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[The Deputy Presiding Officer opened the meeting at 13:15]

Smoking Ban (Play Parks and Outdoor Sports Facilities)

The Deputy Presiding Officer (Christine Grahame): Good afternoon. The first item of business is a members' business debate on motion S5M-20554, in the name of Rachael Hamilton, on a smoking ban for play parks and outdoor sports facilities. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes the view that Scotland should ban smoking in play parks, outdoor sports facilities and other similar outdoor areas; understands that section 4 of the Smoking, Health and Social Care (Scotland) Act 2005 does not provide powers to do so; acknowledges that the Welsh Government introduced the Public Health (Wales) Act 2017, which imposes a ban there on smoking in these types of places; believes that such a ban in Scotland would improve public health, especially in helping to alleviate the effects of passive smoking on children in the Borders and across the country, and notes the calls for the Scottish Government to legislate accordingly.

13:15

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): I thank all the members who signed my motion and those who will contribute to today's debate. I also thank Alison Johnstone, who has sent her apologies—she is convening a cross-party group meeting. She supported my motion and is sorry not to be here.

We are all too aware of the effects of smoking and passive smoking. Smoking damages the lungs of the smoker and the smoke that is inhaled by people near the smoker causes passive smoking damage. Today, I want to focus on the damage that smoking causes to children and young people in particular.

There is a strong evidence base that suggests that the implementation of smoke-free environments can contribute to a reduction in smoking rates across populations. As maintaining smoke-free areas in certain outdoor and indoor places can discourage smoking behaviour in general, making more places smoke free could have a positive impact on adult smoking figures.

On 26 March 2006, Scotland became the first place in the United Kingdom to make it an offence to smoke in any wholly or substantially enclosed public space. Fourteen years have passed since

the ban was implemented and the prevalence of smoking has decreased. However, the Scottish schools adolescent lifestyle and substance use survey shows that smoking prevalence rates among 13 and 15-year-olds have flatlined since 2015, with 12 per cent of 15-year-olds and 4 per cent of 13-year-olds smoking regularly or occasionally.

That was the starting point for my desire to bring about positive change and for us in this Parliament to take additional steps. I saw the excellent work that was done in my Welsh homeland in 2016, which inspired me to think about implementing the same changes in Scotland.

I want to recap on where we are today. Through parliamentary questions, I established that the Smoking, Health and Social Care (Scotland) Act 2005 does not cover play parks or outdoor sports facilities. I was given assurances by the Minister for Public Health, Sport and Wellbeing, Joe FitzPatrick, that, as part of its 2018 action plan, the Scottish Government would monitor the smoking ban in Wales before taking additional action.

I was advised by the Scottish Parliament information centre that it could be possible to add a category to the list of no-smoking premises in the 2005 act. However, in the previous parliamentary session, when Jim Hume introduced a member's bill to prohibit smoking in vehicles in which children were present, the approach was taken of creating a standalone piece of legislation that did not amend the 2005 act in any way—it simply created a new offence. As we are fast approaching 2021, I regret that there is simply not enough time for me to introduce a member's bill and take that approach.

I then looked at section 4 of the 2005 act, which allows the Scottish ministers to define by regulations what is covered by the term “no-smoking premises”. Such premises must be “wholly or substantially enclosed”. They must also meet one or more other criteria, one of which is that the public or a section of the public has access to the premises; others are that the premises are a place of work, are used by a club or informal association, or are used for education or health or care services.

Accordingly, ministers can, through regulations under section 4 of the 2005 act, ban smoking in any workplace, public place, school or hospital, but only if the place in question is “wholly or substantially enclosed”. The regulations can further define what is meant by “wholly or substantially enclosed”. It is our understanding that, so far, that has been defined to mean closed in by walls and a roof, which means that entirely outdoor areas could not be classed as “no-smoking premises”. However, it might be possible for ministers to make regulations that ban smoking

in play parks based on a revised definition of “wholly or substantially enclosed”, which could, for example, include an area of grass that is enclosed by a fence.

After that long-winded explanation of how I got to this point, I look forward to hearing from the Minister for Parliamentary Business and Veterans about the calls on the Scottish Government to consider changing the definition of “wholly or substantially enclosed” in order to enact change.

When we change the definition, it is right that we look at Wales, where that has been done successfully. In part 3 of the Public Health (Wales) Act 2017, an entire section—section 12—relates directly to the banning of smoking in play parks and playgrounds. I have a copy of the bill with me. There are clear definitions of what play parks, playgrounds and school grounds are. In Wales, it is illegal for people to smoke on hospital grounds, school grounds and playgrounds, with those who flout the law facing fines.

Turning closer to home, I note that there has already been positive action to stop smoking in play parks and in other outdoor areas in Scotland. The measures, which have been successful, are voluntary in nature. Many local authorities have embraced smoke-free play parks, albeit without there being enforcement powers in legislation. Do not get me wrong: that is a good place to start. Dundee City Council, for example, created a code under which the public complies voluntarily with a smoking ban, with a request not to smoke in particular areas. The code does not ban smoking outright, but it sets best practice. Children and young people have already engaged positively with the voluntary bans. Creating smoke-free zones and encouraging more local authorities to campaign accordingly would be a positive initial step.

In my constituency, I have the support of the Scottish Borders Council, and I will work with councillors and local schools later this year to create a competition to design signs that can be displayed in play parks to discourage people from smoking and to encourage them to adhere to a voluntary ban.

I believe there to be substantial cross-party support on the issue. I very much thank ASH Scotland and other organisations that have supported me for today’s debate. I want to be clear: I do not want to stigmatise smokers, nor do I want the state to deny people the right to smoke. To simply call it a ban would throw up negative connotations. It is about sending the right message—a positive message—to our children. Politicians should bring people along with us on the journey to a smoke-free Scotland.

A simple change to a definition in the Smoking, Health and Social Care (Scotland) Act 2005 would ensure that play parks, playgrounds and outdoor sports facilities are brought into line and made smoke free. A simple consultation with the relevant stakeholders could be carried out, after which the relevant definition change could be made. As I have said, when defining such public places, it is right that we turn to the successful 2017 Welsh act.

