guidance to reflect legislative changes since 2014. As part of those updates, we have committed to strengthening the guidance on providing an additional year of funded ELC in a deferred year. We will hold a public consultation on the refreshed statutory guidance prior to its publication.

We have worked with Convention of Scottish Local Authorities members and the give them time campaign on parental communication issues. I put on record my thanks to the campaign for its support for that work. I have updated the Scottish Government web pages to provide more clarity for parents on the right to defer children's entry into primary 1. We have also investigated the available data on deferral and uptake of early learning and childcare. We will publish new analysis using information from the pupil census.

## Health and Sport

**The Presiding Officer:** I remind members that questions 2 and 8 on health and sport have been grouped.

### Women's Health Group (Pre-eclampsia)

1. **Kenneth Gibson (Cunninghame North) (SNP):** To ask the Scottish Government when a women's health group will be convened and whether it will prioritise the treatment of pre-eclampsia. (S5O-03541)

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** Work on developing the women's health group will commence shortly. The group will consider a range of issues, with a clear focus on tackling health inequalities for women. I have already given a commitment that the group will prioritise the testing for and treatment of pre-eclampsia in its work plan. The member has worked hard to raise awareness of pre-eclampsia, so he will know that it is a pregnancy-specific condition that affects one in 10 pregnancies in the United Kingdom, which is 80,000 woman a year, and that it can affect the mother and the unborn child.

**Kenneth Gibson:** I thank the cabinet secretary for that positive answer. She will be aware that pre-eclampsia is the cause of many stillbirths each year and that placental growth factor-based tests provide a reliable indication of whether a baby is at risk. My own son died a decade ago because two midwives and a consultant, among other professionals, did not diagnose pre-eclampsia in my wife, so I know what many families have gone

through. When will such tests be available in routine clinical practice?

**Jeane Freeman:** As Mr Gibson knows, I have had recent discussions on the matter with my colleague Mr FitzPatrick. We are waiting for additional clinical evidence but, with the chief medical officer, who is of course a consultant obstetrician, we will continue to actively consider how and when we can introduce additional measures for the diagnosis and subsequent treatment of pre-eclampsia. I will ensure that the member is informed of that as soon as I have the information.

**Monica Lennon (Central Scotland) (Lab):** Scottish Labour campaigned for a women's health strategy, so we welcome those developments. I think that I asked this last week, but I ask again: what funding is being made available to support that work?

**Jeane Freeman:** A range of funding is in place for a number of condition-specific issues that, in clinical terms, affect only women. We are also interested in the wider health issues where research into diagnosis and treatment shows that women are treated differently without an apparent clinical justification. As Ms Lennon knows, that is an issue in relation to heart disease. Dealing with that is about those who diagnose and treat and about changing treatment patterns and patient pathways, and so it does not necessarily require significant additional funds.

As the women's health group develops a women's health plan and prioritises its work, we will allocate what we consider to be the relevant funding to the different strands of that work. I will ensure that members of this Parliament are updated, when the group is established, on who its membership is, how it is taking forward its work plan and priorities and what the timeframe is for all that work, along with what additional resourcing is going in its direction.

**The Presiding Officer:** Questions 2 and 8 have been grouped, so supplementary questions will come after the second question.

### Monklands Hospital Replacement

2. **Fulton MacGregor (Coatbridge and Chryston) (SNP):** To ask the Scottish Government what progress NHS Lanarkshire has made with plans for a new-build Monklands hospital, following the recommendations made by the independent review. (S5O-03542)

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** NHS Lanarkshire accepted the recommendations of the independent review into the Monklands replacement/refurbishment project. The board also accepted the additional requirements that I made of it, which include

working closely with the local planning authority to ensure that it can support and contribute to a more constructive, inclusive and open site-option review, with meaningful public engagement.

NHS Lanarkshire has established an oversight board, as it was required to do. The oversight board is chaired by Dr Lesley Thomson QC and has the involvement of Sir Harry Burns. North and South Lanarkshire patient/public forum members will provide assurance on the progression of the Monklands replacement project and the oversight board will report directly to the board of NHS Lanarkshire. The newly constituted oversight board will have its first session on 24 September, with a meeting later in October. Timescales on its work will be clarified following the first meeting.

**Fulton MacGregor:** The cabinet secretary will welcome, as I do, NHS Lanarkshire's commitment to working with others to redevelop the current site

"to provide facilities to improve the health and wellbeing of local people, reducing their health inequalities and providing the opportunity for economic regeneration in the area",

as the board said in a recent letter to me.

The cabinet secretary might be aware that households in my constituency have received a letter from Labour politicians that uses language about Monklands hospital closing. For the avoidance of doubt, will she confirm the Government's support for a new Monklands hospital, complete with the accident and emergency department that Labour was so determined to close in the past?

**Jeane Freeman:** That information is disappointing, because as members know, and as I say again for the record, both the First Minister and I have said on a number of occasions that there is an absolute commitment on the part of this Government to see a replacement built for Monklands hospital, which will include an accident and emergency service.

On the recommendations of the independent review, I have made clear to NHS Lanarkshire that it needs to look again at potential site options. I am pleased that the board is taking forward that work, engaging meaningfully with local planners and planning to engage with local residents.

I repeat again, for the avoidance of doubt, that there is an absolute commitment on the part of this Government to see a replacement for Monklands hospital built that includes accident and emergency.

### **Monklands Replacement Oversight Board**

**8. Elaine Smith (Central Scotland) (Lab):** To ask the Scottish Government how many appointments have been made to the Monklands

replacement oversight board, and what skills, expertise and local knowledge are reflected in these appointments. (S5O-03548)

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** The new Monklands replacement oversight board reflects a blend of patient and public experience from Lanarkshire and senior representation from the non-executives on the national health service board, including the employee director, supplemented by the expertise of Sir Harry Burns, a recognised international authority on health inequalities, and Dr Mike Higgins, a former member of the independent review team.

The oversight board will also have access to the advice of a stakeholder engagement group, which will be made up of a wider mix of third sector, voluntary and patient group representatives.

**Elaine Smith:** I thank the minister for providing slightly more information than I have been able to get out of the health board up to now.

The new board appears to be made up of one new external member, four members of NHS Lanarkshire's board and, as I understand it, four other people from local partnerships. Is the cabinet secretary confident that the new appointments will be independent, which will be vital if she expects the board to help to restore public trust in a flawed process? Will she ensure that they are from the Monklands area and not the other side of Lanarkshire? Given the Government's recent record on new-build hospitals, with Scottish Labour pushing her to hold a public inquiry in that regard, will she reconsider her decision and rebuild our hospital where it is, in the heart of our Monklands community?

**Jeane Freeman:** I do not think that anyone who knows Dr Lesley Thomson QC would consider her to be other than independent. The non-executive members of the board who are on the oversight board are precisely that—non-executive members. As the member will know, they are appointed by and accountable to me. Sir Harry Burns is eminently independent, as are the other members. The North and South Lanarkshire patient/public forum representatives are independent members, too.

I will have very clear oversight to ensure that the review's recommendations are implemented. That will include extensive genuine public engagement, and that can happen in a number of ways. I understand that NHS Lanarkshire is considering discussions with the NHS alliance, which has a strong record of working with local communities to elicit their views and opinions, in advance of any formal consultation process.

On the current circumstances in NHS Lothian with the sick kids and in the Queen Elizabeth

university hospital campus, I repeat that in ensuring that we learn lessons from those, and from previous matters concerning the builds, we will be informed not only by the public inquiry that I have announced—which I am sure that we will debate later—but by the independent review of the Queen Elizabeth. Both will inform the work of the national body, which I believe that members previously supported.

Finally, with respect to the current Monklands hospital site, I made it clear when we touched on the matter before, that in order to build on the current site, one would need to demolish the existing hospital. There is no provision to allow the patients and services in the current Monklands hospital to be taken up in other hospitals, so we would lose a significant element of patient care. I am sure that the member agrees that we would not wish to do that. We cannot build alongside an existing hospital. Aside from the fact that the footprint does not allow it, that would be a very foolish thing to do in terms of patient safety and infection prevention and control.

**The Presiding Officer:** That was a very detailed answer, cabinet secretary. I would appreciate it if you could be a little bit more succinct.

**Margaret Mitchell (Central Scotland) (Con):** Although I am supportive of a new-build Monklands, will the cabinet secretary give an assurance that the parking and flooding problems at the Gartcosh crime campus will be taken into account when assessing the suitability of the Gartcosh site?

**Jeane Freeman:** The questions about parking, flooding and the nature of the land on which any new hospital might be built will be taken account of in all the options that the health board is looking at, and will inform its options appraisal work.

**The Presiding Officer:** Question 3 has been withdrawn.

### Primary Care (Tayside)

4. **Murdo Fraser (Mid Scotland and Fife) (Con):** To ask the Scottish Government what discussions it has had with NHS Tayside regarding the delivery of primary care services across the area. (S5O-03544)

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** Senior officials and the chief executive of NHS Scotland are in regular contact with NHS Tayside on a range of primary care issues. I will meet the chief executive of NHS Tayside and the chief officer of the health and social care partnership on 25 September to discuss the future delivery of primary care services in the area.

**Murdo Fraser:** The cabinet secretary recently met my colleague Liz Smith to talk about the sudden closure of the Bridge of Earn general practice surgery, which has caused much anxiety to local people. She will know that one of the concerns in the local community is about the lack of a clear plan for the future delivery of primary care in the area. Can she give us an undertaking today that raising the matter will be a priority when she meets NHS Tayside, and can she tell us when she will be able to report back to Parliament on the outcome of that meeting?

**Jeane Freeman:** I met the member's colleague Ms Smith and had a productive discussion in which I accepted her concerns about communication and engagement with the local community, the lack of clarity over a long-standing commitment to invest £1 million of capital in the Bridge of Earn practice and the apparent lack of a plan from the NHS board or social care partnerships for how services will be developed and delivered in the future. Those issues are part of the discussions that my officials are having with officials at NHS Tayside, which I will continue when I meet the chief executive next week. Following that, as soon as I am clear about the future plan—it is important that there is one—I will make sure that not only Murdo Fraser but Liz Smith and other interested colleagues are advised of that.

**Mark Ruskell (Mid Scotland and Fife) (Green):** The cabinet secretary will be aware that many of the underlying issues surrounding general practitioner retention in Tayside relate to the poor quality of many of the privately owned surgeries and buildings. In the case of Bridge of Earn, the owner has, in effect, acted as a rogue landlord for a number of years, and that has led to the GP crisis in the town.

What progress is being made to bring the primary care estate back into public ownership so that it can meet the needs of 21st-century primary integrated healthcare?

**Jeane Freeman:** The Government is part of the discussion, and the first phase of the GP contract has made additional investment available to primary care GP practices in order to improve existing practices and remove some of the risk around the ownership or lease of existing practices. We are seeing the development of a mixed model, with salaried GPs—Tayside has made significant moves in that regard—and a continued use of private practice.

I am interested in primary care as the foundation of effective health and social care delivery in our communities, with primary care being the multidisciplinary team providing the care that people need when they need it, with the right specialist expertise. That is the work of our

primary care improvement plans, in relation to which we have invested £1.5 million in improvements in Perth and Kinross.

**David Stewart (Highlands and Islands) (Lab):** Audit Scotland's recent report on the planning of the primary care clinical workforce recommended improvements to data collection, the monitoring of the GP contract and the simplification of workforce planning. Does the cabinet secretary accept Audit Scotland's recommendation, and does she share my view that good workforce planning needs accurate and solid data?

**Jeane Freeman:** Yes, I accept that. I think that we are on record as accepting Audit Scotland's recommendations, fundamental to which is the issue of quality workforce planning. The member knows that that is never an exact science, but a good place to start is with quality data, and we are working to ensure that we have that. It is part of the GP contract—if you like, it is the other side of the GP contract—that the data that we receive from our GP practices should be consistent across the country, so that we have greater clarity about what is currently in place and what more needs to be done.

#### **Trans and Non-binary People (Healthcare)**

**5. Patrick Harvie (Glasgow) (Green):** To ask the Scottish Government what action it is taking to improve healthcare for trans and non-binary people. (S5O-03545)

**The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick):** The Scottish Government expects everyone, including trans and non-binary people, to be to be treated fairly and equally and with respect when they seek healthcare. That was set out in the charter of patient rights and responsibilities that was published under the Patient Rights (Scotland) Act 2011. An updated charter was published in June.

The charter states that everyone

“will be treated fairly and equally and will not be discriminated against.”

It says that

“access to health services will never be affected or refused because of unlawful discrimination based on ... age, disability, sex or sexuality, gender reassignment, marriage or civil partnership, pregnancy or maternity, race (including colour, nationality, ethnic or national background), or religion or belief.”

The charter also sets out people's right to be treated with consideration, dignity and respect when they access services in the national health service.

**Patrick Harvie:** The minister will be aware of a BBC report last week about the extremely long wait for treatment that trans people, in particular,

face before they can even begin hormone therapy. The minister might also be aware that the First Minister, speaking at an event in Parliament last week, made it clear that she recognises that the situation in Scotland is not what it should be and that significant improvement is needed. I hope that the minister will agree with that and with the view of the Scottish Trans Alliance that having some people wait two years for a first appointment is unacceptable and that huge progress could be achieved with a relatively small increase in the resources that are spent in this area.

**Joe FitzPatrick:** I agree with the comments of the First Minister and with what the Scottish Trans Alliance said about those waits being unacceptable. The service is currently managed by the national services division of NHS National Services Scotland. It commissions national managed clinical networks, which aim to foster improved standards and quality in healthcare.

Those NMCNs include the gender identity clinic network for Scotland, which is a network of clinicians and others who have an interest in the treatment and support that is offered to trans people and to people who are distressed or concerned about their experience of their gender, including clarifying issues around access to surgery for trans people. That clinical network works with the Scottish gender reassignment protocol, which it has requested be reviewed in the light of the Scottish public health network publication on the topic and changes to international standards that are due by 2020. We are taking that request forward. I absolutely agree with the points that were made, and I hope that we see progress.

**The Presiding Officer:** I am afraid that we are out of time, so that concludes portfolio question time. I highlight the fact that we got through all the education questions. However, I apologise to Rona Mackay and Jackie Baillie, who had questions on health and sport, and to the minister, who did not get a chance to respond. I encourage all members and ministers to be succinct in their questions and answers.

## National Health Service Construction Projects

**The Presiding Officer (Ken Macintosh):** The next item of business is a debate on motion S5M-18902, in the name of Miles Briggs, on the mismanagement of national health service construction projects.

14:41

**Miles Briggs (Lothian) (Con):** Patients, families and NHS staff need to have confidence that the hospital environment in which they are being cared for or working, is safe. The on-going concerns and issues at the Royal hospital for children and young people in Edinburgh and at the Queen Elizabeth university hospital in Glasgow have undermined public confidence. That should concern us all.

I pay tribute to all those who work in our NHS, as well as to the parents and families who have continued to speak out and seek answers from management and ministers over hospital safety concerns. I am sorry to say that, in many cases, their concerns and questions have been dismissed. We need to have a transparent and open NHS in Scotland, where those real concerns are listened to and acted upon. I am sorry to say that that has not been the case to date.

As a member of Parliament for Edinburgh and Lothian, I know just how desperately the communities that I represent here in the capital and across the east coast of Scotland need the new sick kids hospital. That is why we have seen such anger from families and NHS staff about what should have been a much celebrated and state-of-the-art new hospital being repeatedly delayed and not built to standard; a hospital that is now not due to open until next autumn—almost a decade since it was first promised.

It is not just at the sick kids hospital that we have seen on-going problems: Glasgow's Queen Elizabeth hospital has suffered a catalogue of serious issues and, in Aberdeen, just this week, we saw a review announced into the cost and design of the new Baird family hospital and Anchor cancer centre. From Edinburgh to Glasgow to Aberdeen, across NHS Scotland, we have seen the mismanagement of major hospital infrastructure projects that have run over budget and behind schedule—and with serious patient safety concerns.

The Cabinet Secretary for Health and Sport and I are in agreement that patient safety must always come first. That is why I want to use the debate to ask the cabinet secretary about the here and now. I have received a number of communications from

constituents and staff raising concerns with me regarding the condition of the department of clinical neurosciences at the Western general hospital and the old sick kids hospital here in Edinburgh. I have written to the cabinet secretary to raise those specific concerns with her directly, and I believe that it is important that we see ministers take action to reassure patients and to investigate the standards of both the medical equipment and the buildings that are being used at those NHS sites.

NHS Lothian has been escalated to level 4, with the Scottish Government now taking a directive role in the operation of the board and assessing risks around delivery, quality and safety. Therefore, given that the hospital is now expected to remain in use for the next year and potentially beyond, I seek assurance and clarity about patient safety and inspection of the DCN and the old sick kids hospital.

Given that Health Improvement Scotland last inspected the hospital in September 2018, will the cabinet secretary confirm today that she will instruct it to undertake an urgent inspection to investigate the concerns that I have highlighted to her?

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** I confirm that I will do exactly that. I look forward to receiving Mr Briggs's letter on the concerns that have been raised.

On Monday, I will visit both the Sciennes and DCN sites with the chief medical officer and the chief executive of the NHS in order to meet groups of staff, who will have the opportunity to raise concerns. We will also address the concerns that Mr Briggs has raised.

**Miles Briggs:** I welcome that.

Presiding Officer, above all, throughout this period we must remember those who are at the heart of the problems that we have seen: they are the families of children who often have compromised immune systems. I have met families who have lost children.

I say to the cabinet secretary that patients, families and NHS staff are beyond angry. They have had enough and want to see real leadership so that those projects can be completed and the on-going safety issues addressed. I welcome the establishment of the new national body that was announced in the programme for government, which will have oversight of major infrastructure developments in the future. However, we need to see real progress now to get that organisation established and working and for its powers to be outlined and then made concrete. That is why, today, I have called on ministers to confirm within the next week that there are no further delays or issues with any other on-going projects and to

publish the remit of the new national body by December.

I also welcome yesterday's U-turn by the cabinet secretary in announcing a public inquiry. It is worth our reflecting that, just last week, she said:

"I do not see what difference a public inquiry would make".—[*Official Report*, 11 September 2019; c 33.]

I say to the cabinet secretary that it must make a difference. For the Scottish public to have confidence in that inquiry, we must look at all aspects of what has gone wrong over the past 12 years. The inquiry needs to consider the role that the Scottish Government has had in this sorry period and what early warnings might have been missed by ministers. That is why Scottish Conservatives cannot support the cabinet secretary's amendment, which looks as though it would limit the scope of the inquiry before its work has even started.

The cabinet secretary should be in no doubt that this is her last chance to show that she has the leadership that is needed to turn this unacceptable situation around. Three major projects, in Scotland's three largest cities, have been beset by problems. I am hugely disappointed and sorry that our great national health service in Scotland finds itself in such a situation. Let me make this clear to the cabinet secretary: Scottish Conservatives will never stop holding the Government to account for what we have seen. The SNP has been in sole charge of our health services for 12 years now. Its ministers are ultimately responsible, so they must take responsibility for these failures.