The motivation behind my call today aligns with the broader aims of the Scottish Government to have a smoke-free generation by 2034 and to prevent the harmful effects of passive smoking. I hope that the public will understand my motivations for restricting smoking in particular areas and that they will respect playgrounds as much as they would places that are covered by no-smoking legislation. We know that making play parks and outdoor sports facilities smoke free would help to de-normalise smoking for children and young people, as the environment in which children grow up strongly influences whether they are likely to smoke when they are older.

I could go on, but I have no time left.

13:23

Kenneth Gibson (Cunninghame North) (SNP): I congratulate Rachael Hamilton on bringing this important issue to the chamber.

As members might be aware, since I first became an MSP more than 20 years ago, I have taken a keen interest in reducing the harm that smoking causes. In July 2001, I proposed a regulation of smoking bill, with strong support from colleagues across the chamber—notably, from Labour’s Dr Richard Simpson, the Conservative’s Bill Aitken and the Liberal Democrat’s Robert Brown. After 2003, my proposal was progressed by Stewart Maxwell and, ultimately, by the Scottish Executive, which led to the Smoking, Health and Social Care (Scotland) Act 2005.

Unfortunately, about 1.1 million people in Scotland still smoke. In 2017—the last year for which figures are available—there were 9,332 smoking-related deaths compared with 1,136 alcohol-specific deaths and 1,187 drug-related deaths in 2018. Although the number of smoking-related deaths has declined by about 30 per cent over the past two decades, tobacco still kills about one in six Scots, which is shocking. Furthermore, there are 128,000 smoking-related hospital admissions a year in Scotland—that is 2,500 a week, 250 a day or 15 an hour.

Cigarette smoke contains more than 4,500 compounds, including: acetaldehyde, which is a carcinogen; acetone, which damages the liver and

kidneys; and ammonia, which is a cause of asthma and high blood pressure.

Smoke-free spaces bring many benefits to children and adults, particularly because other people's smoke is much more than a nuisance—it has serious health risks.

Living with a smoker increases a non-smoker's chance of developing lung cancer by 20 to 30 per cent. Children are more vulnerable to second-hand smoke, because their lungs are still growing and their immune systems are not fully developed; they are also at greater risk from toxins in cigarette smoke. Tragically, it is estimated that second-hand smoke exposure in Scottish children causes, among other problems, at least 2,000 new cases of wheeze and asthma a year and one in five of all cot deaths.

I am proud of the Scottish National Party Government's track record and the action that it has taken to stub out smoking, but we must do more.

Scotland is among the first countries in the world to set a target of being tobacco free by 2034. For years, the SNP Government has taken important steps to protect young people from the harm of smoking—notably, in 2007, milestone legislation raised the minimum age for buying tobacco from 16 to 18. Tobacco sports sponsorship was banned 15 years ago, and it is now unthinkable for any high-profile team to be brand ambassadors for tobacco.

Places where children play should be free from the stain of tobacco. For years, the Chartered Institute of Environmental Health has said that smoking should be banned in all parks and anywhere that children play, in order to reduce the chances of them growing up thinking that using cigarettes is normal.

A YouGov poll, which the institute commissioned in 2016, found that 89 per cent of 4,300 adults who were surveyed backed a ban on smoking in children's play areas and that 57 per cent wanted an end to smoking in public parks.

I am delighted that, this year, as the latest in a long line of progressive and bold policies to protect people from the harm that it causes, smoking will no longer be permitted around hospital buildings. There is always more that we can do to protect people, particularly children and young adults, from smoking.

Two thirds of adult smokers in the UK say that they started smoking regularly before the age of 18 and two fifths say they started before the age of 16. In fact, so few adults start smoking that 99 per cent of first cigarettes are smoked before the age of 26.

Despite its vehement denials, the tobacco industry targets young people. It is vital that, wherever possible, cigarettes and smoking should be out of sight and out of mind for our children.

I hope that we can all commit to help raise Scotland's tobacco-free generation and to ensure that children's play areas and outdoor sports facilities are free of the scourge of tobacco. Again, I thank Rachael Hamilton for bringing this important matter to the Parliament.

13:27

Brian Whittle (South Scotland) (Con): I thank my colleague Rachael Hamilton for bringing this debate before Parliament. As she said, there is support across all political divides for what she is trying to do. This Parliament is rightly proud of the work that it has led on the workplace smoking ban. As Kenny Gibson said, that ban is being extended into hospital grounds, which is long overdue.

However, when we quote the overall reduction in smoking, we need to look behind the figures. I was alarmed by recent statistics that indicate that, for the first time since the ban, there might be a small increase in smoking. When we look behind the reduction that there has been since the smoking ban was introduced, it is worth noting that, in the highest Scottish index of multiple deprivation quintile, only 9 per cent of people smoke, but in the lowest SIMD quintile, the figure sits at 34 per cent.

I looked over the notes that I took a while ago, when I was working with ASH on a report. As Kenny Gibson said, around 1 million Scots still smoke. My figures showed that, annually, around 10,000 people die of smoke-related diseases. If we could tackle that and make inroads into that figure, it would save the Scottish national health service an estimated £100 million. The biggest stat for me is that it would also save the poorest 20 per cent £100 million. It is worth mentioning that, because we are always discussing the sustainability of funding our NHS, the preventable health agenda and the steps that we could take to lift people out of poverty.

The statistics that I was looking at say that such a measure would save 1 million sick days that are lost to business because of ill health related to smoking conditions. It would also save 1 million working hours lost in productivity due to smoking breaks, and if those hours were then offered for participation in physical activity, the health of the nation would greatly improve, and productivity would skyrocket. It is not necessarily about reclaiming the time that people use for smoking breaks; it is about reallocating it to something that would be more beneficial.

We recognise where the next piece of work needs to take place. Rachael Hamilton focused on the practical legislative requirements that need to be met before we can get to the next stage. We all recognise that passive smoking has a bad effect on children's health.

That brings me to Rachael Hamilton's motion. Much work has been done on curtailing tobacco sponsorship and advertising, so I have been thinking about marketing and what the main influences are. For children, one of the main influences on smoking uptake will be seeing their parents or peers smoking. That is the inadvertent marketing tool that is working to the benefit of the tobacco companies. It is therefore entirely logical to extend the smoking ban to places where we are promoting a healthy lifestyle and opportunities for family interaction—play parks, outdoor sports facilities and activity sites. I cannot see how there can be any resistance to such a suggestion. It comes down to the practicalities and how we would legislate, so I am interested to hear the Scottish Government's position on that. Is it an extension to the legislation that we have not quite got around to yet? If there is no resistance, why do we not just get it done?

13:32

David Stewart (Highlands and Islands) (Lab): I congratulate Rachael Hamilton on securing this important debate. As the member has already acknowledged, there is clearly broad support across this chamber for a change in the law and for increasing the protection from the damaging effects of smoking that is afforded to Scotland's young people.

The Scottish Parliament has a strong record of taking action on smoking and seeking to improve public health outcomes. The previous Scottish Labour-led Administration introduced the Smoking, Health and Social Care (Scotland) Act 2005, which established that, from 26 March 2006, it would be an offence to smoke in any wholly or substantially enclosed public space in Scotland, with a small number of exceptions. I acknowledge Kenneth Gibson's contribution to the origins and creation of that legislation.

That was groundbreaking legislation. Scotland became the first part of the United Kingdom to legislate for a smoking ban, with England and Wales following our lead the following year. It is worth remembering that, when that vote took place here in 2005, it passed by 83 to 15, with only the Scottish Conservatives opposing the legislation. However, I believe in sinners repenting. I am pleased that they brought the motion to Parliament today, and I am pleased to see Rachael Hamilton now acknowledging the health and social

inequalities caused by smoking and her desire to see further improvements.

In 2016, the Scottish Parliament took further steps, by banning smoking in a car if a child is present. That was another welcome move, and evidence from England and Wales, where the legislation was first introduced, and from Scotland shows that the ban has worked and has led to fewer children being exposed to cigarette smoke.

In Wales, the Welsh Government has now legislated to expand the smoking ban to play parks, playgrounds and outdoor sports facilities where children might be playing or participating in sport. I believe that that is the next stop in delivering a smoke-free Scotland.

John Mason (Glasgow Shettleston) (SNP): Vaping has not been mentioned today. Does the member think that it should be treated differently from how smoking is treated?

David Stewart: It is certainly worth having a look at it. There has been long debate about vaping. Some critics have argued that it should also be banned because it can cause serious health issues. As a member of the Health and Sport Committee, I would certainly welcome any thoughts that Mr Mason might have on such an important subject.

Despite those very positive steps, smoking remains a significant public health issue in Scotland and it is a leading cause of preventable ill health, premature death and disability. All the evidence shows that tobacco use has clear links with inequality, and therefore with health inequalities, which the Parliament must work to tackle if we are serious about improving public health outcomes.

We heard from Brian Whittle that smoking rates are still the highest in the most disadvantaged areas: 35 per cent of people living in the most deprived areas of Scotland smoke, compared to 10 per cent of those living in the least deprived areas. In my region, the Highlands and Islands, recent Scottish index of multiple deprivation statistics ranked parts of Merkinch in Inverness as being among the most deprived communities in Scotland. I have a certain affinity with Merkinch, because I grew up and went to school there.

That means increased ill health and reduced life expectancy for far too many people. Part of the route to reducing inequalities is cutting smoking rates and encouraging active living and significant lifestyle changes. The link between poverty and smoking is stark and we should note the work that organisations such as the Poverty Alliance are doing in conjunction with ASH Scotland to better support the collaboration between public health and antipoverty interests.

Although compliance with the current smoking restrictions in Scotland is high, policing the introduction of a smoking ban in areas such as play parks would be considerably more challenging. Any changes in the law would require a comprehensive compliance strategy and a public education programme to be put in place.

The World Health Organization has described clean air as a basic human right and has said:

“Scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.”

Just 30 minutes of exposure to tobacco smoke changes the way that blood flows and clots, which increases the risk of heart attack and stroke. Second-hand smoke kills more than 600,000 people globally every year and, in many countries, it causes more than 10 per cent of all tobacco-related deaths.

Despite the progress and the increase in public awareness of the damages of smoking that have been made over the past decade, the challenge remains as real and as stark as ever. The motion is welcome and it offers an opportunity for the Parliament to demonstrate that we are willing to build on the work that has already been done to prevent the damage that smoking causes society and to take further and bolder action to improve public health, protect our young people and, ultimately, move towards a smokeless society. I congratulate Rachael Hamilton for the excellent motion and the debate.

13:37

Rona Mackay (Strathkelvin and Bearsden) (SNP): I thank Rachael Hamilton for bringing this important debate to the chamber.

Children have a right to play, as enshrined in article 31 of the United Nations Convention on the Rights of the Child. We all know that play teaches our children social skills: how to compromise, be tolerant and be resilient. Play is the universal language of childhood. I believe that children must be able to play safely, and that means without the risk of being affected by passive smoking. We know that passive smoking is especially harmful to children, because they have less well-developed airways, lungs and immune systems. Children who live in a household where at least one person smokes are more likely to develop asthma and chest infections such as pneumonia and bronchitis. The bottom line is that smoking is dangerous—we know that. It is dangerous for those who smoke and for those who inhale other people's smoke on a regular basis, particularly children.

As Rachael Hamilton mentioned, a law making it illegal to smoke in a car with anyone under the

age of 18 came into force in Scotland in 2016, and people caught breaking the new law face a fine of up to £1,000. Public awareness of the dangers of smoking has greatly reduced the risk to children, with fewer parents smoking in the home and around non-smokers. I suspect that any right-thinking parent who smokes would have the sense not to smoke around children, and I would be interested to see whether there has been any research on that.

However, despite the hugely successful Smoking, Health and Social Care (Scotland) Act 2005, which we have heard about and which prohibited smoking in enclosed public spaces, smoking remains the most significant cause of ill health in Scotland. There are up to 100,000 hospitalisations per year and more than 9,000 premature deaths as a result of smoking. We must protect our children from the effects of passive smoking and the perceived normality that it is okay for adults to smoke around children in their play areas, which is why I support Rachael Hamilton's motion.