I move,

That the Parliament is deeply concerned with the ongoing mismanagement of key NHS hospital construction projects; notes the Scottish Government's poor record on delivering hospital projects on time and on budget; further notes the ongoing problems which have led to the delay of the new Royal Hospital for Children and Young People in Edinburgh and the concerns expressed in relation to the Queen Elizabeth University Hospital in Glasgow; calls on Ministers to confirm within the next week that no further delays or issues with any other ongoing projects are expected, and asks for the remit of the new national body, which will have oversight of major infrastructure developments within the NHS, to be published by December 2019.

14:47

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** I am pleased to speak in the debate. I share the concerns that have been highlighted by members across the chamber about the on-going infrastructure issues at Queen Elizabeth university hospital campus in Glasgow and the delay in occupying the new Royal hospital for children and young people and the department of clinical neurosciences in Edinburgh. The safety

and wellbeing of all patients and their families are my priorities and must be the primary considerations in all NHS construction projects.

Last week, I outlined how the reports that I commissioned from KPMG and NHS National Services Scotland on the Edinburgh project raised a number of issues that need to be resolved before patients can safely be cared for at the new site. On Monday, our senior programme director, Mary Morgan, began work on the plan that I set out, to deliver a safe and compliant site for the new Edinburgh children's hospital and to ensure that the necessary work is undertaken at the current sites at Sciennes and the Western General to reinforce the safe delivery of services over the coming months. As I have said, next Monday, I will again meet groups of staff at both sites and will continue to ensure that the partnership forum remains up to date. The focus will remain on resolving the current issues and completing the work on the DCN by the spring of next year and the children's hospital by next autumn. I will keep members updated on that as we make progress.

At the Queen Elizabeth, we continue to monitor the situation closely via Health Protection Scotland. We also monitor how NHS Greater Glasgow and Clyde is meeting our expectations for continual review of the control measures that are in place for infection prevention and will ensure that such review continues throughout the paediatric haemato-oncology patient pathway. I have spoken, on more than one occasion, to the chair of the board, and our chief nursing officer and her team continue to engage directly with its senior staff. Today, I have written to the families of patients in the oncology service at Glasgow's children's hospital who have contacted me, to make arrangements that suit them for the meeting or meetings that I will have with them so that I can hear their concerns directly. The work of the independent review continues, and members have recently been updated on progress as it moves from reviewing written evidence to hearing directly from key personnel.

As I said last week, there have been new infrastructure builds right across our NHS that have been delivered on time, on budget and in compliance. It is important to be clear about that in fairness to all those who have worked so hard to achieve those results.

However, over recent days, families of children who are receiving care at the Queen Elizabeth university hospital campus have made it clear that, notwithstanding the high quality of care that their children are receiving, they remain concerned about the safety of the building and they want the additional assurance that would be provided by a public inquiry. I said last week that we need to ensure that past problems and mistakes are not

repeated, and we need to ensure that families, patients and the wider public are assured that we understand what has gone wrong and are taking the necessary steps to ensure that mistakes are not repeated. My amendment therefore sets out clearly that I will establish a public inquiry under the Inquiries Act 2005.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** At this time, the Liberal Democrats are minded to support the Government's amendment. However, given that Miles Briggs suggested that the amendment would limit the scope of the public inquiry, can the cabinet secretary confirm that the inquiry will be allowed to go where the evidence takes it?

**Jeane Freeman:** Yes, I can confirm that, and I am coming to it.

The inquiry will be on a statutory basis, with all the powers that that brings. It will consider both the Queen Elizabeth university hospital campus and the Royal hospital for children and young people in Edinburgh, determine how deficiencies in ventilation and other key building systems occurred, determine who was involved and at what stage and make recommendations on the steps that we need to take to ensure that past mistakes are not repeated in future infrastructure projects.

I will return to the chamber to advise on who will lead the inquiry, its full remit and the timetable as soon as those details are finalised, but the inquiry remit will be informed by the views of the person who leads it and, given its statutory nature, I would expect that that individual will at least have a legal background.

**Jeremy Balfour (Lothian) (Con):** I have lived through the tram inquiry here in Edinburgh, which is still to report. I appreciate that the cabinet secretary said that she will come back to the chamber with a timescale for the inquiry, but how long, roughly, does she think that it will take? When will we hear its recommendations?

**Jeane Freeman:** It would not be sensible or possible for me to answer that question at this point. I completely understand the need that the member has, which I also have, to hear what the inquiry has to say and what it finds, but it will be an independent inquiry on a statutory basis, and whoever chairs and leads it must have a key role in determining the full scope that it will have and how it will go about its work.

I expect the current independent review at the Queen Elizabeth university hospital and the reports from KPMG and NHS NSS that I published last week to provide important information to the inquiry, and its conclusions and recommendations will further inform the work of the new national body that we are moving to set up.

The new national body will have responsibility for oversight of the design, construction and maintenance of major infrastructure developments in NHS Scotland, ensuring the embedding of a focus on patient safety and a clear understanding of the interrelationship between building design and effective infection prevention and control.

My focus is threefold—to ensure that all the necessary steps are taken to ensure the safe delivery of the new hospital in Lothian and of care at the Queen Elizabeth campus; to establish a new body to oversee our coming infrastructure build, applying best practice in every aspect; and to provide the necessary independent assurance to patients, families and the public through the work of the statutory public inquiry.

I urge members to support my amendment. I move amendment S5M-18902.3, to leave out from “is deeply concerned” to “, and asks for” and insert:

“believes that patient safety should be the primary consideration in NHS construction projects; is deeply concerned with the ongoing problems which have led to the delay of the new Royal Hospital for Children and Young People (RHCYP) in Edinburgh and the concerns expressed in relation to the Queen Elizabeth University Hospital (QEUH) in Glasgow; notes the recent KPMG and NSS reports, which have identified the root of shortcomings in ventilation systems in key areas of the new RHCYP and identified a number of other areas to be rectified before the site opens; believes that, following concerns from affected parents, it would be the right step to increase confidence by establishing a public inquiry, under the Inquiries Act 2005 into the new RHCYP and the QEUH site to determine how vital issues relating to ventilation and other matters occurred, how mistakes were made and what steps can be taken to prevent them being repeated in future projects; further believes that the ongoing QEUH Independent Review, and the recent KPMG and NSS reports, will help inform the Inquiry; considers that ministers should update Parliament in the event that there are any significant delays to ongoing NHS projects; understands that construction inflation has been driven significantly in recent times by Brexit and its impact on sterling and on the attractiveness to potential skilled workers to come from the EU to work in Scotland; and welcomes that”.

14:53

**Monica Lennon (Central Scotland) (Lab):** I am grateful to Miles Briggs for lodging the motion for debate. Members on the Labour benches share his deep concerns about the mismanagement of NHS hospital construction projects and the consequences of that for patients and staff.

Scottish Labour has been campaigning loudly for an independent public inquiry into Scotland's hospital crisis because we share the concerns of patients, their families and our hard-working NHS staff. In Edinburgh, the shiny new Royal hospital for children and young people is lying empty because it is not safe for patients, and in Glasgow

the Queen Elizabeth university hospital has been rocked by one crisis after another. The Crown Office is investigating the deaths of patients who contracted infections at the hospital.

In Glasgow, the purpose-built royal children's hospital campus is closed because of fears about water safety after children contracted infections. The adult ward, which was supposed to be a safe haven for those children, is now closed to new admissions because of the risk of infection. Children who have cancer are being "temporarily diverted" to use the language of NHS Greater Glasgow and Clyde. It is fine to use that expression if we are talking about cars being rerouted because of road works, but we are talking about toddlers and young people who have cancer, and I for one find that language rather insensitive. Some of those children face a 300-mile round trip to Grampian for cancer treatment. They are far from home and their families and friends.

The children's hospital in Edinburgh and the Queen Elizabeth complex in Glasgow were built by the same contractor—Multiplex. Some of the problems that have been uncovered are similar, which is another reason why we have campaigned for a public inquiry.

Thankfully, the opening of the Edinburgh hospital was blocked in the nick of time. I am sure that we are all relieved about that; who knows what might have happened if children had moved across?

Children and young people in Lothian badly need the new hospital because, as we have heard in this chamber many times, the current building is old and not fit for purpose. They have waited for several years for the new building, which is already long overdue. Cabinet secretary, what investment will be made available to upgrade the current hospital and make it more comfortable for patients, especially in accident and emergency, which we know is just not fit for purpose? When will that work get under way?

The Queen Elizabeth in Glasgow is Scotland's biggest hospital. When we add the hospital in Edinburgh to the Queen Elizabeth, we are talking about almost £1 billion of investment. However, in reality, because of the mistakes and missed opportunities that are being uncovered, it will all cost much more. We need to know how we have ended up with hospitals that are just not safe. It is shocking that deficiencies in the Edinburgh hospital's ventilation system were identified only 100 hours before the facility was due to open. We are talking about a hospital for some of Scotland's sickest children. Reports have been commissioned and they talk about human error, but the public needs to know who is responsible and how any of this could have happened.

In Glasgow, the problems at the flagship hospital and the purpose-built children's hospital came to light only when patients had moved in and, tragically, some patients died after contracting infections. There will be plenty time to interrogate the pipes, the drains, the drawings and the contracts, but I want to talk about a patient.

Stevie-Jo Kirkpatrick from Dumfries is 15, has leukaemia, and has been a patient at the Queen Elizabeth for several years. I spoke to Annemarie, her mum, on the phone earlier today, and I know that the cabinet secretary has written to the family and others. Stevie-Jo was admitted to the adult ward at the Queen Elizabeth in November and she remained there until February. Because the children's hospital next door is closed on safety grounds, her parents had no access to family facilities. During that four-month period, the family racked up a bill of £3,000 in travel, food and accommodation. There is no social space for teenagers in the adult ward, and Stevie-Jo is stuck in her room, isolated and anxious.

Annemarie told me:

"There are no facilities for us. Some days parents don't eat because we are stuck in a room with our very sick children. There is nowhere to prepare a meal, not even a microwave. There is no peace and quiet if you just need 5 minutes to yourself. We just want answers and no one is telling us if our children are safe. That is why we need a public inquiry. It is long overdue."

Today, Scottish Labour will support the Scottish Government's amendment. We want to believe that the cabinet secretary is sincere and serious. We have to sort this out. It is a disgrace.

I move amendment S5M-18902.1, to insert at end

“; acknowledges the serious consequences that flawed construction can have for patient safety; recognises the impact that delays and uncertainty also have on patients and their families, and demands a fully independent public inquiry into the failings at the Queen Elizabeth University Hospital and Royal Hospital for Children and Young People.”

14:59

**Alison Johnstone (Lothian) (Green):** New state-of-the-art hospitals to look after Scotland's people, young and old, should be a source of national pride, but sadly, here we are this afternoon debating the mismanagement of NHS construction projects. I thank the Conservatives for the opportunity to have this debate, because it is crystal clear that we cannot continue like this.

The impact on the health of patients who deserve and require the best of care is of huge concern, as are the demands that we are placing on those who work in our national health service. When we cannot get basics such as ventilation and drainage right—in our hospitals, of all



places—something has gone quite horribly wrong. A local mum told me of her visit to the sick kids on the Sciennes site last month. A wall had been signed by staff who had thought that they were leaving the iconic, but exhausted, sick kids hospital behind. She spoke of going out the back to a tired little portakabin where staff and visitors could get a snack—“It just felt really sad. A little unloved. The portakabin was makeshift; I was surprised it was there in the first place and I can’t imagine what state it’ll be in if it has to serve that purpose for another year.”

It is not just about having to use portakabins for snacks. It is about the general hospital environment, and Monica Lennon made the point that we really need to understand what investment will occur so that the hospital is made safe, attractive and a place where people’s morale is uplifted for the time that they have to spend there.

There is a great human cost here: stress, additional travel, and working and being treated in an environment that does not meet current requirements and expectations. Staff have moved closer to where they thought their new place of work would be.

How much are we paying for all this? Audit Scotland tells us that the contractual issues alone will add an extra £90 million to the cost for NHS Lothian. Currently, my constituents and all those who use this highly regarded hospital are asking for answers. NHS Lothian took over the building in February this year from Integrated Health Solutions Lothian, which built it. Since then, we have been paying that private consortium £1.4 million a month for a hospital that cannot be used; that is not in the public interest.

We have two flagship hospitals—the Queen Elizabeth university hospital and the Royal hospital for children and young people—where at least part of the construction is simply not fit for purpose. The human costs are immense: uncertainty and unplanned travel for very sick children and their families, and staff working in buildings that are well past their sell-by date. Meanwhile, some offshore account benefits.

I welcome the fact that the cabinet secretary’s amendment today states that

“it would be the right step to increase confidence by establishing a public inquiry”.

Given that we now understand that no one knows how on earth matters at the sick kids progressed as far as they did—all the while with a building model that was not fit for purpose and would potentially endanger sick children—we need to get to the bottom of this.

I would be grateful if the cabinet secretary could confirm in closing what exactly we are paying that

money for, every month. The original building costs for the sick kids were £150 million or so, yet we have been told that we could end up paying more than £430 million over the next 25 years. Is that value for money, when, at the end of it all, the public will still not own the building, which will belong to the bankers?

The cabinet secretary maintains that the Scottish Government’s public private partnership-lite, non-profit-distributing finance model plays no part in the construction fiasco, but I agree with the branch chair for the union Unison who said that the money should have been spent on patient care. We desperately need more money in our health service in Scotland, not less.

I hope that the cabinet secretary will ensure that the board and all those who are involved in trying to rectify this terrible situation as soon as possible will have the support that they require. I have sympathy with the creation of the new national body and I fully expect that we will be updated on its remit. I am slightly concerned by the fact that an individual seems to have so much control over what that remit will be, and I will be grateful if the cabinet secretary will expand on that issue.

15:04

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I was the first parliamentarian to call for a public inquiry on these issues, so I am very grateful to hear that that will happen. I did that not because I wanted a stick with which to beat the Government, but to challenge the reality—or at least to address the reality—that we have a hospital in Edinburgh in which no children are being treated and which is costing taxpayers £1.4 million a month; patients from my constituency and others who expected to be moving but who are in the old hospital for sick children, a building that is well past its sell-by date; and a situation that was uncovered just 100 hours before the decamp was supposed to happen.

If—as the Government says and the KPMG report suggests—there was no specific error on the part of the Scottish Government, it will have nothing to fear from such a public inquiry. However, the inquiry will give us vital answers, so that infrastructure projects such as the hospital can go forward unencumbered by the risk of similar mistakes in the future.

I want to address three aspects, the first of which is tone. This morning, I met representatives of the British Medical Association, who made a direct appeal to me as an Opposition member. They said that I must remember that there are workers, clinicians and managers in the NHS who are involved in the project and who, right now, do not feel safe because of headlines about heads

rolling. I am not looking for a scalp—if accountability is to be had, that will be for the future. In the meantime, I want answers.

The second aspect is about sequencing. Many of the people who will have to answer questions in the public inquiry are currently involved in the delivery of the new sick kids hospital and the changes that must be effected to that flawed building. I hope that the cabinet secretary will give us assurances that, in the conduct of the inquiry, those people will not be pulled off line, potentially making the delay even longer.

The final aspect is the policy response of the Government following the public inquiry. There might be many questions that affect the current operation of our territorial health boards, but the answer to none of them is central Government control. Although I support the creation of a central expert oversight group, the principle of local health board autonomy was hard won and we need to protect it.

It is important that the public inquiry delivers on all three of those aspects and that it answers questions about the waste of public money, how the flawed environmental matrix was allowed to influence the tender document and what the missed opportunities were to which the KPMG report refers. We must ensure that those opportunities are never missed in the future and that similar flaws in guidance documents on tenders do not lead to such a morass in the future. The lessons learned must be applied consistently across our 14 territorial health boards and we must resist the urge to take control because, with respect—I do not want to denigrate anyone or to change the tone that I have sought to establish in my remarks—the Government does not have the best record in delivering massive infrastructure projects. I point to a rather large example of that in my constituency, which might not yet be finished.

Nevertheless, I am grateful to the Scottish Government for listening to Opposition members in our unanimous calls for a public inquiry. The Liberal Democrats will support all the amendments that are before the chamber today. I go forward with the confidence that the cabinet secretary provided in her opening speech and her response to my intervention when she confirmed that the judge-led inquiry will go where the evidence takes it, there will be no precondition for what it is allowed to look at and, if it finds that the Government has anything to account for, the cabinet secretary will come to the chamber and recognise that.

15:08

**Michelle Ballantyne (South Scotland) (Con):** Presiding Officer, who is to blame? Who will be

the Government's fall guy? When will the mess be sorted out? I have repeatedly been asked those questions as the fiasco of the Royal hospital for children and young people in Edinburgh has reverberated in the headlines.

Yesterday, we were told that there will be a public inquiry at the expense of the public purse, which came hot on the heels of the Cabinet Secretary for Health and Sport making it clear last Wednesday that she thought that a public inquiry would serve no purpose. If I were a cynic, I might think that the First Minister thought differently as she dealt with calls for heads to roll, or perhaps the cabinet secretary was advised that pointing to the forthcoming inquiry would buy her time and deflect questions.

In the inquiry, there will of course be questions asked; technical documents sifted and examined; and, no doubt, conclusions of mismanagement and miscommunication reached. However, the real questions might remain of who is ultimately responsible, whether political pressure was brought to bear to cut corners and speed up the build, and who should have realised that there was a problem and intervened to correct it. "Not I", says the cabinet secretary. "I did not know—nobody told me that there were problems. My department was only responsible for funding it and checking that the budget was okay. I am as appalled as everyone else and I have acted quickly to resolve it."

Meanwhile, as they unpack their boxes and face another year or more in a hospital that is no longer fit for purpose, the staff, parents and children who work at or depend on the hospital could be forgiven for thinking that the cabinet secretary's interest and outrage is a little late. As they struggle with ageing or non-functioning equipment that they were not allowed to replace, because there was a newly equipped hospital on the horizon, they are right to ask why the Government is acting as though it has no responsibility for the fiasco.

When we read in the KPMG report that there were lots of meetings and exchanges of information, claims that the cabinet secretary and her Government were unaware of any potential problems look trite. The report says that the problem was human error—a misinterpretation of the standards at the outset of the tender. After the problems with the Queen Elizabeth university hospital in Glasgow, any competent Government would have immediately sought independent reassurance that the Edinburgh children's hospital build would meet all the required standards, particularly as it was using the same basic design and the same contractor as the Glasgow build.

We have been told that lessons will be and have been learned. Surely, the key lesson to learn was at least to check, double check and triple check

the specification of the ventilation systems and other key health and safety areas in any new build before signing it off.