As has been mentioned, last month saw the closure of a consultation on smoking outside hospital buildings. The Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016, which amended sections of 2005 act, introduced offences in that area. Although the guidelines that have been issued to hospitals to stop smoking in and around hospital buildings are partially effective, they are not being strictly adhered to, so the consultation asked whether legislation should be brought in to create a legally enforceable offence.

As I understand it, the 2005 act gives the Scottish ministers the power to introduce secondary legislation to prevent smoking in play parks and outdoor sports facilities. Rachael Hamilton outlined suggestions as to how that could be done. I would support that, subject to scrutiny of the effectiveness of the measure south of the border and how it is policed. As Rachael Hamilton's motion states, the Welsh Government introduced the Public Health (Wales) Act 2017, which imposes a ban on smoking outdoors in areas where children play or participate in sport. That is a good model to look at.

We want Scotland to be the best place in the world for children to grow up. The Scottish Government has introduced groundbreaking initiatives such as the baby box, the best start grant and much more. Any future legislation would be a natural extension of our intention to promote healthy lifestyles and wellbeing in future generations by protecting them from the harmful effects of passive smoking. Scotland's children have the right to be able to play without endangering their health.

13:41

The Minister for Parliamentary Business and Veterans (Graeme Dey): I thank Rachael Hamilton for securing the debate and so allowing us to hear members' thoughts on an important issue on which there is largely consensus.

As a society, we have made considerable progress on smoking prevention. Figures from 2018 showed that 19 per cent of adults in Scotland were smokers, which of course is still too high, but it is a big improvement on the figures of 28 per cent in 2003 and almost 34 per cent in 1998. Among youngsters, the number of 15-year-olds who smoke regularly has dropped by more than two thirds in the past decade.

People are getting the message, but we are not letting up. Annually, health boards are provided with around £10 million in funding to deliver local stop-smoking services. We continue to work tirelessly towards our target of reducing smoking prevalence to 5 per cent or less by 2034, to tackle inequalities and to address the risks around the use of e-cigarettes. We have worked with our partners in local government and others to develop a set of jointly agreed and owned public health priorities for Scotland, which focus the whole system on the things that have the greatest potential to improve healthy life expectancy.

One of our key priorities is focused on reducing the use of, and harm from, tobacco and other drugs. The public health priorities, which are informed by the best available evidence, are based on partnership working and engagement with the wider public and the third sector, and of course local authorities. It is important that we work together in partnership as part of a whole-system approach that delivers real improvements in the nation's health and wellbeing.

Although much has been achieved, we cannot be complacent or lose sight of the fact that smoking remains one of the most damaging contributors to Scotland's poor health record. If we are to succeed and achieve our ultimate goal of a non-smoking Scotland, we need to keep moving the agenda forward on all fronts. We need to find new ways to engage with harder-to-reach groups and to step up efforts to prevent children and young people from starting in the first place. The tobacco control action plan is aimed at doing just that. The measures that are set out in the plan leave no one in any doubt that we are determined to continue to be a world leader in tobacco control.

Sadly, health inequalities between Scots in affluent areas and those in deprived areas are widening, which Brian Whittle touched on. It is clear that we need to be innovative if we are to drive down smoking rates across the board in order to reach the 2034 target. I am pleased that

our laws are soon to be extended to include a smoke-free perimeter around NHS hospital buildings. It is logical that we should go further and target smoking in and around play parks and outdoor sporting facilities. The main reason for play park restrictions and hospital building legislation is to remove the visibility of smoking. The restrictions do not focus on harm, because smoke quickly dissipates in open air, which minimises the risk. They are actually about reducing the normalisation of the activity.

That said, the Scottish Government has no immediate proposals to legislate further on smoking outdoors, not least because many local authorities already have restrictions on smoking around playgrounds in parks and other areas. In particular, Scotland's two biggest cities—Edinburgh and Glasgow—have policies in place. In Edinburgh, the smoke-free policy has resulted in smoking restrictions being extended from the workplace and vehicles to surrounding areas, for council properties. The rules include entrances, car parks and play areas.

Brian Whittle: Graeme Dey says, quite rightly, that there are councils that are leading the way. However, does he agree that it should be for the Scottish Government to lead from the top, or the front, and to deliver such policies around the whole of Scotland?

Graeme Dey: I will continue to expand on my explanation, but, in general, what Brian Whittle referred to is the direction of travel that we need to be heading in. However, there are some complications, which I will come to in a minute.

Glasgow City Council has a policy to ban smoking in children's playgrounds, where notices are displayed to prohibit smoking. Such restrictions are replicated in most local authority areas.

In response to what I have been asked today, my initial reaction is that separate primary legislation would be required to address the matter. Rachael Hamilton suggested changing the definition of "enclosed" to provide a means to get around the problem. However—I am sure that members will recognise what I am about to say—lawyers would undoubtedly tell us that the definition of "enclosed" is commonly recognised and is drawn from other relevant pieces of legislation. If we were to move to change the definition, that would have to be proportionate, for legal reasons. For example, saying that "enclosed" was the same as "fenced off" would be disproportionate, as it could capture vast areas. I say all that not to provide reasons not to act, but to offer a degree of perspective.

Our focus in the current tobacco control action plan is to address health inequalities and cut

smoking rates in the communities where people find it most difficult to quit. We are committed to conducting a public information campaign on that subject.

Since 2006, the Scottish Government has been encouraging local government to restrict smoking, wherever possible, around schools, playgrounds, outdoor sports facilities and play parks. Smoke-free local authority implementation guidance was published in 2017 to support councils to implement their policies for publicly owned sites, which means delivering smoke-free buildings and grounds and outlining the responsibilities of partner organisations. To be clear, the guidance covers schools, playgrounds, nurseries, day centres, parks, local authority premises and other grounds.

As Rachael Hamilton pointed out, my colleague Joe FitzPatrick, the Minister for Public Health, Sport and Wellbeing, has said publicly that we are supportive of the Welsh approach and that we will monitor it. However, to be clear, as I understand it, the terms of the Welsh act are still to be fully implemented. Partly because of Brexit pressures, there is no definitive timetable in place for bringing the regulations forward. Therefore, we have not yet been able to take the Welsh experience into account. Again, I offer that not as an excuse, but as a recognition of the facts.