The cabinet secretary says that she did not know that there were problems until 2 July. It was her job to know. In this chamber alone, she was asked time and again about the build. That should have heightened her nerves and ensured that she sought robust assurances.

**Annabelle Ewing (Cowdenbeath) (SNP):** The KPMG report identified that the key issue that led to the delay of the planned 9 July opening was the incorrect tender specification. As the contracting authority, should NHS Lothian not take responsibility for its tender document?

**Michelle Ballantyne:** NHS Lothian also has a responsibility, but my point is that, in the light of the Queen Elizabeth university hospital debacle, the Government should have had heightened responses to any problems.

**Jeane Freeman:** Will the member take an intervention?

**Michelle Ballantyne:** I am running out of time.

I am glad that the cabinet secretary made the decision not to open. In the circumstances, it was the right thing to do, and I welcome the proposition to create a robust, experienced board to lead on future builds. However, I echo some of the concerns that Alex Cole-Hamilton raised.

If the cabinet secretary did not know that the Edinburgh children's hospital had design flaws until a few days before it was due to open, we and the electorate have to ask: was that incompetence? Did the cabinet secretary not bother to ask, check or ensure that the build was being done to the correct standards? Was it naivety and a failure to recognise risk? In the words that I hear so often in this chamber, was it a refusal to take lessons from anyone else? Either way, the cabinet secretary's primary focus now seems to be finding someone to take the fall so that the Government can say that it has dealt with it.

15:12

**George Adam (Paisley) (SNP):** As we do not have much time in the debate, I will get to the main points right away.

The safety of patients and their families is the most important part of the debate. We can all agree on that. However, some of the hyperbole that I have heard from Miles Briggs is concerning. The responsibility goes two ways. We should find out from the public inquiry that the health board has a responsibility for the situation—that is not passing on the blame to someone else. It was the

main driver in the programme of delivering the building. We must take that into consideration.

**Daniel Johnson (Edinburgh Southern) (Lab):** Will the member give way on that point?

**George Adam:** I need to make progress, because we have only four minutes each.

I am pleased that the Scottish Government recognises the need to strengthen quality and control in the planning of healthcare buildings, since, as I have already said, the most important people are those who work at or depend on them. It is also important that that type of situation does not arise again. The fact that NHS Lothian has been escalated to level 4 on the escalation framework shows that the Scottish Government is looking to provide confidence. The action plan for the new hospital in Edinburgh will be delivered. There have also been on-going issues with the Queen Elizabeth hospital in the Greater Glasgow and Clyde NHS Board area. I welcome the fact that that board will also be part of the public inquiry.

The cabinet secretary is correct when she says that she listened to the parents of children in both areas about their concerns before she came to her decision on a public inquiry. It is about patient safety, which is paramount. That is why the Scottish Government announced in the programme for government that it will establish a new national body, which will have oversight of design, construction and maintenance of major infrastructure developments within the NHS. It is my opinion that the management of those projects by both health boards has not met the mark. They have been found wanting in those very important projects, but we need to ensure that that does not happen again. Perhaps the inquiry will tell us how to do that.

We are all rightly proud of our NHS and the work that is done by the people involved in it. I appreciate that the debate can become heated due to the passion that we all have for that key part of our society. However, although I have been involved in politics and the process for a long time and I know how passionate everyone can be, we should never, ever, politically weaponise the NHS.

**Neil Findlay (Lothian) (Lab):** Will the member take an intervention?

**George Adam:** The NHS is far too important for that type of petty politicking but, unfortunately, that is what some members of the Opposition have done in this chamber and—[*Interruption.*]

**The Deputy Presiding Officer (Christine Grahame):** Excuse me, Mr Adam, I cannot hear you.

**George Adam:** No problem, Presiding Officer.

**The Deputy Presiding Officer:** Let me hear Mr Adam, please. Are you taking interventions or not?

**George Adam:** No, I am not; I only have four minutes.*[Interruption.]*

**The Deputy Presiding Officer:** I would like to hear what Mr Adam has to say, and I would like to hear everybody else—

**George Adam:** I have only got four minutes—

**The Deputy Presiding Officer:** Do not speak over me, Mr Adam. You may now continue.

**George Adam:** So, when we look at the situation and ask whether there have been issues with those projects, the answer is yes, there have been. Should we do something about it? Of course we should. Has the cabinet secretary taken on board the views expressed and taken action? Yes, she has.

I read recently that Miles Briggs believes that the NHS is becoming too politicised. I agree, and I offer him one piece of advice: stop it! Stop politicising our NHS. From these back benches, I have watched a cabinet secretary provide a plan to try to find a solution—a cabinet secretary who is willing to engage with anyone involved, including Opposition members—while at the same time I have not seen any Tory members ask about the responsibilities of senior members of the health board. I ask Tory MSPs to stop using our NHS as a way to promote themselves. Anyone would think that there was a Westminster election coming up. Oh, wait: there is.

**Monica Lennon:** Will the member take an intervention?

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

**George Adam:** That is the part of this debate that churns my stomach. We have a situation in both projects that should never have happened and we need to find out how it all came about. That is why the public inquiry is important, and the wishes of the families should be respected. I have family members and friends who work in the NHS and they are sick of their workplace being dragged through the political mire by Opposition parties.

I welcome the cabinet secretary's plan on the issue and have confidence in her ability to sort it. Trying to solve a problem is difficult and it takes cool heads and thoughtful consideration. It is time for Opposition members to get away from their petty form of party politicking. We need to get on with solving the problem that is in front of us and continuing to deliver for the people of Scotland.

15:17

**Anas Sarwar (Glasgow) (Lab):** This debate is not about politics; it is not even about management decisions. Patients have died at the Queen Elizabeth university hospital because of infection control issues, including two babies who died because of pigeon-dropping infections, and members across the chamber would do well to remember that. That is what this debate is about; it is not about elections and not about politics.

We have seen a series of scandals at the Queen Elizabeth university hospital: ventilation issues, contaminated water, leaks, mould, fungal problems, falling panels, and sewage leaks at the main entrance and in the operating theatres. That has impacted on patients, with wards closed, patients and children dying, kids sent home, kids sent to hospices to get washed, and delayed chemotherapy; it has impacted on staff, who are overstretched and overworked, with some breaking down in tears because of the pressure put on them; and there has been an impact on the public, with confidence in that state-of-the-art hospital and our wider national health service shattered.

That is what this debate is about. There have been clear failures of leadership at both local and national level. I welcome the public inquiry, but I think that the public deserve certain reassurances. The inquiry must look at the first planning decisions, the building, procurement, construction, installation, commissioning, handover, maintenance, operational management and the organisational behaviour of the health board and NHS Scotland more widely.

I will focus on the health board for a moment. It had oversight of the project and signed it off. Why were infection control experts not at the heart of the project? How much money that could have been spent on patient care has been spent on remedial work?

Whistleblowers at the Queen Elizabeth university hospital have shared with me the worrying information that there has not been accuracy from the health board. For example, the health board has said that there were only 22 reported infections in ward 2A, whereas, in fact, there were 40 cases of infection. Moreover, when Health Protection Scotland investigated, it looked at only the 2017 cases and not the 2016 cases.

I also have worrying insight about whistleblowers having identified problems while the hospital was being built, after it was opened, and ever since. They were not listened to, and they were forced to whistleblow in September 2017. They were intimidated, bullied and silenced. That led to two infection control experts at the Queen Elizabeth university hospital resigning.

What is the role of ministers? I accept that many of the issues arose before the cabinet secretary came into post, but the Government was still her Government.

I have two criticisms of the cabinet secretary. First, when she, rightly, announced the review of the disasters at the Queen Elizabeth university hospital, why did it take six months for the review's terms of reference to be set, to pick the appointees to control the review, and to start the investigation? Much could have been learned in that six months—it was six months lost.

Secondly, why did we not learn the Queen Elizabeth university hospital lessons for the children's hospital in Edinburgh? The cabinet secretary says that she did not know about the issues until 2 July. If she had listened to the whistleblowers at the Queen Elizabeth university hospital, who had an interest in and an insight into what was happening in Edinburgh, she would have known well in advance. She should have bothered to read the evidence that went to the Health and Sport Committee in its inquiry in February. An anonymous submission from an infection control expert said:

"Inadequate ventilation systems have been installed in new build hospitals; these are not fit for purpose for the specialist patient groups they are intended for".

If anyone had bothered to read the anonymous submissions from infection control experts in February and not waited until July, they would have known that. All of those issues must be looked into.

I realise that I am short of time, so I will close. It is important that the right people are involved in the inquiry. They cannot be people who were involved in the decision-making process for the building specification and the commissioning, people who were directly involved with addressing the problems and the issues, or people who are now dealing with the outbreaks and infections. The inquiry has to be genuinely independent; otherwise there will be accusations of whitewash by the health board and the Government.

**The Deputy Presiding Officer:** I warn members that there is no time in hand now.

15:22

**Kenneth Gibson (Cunninghame North) (SNP):** First, let me debunk the notion that the SNP has difficulty delivering hospital projects. There was, for example, the £54.8 million acute mental health and North Ayrshire community hospital. We are told that Woodland View, which opened in 2016, serves up to 206 in-patients, centralises adult mental health and addiction in-patient services on one site, improves rehabilitation and re-enablement services, and

provides additional out-patient and support services. Other examples are the £275.5 million Dumfries and Galloway hospital and the new £110 million emergency care centre in Aberdeen.

My thoughts are with the families who await the new Royal hospital for children and young people facility in Edinburgh, in which the SNP Government has invested £150 million, and which the cabinet secretary is rightly holding to the highest standards of patient safety, even if that means delay.

As patient safety is paramount, I support having a national body to oversee major NHS infrastructure developments; I welcome that constructive suggestion.

**Michelle Ballantyne:** Will the member take an intervention?

**Kenneth Gibson:** I would be happy to take an intervention if I could get the time back, Presiding Officer. I see that I cannot, so I apologise to Michelle Ballantyne for not taking it.

It was known at the outset that NHS Lothian would invest £80 million in enabling works to prepare the site. That was factored into the decision to proceed. Such costs were included in the full business case and in regular updates to the Scottish Government's infrastructure investment plan.

Learning from previous experience is crucial. I welcome the fact that, back in January, the cabinet secretary commissioned an independent review of the QEUH building's design, commissioning, construction, handover and on-going maintenance, and how they contribute to effective infection control. I also welcome the public inquiry into the two projects, which was announced yesterday.

Is it disappointing to have a one-year delay in delivering the Royal hospital for children and young people in Edinburgh and to go over budget on the £150 investment? Yes. Should questions be asked of the health board and contractor about why issues that were identified in 2012 were not communicated to ministers until earlier this year? Absolutely.

Should we put the inconvenience of the hospital opening in 2020 instead of 2019 in perspective when considering the magnitude of the project, the initial project cost and, again, patient safety? Obviously.

The Tories should get their own house in order. Only today, their Prime Minister—to whom they are slavishly devoted, unlike many of their more robust Westminster colleagues—was castigated on a visit to a London hospital by the father of a sick child, who said:

“There are not enough doctors, there are not enough nurses ... the NHS is being destroyed, and now you come here for a press opportunity.”

That is the situation after nine years of United Kingdom Tory Government.

Meanwhile, the backlog of repairs for English hospitals that are already open will cost a shocking £6 billion. As *The Independent* reported, £3 billion of that money is required to address conditions that present “significant” risk to patients and staff. We are talking about a blocked toilet in Yorkshire that led to

“faeces coming through the floor”

in the ultrasound department for weeks; a Midlands maternity unit in which a leaking roof led to equipment and electrical fittings being soaked, damaged and hazardous; and a labour ward that was

“too cold to safely care for babies.”

Because of their obsession with austerity, the Tories have deprived their health infrastructure of so much funding that some hospital buildings in England are literally falling apart, and the consequences affect us. Some 76 out of 170 hospital trusts—

**The Deputy Presiding Officer:** I ask Mr Gibson to return to the Government amendment.

**Kenneth Gibson:**—declared a “clinical service incident” in 2018-19 as a result of the Dickensian infrastructure conditions. Instead of lecturing the health secretary, the Tories should tear into their own Government; they should not lecture the Scottish Government. The Conservatives should look in the mirror and let the SNP—the only party that is fit to govern—get on with it.

As for Labour, it disregarded 81 requests for a public inquiry into Mid Staffordshire NHS Foundation Trust for two years, despite 1,200 excess deaths having been caused.

The Scottish Government is working hard and doing its best. It is doing an excellent job relative to the other two parties, which would preside over ever-more disastrous conditions in our NHS, should they get into power.

15:27

**Annie Wells (Glasgow) (Con):** It will not come as much of a surprise that I will focus on the Queen Elizabeth university hospital. In the past year, the hospital has been plagued with a catalogue of problems that show no sign of stopping.

Before I go any further, I put on record that my remarks are in no way a criticism of the amazing

work that staff do day to day, caring for patients at the hospital and ensuring that their needs are met.

I stress that the SNP Government, which has now agreed to a public inquiry, needs to conduct that inquiry with the pace and urgency that it warrants.

Having opened in July 2015 and having cost nearly £850 million to build, the Queen Elizabeth was once hailed as a flagship hospital. Fast forward five years, and we see crisis after crisis, due in large part to the hospital’s construction history, design and fabric. Last year, a number of children in the adjoining Royal hospital for children were affected by bacteria in the water supply, which resulted in an incident management team being set up. Earlier in the year, it emerged, shockingly, that two patients had sadly died after contracting an infection that was caused by pigeon droppings at the hospital. In August, three children were struck down with infections while being treated for cancer. Only this weekend, *The Herald* revealed a number of issues with the site, including concerns about a ventilation system, missing records or inaccurate record keeping and wards that were not fit for purpose. As a result, children are being forced to travel to Aberdeen for crucial care, including chemotherapy. That is the absolute tip of the iceberg for patients in Scotland.

It is hard to overestimate just how serious those issues are, as is demonstrated by the strength of feeling of parents who have spoken out on behalf of their children. I know, from constituents having raised their concerns directly with me, that patients are worried that they are putting themselves at risk. People are genuinely considering whether it is safe to walk through the hospital’s doors.

I appreciate that an independent review is under way and that, yesterday, the health secretary confirmed that a public inquiry will take place. However, patients are yet to see the sense of urgency that we would expect, given the circumstances, or the leadership that is required to fix the hospital’s systemic problems.

Over the summer, it was reported that the investigation into the hospital may not conclude for another 18 months. Today, many will be asking why it has taken so long for the health secretary to agree to a public inquiry. They will also be asking why it was only after hearing the heart-breaking stories of patients and their families that she agreed to do so, given that only last week she stated that she did not see what difference a public inquiry would make.

The public needs to see that the Government is committed to conducting the inquiry as soon as possible; they also want the lessons learned to be applied to all future hospital projects. Today, we have called for the remit of the new national body

that will have oversight of major infrastructure developments in the NHS to be published no later than December. We cannot afford there to be any more issues relating to hospitals' design and construction.

I reaffirm my support for my party's motion. We need to hear from the health secretary not just what will happen in the next year or so but exactly what action will be taken in the coming days and weeks. Only by doing that will public confidence in our hospitals be restored.

15:30

**Annabelle Ewing (Cowdenbeath) (SNP):** I am pleased to have been called to speak in this afternoon's debate. Given my constituency interest as the MSP for Cowdenbeath, I will focus my remarks in the brief time available on the issue of the new Royal hospital for children and young people.

I stress that of course patient safety must always be the paramount consideration in our national health service. Indeed, safe patient services are being delivered day in and day out at the existing Royal hospital for sick children, and it is widely recognised that children are receiving the best treatment from our excellent NHS staff.

It is very important that we stress for any anxious parents listening that, when talking about a delay in the opening of the new hospital premises, no child is being denied any care; rather, they are receiving the care that they need to the highest standard.

Turning to the decision to delay the opening of the Royal hospital for children and young people, I think it important to ensure that the facts are put on the record this afternoon in relation to the timing of the decision and the substantive reasons for it.

It could not be clearer from paragraph 2.2 on page 10 of the KPMG report that the issue of the ventilation problem

"was brought to the attention of the"

Lothian NHS Board

"on 1 July 2019".

**Daniel Johnson:** The report also says that there were four missed opportunities and that those issues were first looked into in July 2017.

**Annabelle Ewing:** I think that the member will find that that issue was in relation to whether the technical specification error should have been discovered. KPMG's conclusion is quite clear, and I refer the member to that again.

The health secretary was advised of the matter on 2 July 2019 and therefore acted entirely

properly and with all due speed in announcing on 4 July her decision to delay the opening of the new hospital. She acted timeously in setting in train the actions required to rectify the problem.

I turn to the substantive issues that are involved. It is, as I have said, also clear from the KPMG report that the problem leading to the decision to delay, which was intimated to Lothian NHS Board on 1 July 2019, involved an error in the tender specifications. Specifically, the environmental matrix that formed part of the tender documentation contained elements that were inconsistent with the Scottish health technical memorandum 03-01 as far as air change rates were concerned in some of the critical care areas of the new hospital.

That error was embedded in the tender documentation and was subsequently carried over into the implementation of the contract. That begs the question why the error was not picked up. As I said in my earlier intervention, it is difficult to see at this stage how ultimate responsibility could lie with anyone other than NHS Lothian—it is the contracting authority; that was its tender document.

The health secretary's announcement of a statutory public inquiry is very welcome, because we must understand what happened with this building project and ensure that it does not happen again.

As I said at the outset, patient safety is the paramount consideration in all our hospitals; that should be the foremost consideration in each of our minds today. I hope that the public inquiry proceeds apace; I hope, too, that it does not impinge in any way on the speedy rectification of the technical issues that were identified at the Royal hospital for children and young people and the QEUH in Glasgow. In that regard, I commend the health secretary for listening to the views of the families affected and for acting decisively in response.

15:34

**Daniel Johnson (Edinburgh Southern) (Lab):**

We need a new children's hospital in Edinburgh. The sick kids hospital is a cherished institution in my constituency, but it has suffered from years of a make-do-and-mend approach, based on promises of a new building that have gone on for years, if not decades. Miles Briggs was absolutely right to say at the beginning of the debate that parents are angry. I am sorry if George Adam, who is no longer in his chair, thinks that that is a "petty" point. It is not a petty point; it is a personal point, because I am one of those parents. My daughter spent four months in the sick kids, and I know how compromised that building is and how

badly a new one is needed. That is why we need an inquiry.

We should welcome the KPMG report, which is a useful document that tells us what happened. It shows that the contractor relied on a document that was supplied by the health board and which contained an error and that, subsequently, the health board regarded that document with a £16 million typo as not its document. The consequence was that rooms were built with substandard ventilation of four cycles per hour rather than 10. That was compounded by the fact that, either by oversight or by miscategorisation, it was not realised that those same rooms were four-bed rooms.