Our action plan states that we will monitor the implementation of smoking bans in Wales and the implementation of guidance that is produced by the Convention of Scottish Local Authorities and NHS Health Scotland to assess whether legislation is needed here. As parliamentary business minister, I note in passing how incredibly well populated the legislative landscape is between now and dissolution. It is populated by not only Scottish Government bills but a large number of members' bills and committee bills, so it is unlikely that we will be in a position to legislate in this parliamentary session.

Rachael Hamilton: I understand what Graeme Dey says about the restrictions to changing the definition of "enclosed" and possibly having to introduce primary legislation. However, the issue goes back to 2017. Joe FitzPatrick stated that he would look at monitoring the implementation of the guidelines that were issued to local authorities in 2017, so it has been rumbling on for quite a long time. I have received no indication of how that implementation has been going.

Graeme Dey: As I touched on in my speech, yes, there was a commitment, but it sat in tandem with a commitment to look at what was happening in practice in Wales. Bringing those two things together has not yet been possible. I stress again that I say that not to deflect or ignore what is an important issue. Those were the commitments that

were given. We need to look at both aspects and also recognise, as I said a moment ago, that it is highly unlikely that there will be capacity to legislate in the current parliamentary session. However, it is a direction of travel that needs to be looked at.

On taking account of the Welsh experience and the success of the guidance, any decisions that we take as a Parliament on the introduction of any new approaches or legislation should always be taken on the basis of robust evidence. We should also look at appropriateness and effectiveness.

It is quite clear that, in principle, not a great deal separates any of us on the issue. I thank Rachael Hamilton for securing the debate. I suspect that it is a topic to which we will return.

13:50

Meeting suspended.

14:00

On resuming—

Portfolio Question Time

Transport, Infrastructure and Connectivity

The Deputy Presiding Officer (Christine Grahame): The next item of business is portfolio questions. As usual, short questions and snappy answers would be very helpful. Transport, infrastructure and connectivity questions 4 and 5 have been grouped together. I will first take those questions with the supplementary questions that are included in the group, and will then take any further supplementaries.

A9 (Electronic Signage)

1. Gail Ross (Caithness, Sutherland and Ross) (SNP): To ask the Scottish Government when electronic signage will be installed along the A9, north of Inverness. (S5O-04121)

The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson): Transport Scotland has four existing variable message signs on the A9 north of Inverness. Two cover the southbound approach to the Kessock bridge, one is on the northbound carriageway approaching Helmsdale, and the fourth is on the southbound carriageway beside Georgemas Junction railway station. As part of the national high-wind management strategy, Transport Scotland will install an initial phase of four additional variable message signs to cover the approaches to both the Dornoch Firth and the Cromarty Firth bridges. They are planned for installation in spring 2020.

Gail Ross: The Scottish National Party has committed to upgrading that lifeline road, and improvements are well under way at Berriedale, with the new road being due to open this spring. However, will the Scottish Government commit to further improvements to ensure that other notorious sections of the A9—the Tomich junction, the Tain section and the Cambusavie bends, for example—are safe and fit for the 21st century?

Michael Matheson: The safety of the trunk road network is assessed annually, and programmes of interventions are developed and delivered where it is expected that particular locations could benefit and there is evidence to support investment to improve safety. As part of that programme, work is on-going at Tain to improve junctions on the bypass, and the proposals are the subject of on-going engagement with stakeholders in the area.

We have published “National Transport Strategy: Protecting our Climate and Improving

Lives”, and we are working to complete the second strategic transport projects review. The A9 north of Inverness is part of consideration in the STPR2 process, which will determine the Government’s priorities for future transport investment, including for the northern parts of the A9.

Jamie Halcro Johnston (Highlands and Islands) (Con): I met electric vehicle users in Orkney on Monday, and they raised concerns about the lack of charging points on the A9. There is also concern that existing charging points are often single points that are unavailable because they are being used by other drivers or are, in some cases, broken. Given that that infrastructure is essential, what plans are there to improve availability of electric vehicle charging points, in particular in remote and rural areas, such as are found across my region?

The Deputy Presiding Officer: That question was a little wide of the mark, but the cabinet secretary looks ready to answer.

Michael Matheson: I do not know whether we have any electric signage for charging points, but I can say that we have an extensive car charging network across Scotland. Jamie Halcro Johnston might acknowledge that Scotland has the most extensive public charging network in the United Kingdom outside central London. We are building on that to ensure that we increase the number of charging points that are available for low-emissions and electric vehicles. That includes work that we are taking forward with local authority partners—including in the Highlands, Orkney, Shetland, the Western Isles and other areas across the country—through the substantial investment that we are making to support people to move to low-carbon and electric vehicles.

Road Safety (Rural Areas)

2. Oliver Mundell (Dumfriesshire) (Con): To ask the Scottish Government what action it is taking to improve road safety around schools in rural areas. (S5O-04122)

The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson): The Scottish Government is committed to achieving safer road travel in Scotland for all, including around schools. It provides funding to local authorities to create new or improved infrastructure, including around schools, through the places for everyone programme.

Transport Scotland funds Cycling Scotland to deliver bikeability training, which is available to all schools. Additionally, Road Safety Scotland has developed online learning resources for three to

18-year-olds, which is particularly useful for school teachers.

In accordance with local authorities' statutory responsibility for local roads, it is for them to consider the most appropriate measures to safeguard schoolchildren in their areas.

Oliver Mundell: As local parents are, I am concerned that Dumfries and Galloway Council is systematically ignoring its obligations in relation to rural schools. At Duncow primary school, there have for years been broken flashing signs on a 60mph-limit road, and at Hottisbridge primary school large volumes of lorry traffic have been forced to drive past the school daily as a result of a long-term road closure. Will the cabinet secretary ask transport officials to approach the local authority to see what more can be done to support them to ensure that we do not have a very serious accident?