The question is, how did that happen? Could or should the issue have been spotted? The KPMG report is clear that there were four opportunities when it could have been spotted. In the official version—the one that we have just heard from Annabelle Ewing—the board did not know until June and the Scottish Government did not know until July, 100 hours before the new hospital was due to open. However, that is not true. The report states that, back in July 2017,

“it became clear that the Hospital would not be opening on time”,

as a result of three issues, including ventilation. That was two years before the decision was ultimately made.

**Annabelle Ewing:** Will the member take an intervention?

**Jeane Freeman:** Will the member give way?

**Daniel Johnson:** I am afraid that I do not have time now, but I may give way after I have made this point.

What was known and when? In July 2017, a paper went to the programme board, on which the Scottish Government had a seat, following discussions with the clinical teams about the ventilation for those rooms. Through 2018, workshops were held with clinical teams. At the end of all that, in February this year, the agreed resolution was arrived at, with a cost of £12 million. Item 7 of that agreement specifically mentions ventilation in four-bed rooms, four of which were in critical care.

We now know what was known, but who knew it? The report states that the clinical management team included “a Director”, an “Associate Medical Director” and a “Nurse Director”. Ultimately, the agreement was signed by the board. The decision and discussions involved board members and the programme board, which included someone from the Scottish Government. The reality is that those groups knew that there were issues with ventilation and that those issues impacted four-

bed rooms, but they failed to join the dots. What is more, the Scottish Government knew that, too, because it had a seat at the table. It is not good enough for the Scottish Government simply to say that it did not know, because it should have known. It is not good enough for the Scottish Government to say that it was not always in attendance at the meetings or that it was not an expert, because the information was there if the Government chose to interrogate it.

Even if we accept the Government’s points, it is clear that it missed at least three key opportunities. The issues at the Queen Elizabeth hospital were known about. Surely ventilation issues in a hospital that was built by the same contractor should have been a red flag. In the autumn before the new children’s hospital was due to open, when hot water was flooding into the basement, maybe ministers should have woken up and thought to ask questions about how the hospital was being constructed. Maybe at the point when an agreement was signed that specified that there were ventilation issues at a cost of £12 million, the Government should have sat up, taken responsibility and asked what was going on.

That is what needs to happen with the public inquiry. Ultimately, ministers need to take responsibility for the conclusions that the inquiry arrives at.

15:39

**Jeane Freeman:** In closing, I will attempt to address some of the issues that have been raised.

Let me start with the public inquiry and whether it will be restricted in nature. I repeat that it is a statutory public inquiry, and the nature of such an inquiry is that the chair of the inquiry will have some say in its remit. Mr Sarwar helpfully set out the range of issues that the inquiry should cover. I take on board all those issues, which, of course, include the role of the Scottish Government and the relationship between national Government and our health boards up to now in terms of how infrastructure projects are taken forward.

I was asked about investment to upgrade the current sick kids hospital. Last week, I gave a total figure for the anticipated additional cost of the work to be done to rectify mistakes and correct issues on the new site and for maintenance and improvements on the existing sites, which I believe comes to just over £16 million—I think that we have issued that information to Mr Johnson. There is additional maintenance for both existing sites, at a cost of £2 million, and the cost of additional equipment and other matters for both sites runs to about £3.7 million. The other numbers relate to the work that needs to be done on the new site as well as to advice on technical and legal issues.



On the point about the ventilation issues in 2017, with which Mr Johnson finished his speech, that was part of the settlement agreement. It was an additional issue to the ventilation issue that came to my attention on 2 July and which caused me to halt the move. Of course, all those matters are—

**Neil Findlay:** Will the cabinet secretary take an intervention? Will she?

**Daniel Johnson** rose—

**Jeane Freeman:** Mr Johnson, please do not shout at me.

**Neil Findlay:** It is me!

**The Deputy Presiding Officer:** Cabinet secretary, I am afraid that you are blaming Mr Johnson for what Mr Findlay is doing, but I do not think that either of them is happy.

**Jeane Freeman:** I should have known that it was Mr Findlay. I will take an intervention from Mr Johnson.

**Daniel Johnson:** Will the minister accept that the settlement agreement related to the four-bed rooms, four of which were in critical care?

**Jeane Freeman:** Yes, that is my understanding, but it did not relate to the overall critical care unit. Mr Johnson and I can go back and forward on this; I am not trying to hide anything. I assure Ms Ballantyne that I am not looking for heads to roll—although I have a funny feeling that, given their comments, some members are looking for my head to roll.

Let me say clearly that all those issues will be examined in the public inquiry, the remit of which will cover the areas that Mr Sarwar set out, and that I will come back to the chamber with all the detail.

**Neil Findlay:** Will the cabinet secretary take an intervention?

**Jeane Freeman:** No, I cannot, I am sorry. I have only two minutes left.

On sequencing, Mr Cole-Hamilton and Ms Ewing expressed concern that the public inquiry should not throw off track the work that is necessary to get the new site ready in the timeframe that I gave last week. I will have clear oversight in that regard and I am assured that, although the establishment of the public inquiry will not be held up, the focus alongside that will be on ensuring that the work that needs to be done to secure a safe move to the new site is undertaken.

This is a small point about the Queen Elizabeth review: it is not entirely accurate to say that the two co-chairs of the review team spent six months doing nothing. During that six months, they were

reviewing evidence and talking to people. They now move to the formal process of taking verbal evidence. They have been working to try to understand a range of complexities. Of course, what they do and what they conclude will inform the public inquiry.

Finally, I want to thank all the staff involved, not just at Queen Elizabeth but at the sick kids and the DCN in Edinburgh. As everyone has said, they deliver the highest possible quality of care, every single day, and it is entirely wrong that their work is diminished in any way by buildings that are not fit for purpose.

The public inquiry and our moves to change the relationships between what local health boards do, given their responsibilities, and what Government does, in creating the new national body, are entirely the right things to do. I will ensure that the Parliament and individual members are kept up to date with all the progress that we make on all this.

15:44

**Brian Whittle (South Scotland) (Con):** Why, whenever there is a crisis such as the continuing mismanagement of key NHS hospital construction projects, is it left to the Opposition to drag the Scottish Government into the chamber and force it to answer? It is never done in Government time. Avoidance and deflection seem to be the priority and, if you want any evidence of that, all you needed to do was to listen to how George Adam and Kenneth Gibson managed to humiliate their front bench. For Kenneth Gibson's information, health is devolved, and it has been devolved to this Parliament for 20 years.

Making mistakes is part of life. Making the same mistakes, especially given the seriousness of the consequences in this case, is unforgivable. We had the crisis at the Queen Elizabeth and then the situation at the Edinburgh hospital for sick children, and they have been built by the same contractor. As has been asked several times in the chamber, who is accountable for that?

At the weekend, I spent some time speaking with a senior clinician from the Queen Elizabeth hospital, who suggested that problems are being covered up. He explained that there is a cancer patient who, while in remission, got the news that their cancer had returned and that they would need further treatment, only to find out that they could not have that treatment because they had fallen victim to the same infection that has affected so many others in that hospital.

As Miles Briggs asked, where does patient and staff confidence sit, cabinet secretary? While you dithered, public confidence went through the floor. Now, at long last, we have the announcement of a public inquiry.

We are talking about whistleblowing and a sea of clinicians being told to stay quiet.

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

**Brian Whittle:** Give me two seconds.

Given all the work that has been done on whistleblowing in the Parliament, and the fact that bullying has been raised over and over again, how can we ensure that there is an ability to share information and learn from those mistakes if people are told to stay quiet?

In what was a very good speech, Anas Sarwar suggested that, in a planning phase, especially in ventilation and water supply, infection control experts would surely be a prerequisite—apparently not. The same contractor that made mistakes in Glasgow made similar mistakes in the sick children’s hospital in Edinburgh.

No lessons have been learned. There is no opportunity to do so. We have to accept that there is a fundamental issue with public procurement in capital projects.

**Emma Harper:** The member talked about looking at contractors and construction projects. Does he agree that we should look at the fact that the brand new £200 million hospital in Dumfries and Galloway was on time and in budget? Perhaps we should also consider that hospital, which was also a Scottish Government project.

**The Deputy Presiding Officer:** Before I call members, I ask that you do not use the term “you”, please. I can use it, but you should not.

**Brian Whittle:** Five hospitals have been mentioned. I have to say that two out of five is not a good hit rate.

Jean Freeman inherited many of these problems, so it would be crass to lay the blame for those initial catastrophes at her feet. That responsibility has to lie with previous health secretaries, including Nicola Sturgeon. It was important to give the cabinet secretary the space to formulate a response. However, the responses—or lack thereof—are most definitely her responsibility. One could suggest that announcing an independent inquiry the day before the issue is due to be debated in Parliament is a cynical attempt to deflect criticism, especially given that members from across the chamber have been calling for an inquiry for quite some time.

Also, as Miles Briggs and others highlighted, the cabinet secretary dismissed a call for an inquiry just last week. If one was really cynical, one might even suggest that the Scottish Government was scrambling to avoid any bad publicity on a day such as this.

As the KPMG report highlighted, and as Daniel Johnson listed, there have been so many opportunities to intervene in the crises in the Queen Elizabeth hospital in Glasgow and in the Edinburgh sick children’s hospital. That restorative action never happened. How many times prior to today could the Scottish Government have stepped in on the sick children’s hospital in Edinburgh? Surely proper scrutiny by the Government would have recognised that there was such a serious issue.

Who is accountable? Somebody has to be. Michelle Ballantyne and Alex Cole-Hamilton asked whether the Scottish Government is prepared to accept whatever the public inquiry uncovers because it cannot be a ploy for the Scottish Government to buy time while it scrambles for answers. For the sake of patients and staff, I can assure you that we will not allow that to happen.

## Criminal Sentencing

**The Deputy Presiding Officer (Christine Grahame):** The next item of business is a debate on motion S5M-18896, in the name of Liam Kerr, on restoring trust in criminal sentencing.

15:51

**Liam Kerr (North East Scotland) (Con):** I have lodged this motion because I am sure that all of us in the chamber have met victims and their families who have expressed disbelief and horror at what they feel were less than clear sentences.

Victims rarely understand the justice system, and we know that they find the court process difficult and intimidating, but, having got to the end of that process and secured a guilty verdict, at least some victims may find some peace and a sense of justice. However, then, only halfway through their attacker's prison sentence, they may discover that their assailant is back on their streets, in their community, in their public space. Imagine how destabilising that would be and how vulnerable that victim would feel. *[Interruption.]*

**The Deputy Presiding Officer:** Excuse me, Mr Kerr. This is a quiet chamber at the moment, and I can hear Mr Neil's and Mr Lyle's conversation at the back of the room. They cannot hear me, they are so busy talking—yes, I am talking to you two.

**Liam Kerr:** Thank you, Presiding Officer.

That is the reality, because every criminal who is sentenced to under four years in jail is automatically released halfway through their sentence.

**Daniel Johnson (Edinburgh Southern) (Lab):** Can the member enlighten us about which Government introduced that automatic release measure?

**Liam Kerr:** I am happy to. It was introduced by the Conservative Government, which was seeking to wind it up in 1997 when a Labour Government came in and did not bother.

The Parole Board for Scotland does not even get a say in whether someone is released and, to add insult to injury, there is usually zero supervision of the released person. Offenders walk free without even an obligation to check in with a social worker. That retraumatises victims and it puts our communities at risk. No wonder a majority of Scots think that the justice system is too lenient.

We should not forget that prisoners who are sentenced to four years or more are still automatically let out six months earlier than their full sentence.

I think that we should be up front with people and say that, if a criminal is sentenced to three years in prison, they will serve three years in prison. Further, by abolishing automatic early release, we can prioritise rehabilitation in the prison environment. The Justice Committee heard just this week about how effective throughcare, work and education can be. Today's debate gives the SNP a chance to vote for a motion that simply reiterates what the party has promised to do several times in the past.

As an extension to that principle, we also think that it is crucial that the courts are completely up front about what a sentence actually means when it is handed down. It is surely wrong to say that a criminal has been given a six-year jail sentence if the truth is that they may be released after only three years. When a criminal is spotted on the high street substantially earlier than expected, that just angers the public and retraumatises victims. Surely it would be better for everyone if courts were to label a sentence as accurately as possible, for example by calling it a three-year sentence with the possibility of further time depending on conduct and rehabilitation.

What of life imprisonment? What a misnomer. When the 34-year-old killer of nine-year-old Scott Simpson was sentenced to life imprisonment—the mandatory sentence—what the judge really meant was a punishment part of a minimum period in prison, followed by the possibility of coming out. His punishment part was originally 25 years, but that was reduced to 20 years. Yes, his first application for parole was refused but we—or, more concerningly, the family—can expect further applications next year. Similarly, when a judge told Paige Doherty's killer that he was getting life imprisonment, he meant that there would be a punishment part of 27 years—reduced to 23 years. Then there is the vile killer of Alesha MacPhail, whose punishment part has been reduced to 24 years. He will be younger than I am now when he is eligible to be released.

The reality is that a life sentence is really a lengthy jail term.

**The Cabinet Secretary for Justice (Humza Yousaf):** Liam Kerr mentioned the horrific case of the brutal murder of Alesha MacPhail. Does he recognise that his own proposed bill for whole-life custody, which is out to consultation at the moment, would not affect that very case? As his own consultation says, it would affect only those who are 21 years old or older. Of course, Aaron Campbell is significantly younger than that.

**The Deputy Presiding Officer:** Before Mr Kerr rises, I note that I have time in hand, so members need not be concerned about interventions—during the early part of the debate, at least.

**Liam Kerr:** I understand the cabinet secretary's point, and I will come back to whole-life sentences—he should have no fear of that.

The point that I am making is about a life sentence being, in reality, a lengthy jail term, whereby, if the prisoner can keep their nose clean, they will have a second chance of life on the outside—a second chance that is denied to victims.

All I am asking is that we jettison the terms “life imprisonment” and “life sentence” when more than 70 per cent of such prisoners spend less than 15 years in prison. On that point, it is right that prisoners get the opportunity to earn early release—we must seek to rehabilitate. Therefore, conditional, risk-assessed and closely monitored early release has an important role to play in ensuring that an offender is ready to be liberated. However, for the most vile criminals who commit the most appalling acts, it is my belief that life should mean life and that there should be no chance of release.

At the moment, as demonstrated by the cases that I have talked about, the fact is that—unlike in England and Wales—Scottish judges simply cannot hand out a sentence that ensures that the very worst murderers and sexual offenders are never released to offend again. I hear those who say that we can engineer life sentences by setting a punishment part that is higher than the criminal's life expectancy, but what is transparent about that?

The reality is that it is only in the cases of people such as Peter Tobin, who was in his 60s when he was sentenced, that there is pretty much no doubt that they will never leave prison. Whole-life sentences are a clear and unambiguous option—rarely used but vital—that we should give Scottish judges.

I called today's debate because we need to restore public trust in the justice system. I have suggested several ways to do that, and my colleagues will develop those points as we go through the debate. In summary, we can do it by abolishing automatic early release for all short-term and long-term prisoners; using genuine language around sentencing so that victims, families and communities know what to expect; and by at least having the debate on whole-life sentences that the public has signalled that it would like to see. Is the Parliament really going to vote against a motion that seeks to restore trust in the justice system? We shall see.

I move,

That the Parliament believes that urgent action must be taken to restore public trust in the justice system, including the abolition of automatic early release for all short-term and long-term prisoners.

15:57

**The Cabinet Secretary for Justice (Humza Yousaf):** Although I disagree with his motion—to which we have, of course, lodged an amendment—I thank Liam Kerr for bringing today's debate. It is an important debate for us to have in relation to trust in the judiciary, for example.

I want to lay out why public trust is important, what lies at the heart of the Scottish Government's approach to sentencing policy, and why it matters to us all in the chamber that we talk about approaches to criminal justice policy that are rooted in fairness both for victims—yes—and in relation to rehabilitation. I also want to lay out why we in Scotland cannot go on locking up more and more of our citizens in numbers that are far in excess of those of most mainstream countries in Europe.

The criminal courts make decisions that are of vital importance to all of us, day in and day out. They have a very challenging job in making decisions that can affect us directly, if we are involved in a court case, and indirectly, through the experiences of family and friends who are either accused of crimes or victims of crimes.

It is no exaggeration to say that maintaining public confidence in the criminal courts is absolutely essential to maintaining law and order. We can imagine a scenario in which people did not have confidence in the justice system—victims would be discouraged from reporting their experiences, and wider public confidence in the ability of that system to keep communities safe would be undermined.

Although I will reflect on what the survey that Liam Kerr quoted said in relation to the percentage of people who think that sentences are too lenient, it is also fair to say that, in the very same study from which he quoted, nearly two thirds of people agreed that Scotland's justice system is fair to all, which I am pleased about. I am, of course, keen to improve that level of confidence and trust further.

At the heart of the Scottish Government's approach to sentencing policy is a very simple fundamental position, of which we must not lose sight. It has been absolutely central to the debate that has occurred in the past couple of weeks, as is illustrated by the events that are happening in the Supreme Court in London as I speak. That position is that, in all cases—without exception—sentencing decisions are for the independent courts and judiciary to make, based on the facts and circumstances of each case. Of course I accept that that must be done within the overall legal framework, but so much of that framework is based on case law that has come before our courts in the past. The courts hear all the evidence

and are best placed to weigh up all relevant considerations in reaching a sentencing decision. That is not to say that I necessarily agree with every sentencing decision that is made by a court. However, whatever personal view I might hold about a case is, frankly, irrelevant. Courts must be allowed to reach decisions without fear or favour in relation to anyone—especially politicians, and regardless of whether they are in government or in opposition. I respect the independent role of the courts and hope that every other member in the chamber does the same.

The way to improve the already high level of public trust in the justice system and sentencing is to help people understand better what I accept is a complex system. I have listened to what Liam Kerr had to say and I do not disagree with too much of it in so far as it relates to the complexity of sentencing, about which I hear from victims time and time again. I assure the chamber that it is one of the central issues that the Lord Advocate and I, as co-chairs of the victims task force, are looking at in relation to how we might demystify sentencing.

**Liam Kerr:** Will the cabinet secretary take an intervention?

**Humza Yousaf:** I was about to quote from a speech that Lady Dorrian gave, but I will give way to Liam Kerr before I do so.

**Liam Kerr:** I am grateful to the cabinet secretary for taking my intervention, but I am concerned about what he said about automatic early release. Does he think that it is right that a criminal who has been sentenced to two years might get out after only one, regardless of their conduct and rehabilitation status?

**Humza Yousaf:** Abolishing automatic early release for short-term prisoners is not the right thing at all. A couple of days ago, I was questioned about—

**Liam Kerr:** Will the cabinet secretary take a further intervention?

**Humza Yousaf:** No, I will not. I ask Mr Kerr to give me a second to develop my point. Yesterday in the chamber, I took questions about our prison population, which I think that we can all agree is far too high. If Mr Kerr wants to intervene on this point, he can do so. As a member who advocates the abolition of automatic early release for short-term prisoners, does he know the impact that that would have on our prisons? Does he know how many prisoners it would add to our system?

**Liam Kerr:** The cabinet secretary will recall that, in 2006, he gave *The Herald* a quote to the effect that he was in favour of abolishing automatic early release. I am therefore interested to hear him make a U-turn now. However, does he accept that

overcrowding cannot dictate sentencing practice, because to do so would be to put the cart before the horse?

**Humza Yousaf:** First of all, whatever I said then in *The Herald* would have been about abolishing automatic early release for long-term prisoners, which the Parliament chose to do in 2015—although I remember that, interestingly, the Conservatives abstained on that very vote. However, if it were to be applied to short-term prisoners that policy would add approximately 3,500 to our prison population, leading to a total of 11,500 prisoners. To cope with the resulting demand, we would have to build three more Barlinnies. That is not the type of Scotland that I want to see; I want us to focus on rehabilitation and alternatives to custody that help to rehabilitate offenders so that we have fewer victims of crime.

I realise that I am running out of time, but I think it important that I read the quote from Lady Dorrian that I mentioned. She said:

“Without sufficient knowledge and understanding, public debate and discussion around sentencing is at risk of becoming a simplistic and uninformed argument between prison and ‘soft touch’ justice, between being tough on crime and letting offenders walk free.”

I will end on that very point. However, I do have more to say on it, so I will focus on it in my closing remarks.

Liam Kerr is not an uninformed or simple individual; he understands such matters and is intelligent. However, I say to him that suggesting such extraordinarily populist policies that are rooted in sound bites will not do the justice system any favours at all—for victims, let alone offenders.

**The Deputy Presiding Officer:** You must conclude there.

**Humza Yousaf:** However, I look forward to hearing the rest of the debate.

**The Deputy Presiding Officer:** Please move your amendment, cabinet secretary

**Humza Yousaf:** I move amendment S5M-18896.3, to leave out from “believes” to end and insert:

“, while acknowledging that more can always be done to ensure that public confidence in the justice system is high, notes that a recent survey conducted on behalf of the Scottish Sentencing Council found that nearly two thirds of the public considered that Scotland’s justice system was fair to all; further notes that automatic early release was introduced by the UK Government in 1993, and that the previous system of automatic early release for long-term prisoners was ended by the Scottish Parliament from 2016, and considers that future reforms to sentencing policy should be informed by evidence of what works to reduce reoffending and take appropriate account of Scotland’s current internationally high rate of imprisonment.”

16:04

**James Kelly (Glasgow) (Lab):** I welcome the opportunity to speak in this Conservative business debate, which has been brought to the chamber by Liam Kerr.

I am not closed to the idea of a discussion or debate about the idea of ending automatic early release. However, any change to the policy would need to be evidence based and the result of proper engagement and discussion, and we have not reached that stage yet. I feel that there has been a rush to judgment on the subject by the Conservatives.

I note that automatic early release was introduced by the UK Conservative Government in 1993, as has been mentioned, and that this Parliament amended the policy in 2015. Only sentences of under four years are subject to automatic early release, so there have been changes over the piece.

As others have said, it is important that there is transparency around and trust in sentencing, and we have to acknowledge that there remains a challenge with certain groups among the public in winning that trust. The Cabinet Secretary for Justice quoted the survey by the Scottish Sentencing Council in which two thirds thought that sentencing was fair. However, it is reasonable to point out that that means that a third did not think that sentencing was fair. That shows that there is still a big challenge to be met.

That challenge can be met partly through the work of the Sentencing Council, but it is disappointing that, in three and a half years, it has produced only one suite of guidelines and work. In its recent business report, it says that it will be 2021 before we get new guidelines and recommendations on sexual offences. There needs to be greater speed around that work.

As the cabinet secretary pointed out, there has been discussion in recent days about the Scottish Prison Service and overcrowding, and the discussion that we are having needs to be seen in that light. There are challenges for the Scottish Prison Service around budgets and having fit and capable prison officers in place to ensure that the service runs properly. That is a challenge when there are increases in sickness absence levels of over 60 per cent.

The issue for the Conservatives is that the policy that they are proposing has, from what I can see, little evidence to back it up. It would involve increasing prison capacity, but they have not in any way answered the question of how they would solve the overcrowding crisis. Would they build more prisons? We have not heard.

**Margaret Mitchell (Central Scotland) (Con):** Will the member take an intervention?

**James Kelly:** I am a bit short of time. I am sorry.

**The Deputy Presiding Officer:** I can give you the time back if you want to take the intervention, Mr Kelly.

**James Kelly:** Yes—sure.

**Margaret Mitchell:** I thank the member. Does he recognise that the remand population, which includes people who should not be on remand, is the area that we should be looking at in order to reduce overcrowding?

**James Kelly:** There are different ways to look at reducing the prison population—some of them have come up in recent days—but if we consider the central thrust of Liam Kerr’s various proposals, the policy intent would be to increase the prison population, and I have not heard the Conservatives address how they would deal with that.

The other issue that needs to be borne in mind is that the Conservatives are not dealing with some of the underlying issues that are feeding into crime. For example, Police Scotland has acknowledged that policies such as welfare reform and the introduction of universal credit are pushing up crime rates in relation to housebreaking. We have seen robberies rise by 30 per cent over five years.

There is a lack of evidence to support the proposals that the Conservatives have made, and we have not heard how they would address the overcrowding of prisons or how the underlying problems in relation to crime should be addressed, so we will oppose the Conservative motion at decision time.

I move amendment S5M-18896.2, to leave out from “the abolition of” to end and insert:

“providing better support and advice for victims and their families, but considers that any changes to early release must follow an evidence-led debate about what is in the public interest, and full consultation with all relevant parties, including the Scottish Courts and Tribunals Service, Scottish Prison Service, Parole Board for Scotland and the wider public.”

16:09

**John Finnie (Highlands and Islands) (Green):** Mr Kerr has brought a philosophical debate to the chamber. I have to say that I increasingly find Mr Kerr’s views distasteful. I am not convinced that they are personally held but I know that he is keen on an evidence base for issues.

I do not want to have this debate on Mr Kerr’s ground. I understood that this was to be a debate

about the wider aspects of our justice system, so I find it unhelpful for people to keep throwing out the mantra about a lack of public confidence in the justice system, and I do not know where Mr Kerr's base for that would be. If we shape our views around exceptional events rather than the norm, we are going to have some difficulty.

We know about the view that Mr Kerr takes, because his motion talks about short sentences and the presumption against them. I will quote from the evidence that the Justice Committee received from Community Justice Scotland:

"there continues to be widespread support among professionals and academics, particularly stakeholders in community justice, for the use of community options over short custodial sentences wherever possible and appropriate."

Appropriateness is the thing. I think that it was the cabinet secretary who talked about having confidence in the judiciary. I have confidence in our judiciary ensuring that the public is protected from individuals who pose a threat to them.

It is important that the wider implications of some of the things that have been suggested are also taken on board. Members have talked about the discussions that have been had in recent days about our totally unacceptable prison population. The idea that private companies are profiting from that prison population—I am sure that that appeals to Mr Kerr and his party—is also entirely unacceptable.

Mr Kelly talked about recognising some of the drivers of crime. Police Scotland has acknowledged that social conditions are a factor that drives its workload. We must acknowledge that.

On the point about victims, the view of Community Justice Scotland was:

"Short sentences are associated with greater rates of reoffending than other sentencing options. This suggests that if we are serious about preventing the creation of new victims, something different is required."

That is what is missing from this debate. Members will be aware that the Scottish Green Party submitted an amendment to the motion, but it was not selected. It covered some of the things that we need to be doing.

We recognise the benefits of greater diversion from prosecution and we encourage that. We know that alternatives to custodial sentences require the judiciary to have faith in them. If it is to have faith in those alternatives, they must be robust, and if they are to be robust, they must be properly funded. Rather than millions going to provide additional places in private prisons, we should imagine the impact that that money would have if it was put into community options. We really need to get on with that.

The other thing that we need to get on with is the reinstatement of throughcare support in the Scottish Prison Service. I see nodding heads. That is about capacity and the implications of having overcrowded prisons. The Justice Committee heard yesterday from Prison Officers Association Scotland about the unacceptable number of assaults that are being caused by overcrowding, and their implications for staff. Any employer will assess the implications of the workplace conditions for their staff. A well-documented implication of the situation is that the number of officers who are off because of an assault or because of pressure of work simply compounds the problem.

We do not need to put more people in prison. We need to find robust alternatives to that. We also need to debate this in terms of finance. It seems that there is a broad consensus among four of the parties in Parliament that we need to move away from the embarrassing situation of having the largest prison population. That means a transfer of resources.

16:13

**Liam McArthur (Orkney Islands) (LD):** On these occasions, it is customary to welcome the debate and to thank the person or party for allowing Parliament to have that debate. Frankly, on neither count am I minded to observe that protocol on this occasion. Of course Parliament should never pass up the opportunity to debate issues with our justice system, including sentencing policy, and there are plenty of issues on which the Scottish Government should be held robustly to account. We have centralisation and a police force that is chronically underfunded, working in buildings and with equipment that are often not fit for purpose, and using analogue technology in a digital age.

At topical questions yesterday, I highlighted that the Crown Office is struggling to manage its case load and presiding over a system of fatal accident inquiries that is beset by delays. Everybody has accepted that our prisons are overcrowded, underfunded and rapidly reaching crisis point—if they are not there already. Yet, with spectacularly poor timing, the Tories have brought forward plans for how we can lock up more people for longer, in the week when Audit Scotland has laid bare the urgent need to reduce our prison population, which is among the highest in the western world.

**Liam Kerr:** Will the member give way?

**Liam McArthur:** No, thank you.

We have a higher percentage of lifers than anywhere else in Europe. I am not sure whether Liam Kerr and his colleagues believe that Scots are genetically more predisposed to offending—

**Liam Kerr:** Will the member give way?

**Liam McArthur:** No, thank you.

The Conservative members' desire to see more of our fellow citizens banged up with little or no hope of release suggests that perhaps they do.

Two thirds of our prisons are already at or beyond capacity. Time and again, the Justice Committee has heard compelling evidence that that is putting staff, prisoners and the wider community at risk. Throughcare in our prisons has been suspended. Sickness absence among staff is almost at record levels. Attacks on staff and other prisoners, as well as incidents of self-harm and attempted suicide, are on the increase. What in all of that suggests to the Tories that the answer is higher levels of incarceration?

They have certainly shown no appetite for reducing the prison population.

**Liam Kerr:** Will the member give way?

**Liam McArthur:** No, thank you.

They opposed extending the presumption against short sentences, which are often ineffective and actually increase the risk of reoffending. They opposed increasing the use of electronic monitoring to give judges and sheriffs greater reassurance when considering non-custodial sentences.

Instead, the Tories say that they want so-called "honesty in sentencing". In truth, the approach is nothing of the sort. It calls into question the independence of the judiciary and our courts. It undermines the professionalism and discretion of the Parole Board for Scotland. It is a populist, punitive approach that has proved disastrous in many states in the US, leading to mass incarceration and the creation of wider social problems.

Not only is it ineffective in reducing offending, reoffending and the risk to our communities, but it is counterproductive and massively increases costs to the public purse. Expanding our prison estate to accommodate the additional numbers that are required under Liam Kerr's delusional tough justice strategy would come with the heftiest of price tags. David Gauke and Rory Stewart—both former UK justice ministers and colleagues of Mr Kerr—recognised that and would be appalled at the dog-whistle politics that are being engaged in by the Scottish Tories.

The Howard League summed up perfectly the nonsense at the heart of Liam Kerr's approach. It said:

"We all know that Scotland's prisons are over-crowded, which has serious implications for both prisoners and prison staff. The idea that we should unnecessarily add to this pressure is flawed, illogical and a good example of

political posturing at its very worst. This will not make Scotland safer. It may be what the Scottish Conservatives want, but it's not what Scotland wants or Scotland needs."

I agree whole-heartedly with the Howard League, and I urge Parliament to vote for the amendment in the cabinet secretary's name.

16:18

**Maurice Corry (West Scotland) (Con):** I am pleased to speak in this Conservative Party business debate. At all times, Scotland's justice system needs to promote fairness, transparency and integrity; only upon those principles can trust and public confidence be founded—I am sure we can all agree on that.

However, as it currently stands, criminal sentencing is not of the standard that it should be. Across the criminal system, we see the continued use of automatic early release, the inaccurate definition of "life" sentences and an effective ban on short-term prison sentences. The intent may be to favour rehabilitation and integration, but surely the priority must be, first and foremost, to serve victims of crime, and to achieve that, our justice system needs to hand down entirely just sentences to perpetrators.

**John Finnie:** Will the member give way?

**Maurice Corry:** No.

Sentencing must be accurate and appropriate, taking into account the crime and the offender, but only 38 per cent of Scottish people believe that the current sentencing system fits the crime. That points to public disillusionment in our justice system, which needs to be addressed.

Transparency needs to be at the heart of how sentencing works in Scotland. Today, we have a system that does not always give an accurate picture of the true length of criminal sentences. For example, since 1971, more than 70 per cent of so-called life prisoners have completed less than 15 years of prison time, and handing down a life sentence can mean as little as 12 years. We must recognise the message that that sends to victims of crimes. For instance, when so-called life sentences are considerably shortened, that potentially impacts the mental health of those who have already experienced the trauma of crime.

For sentences that do not always give a true indication of length, we need to push for clarity, and courts must strive to hand down prison sentences that are accurate and truthful, especially for the sake of victims. In short, we must push for an honest sentencing system.

As part of that, a key proposal that we have put forward today centres around whole-life custody. We must be clear that it would be the starting point for sentencing an individual who has been found



guilty of certain crimes, and it would be solely for those cases in which there is sufficient justification.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** Will Maurice Corry give way?

**Maurice Corry:** No.

As I have said in the chamber before, when there is a high risk of reoffence with the worst crimes imaginable, a whole-life custody sentence is the safest route. If the proposal is adopted, it would ensure that for the most serious cases, victims and their communities could be much better safeguarded and feel a sense of security. It would put the safety of our communities at the forefront of judges' decision making and give them greater agency.

Most people in Scotland believe that the primary purpose of sentencing is to protect the public, but the continued use of automatic early release for certain sentences does not prioritise public protection. Those sentenced to less than four years in prison can expect to be automatically released halfway through their sentence and those sentenced to four years or more are automatically released six months early.

The recent move by the Scottish Government to a presumption against short-term prison sentences does not answer the problem of crime effectively. With a reduced number of short prison sentences given, there is a rise in community sentencing, and the gaps with that alternative are not hard to notice. For example, over the past three years, almost a third of community payback orders have not been completed. Moreover, tampering with or removing a tag is still not automatically recognised as a criminal offence, and those who do so face no additional punishment.

Those lapses set a dangerous example to would-be offenders. It is of the utmost importance that community sentencing does not replace community safety. Due to those arguably lenient measures, public confidence in sentencing is at risk of decreasing further. Victims and, more widely, their communities need to have trust in the Scottish criminal system.

16:22

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** The Conservative motion would set back the Government's progressive approach to criminal law reform by decades. I cannot understand the Tories' refusal to accept that sentencing is not a ministerial matter. It is done by an independent body called the Scottish Sentencing Council, of which all members are aware.

Some recent high-profile sentencing decisions have been disappointing, but it does not serve any purpose to go into the details during the debate. They are undoubtedly what sparked the Conservative motion, but I feel uneasy about them being used as a political lever to fuel the debate.

**Liam Kerr:** Will Rona Mackay take an intervention?

**Rona Mackay:** No, thank you.

It is also extremely unrealistic to demand the end of early release for all short-term and long-term prisoners—in other words, for all prisoners. Public trust is important, but do the Conservatives not believe that every case is different and must be judged on its own merit?

**Liam Kerr:** Will Rona Mackay allow me to answer?

**Rona Mackay:** No, thank you.

Does the Conservatives' idea of justice mean taking a broad-brush approach to sentencing, regardless of individual circumstances, behaviour and, crucially, rehabilitation? Is that really the sort of justice system that we want in Scotland, where one size fits all and no one should strive for improvement? That is what the Conservative motion amounts to. Ironically, as we have heard, automatic early release was introduced by the UK Government in 1993, and the previous system of automatic early release for long-term prisoners was ended by the Scottish Parliament in 2015.

Our prisons are full. Scotland locks up more people than any other country in western Europe. The reasons for that cannot be explored in a short debate.

The Government is making great progress with plans for rehabilitation, restorative justice and a presumption against short sentences, and it is working to support victims as no other Government has done.

We are trying to pave the way to an evidence-based, more effective system that understands the root cause of crime and the consequences for victims. Days before losing his post as justice secretary, David Gauke appealed to the Prime Minister to "follow the evidence" rather than appeal to populist rhetoric on crime and punishment. Did the Scottish Conservatives not get the memo?

**Liam Kerr:** Will Rona Mackay take an intervention?

**Rona Mackay:** No, thank you.

Crime is at a record low, and members of the public now feel safer in their communities than ever before. A recent survey that was conducted on behalf of the Scottish Sentencing Council found that nearly two thirds of the public considered that

Scotland's justice system was fair to all. As I said earlier, the Conservatives' hard-line idea would take us back decades. That is in no one's interest.

At the outset, I spoke about the independence of the Scottish Sentencing Council. I cannot help but wonder whether the Conservatives believe in the independence of our judiciary system. The irony is that, if Government were to interfere in an entirely independent decision, we would be accused of being controlling and centralising.

Of course, the public must have faith in our justice system. We are putting that at the top of our agenda. However, the motion is unrealistic, unworkable and flies in the face of the modern, democratic justice system that we aim to build.

16:25

**Mary Fee (West Scotland) (Lab):** I agree with the first 18 words of the motion proposed by Liam Kerr:

"That the Parliament believes that urgent action must be taken to restore public trust in the justice system".

However, that is where my agreement ends. More pressing issues in the justice system need urgent attention.

The Scottish Prison Service faces reduced budgets, increased prisoner numbers and rising stress-related staff sickness, all of which—according to Audit Scotland—threaten operational safety. There is also a seriously concerning mental health crisis in Scotland's prisons. Last year, it was reported that self-harm has almost doubled, and more than 70 per cent of prisoners have mental health problems. That comes at a time when access to mental health support in prison has become worse as the Scottish Government fails to adequately help prisoners who have complex needs. I firmly believe that prison is not the most appropriate environment for people with severe and enduring mental health problems.

The Conservatives' answer to those problems is to lock prisoners up for longer in a system that is failing them. Instead of focusing on the abolition of automatic early release, we should focus on helping Scotland's prisoners to rehabilitate and on ending the cyclical nature of reoffending.