Michael Matheson: I am more than happy to ask my road safety colleagues in Transport Scotland to contact the local authority on those matters. Oliver Mundell is right to highlight safety issues, but that does not remove the statutory responsibility of the local authority to take the appropriate measures. I encourage him to continue to press the local authority and its executive leaders to make sure that they take the appropriate measures to address the safety issues that he is concerned about.

Rural Bus Routes (South Scotland)

3. Claudia Beamish (South Scotland) (Lab): To ask the Scottish Government what its position is on reported rural bus route reductions in South Scotland. (S5O-04123)

The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson): We recognise the vital importance that bus services have for millions of Scots across the country, especially those who, for whatever reason, do not have access to cars or live in places that are not served by the rail network.

Bus usage has been declining across the country over many decades. Rural areas present distinct challenges for delivering viable local bus services. Local authorities and regional transport partners already have powers to secure additional services to meet local needs, and we are extending the range of options that are available to them through the Transport Scotland Act 2019, which received royal assent towards the end of last year.

The Deputy Presiding Officer: Two members, Finlay Carson and Joan McAlpine, have supplementaries—[*Interruption.*] Oh! Have I not asked Claudia Beamish for her supplementary?

That was disgraceful of me. Please ask your supplementary.

Claudia Beamish: I do not know about “disgraceful”. Thank you for letting me in.

Since the start of December, about 4 per cent of services on Stagecoach's 101 and 102 services, which run from Dumfries to Edinburgh, have been delayed due to mechanical and operational issues. What can be done to ensure that there is robust regulation, such that timetabled rural bus services are provided unless there are exceptional circumstances that are outwith the operator's control?

Will the cabinet secretary consider extending the parameters of what is covered by bus regulation to include reasonable levels of comfort, such as adequate temperature control, sufficient seating and adequate shelter at bus stops?

Michael Matheson: Claudia Beamish has raised an issue that is largely an operational matter for Stagecoach, with regard to the mechanical nature of the fleet that it uses, which of course needs to comply with the regulations that have been set down by the traffic commissioner. It might be that the issues that she has concerns about can be addressed by the commissioner, or she could go to Bus Users Scotland, which we fund and which helps to support people who have concerns about bus services. However, the practical operation of the bus is a matter for the operator. Claudia Beamish could address some of the issues through the commissioner, who might be able to assist in addressing some of those concerns.

Joan McAlpine (South Scotland) (SNP): I welcome the budget's £83 million investment in the future transport fund. Can the cabinet secretary outline how local authorities will be able to apply for and make use of the funding?

Michael Matheson: The future transport fund will have £83 million, as is set out in the draft budget. It will support a range of low-carbon programmes and projects, including initiatives to support the transition to deployment of zero-emissions buses on local routes.

The programme for Government also set out our commitment to take forward our Scottish ultra-low-emissions bus scheme—it is open for applications and bids can be made between now and 27 February—to support the industry to move to low-carbon buses.

The fund will also support the development of cycling infrastructure through the places for everyone programme, which is administered by Sustrans, and improved bus-priority infrastructure, which includes consideration of how the new bus partnership fund can be used by local authorities

to develop proposals that they might consider for their areas. The fund covers a number of different areas. Local authorities and other organisations can contact Transport Scotland and look to make applications with regard to the various aspects of the fund.

Finlay Carson (Galloway and West Dumfries) (Con): Can the cabinet secretary outline what discussions, if any, he has had with Dumfries and Galloway Council about establishing a local bus service franchise? Can he also outline what support the Scottish Government can provide to local authorities if it is their intention to improve rural bus services in that manner?

Michael Matheson: Any intention in Dumfries and Galloway Council to establish a franchise would be a matter for elected members of that council. Transport Scotland officials can give them advice on the legislation that is in place, but that would be a matter for the council to take forward.

Transport Procurement (Processes and Criteria)

4. **Daniel Johnson (Edinburgh Southern) (Lab):** To ask the Scottish Government whether it has reviewed its transport procurement processes and criteria, in the light of recent issues relating to ferry contracts. (S5O-04124)

The Minister for Energy, Connectivity and the Islands (Paul Wheelhouse): The Scottish Government continually reviews its procurement processes and levels of governance for major infrastructure and vessel investment projects.

Daniel Johnson: The ferries that are being procured through Ferguson Marine raise serious questions regarding oversight and governance. We need answers from the Government on why it has decided to build two dual-fuel ferries that CalMac Ferries apparently did not want. There are questions about whether the ferries' propulsion systems are appropriate for the distance of the routes and whether the design specification was properly signed off. Either the procurement process was deficient, or it was not followed. Which of those does the minister think it is?

Paul Wheelhouse: Mr Johnson is obviously trying to get in ahead of the committee inquiry, which I am pleased to be taking part in. Unfortunately, the date on which I will appear has now been moved back by the committee. I will look to answer all of the questions that are raised with me at the appropriate time.

I do not agree with Mr Johnson's assertions about the design of the vessels. We believe that the vessels are of a good design for the services that they will provide. Clearly, we are trying to move to decarbonise the fleet and dual-fuel propulsion systems are one means of doing that.

We are looking forward and will ensure that we take full account of the need to decarbonise ferry travel for passengers and vehicles as we develop our future ferries plan and the vessel replacement and deployment plan.

On procurement, I remind the member that we are supporting a very important business in Inverclyde. I appreciate that his party are supportive of that, but I hope that it recognises that, in awarding the work to the yard, which is a good yard, we will ultimately see good vessels being delivered, notwithstanding the challenges that we had with previous management.

Ferry Procurement (Competition and Markets Authority)

5. **Jeremy Balfour (Lothian) (Con):** To ask the Scottish Government what its response is to the Competition and Markets Authority's analysis of its handling of ferry contracts and the potential effect that has on future procurement. (S5O-04125)

The Minister for Energy, Connectivity and the Islands (Paul Wheelhouse): The Competition and Markets Authority's paper is not an analysis of our handling of ferry contracts; rather, it notes the CMA's view on competition in the future procurement of vessels.

Jeremy Balfour: I am sure that we can all agree on the importance of securing Scotland's shipbuilding industry. However, does the minister also agree that the disastrous mismanagement by the Scottish National Party that we have seen at Ferguson Marine is not sustainable?

Paul Wheelhouse: I am glad that Mr Balfour is not a member of the judiciary, because it is customary at an inquiry to hear the evidence from witnesses before coming to conclusions. As I said in my response to Mr Johnson, we fundamentally disagree with that assessment of the situation, and my colleagues and I are prepared to defend our position when we come before the committee as part of its inquiry. We will respect the results that come from the inquiry.

Not all of Mr Balfour's colleagues have previously expressed support for shipbuilding in Inverclyde; not all of them have previously agreed with that position. I am glad to see a sign that the Conservative Party is, perhaps, beginning to support the shipbuilding industry after decades of neglect.

Stuart McMillan (Greenock and Inverclyde) (SNP): The Law Society of Scotland has stated that importance has to be placed not only on financial and commercial matters but on ensuring that procurement

"takes full account of other relevant considerations".

Can the minister give an indication of some of the wider benefits that the recent issues relating to ferry contracts will have on the 300 jobs and on the local economy that the shipyard, which is in my constituency, supports?

Paul Wheelhouse: As Mr McMillan will know—because he has been closely engaged throughout the process, since 2014—our efforts saved Ferguson Marine from closure. As he said, we rescued more than 300 jobs. We also ensured that the two vessels that are under construction will be completed, and secured a future for the yard. The alternative was to walk away. That was unpalatable for us and we were not prepared to do it. In addition to saving the jobs in the yard, stepping in to save the yard supports jobs in the supply chain locally and further afield, including local businesses and suppliers that depend on business from the yard and its workers.

In the past few weeks, we have heard suggestions—including at the committee sessions that were referred to earlier—that vessels should be built in China and South Korea. Although I respect the individuals who made those points, and they are entitled to their view, we believe that such a view betrays a staggering lack of commitment to the workforce and local community in Inverclyde. I assure Mr McMillan, who represents his community with great passion, that we are absolutely behind the people of Inverclyde.

Liam McArthur (Orkney Islands) (LD): As part of any review of procurement and the Government's ferries plan, will the minister agree a timeframe with Orkney Islands Council for the procurement of the replacement vessels that are urgently needed to operate on Orkney's internal lifeline routes?

Paul Wheelhouse: I recognise Mr McArthur's strong interest in the issue as the constituency member for Orkney. He will know that those services are currently provided by Orkney Islands Council. I undertake to have continued discussions with the council as we move forward but, at the moment, our focus is on the immediate issues that are before us, in the context of developing the vessel replacement and deployment plan for our supported ferries and the ferries plan for the next period, and supporting the workforce in Inverclyde to ensure that we maintain employment in the area, as I said in response to Mr McMillan, and deliver hulls 801 and 802 as soon as possible, which are needed to provide vital services to communities in the Clyde and Hebrides.

Scottish 4G Infill Programme (Aberdeenshire)

6. Gillian Martin (Aberdeenshire East) (SNP): To ask the Scottish Government whether it will provide an update on the progress of the Scottish

4G infill programme in Aberdeenshire. (S5O-04126)

The Minister for Energy, Connectivity and the Islands (Paul Wheelhouse): We are making good progress with the 4G mobile infill programme. Thirteen masts have been built or are under construction and I am pleased to be able to advise the Parliament that the mast at New Luce in Galloway went live last weekend.

Unfortunately, progress has been slower at the two candidate sites that were identified in Aberdeenshire: Pennan and Collieston. No confirmed interest has yet been expressed by any of the mobile network operators. I assure Ms Martin that Scottish Government officials and I will continue to use every opportunity to secure mobile operators' interest in those and other candidate sites.

Gillian Martin: The minister has largely answered my supplementary question, which was about Collieston, because I was informed recently that there is no interest from operators. What can be done to encourage operators to get involved in the process and give us the coverage that we desperately need?

Paul Wheelhouse: It would be wrong to say that there is no interest whatever, but we have not had confirmed interest in taking on the mast at Collieston. It is important to recognise that a fundamental principle of the Scottish 4G infill programme is that, unless at least one operator is committed to delivering 4G services from a candidate site, the site will not progress to build.

We are in discussion with an operator that has expressed interest in the site at Collieston, but I reiterate that that is not yet a confirmed interest. We are pressing for the operator's commitment to using the site. If that can be achieved, the site will progress to build. We will publish updates to the programme on our website and I will write to Ms Martin with a further update on Collieston when that is available.

Of course, I welcome interest from members about sites in their areas in relation to the Scottish 4G infill programme.

Get Glasgow Moving Campaign

The Deputy Presiding Officer: I call Johann Lamont to ask question 7.

Johann Lamont (Glasgow) (Lab): To ask the Scottish Government, in light of the River Clyde bursting its banks, what impact and risk assessment it has made in relation to Glasgow's flood defences.

The Deputy Presiding Officer: I do not think that that is the question as written—

The Cabinet Secretary for Transport, Infrastructure and Connectivity (Michael Matheson): It is not the question that I have before me—

The Deputy Presiding Officer: No, it is not. Sorry, Ms Lamont, will you ask your question as published in the *Business Bulletin*?

Johann Lamont: I apologise. I think that I have got my weeks mixed up. No doubt there will be some investigation. I will not give my justification for the mix-up. [Laughter.]

To ask the Scottish Government what its response is to the Get Glasgow Moving petition calling for publicly owned buses. (S5O-04127)

The Deputy Presiding Officer: Now, that is a wee bit different from the other question.

Michael Matheson: Flood prevention in Glasgow, no.

We welcome Get Glasgow Moving's commitment to improving public transport in Glasgow. The Transport (Scotland) Act 2019 provides a range of new tools that local transport authorities can use to meet local needs and circumstances, whether they wish to pursue partnership working with local bus service providers, local franchising or the running of their own bus services.

Alongside the 2019 act, we are bringing forward transformational long-term funding for bus priority infrastructure of more than half a billion pounds.