In the summer, the then UK Secretary of State for Work and Pensions launched a pilot scheme to help prisoners with job advice and advice on claiming benefits as they near their release dates. Prisoners at HMP Perth and HMP Cornton Vale are able to apply for benefits before they leave prison, so that they get universal credit payments on the day that they get out. Work coaches also provide enhanced employment support to help them to be in a better position to secure a job on release. Many prisoners face difficulties on

release, and some of the biggest drivers of reoffending are the failures to find work and stable housing.

The most recent statistics show that, in Scotland, one in four people was reconvicted within 12 months of being released from prison. Instead of locking up prisoners and throwing away the key, the Conservatives should speak to their colleagues at Westminster about applying that scheme to all prisons in Scotland.

**Liam Kerr:** Will the member take an intervention?

**Mary Fee:** No, thank you—we have heard enough Tory rhetoric for one afternoon.

Further to that, many prisoners tend to have low skill levels. According to freedom of information requests, almost half of prisoners in Scotland are not functionally numerate and 30 per cent are illiterate. The lack of support for, and the underresourcing of, throughcare for prisoners creates the cyclical nature of reoffending and destroys trust in our justice system, whereas well-resourced community sentences equip those people with better skills, provide mentoring, get their lives back on track, root them with their friends, families and community, and reduce reoffending. That, rather than ineffective short sentences, will make Scotland safer.

The key to restoring trust is in properly resourcing the justice system to help care for prisoners' mental health and provide them with the key skills that can help them to reintegrate into society and stop offending. Our justice system should pursue sentences that deliver proper rehabilitation and training. That would help to reduce crime, make communities safer and raise levels of trust in the justice system.

16:29

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** It seems that, whenever the going gets tough out there, the Tories turn to this issue. I have lost count of the number of times that I have spoken on similar issues, which have been raised mainly by Liam Kerr. It seems that the Tories have not learned from previous debates that their overall approach to justice is not in line with general public opinion or representation in this chamber. We can all have individual opinions on specific cases—Liam Kerr mentioned one in which the victim lives close to my area—and, as Rona Mackay said, on the sentences that are given in those cases. However, it should not be on to do that as part of a debate and use it as a political tool—that view has been widely expressed.

**Liam Kerr:** Will the member take an intervention?

**Fulton MacGregor:** I would, normally, because I have mentioned Liam Kerr, but this is a four-minute speech. I advise the Tories to look again at splitting their debating time as they have done today, because that gives us only four minutes each.

What is happening with sentencing just now works. We need to have faith in our courts and the agencies that are involved in delivering the service. We know that crime is at a record low and that the future focus must be on community-based interventions. People feel safer and fewer people report being the victim of a crime now than they did 10 years ago. That said, we must be honest about where things are not so good and we can do better. It is clear that there is a high prison population and we must address that issue. Instead of Scotland being soft on crime, we are arguably the very opposite, and the evidence clearly suggests that community-based alternatives work. We should, perhaps, have a debate on that issue rather than on the issue that the Tories keep bringing to the chamber.

I will focus my remarks on community-based alternatives aimed at reducing offending and reoffending. I refer members to my register of interests, which states that I am a registered social worker.

I speak in support of the Government's amendment in relation to what reduces reoffending and takes appropriate account of Scotland's current internationally high rate of imprisonment. We have heard from other members about the presumption against short-term sentences and the impact that that may have at both a practical level on our prison population and in terms of sending out a message about the sort of country that we are. Clearly, as the cabinet secretary has always said, that is not the only solution, and it is only a small part of the puzzle. However, it links into the argument about pushing people towards community sentences to address reoffending and initial offending.

Some examples of what is going on at the moment include ring-fenced funding for justice social work—more than £100 million is being protected in the budget; the violence reduction unit, a representative of which attended yesterday's Justice Committee session on pre-budget scrutiny, and the amazing work that it is doing—I know that Liam Kerr will agree with that; and the Caledonia programme, which has been rolled out to address the scourge of domestic violence. The sooner that that programme is rolled out to all authorities, the better.

All of that has to be done on a trauma-informed basis. At this point, I will mention Dawn Harris and Alex O'Donnell, the latter of whom happens to be a constituent of mine. Both have extensive experience through Social Work Scotland, and they have co-designed a two-day evidence-based specialist trauma training package for social work staff and other key partners in the justice arena. Community Justice Scotland reviewed the training and was keen to support the initial stage of its development by funding a pilot and conducting a comprehensive evaluation. I am told that the initial evaluation has been very positive, and I have agreed to pass the details to the cabinet secretary's team following his appearance at the cross-party group on adult survivors of childhood abuse last week, at which he reiterated his commitment to the area, which was very welcome.

I will briefly mention the Green amendment, which was not selected, which called for the Scottish Prison Service to reinstate its throughcare support service and for the Scottish Government to demonstrate its commitment by ensuring a significant transfer of resources from the prison estate to community-based alternatives. I could not agree more with that part of the proposed amendment.

At the Justice Committee meeting yesterday, we heard a very compelling case from groups in the third sector such as Families Outside, Sacro and the Wise Group about the valuable role that the service plays.

**The Presiding Officer (Ken Macintosh):** Please conclude, Mr MacGregor.

**Fulton MacGregor:** I had more to say, but I will leave it there.

16:34

**Gordon Lindhurst (Lothian) (Con):** The committing of crime should be dealt with swiftly and fairly, and sentences should be handed down that are appropriate to the seriousness of the crime. The Parliament should, of course, never interfere in individual cases that are before the courts, because the independence of the judiciary is a pillar of our system and, indeed, our civilisation. However, the current sentencing system can be confusing and can seem misleading.

**Humza Yousaf:** Will the member take an intervention?

**Gordon Lindhurst:** In a moment, perhaps. I would like to make some progress first.

The system is struggling to maintain its public credibility on several fronts, not least in the light of distressing cases such as those of Michelle Stewart and Alesha MacPhail, in which sentences

have been reduced for the offender while the families still struggle to come to terms with the death of their children.

The policy of whole-life sentencing is an example of something that should be seriously looked at. Scottish judges should have the full power to punish criminals, protect the public and rehabilitate offenders as they see fit—I think that the cabinet secretary agrees with me on that, as he emphasised at the outset of his remarks that judges decide those things. Indeed, that is the point of giving judges the power of whole-life sentencing. The Parliament decides the law and the powers that the judges have; the judges then decide whether to exercise or apply the powers in individual cases.

The First Minister supported the ending of early release in 2015. However, offenders with sentences of under four years are still released automatically halfway through their sentence, while sentences of over four years still allow prisoners to be released six months early by default.

Early release should always be discretionary and earned, not automatic. Reform Scotland has said that the Scottish National Party Government, despite claiming to have ended the practice, still has not. That is compounded by the Government's presumption against custodial sentences of under 12 months, which must mean that there has been a correspondent rise in the number of community sentences. However, the Government's own work statistics state that more than 30 per cent of community orders were ignored last year and that only a quarter involved any kind of unpaid voluntary work in the community.

It is clear that the community payback system is not working for many of our communities. That position is backed by Victim Support Scotland, which said, when it gave evidence to the Justice Committee last year, that

"communities have no faith in community sentencing."—  
[*Official Report, Justice Committee*, 8 May 2018; c 39.]

Empty statements about smart justice will be cold comfort to those who live with the effects of crime in their communities and on their families. Victim groups such as Scottish Women's Aid and Victim Support Scotland argue that the current practice poses a greater danger to those whom custodial sentencing is meant to be designed to protect.

It is important to emphasise a point that has already been made. We should not view things backwards. We should not start by saying that prisons are too full; we must change the law to reduce the number of people in prison. We need to look at how the system is not working. Of course, considerations such as the size of the prison population compared to the size of the

prison populations in other countries are relevant, but they show only that there is a difficulty with the way in which the system is set up.

It is time for serious reconsideration of the systemic approach to sentencing in our country. For that reason, I support the Scottish Conservatives' motion.

16:38

**Shona Robison (Dundee City East) (SNP):** I think that we all agree that public trust in our justice system is essential and that facts, as opposed to assertion, are important. My first facts are that automatic early release was introduced by the UK Tory Government in 1993 and that the previous system of the automatic early release of long-term prisoners was ended by the Scottish Parliament from 2016. I have never been one to support the Labour Government that was in power in the UK, but blaming it for automatic early release, which the Tories introduced, is taking things a little too far.

Members have referred to the results of the 2017-18 Scottish crime and justice survey. That survey is important, because the Tory narrative is explicitly that the public do not have trust in our justice system. That view is not borne out at all in the Scottish crime and justice survey, which does not fit the Tory narrative in any way and says that more than three quarters of adults have confidence in our justice system. Clearly, no system is perfect, and any system needs to adapt and reflect the views of society. However, the survey does not fit the Tory narrative of a lack of public confidence. For people to maintain their confidence in the system, it is essential that change is implemented thoughtfully, on the basis of sound and robust evidence that reflects the wishes of our society as a whole.

**Liam Kerr:** The SNP manifesto in 2011 was up for abolishing automatic early release, and, in 2015, Nicola Sturgeon was up for abolishing it, but now the cabinet secretary says that he does not want to abolish it. What is the member's position?

**Shona Robison:** The cabinet secretary has laid out very clearly the position on automatic early release.

Other survey results show that 90 per cent of people believe that prisons should help prisoners to change their behaviour rather than be used just to punish; that 92 per cent believe that prisons should provide support to prevent people from committing more crime; and that 89 per cent believe that prisons should work with other organisations in the community to help prisoners to fit back into the community. That is the type of justice system that people want, and that is where

their confidence lies. It is our responsibility to reflect those views in helping to shape the system.

The Scottish Government took a thoughtful and evidence-based approach in its response to concerns about the rights of the victim. That response set out the establishment of the victims task force; the introduction of the victim surcharge; plans to give victims a greater say before offenders in prisons are given temporary release; the introduction of the victim notification scheme, through which victims of life-sentenced offenders are given the opportunity to make representations in person ahead of decisions about temporary release; and plans to continue to consult on further opportunities for victims to describe their experiences of the parole process in the way that works best for them.

It is also important to respect the judiciary's independence, to which a number of members have referred. Just the other week, Jackson Carlaw said that he had absolute confidence in the independence and integrity of the Scottish judiciary, but that is somehow being questioned in this debate. Of course, we all have concerns about individual cases, and we sometimes think, "Why was that decision made?" However, that should not be the basis on which we frame law and policy. We must set laws and policies that ensure the fairest justice system, which is why, sometimes, we must take a step back.

I know that Liam Kerr will have heard what eminent voices in the Scottish legal profession have said. People have expressed concern and have said:

"The Parole Board and Scottish Ministers are already empowered to prevent the release ... of life sentence prisoners considered to be a continuing risk to the public, and to recall to custody anyone who has been released under lifelong conditions whose behaviour (or even attitude) causes concern."

We need to look at the evidence when we make policy and law. We should not resort to what I would describe as dog-whistle politics, because that will result in bad law and bad policy.

16:43

**James Kelly:** Having reflected on the debate, I think that the Conservatives' choice of subject is unfortunate. I have listened to the speeches from members across the chamber, and the Conservatives could have picked a topic that would have got more support and which we could have examined seriously.

John Finnie's speech is an example. I regret that the Green amendment on throughcare in the prison system was not selected for debate, as the issue has come up in recent days. The Scottish Government suspended the throughcare service in

July, but throughcare is important in providing support to prisoners as they move towards the end of their sentence and being let out into the community. Providing proper throughcare can give prisoners an element of strong stability as they are released, and it can reduce the rate of reoffending, which, unfortunately, happens in some cases. That could have been a good topic for serious discussion in the Parliament. Fulton MacGregor also acknowledged that. Indeed, the topic was commented on by the Cabinet Secretary for Justice and discussed at the Justice Committee yesterday.

It is important that any proposals on throughcare ensure that, when the service is reintroduced—which it should be as soon as possible—it is not diluted in any way. The throughcare service, before it was suspended, was supported by 42 officers. There has been discussion about the shortfall being picked up by the third sector. If it is to do so, it needs to get proper funding, so that it can carry out the work adequately.

Mary Fee made an important contribution by citing substantial statistics on the issues that prisoners are suffering from, including mental ill-health, and highlighting the shortcomings in the provision of mental health support.

Overall, the issues that need to be addressed are clearly to do with sentencing. I was glad to hear Gordon Lindhurst and Shona Robison acknowledge that we must respect the independence of the judiciary. It is a bit unfortunate when people pick out individual cases. That is right when they want to question and try to change the policy, but, ultimately, once the policy is set, I do not think that it is right to try to undermine the independence of the judiciary.

**Stuart McMillan:** Will the member take a brief intervention?

**James Kelly:** I am sorry, but I am short of time—I have only four minutes.

Prisons have been mentioned a great deal. There are clearly issues to do with how we address overcrowding and how we get the balance right between those who quite correctly serve custodial sentences and the use of community justice. What runs through all that is the issue of finance.

Interestingly, at yesterday's Justice Committee meeting, we heard that it costs £35,000 a year to keep someone in prison. That is a substantial amount of money. Consideration needs to be given to any policy that would change that approach. Ultimately, the balance between how we fund the running of the prison service and support for prisoners and how we fund support for community justice requires an honest discussion about financing.

It is regrettable that the Tories have made a proposal in this debate that is neither evidence based nor the result of proper engagement. The debate has been about chasing headlines, rather than addressing some of the serious issues in the justice system that we could have spent this time discussing.

16:48

**Humza Yousaf:** We have heard the Scottish Conservatives' demands to end automatic early release—the scheme that the UK Conservative Government brought in for Scotland back in the 1990s. This Government ended the scheme for serious offenders in 2015, with a vote on which the Scottish Conservatives abstained.

As others have said, the simple truth is that there are times when our prisons are full. Scotland holds more of its people in custody than any other country in western Europe. Ending automatic early release for short-term prisoners, as suggested by the Scottish Conservatives, would add catastrophic pressure to an already pressurised prison system. That would result in 3,500 additional prisoners and require the building of three Barlinnie-sized prisons. As Liam McArthur said, such a policy would be at considerable cost to the public purse. There has to be a better way of doing things.

I am happy to listen to proposals that come from across the chamber that would help to make our justice system more transparent. I heard the Conservative members getting quite annoyed and angsty when other members were suggesting that they were questioning the independence of the judiciary to make decisions.

They should reflect on the contributions that they have made. To give just one example, Maurice Corry said that judges must hand down “honest” sentences—members can check the *Official Report* after the debate. Is he seriously accusing the judiciary of handing out dishonest sentences? We must be careful with the language that we use.

**Liam Kerr** rose—

**Humza Yousaf:** If Liam Kerr will give me a second, I will quote an article by him.

**Maurice Corry:** Will the member take an intervention?

**Humza Yousaf:** I will quote Liam Kerr and then I will take an intervention.

In an article of 16 September, Liam Kerr talks about how he has met families who are disgusted with the experience of the justice system and then says:

“Frequently this is because of what they see as outrageous soft-touch sentences that are handed down in the SNP’s Scotland.”

Those sentences are not handed down by SNP politicians; they are handed down by the independent judiciary. It is shameful to attempt to align them with the Government’s politics.

I will give way to Maurice Corry.

**Maurice Corry:** The words that I used were clear. In other words, I said that the judge should look at the offender’s case and ensure that they are appropriately punished or that the appropriate sentence is applied using an honest approach that is not influenced in any way. That is what I meant.

**Humza Yousaf:** Again, the member has used the word “honest”. Our judiciary do not take a dishonest approach.

**Liam Kerr:** Will the member give way?

**Humza Yousaf:** Forgive me, but I want to make progress.

**Members:** Aw!

**Humza Yousaf:** Conservative members are groaning, but I have just taken an intervention and I have two minutes to go.

I accept that the system of sentencing can be difficult to understand. A key role of the Scottish Sentencing Council is to aid public understanding of sentencing, and the council undertakes a range of activity to help with that. However, let us not forget that the current complex system was largely put in place by the UK Government in the mid-1990s.

Courts often seek to explain what sentences mean in practical terms. For example, the court will always clearly explain what a life sentence means and what the punishment part of a sentence is. Can we do more? Can the courts do more? Can the Government look at the systems that we have in place with all the justice stakeholders? Yes, I think that we can, and the victims task force will take that forward.

I want to be clear that it is absolutely right that the courts should have the necessary powers to ensure that those who commit the most heinous crimes can be punished effectively, and the courts have those powers. The law is clear that, when the court is setting the punishment part of a life sentence, it can set a period that exceeds the rest of a person’s life, and courts have done that in previous cases. I firmly believe that courts should have those powers and that it should be for the court to determine when to use those powers in any given case.

Discretion for the courts to sentence within the overall legal framework is at the heart of the

Scottish Government's sentencing policy. If there are proposals to change that framework, members should bring those forward. In fairness to Liam Kerr, he has brought forward his proposed whole life custody (Scotland) bill, but I understand from experts in the field and criminologists that those proposals have already been somewhat discredited.

Presiding Officer, I am not sure how much more time I have.

**The Presiding Officer:** A little.

**Humza Yousaf:** Okay. I will end by talking about the other amendments. John Finnie's amendment was not selected for debate, but I hear what he says about throughcare. James Kelly and Fulton MacGregor have made the same point to me. I hope that I will be able to do something on that in the coming days or weeks. I will ensure that I reflect on the points that John Finnie makes. Although I accept and agree with most of his amendment, we are not able to rebalance resources from the prison system to community justice at the moment, because we have 8,200 prisoners. However, in future, that is absolutely the plan and it is where we want to be. I do not take away from the point that we have to bolster community justice and consider additional funding for and investment in community alternatives. I believe in that and we have done it.

I agree with much of James Kelly's amendment, too, although I suspect that our amendment will pre-empt his. Nonetheless, I am encouraged by his focus on an evidence-based approach. James Kelly is new in his role, and I am encouraged by the fact that he has often spoken about taking such an approach. I am sure that he and I will agree on that in the years to come.

The debate has been good and members—at least all those who oppose the Conservative motion—have made excellent points. They have made the point that we want a justice system that is of course rooted in transparency and one that is evidence based and is fair to victims while supporting rehabilitation. I therefore ask members to reject the Conservative motion and to vote for the Government's amendment in my name.

16:54

**Margaret Mitchell (Central Scotland) (Con):** This has been an important and somewhat heated debate, which has generated diverse and even diametrically opposed views.

That is perhaps not surprising. Sentencing is an emotive subject, as is evidenced by public reaction when an individual who has been released from prison goes on to reoffend. Reactions can range from frustration to outrage, depending on the

circumstances and nature of the reoffending. In some instances, the crimes that are committed have devastating consequences and ruin lives.

The report "Scottish Crime and Justice Survey 2017/18: Main Findings" does not make encouraging reading. It reveals that the majority of Scottish adults do not have confidence that the punishments that are handed down by the Scottish courts fit the crimes committed. That answers a point that John Finnie made.

**John Finnie:** Will the member give way?

**Margaret Mitchell:** Not many interventions have been taken in the debate, so if Mr Finnie does not mind, I will develop my argument and talk about why we called for the debate.

The cabinet secretary has acknowledged that public confidence is essential to an effective criminal justice system. The survey should therefore be a wake-up call for politicians and legislators who, by virtue of being elected, are in the privileged position of being able to influence and determine sentencing policy. Perhaps James Kelly and Mary Fee, who questioned our bringing this topic for debate, should reflect on that.

Let me put sentencing in perspective. It is an issue that potentially affects any one of us, at any time in our lives—whether as victims or perpetrators or as the families and friends of victims or perpetrators.

There is a huge spectrum of disposals following a conviction for an offence. Disposals range from a deferred sentence and a fine or community payback or service order to a prison sentence. Prison—depriving an individual of their liberty—has four purposes: to protect the public; to punish; to deter; and to rehabilitate.

A life custodial sentence is mandatory for murder and is also available, at a judge's discretion, for rape and seven other sexual offences. However, the term "life sentence" is misleading. If it appeared in an advert, it could easily fall foul of trade descriptions legislation. It certainly does not mean that the convicted perpetrator will spend the rest of their life in prison. In fact, a life sentence can range from 12 years to 20 years. In exceptional cases, it might go beyond 30 years.

**Humza Yousaf:** Will the member take an intervention?

**Margaret Mitchell:** If the cabinet secretary does not mind, I will not.

Similarly, an order for lifelong restriction involves the court setting a minimum number of years that the offender must spend in prison, after which they may be released by the Parole Board for Scotland, when risk assessment requirements are met. An

OLR does not guarantee that a criminal will never be released from prison.

However, when a judge pronounces that an offender is to receive a life sentence or order for lifelong restriction, the public expectation is, not unreasonably, that the disposal means what it says in relation to the length of time in custody and the perpetrator will be confined to prison for the rest of their life. The fact that that is not the case attracts criticism and cynicism.

Furthermore, the life sentencing policy is intended principally to address the punishment aspect of a prison sentence.

**The Presiding Officer:** Ms Mitchell, will you pause for a second? A lot of low-level conversations are taking place in the chamber. I ask members to let Ms Mitchell wind up.

**Margaret Mitchell:** The policy precludes judges from being able to impose a sentence as they see fit to ensure that the public are safe. In practice, that means that the public safety aspect is dealt with by the Parole Board. It is surely perverse and misguided legislation that puts public safety a very poor second to punishment and ensures that, however evil, remorseless, dangerous and depraved an individual is, they will not, other than through ill health or old age, spend the whole of their life in custody.

Quite simply, what we have is bad, complex and confusing sentencing policy, which should be scrapped and replaced by honesty in sentencing that prioritises public safety. To suggest, as Liam McArthur did, that that is about increasing the prison population is intended—perhaps by design—to mislead.

Instead, in the thankfully exceptionally rare cases in which the crime is so depraved and heinous, life should mean life, for the reasons that Liam Kerr comprehensively set out today.

In other disposals, automatic early release should be scrapped. The sentence that is given should be the one that is served, but with the opportunity to earn early release for good behaviour.

The presumption against short-term sentences serves no useful purpose, other than to limit judicial discretion while seeking to empty our prisons without properly funding the community payback order alternatives to custody.

It is only with honesty and transparency in sentencing that the public will have confidence in the disposals that judges make in our courts. The general public will have their confidence in our criminal justice system restored only if the system is sufficiently resourced—a simple truth, ignored by Rona Mackay and Fulton MacGregor—as that

is key to ensuring that crucial rehabilitation support is available to all prisoners.

**The Presiding Officer:** That concludes our debate on restoring trust in criminal sentencing.



## Business Motion

17:01

**The Presiding Officer (Ken Macintosh):** The next item of business is consideration of business motion S5M-18927, in the name of Graeme Day, on behalf of the Parliamentary Bureau, setting out a business programme.

*Motion moved,*

That the Parliament agrees—

(a) the following programme of business—

Tuesday 24 September 2019

2.00 pm Time for Reflection  
*followed by* Parliamentary Bureau Motions  
*followed by* Topical Questions (if selected)  
*followed by* Finance and Constitution Committee Debate: Common Frameworks  
*followed by* Committee Announcements  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business

Wednesday 25 September 2019

2.00 pm Parliamentary Bureau Motions  
 2.00 pm Portfolio Questions: Social Security and Older People; Finance, Economy and Fair Work  
*followed by* Stage 3 Proceedings: Climate Change (Emissions Reduction Targets) (Scotland) Bill  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business

Thursday 26 September 2019

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 Portfolio Questions: Environment, Climate Change and Land Reform  
*followed by* Stage 1 Debate: Scottish National Investment Bank (Scotland) Bill  
*followed by* Financial Resolution: Scottish National Investment Bank (Scotland) Bill  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 1 October 2019

2.00 pm Time for Reflection  
*followed by* Parliamentary Bureau Motions  
*followed by* Topical Questions (if selected)  
*followed by* Public Audit and Post-legislative Scrutiny Committee Debate: Post-legislative Scrutiny: Control of Dogs (Scotland) Act 2010  
*followed by* Committee Announcements  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business

Wednesday 2 October 2019

2.00 pm Parliamentary Bureau Motions  
 2.00 pm Portfolio Questions: Rural Economy; Transport, Infrastructure and Connectivity  
*followed by* Scottish Government Business  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business

Thursday 3 October 2019

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 Portfolio Questions: Justice and the Law Officers  
*followed by* Stage 3 Proceedings: Children (Equal Protection from Assault) (Scotland) Bill  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 23 September 2019, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[*Graeme Dey*]

*Motion agreed to.*

## Parliamentary Bureau Motions

17:01

**The Presiding Officer (Ken Macintosh):** The next item of business is consideration of three Parliamentary Bureau motions. I ask Graeme Dey, on behalf of the Parliamentary Bureau to move motions SM5-18928, on designation of a lead committee; SM5-18929, on committee meeting times; and SM5-18930, on committee substitutions.

Motions moved,

That the Parliament agrees that the Standards, Procedures and Public Appointments Committee be designated as the lead committee in consideration of the Scottish Elections (Reform) Bill at stage 1.

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 11.55am on Thursday 26 September 2019 for the purpose of making progress with important committee business.

That the Parliament agrees that—

Finlay Carson be appointed to replace John Scott as the Scottish Conservative and Unionist Party substitute on the Rural Economy and Connectivity Committee;

Edward Mountain be appointed to replace John Scott as the Scottish Conservative and Unionist Party substitute on the Standards, Procedures and Public Appointments Committee; and

Beatrice Wishart be appointed to replace Willie Rennie as the Scottish Liberal Democrat substitute on the Health and Sport Committee.—[*Graeme Dey*]

## Decision Time

17:02

**The Presiding Officer (Ken Macintosh):** The first question is, that amendment SM5-18902.3, in the name of Jeane Freeman, which seeks to amend motion SM5-18902, in the name of Miles Briggs, on mismanagement of national health service construction projects, 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)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 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)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 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)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Iain (East Lothian) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 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)  
 Marra, Jenny (North East Scotland) (Lab)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (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)  
 Wightman, Andy (Lothian) (Green)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Against

Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Con)  
 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)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 87, Against 28, Abstentions 0.

*Amendment agreed to.*

**The Presiding Officer:** The next question is, that amendment SM5-18902.1, in the name of Monica Lennon, which seeks to amend motion SM5-18902, in the name of Miles Briggs, be agreed to.

*Amendment agreed to.*

**The Presiding Officer:** The next question is, that motion SM5-18902, in the name of Miles Briggs, on mismanagement of NHS construction projects, as amended, be agreed to.

**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)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 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)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 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)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Iain (East Lothian) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)

Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 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)  
 Marra, Jenny (North East Scotland) (Lab)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (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)  
 Wightman, Andy (Lothian) (Green)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Abstentions

Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Con)  
 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)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)

Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 87, Against 0, Abstentions 28.

#### *Motion, as amended, agreed to,*

That the Parliament believes that patient safety should be the primary consideration in NHS construction projects; is deeply concerned with the ongoing problems which have led to the delay of the new Royal Hospital for Children and Young People (RHCYP) in Edinburgh and the concerns expressed in relation to the Queen Elizabeth University Hospital (QEUIH) in Glasgow; notes the recent KPMG and NSS reports, which have identified the root of shortcomings in ventilation systems in key areas of the new RHCYP and identified a number of other areas to be rectified before the site opens; believes that, following concerns from affected parents, it would be the right step to increase confidence by establishing a public inquiry, under the Inquiries Act 2005 into the new RHCYP and the QEUIH site to determine how vital issues relating to ventilation and other matters occurred, how mistakes were made and what steps can be taken to prevent them being repeated in future projects; further believes that the ongoing QEUIH Independent Review, and the recent KPMG and NSS reports, will help inform the Inquiry; considers that ministers should update Parliament in the event that there are any significant delays to ongoing NHS projects; understands that construction inflation has been driven significantly in recent times by Brexit and its impact on sterling and on the attractiveness to potential skilled workers to come from the EU to work in Scotland, and welcomes that the remit of the new national body, which will have oversight of major infrastructure developments within the NHS, to be published by December 2019.

**The Presiding Officer:** I remind members that, if the amendment in the name of Humza Yousaf is agreed to, the amendment in the name of James Kelly will fall.

The next question is, that amendment S5M-18896.3, in the name of Humza Yousaf, 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, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 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)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (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)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Harper, Emma (South Scotland) (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)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rumbles, Mike (North East Scotland) (LD)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, Kevin (Aberdeen Central) (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

Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Con)  
 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)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)

Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

#### Abstentions

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 Gray, Iain (East Lothian) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harvie, Patrick (Glasgow) (Green)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Johnstone, Alison (Lothian) (Green)  
 Kelly, James (Glasgow) (Lab)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 Marra, Jenny (North East Scotland) (Lab)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, David (Highlands and Islands) (Lab)  
 Wightman, Andy (Lothian) (Green)

**The Presiding Officer:** The result of the division is: For 63, Against 28, Abstentions 25.

*Amendment agreed to.*

**The Presiding Officer:** The amendment in the name of James Kelly is therefore pre-empted.

The next question is, that motion S5M-18896, in the name of Liam Kerr, 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, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 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)  
 Ewing, Annabelle (Cowdenbeath) (SNP)

Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 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)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Iain (East Lothian) (Lab)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 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)  
 Marra, Jenny (North East Scotland) (Lab)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (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

Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Con)  
 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)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

#### Abstentions

Finnie, John (Highlands and Islands) (Green)  
 Greer, Ross (West Scotland) (Green)  
 Harvie, Patrick (Glasgow) (Green)  
 Johnstone, Alison (Lothian) (Green)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Wightman, Andy (Lothian) (Green)

**The Presiding Officer:** The result of the division is: For 82, Against 28, Abstentions 6.

#### *Motion, as amended, agreed to.*

That the Parliament, while acknowledging that more can always be done to ensure that public confidence in the justice system is high, notes that a recent survey conducted on behalf of the Scottish Sentencing Council found that nearly two thirds of the public considered that Scotland's justice system was fair to all; further notes that automatic early release was introduced by the UK Government in 1993, and that the previous system of automatic early release for long-term prisoners was ended by the Scottish Parliament from 2016, and considers that future reforms to sentencing policy should be informed by evidence of what works to reduce reoffending and take appropriate account of Scotland's current internationally high rate of imprisonment.

**The Presiding Officer:** I propose to ask a single question on the three Parliamentary Bureau motions. Does anyone object?

**Members:** No.

**The Presiding Officer:** That is good.

The question is, that motions S5M-18928, S5M-18929 and S5M-18930, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, be agreed to.

#### *Motions agreed to,*

That the Parliament agrees that the Standards, Procedures and Public Appointments Committee be designated as the lead committee in consideration of the Scottish Elections (Reform) Bill at stage 1.

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 11.55am on Thursday 26 September 2019 for the purpose of making progress with important committee business.

That the Parliament agrees that—

Finlay Carson be appointed to replace John Scott as the Scottish Conservative and Unionist Party substitute on the Rural Economy and Connectivity Committee;

Edward Mountain be appointed to replace John Scott as the Scottish Conservative and Unionist Party substitute on the Standards, Procedures and Public Appointments Committee; and

Beatrice Wishart be appointed to replace Willie Rennie as the Scottish Liberal Democrat substitute on the Health and Sport Committee.

## Children's Hospice Association Scotland

**The Deputy Presiding Officer (Christine Grahame):** The final item of business is a members' business debate on motion S5M-18408, in the name of Miles Briggs, on the Children's Hospice Association Scotland, keeping the joy alive. The debate will be concluded without any question being put.

### *Motion debated,*

That the Parliament welcomes the positive impact that CHAS has in Lothian and across Scotland on children and young people with life-shortening conditions and their families, which is a mission that the charity describes as "Keeping the Joy Alive"; acknowledges that it is Scotland's only national provider of hospice care for babies, children and young people; recognises that it offers palliative, respite and end-of-life care across Scotland through its service, CHAS at Home, and at its hospices, Rachel House in Kinross and Robin House in Balloch; acknowledges that it works in partnership with the NHS, local authorities, charity partners, government agencies and many others to provide the highest quality joined-up care and support; recognises what it sees as the scale of need for these vital services, with nearly 16,000 children and young people currently living with life-shortening conditions; appreciates the continued commitment of CHAS and the wider paediatric palliative care sector in Scotland, and commends all of CHAS's staff and volunteers on "Keeping the Joy Alive" for the children and families that they support and care for.

17:08

**Miles Briggs (Lothian) (Con):** I thank members from across the chamber who supported my motion and allowed this debate to take place, and I warmly welcome to Parliament the CHAS staff, supporters and volunteers who have joined us in the public gallery this evening, ahead of CHAS's annual reception, which will be held in the garden lobby after the debate.

I pay tribute to each and every one of CHAS's staff and volunteers for the massive contribution that they make to the provision of world-class levels of care and support to babies, children and young people with life-shortening conditions across our country. [*Applause.*] We owe them a debt of gratitude for what they do for our constituents and for the families that we represent here in Parliament.

CHAS works across the whole of Scotland. Its two hospices, at Robin house in Balloch and at Rachel house in Kinross, are centres of excellence in care that provide both respite and end-of-life care and support. Having previously visited Rachel house on a number of occasions, I was delighted to visit Robin house with my colleague, Maurice Corry, last month. It was a great honour to meet the staff there and see the huge difference that they make for families.

As I was writing my speech for tonight's debate, I was thinking about what word could describe Robin house and Rachel house, and I do not really think that I can come up with one. I could, perhaps, use "haven" or "oasis", but those words simply do not do the hospices justice. They are special and magical places, and Scotland should be immensely proud that we, as a nation, have an organisation such as CHAS that provides such support in such beautiful and state-of-the-art facilities.

Last year alone, Robin house and Rachel house were able to provide more than 12,200 overnight stays for children and families, while the CHAS at home team provided care and support in homes across all regions of Scotland, including our remote, rural and island communities, with bases in Inverness, Aberdeen, Balloch and Kinross. CHAS also has specialist teams in hospitals across Scotland, with dedicated consultants, nurses and CHAS Diana children's nurses who deliver care in Glasgow, Edinburgh, Aberdeen and Inverness. Here in my region of Lothian, CHAS makes a huge contribution to local families through supporting neonatal memory making at the Simpson centre, as well as part funding a consultant neonatologist who is based there.

CHAS has formed a major new partnership with the Royal hospital for children in Glasgow, whose new paediatric supportive and palliative care team is now entirely funded by CHAS. Two specialist nurses work alongside a consultant in paediatric palliative medicine to share specialist knowledge and improve care for children who—sadly—are likely to die young. They also work to ensure that the intensive support that their families need is provided. Their aim is to ensure that children who have palliative care needs, and their families, experience consistently high-quality care and support.

As my motion states, the number of babies, children and young people in Scotland who are aged between zero and 21 and who have life-shortening conditions is currently almost 16,000, and that number is increasing. CHAS already supports more than 465 of those babies and children, which represents a 25 per cent increase over the past five years. For every child who CHAS sees, it supports—on average—a further five family members as well.

Last year, CHAS's at home service made 1,205 visits, which represents a 30 per cent increase over the past five years. CHAS also provided support to 84 families whose babies, children or young people sadly died last year. CHAS's 864 volunteers donated an incredible 59,310 hours to the children and families who they supported, and the fantastic team of supporters and voluntary

fundraisers raised a remarkable £8.7 million last year.

I want to briefly highlight the outstanding fundraising work of those who are behind Edinburgh's capital sci fi con, whose volunteer cosplayers—led by Keith Armour—donate all the profits from their events to CHAS. Since 2015, they have collectively raised more than £250,000 for CHAS, which—as all members will agree—is a fantastic achievement. For every £1 of statutory funding that is given to help support the services that CHAS provides, the estimated economic return on that investment is £5.12, which is an indication of just how much value CHAS provides.

If there is one thing that I know that members across the chamber will agree on, it is that CHAS does not ever rest on its laurels but is continuously developing new ideas and initiatives to help young people and their families across Scotland. Its new home volunteer service sees volunteers visit ill children at home, and volunteers made 115 home visits in the first year of the service alone. I was really impressed to hear of the plans that CHAS has to expand that service.

CHAS also focuses on providing support to the siblings of children who have life-limiting conditions, and its support has been invaluable to dozens of brothers and sisters of seriously ill children across our country.

I close this evening's debate by thanking, again, all those who work and volunteer for CHAS for everything that they do to support families across our country. Their contribution to individuals who are in need, and to the wider palliative care sector in our country, can never be overestimated. They really do help to keep the joy alive for a huge number of people and families who are going through the most difficult of times.

So, on behalf of the whole Scottish Parliament—thank you. I look forward to the rest of the debate.

17:14

**Monica Lennon (Central Scotland) (Lab):** I commend Miles Briggs for bringing the motion to the chamber for debate. I am delighted to be able to make a small contribution and to express my admiration and gratitude to everyone at CHAS for all that they do to keep the joy alive, for both children and young people with life-shortening conditions and their families.

CHAS works with people right across Scotland, which is absolutely fantastic. It also works closely with national health service colleagues and in our communities. In the summer, I had the great privilege of visiting Robin house to find out more about the work that its staff and volunteers do and about the experiences of children and young



people there. In my area of Lanarkshire, CHAS has directly supported 33 children and young people and their families in the past year alone, so its impact is significant. That is not just because of what is provided at Robin house and Rachel house, but because of the CHAS at home service—which a lot of people do not know about—and the respite and end-of-life care that is provided in hospices, which is so important.

Other members will probably talk about their own visits to Robin house and Rachel house, but I would like to mention mine. When I was at Robin house I was bowled over by how homely, colourful and welcoming it was, and I enjoyed a lovely meal with staff and volunteers. The facilities ranged from a large hydrotherapy pool to beautiful gardens, which are accessible by everyone, and there were opportunities to play, have fun, relax or have quiet time if that should be needed. I was especially moved by the areas that are provided for reflection, the support that is offered for bereavement and the care that is given. It is simply a place that is filled with love.

People who give donations to CHAS might wonder where their money goes. The rainbow room is probably a very good example to illustrate that. Families can use the facilities in that room in the hospice from the day on which a child dies until the day of their funeral. CHAS needs more than £2 million a year to keep Robin house operational—that is over and above the statutory funding that comes from the Scottish Government—so it takes a lot of time, effort and money to provide those services. CHAS cannot do that without its more than 100 active volunteers who do amazing, fantastic work. The debate is therefore an opportunity for all of us in the chamber to say a big thank you to them. A reception will also be held tonight in the garden lobby, which I am sure will be well attended.

When I go home at night, I am now greeted by a beautiful and colourful plant pot with my name on it, which was a gift from the team at CHAS. It is lovely to see it there. Presiding Officer, I do not have a great track record with plants, but I do my best to look after the pot. When I come home from what are often busy, long and stressful days, it is lovely to see it, because it reminds me of the joy and the magic at CHAS. I therefore want to say my own big thank you to the team at CHAS.

I know that the organisation has a lot of supporters across the chamber, but there is always more that we can do. I remember that when I was preparing to lodge a motion during children's hospice week, I read that quite a lot of people in Scotland do not really know what such hospices do. There is a lot more that we can do to raise awareness and to ensure that the excellent data that we have in Scotland, which is probably

the best in the world—I am getting some nods from people in the public gallery—is used to maximum effect. We must ensure that, across the NHS and in the community, we know exactly what children and young people with life-shortening illnesses need and that the Parliament continues to be a champion for CHAS. [*Applause.*]

**The Deputy Presiding Officer:** I say to those in the public gallery that I know why they are clapping, but we do not permit it. If they would kindly desist, that would be absolutely dandy.

17:19

**Annabelle Ewing (Cowdenbeath) (SNP):** I, too, am very pleased to be called to speak in the debate and I congratulate Miles Briggs on securing it.

I pay tribute to CHAS's staff and volunteers, who do a remarkable job and deserve our heartfelt thanks. It is worth noting again the quite remarkable statistic that it currently has 864 volunteers who have donated around 59,310 hours to the children and families across Scotland who are supported by it.

I also pay tribute to all those who fundraise for CHAS the length and breadth of the country and at all times of the year. For example, just recently, in my constituency of Cowdenbeath, there was a show in Crossgates where we saw Cowdenbeath band the Sunset Spirit playing and donating their time for CHAS, so well done to them. Indeed, it is difficult to think of a charitable organisation that inspires such determined and loyal fundraising and which is so universally supported by the generosity of the public.

CHAS has developed and evolved over the years and it now has hospices in Kinross and Balloch. At the same time, we have seen CHAS develop its CHAS at home outreach service, which has seen volunteers make, as has been mentioned, some 1,205 home visits in the past year. As has also been mentioned tonight, CHAS has established a presence in hospitals and its staff now work within hospital neonatal units in Edinburgh and Glasgow. CHAS has developed a new children's consultant post in NHS Grampian and expanded its network of CHAS Diana children's nurses, with new posts based in Aberdeen and Inverness. I welcome the groundbreaking partnership of paediatric, supportive and palliative care that has seen a team established at the Royal hospital for children in Glasgow, providing direct care and building links with other CHAS services.

Those developments very much fit with CHAS's overarching ambition as set out in its current three-year strategic plan, which is to reach every family in Scotland that needs it. That is—rightly—

an ambitious target, but it is one that I wholeheartedly support. As is shown by testament after testament, it is beyond doubt that the services that CHAS provides to families are pivotal to their being able to cope and having the opportunity to capture the irreplaceable moments with their child.

Respite care is vital for families, and the focus on siblings and the stresses and pain that they go through is a key part of the service that CHAS provides. That recognition of the difficulties that siblings face is important, as they may struggle within the family as well as at school, and they may feel quite alone. Having someone with whom they can talk things through and the opportunity to meet up with other young people who are in the same position is extremely important. In that regard, I am pleased to note that CHAS recently put out a call to arms to high schools, including in my constituency of Cowdenbeath, asking pupils in the senior years to consider becoming volunteers. That is a commendable initiative and I am happy to help to raise awareness of it this evening.

As a member who represents a Fife constituency, I was pleased to see that, in Fife, a care 24 team has been established in partnership with NHS Fife to support families with overnight care at the end of life of a child. The CHAS at home service is also operational in Fife, and a medical partnership is in operation with NHS Fife.

Many other initiatives are under way, but time constraints do not permit a detailed examination of them tonight. Suffice it to say that CHAS continues to evolve and innovate for the benefit of thousands of children and families across Scotland. The organisation has been going in its current form for only about 25 years, but its stature is such that it is difficult, if not impossible, to imagine life in Scotland without it.

The title of tonight's debate is "CHAS, Keeping the Joy Alive". The hard work of staff and volunteers ensures that CHAS does exactly that, and in the most unbearable of circumstances. We are all in its debt.

17:23

**Mary Fee (West Scotland) (Lab):** I, too, thank Miles Briggs for securing this debate.

In April 2018, I was fortunate enough to receive an invitation to visit Robin house in Balloch. I was aware of the work of CHAS and—like most people, probably—I was apprehensive about going to a children's hospice. The word "hospice" can evoke sad and negative thoughts. However, I could not have been more wrong. The first impression that strikes a visitor when they arrive at Robin house is the setting. It is calm, quiet and surrounded by peaceful countryside. Inside the house, as it is known, is a warm, loving, colourful

and positive environment. Families support their loved ones 24/7. To have that respite support, whether it is planned or emergency, is essential for families with children who have life-limiting conditions to function.

The hospice provides space for a family to be just that—a family. CHAS offers a sense of normality. Such care and detail goes into the preparation for the family's stay. From having the child's favourite character duvet cover to the toy they have favoured in previous visits, with family photographs adorning the bedroom walls, there is a real sense of home.

Parent carers and siblings are not forgotten. There are quiet family rooms of hotel standard looking out into the countryside. Every detail is thought through, and with the knowledge that there are medical professionals with them, family members can have a proper night's sleep. They can relax, rest and mentally switch off.

Making memories is a high priority for the families of children who have life-limiting conditions and essential for their healing when that inevitable time comes. Specially adapted therapy rooms are included in Robin house. There is a state-of-the-art music room, the biggest hydrotherapy pool I have ever seen, a messy play room, and the all-important sensory room. These are experiences that cannot be offered at home.

Such state-of-the-art facilities lead to significant costs. CHAS relies heavily on public support to maintain its work. Essential funds must be raised continuously to allow both its houses to function.

I also learned the importance of volunteering for both CHAS houses. The volunteer gardeners, the chefs, the play therapists, and the holistic counsellors all willingly give their personal time to make each family's stay at the houses a special experience.

Reflecting on my afternoon at Robin house, I am reminded that making the most of short and precious lives is paramount, and it is that, above all, that is important to each and every family and, equally, to the staff members and volunteers of CHAS. Families are safe in the knowledge that they will be supported through what will be the darkest moments of their lives.

I finish by quoting a parent. Lorna Cobbett, mum to Essie Victoria, said:

"Hospices are not hospitals and for some families they are a second home. They are there to support families and to make memories; to be a shoulder to cry on as you navigate an impossible path. We need to remove the fear and show how much they are places that are full of life."

17:27

**Brian Whittle (South Scotland) (Con):** I also congratulate my colleague Miles Briggs on bringing the debate to the chamber and allowing us to talk warmly about the work that CHAS does.

I had previously been aware of CHAS for quite some time, although at quite a superficial level. We used to run charity golf days at which we would get a patient along and play a celebrity golf game, meet friends and have a bacon roll and a good chat with the lads. Part of that process was getting a two or three-minute presentation during the day at which somebody from CHAS would let us know what the charity does. We would always say, "What a fantastic charity. That is great. We are happy to support that," and we would go off home.

It is only when I came into this role that I got the opportunity to dig a little bit deeper into what charities such as CHAS do. I have had the pleasure of visiting Robin house, and it is only when you walk through that building that you get a sense of the importance of the service that it delivers to the people who use it. To those of us who are parents or, as in my case, grandparents, the situation that the parents and families at CHAS have found themselves in is unimaginable.

We might imagine the building to feel like a dark place, but it is so bright. Everybody has talked about the hydrotherapy pool, the colours on the walls, the paintings, the playing, the music and the incredible garden. It is such a fantastic place for people to be at such a time.

Mary Fee recently hosted an event in the Scottish Parliament's garden lobby for people and organisations who work with families who have lost young people, such as Sands.

I have been to the CHAS butterfly release events a couple of times. I found that difficult to do, but it is very worthwhile to be in a room with people who are celebrating the lives of the children whom they have lost. Reading out something that people have written for you to read out in front of them is incredibly difficult. Releasing a butterfly in the garden to try to keep those memories alive is moving and important.

The work that is done by staff and volunteers at hospices is utterly vital and often hugely challenging. Supporting someone as their health declines and they enter the last days of their life can take a real toll, never more so than when palliative care is needed by the young. All deaths are tragic, but perhaps none more so than the death of someone who has not had much time to experience life.

Miles Briggs's motion talks about CHAS's mission of keeping the joy alive, and from my

experience of visiting Robin house, I have seen how hard people work to bring joy to everyone who comes through the doors. We talk about making people with life-shortening conditions comfortable in their final days. In most cases, that is about making someone physically comfortable: treating their symptoms and managing their pain. Sometimes, we do not think enough about the mental comfort of people with life-shortening conditions and their families. That is why CHAS's mission to keep the joy alive is so important. When we are going through something painful, moments of joy and fun are at their most precious and can make the most difference, with that sense of hope and that little reminder that, even when things feel unendingly dark, there can still be light.

I again thank Miles Briggs for bringing this debate to the chamber and allowing us to thank CHAS and other charities that support those in such difficulties in communities. To all the staff and volunteers who work for CHAS, I pass on our continued admiration and support and look forward to visiting them again soon. "Keeping the Joy Alive" is a very apt title for this debate.

17:32

**Jackie Baillie (Dumbarton) (Lab):** I congratulate Miles Briggs on securing this debate. I am very proud that Robin house is in my constituency, and I am always happy when colleagues come to visit my beautiful patch.

The motto that CHAS has at the core of its mission—keeping the joy alive—perfectly sums up the incredible work that it carries out day in, day out. The exceptional levels of care and support that staff and volunteers at those hospices provide to the children and young people, and to family members, really is second to none.

I know from my visits to Robin house that families value the support that they receive at what can be an incredibly difficult time. Many of the children have quite severe life-limiting conditions and we can only begin to imagine the impact that that has on their families. However, as many members have said, it would be a mistake to think of Robin house as a sad place. It is quite the opposite; the minute that people walk through the door, they hear peals of laughter. It is bright and positively bursting with energy and joy. The staff and volunteers create that culture, which is wonderful to experience.

For 25 years now, CHAS has supported babies, children and young people with end-of-life care, emotional and physical therapy and education about the life-shortening illnesses that they have. It has not always been easy; there have been funding problems in the past, which are now more settled. CHAS is moving forward, though those

problems are not quite behind them—it could always do with more money.

As Miles Briggs pointed out, there are currently 16,000 babies, children and young people in Scotland who are living with life-shortening conditions. The facilities that are on offer to those children at Robin house, and Rachel house in Kinross, make all the difference for them and their families.

Let me mention, as other members have done, the specialist swimming pool at Robin house. It is a wonderfully sauna-like environment—very warm and cosy—and it resounds to the splashes of children playing in a pool that is suited to their needs, with relaxing physiotherapy and stunning views across the countryside and the garden.

The garden at Robin house is fantastic. Mary Fee has covered many of the services that are available there, but I want to focus on the garden. The previous time that I visited, I planted trees and bushes with Patrick Harvie, who is not in the chamber this afternoon. His mum, Rose, volunteers at Robin house, so he was press-ganged into going along. We had typically Scottish weather—it was a little bit damp, but we are hardy souls. It really did not matter, because it is such a fabulous, colourful space in which children and, dare I say, adults can roam free and have adventures, whether in the pirate ship or getting lost in the jungle of the garden. When I think of the garden, I think of laughter, fun, serenity and safety. We just need to work on the sunshine.

I give a big shout out to Maggie, who is responsible for the garden, and to the army of volunteers who support her in her work. Indeed, our thanks go to all the volunteers, staff and trustees.

I remember when CHAS decided to establish a hospice at Robin house. We had a little local difficulty with planning, but we overcame that obstacle. All I can think of is the extent to which my constituents in Dumbarton, the Vale of Leven and Helensburgh went into fundraising overdrive. I have never been to so many bake sales and tombolas, donated so many bottles of Scottish Parliament whisky or sponsored so many people in my life, but it was all for a great cause.

The fundraising continues, and the chief executive of West Dunbartonshire Council, Joyce White, is about to trek across the Sahara for CHAS. I encourage members to sponsor her. Less kind people are hoping that she stays there for a while, but I would not dream of saying that.

Whether through the hospices in Balloch and Kinross or the home care service, CHAS's valued support and care reaches every corner of the country, and for every child that CHAS cares for, it supports a further five family members. I cannot

commend highly enough the work that CHAS does—it truly keeps the joy alive.

17:37

**The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick):** On behalf of the Scottish Government, I add my welcome to colleagues from CHAS and some of the families who are supported by CHAS, who are in the public gallery this afternoon. I congratulate Miles Briggs on securing the debate, and I thank him and colleagues around the chamber for their thoughtful and considered contributions to the debate.

CHAS fulfils a unique role in supporting children and young people with life-limiting conditions and the families and friends who are around them. We have heard from members about the difference that CHAS has made to their constituents and how CHAS has kept the joy alive for families when they have felt at their lowest.

At the start of the debate, Miles Briggs said that he was trying to find a word to describe Rachel house and Robin house. My colleague Maree Todd, the children's minister, who has not been able to stay for the debate, passed a note to me setting out her thoughts on an appropriate word to describe the hospices and CHAS in general. The word she chose is "joy". She writes that, when she visited, she

"expected to find compassion, empathy and incredible expertise."

She found those, of course, but she did not expect to find "fun" and spend her time "playing and singing." She sums up the experience as "pure joy".

I will remind members of some of the comments that were made in the debate. Miles Briggs talked about a sense of home and the hospices being a haven, while Brian Whittle talked about them being bright. All members used positive language and words such as "bright" and "joyous", which is important.

It is also important to remember CHAS's purpose. Brian Whittle expressed how moving and emotional the stories and case stories that CHAS has shared with us are. I thank the individuals concerned for allowing CHAS to share those stories, because they give us a fuller sense of how important CHAS's work is. The amazing staff and volunteers provide a breadth of support in a compassionate way. Others in the chamber have thanked the volunteers, and I add my thanks.

**Monica Lennon:** While the minister was speaking, I was reminded of conversations that I had during my visit to Robin house. One of the issues that has stayed with me is the financial impact that a life-shortening condition has on a

family, particularly if they are on a low income. Health inequality is a big issue in Scotland. Can the Government do more work with CHAS to find out how we can maximise income for families in that situation, to make sure that they have access to all the support and advice that they need?

**Joe FitzPatrick:** We have a good relationship with CHAS. We work with CHAS as partners, and that is a good way to continue working. Government officials and CHAS frequently get around the table to make sure that we are doing everything that we can to complement each other's role and to find out what we can add to that area.

The type of skilled, compassionate care that CHAS delivers is now more important than ever. As "Children in Scotland requiring Palliative Care: identifying numbers and needs (The ChiSP Study)" notes, the demand for such services is increasing, particularly in deprived areas. That brings me to Monica Lennon's point. As she mentioned, the data that CHAS produced is recognised as some of the best-quality data in the world. It is important that we have that kind of data, so that we can have those conversations. Again, I thank CHAS for producing it.

However, Scotland is already a world leader in the field of palliative and end-of-life care, and I am proud of the progress that we have made over the past few years. We have increased the number of specialist staff, we are continuing to improve access to services and, through our programme of health and social care integration, we are putting services under the control of local communities. Nevertheless, as CHAS reflected in its briefing, we can always do more.

Our "Strategic Framework for Action on Palliative and End of Life Care 2016-2021", which was published in December 2015, included a much-needed commitment to support and promote the further development of holistic palliative care for the 0-to-25-years age group. Since the publication of the framework, we have undertaken more work to improve the care that is available for young people with palliative care needs and their families. We remain committed to ensuring that everyone who needs palliative care will be able to access it by the end of this parliamentary session.

That is why we have focused particularly on specialist children's palliative care services. In 2017, we announced an investment in children's palliative care of £30 million over five years, up until 2021. CHAS welcomed that investment, which has been helpful in expanding children's palliative care services to ensure that all families, regardless of where they live, have access to high-quality palliative and end-of-life care.

Members will be aware that, earlier this year, we also launched the paediatric end-of-life care national managed clinical network—PELiCaN. Hosted by NHS National Services Scotland, that network is designed to improve access to high-quality, person-centred and family-led end-of-life care for babies, children and young people with a life-limiting condition who are unstable, deteriorating or dying. CHAS has long supported the idea of the network and, from the outset, has worked closely with Scottish Government officials and NHS NSS to shape the work to ensure that it meets the needs of children and families across Scotland. Thanks in no small part to the work of CHAS, the network is now in place, and recruitment for key clinical positions has commenced. I look forward to seeing how the work progresses over the coming months.

Although PELiCaN will be helpful in linking clinical services and sharing learning across the country, we still need services to work in partnership with each other to provide high-quality care and support. To achieve that vision, it is essential that we create the right conditions nationally to support local communities in their planning and delivery of services, to ensure that the needs of local communities are best met. That ethos is at the heart of health and social care integration. Integration authorities are working with local communities and are building on the expertise of organisations such as CHAS to plan and commission services that are designed to meet the needs of their local communities. By commissioning services in that way, service improvements will be driven through meaningful collaborative partnerships with the wider palliative and end-of-life care community. Annabel Ewing mentioned how important those partnerships are to success.

CHAS is already engaging with integration authorities and is working in partnership with the health, social care and voluntary sectors to make the most of every opportunity to improve delivery of and access to children's palliative care across Scotland. In short, CHAS's work is a great example of the principles of health and social care integration in practice. I am grateful to CHAS for its invaluable work, and I am optimistic that, through our combined efforts and continued partnership working, we will bring about further improvements in children's palliative and end-of-life care. CHAS aims to ensure that every baby, child and young person who needs palliative care, wherever they are, can access it where and when they need it. I am sure we all share that aim, and I look forward to working with CHAS and others around the chamber for many years to come.

*Meeting closed at 17:46.*



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