Johann Lamont: I thank the cabinet secretary and, given the mix-up in my questions, I just ask him to consider carefully how he might encourage communities to develop co-operative models for the provision of local bus services. A number of campaigns, from the Co-operative Party and others, recognise that the co-operative model can provide an effective means of bringing bus transport to communities. I ask the cabinet secretary to commit to looking further at the issue.

Michael Matheson: I would be more than happy to look at that issue, which is a very interesting concept around providing local bus services. Particularly in rural areas, there is the potential for co-operative models to be one of the means by which bus services could be provided. If Johann Lamont will provide me with further information on the specific proposals that she believes are worth considering, I will be happy to engage with her and to look at those in further detail.

The Deputy Presiding Officer: That concludes questions on transport and infrastructure. I apologise to Annie Wells for failing to reach her question.

Justice and the Law Officers

Justice System (Support for Serious Crime Victims)

1. **Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP):** To ask the Scottish Government how the justice system provides support to victims of serious crime and keeps them informed at every stage of the process. (S5O-04129)

The Cabinet Secretary for Justice (Humza Yousaf): I welcome the member's question, particularly as this is victims awareness week. The victims code for Scotland sets out victims' rights to information. Victims of serious crime will be allocated a family liaison officer by Police Scotland to update them during the police investigation. If that leads to criminal charges, victims can also access support from the victim information and advice service at the Crown Office and Procurator Fiscal Service. Following a conviction, information on prisoners is available through the victim notification scheme. Support is available via Victim Support Scotland, including its support for families bereaved by crime service, and via the national advocacy project for victims of sexual violence. The victims task force is also considering ways to improve support and information.

Dr Allan: How does the Scottish Government ensure that victims of crime, especially the most serious crimes, have suitable emotional support and receive practical information specifically about their rights to make representations to the Parole Board?

Humza Yousaf: That is a hugely important area and a very important question; I thank the member for raising it. He will be aware that we recently held a consultation on parole and the analysis and response from that has been extremely welcome. We are actively looking at the support that Victim Support Scotland can provide and what it already does, and it can provide further emotional and practical support to victims when they are making written or oral representations to the Parole Board.

On the back of the consultation, we are looking at whether victims can perhaps even attend Parole Board hearings and a key part of that will be ensuring that they have welfare and emotional support. A transforming parole implementation group is taking that work forward. The group has met once, on 28 January, and it is due to meet again next week. I am happy to keep the member informed of progress as that work develops.

Liam McArthur (Orkney Islands) (LD): A key feature of the Victims and Witnesses (Scotland) Act 2014 was police restitution orders, which would help to finance an expansion of the support that officers receive following an assault in the line of duty. To date, there is no sign of those orders

being implemented. Why has there been a delay and when can we expect those orders to be brought forward?

Humza Yousaf: There has been good progress on restitution orders. I will write to the member with more detail. As he probably knows, some of the delay arose because of conversations that we had to have with the United Kingdom Government, which have been constructive ones. I made a commitment when I first came into this role that I would like to bring forward restitution orders and it was certainly an ask from the Scottish Police Federation. There has been significant progress and I will write to the member with more details.

The Deputy Presiding Officer: Question 2 has been withdrawn for an obvious reason.

Transdermal Alcohol Monitoring Tags

3. Liz Smith (Mid Scotland and Fife) (Con): To ask the Scottish Government whether it will provide an update on the introduction of transdermal alcohol monitoring tags. (S5O-04131)

The Cabinet Secretary for Justice (Humza Yousaf): Last year, through the Management of Offenders (Scotland) Act 2019, the Scottish Government introduced a legislative framework to enable the expansion of electronic monitoring, including through deployment of new technologies for remote substance monitoring. In October 2019 following a procurement exercise, we announced a new electronic monitoring contract, which will commence on 1 April 2020 and will include those technological capabilities.

While the provisions of the Act that enable remote substance monitoring have not yet been commenced, the next steps will be to work closely with justice stakeholders to discuss how this enhanced monitoring may be most effectively used in future.

Liz Smith: I thank the cabinet secretary for that interesting answer. He will know that recent evaluations from two separate United Kingdom pilots—the first in Humberside, Lincolnshire and North Yorkshire and the second in London—saw a combined total of more than 1,400 offenders subject to compulsory sobriety when monitoring took place with alcohol tags. Those pilots yielded a 94 per cent compliance rate.

Does the cabinet secretary agree that continuous alcohol monitoring tags could play an important part in ensuring that we are tackling alcohol-fuelled crime here in Scotland?

Humza Yousaf: I certainly think that the pilots that have been taking place in England and Wales are worth exploring and that the technologies that we are discussing can absolutely play a role. I previously welcomed a positive comment that was

made by the Conservative justice spokesperson, Liam Kerr, about the technologies, and we think that they have a role to play. However, there will not be one silver bullet to tackle the issue; I know that Liz Smith is certainly not suggesting that that is the case. We will want to work very closely with individuals who are suffering from alcohol and substance abuse and work on the preventative agenda where we can.

Transdermal technologies could absolutely play a role, and we are working very closely with partners here in Scotland, as well as looking at what the pilots in England and Wales are demonstrating. I thank Liz Smith and her party for keeping an open mind about using such technologies in the future.

Access Rights for Grandparents

4. Willie Coffey (Kilmarnock and Irvine Valley) (SNP): To ask the Scottish Government whether it is considering a policy of granting a right of access for children to their grandparents in cases of family separation. (S5O-04132)

The Minister for Community Safety (Ash Denham): The Scottish Government recognises the important role that grandparents play in many families in bringing up children. We have not included a specific provision in the Children (Scotland) Bill on the relationships between a grandparent and a child, as we believe that such a provision could cut across the key principle in the legislation that the welfare of the child is the court's "paramount consideration".

Willie Coffey: The minister will be aware of the United Nations convention that sets out the fundamental rights of a child, including the right to live with a family that loves and cares for them. Will the minister consider enshrining that basic right in our own legislation as we take forward the Children (Scotland) Bill, such that there is a requirement on anyone who is seeking to deny children that basic right to seek a court order to do so?

Ash Denham: Currently, a grandparent can apply for a contact order under section 11 of the Children (Scotland) Act 1995. In making a decision, the welfare of the child will be the court's "paramount consideration", taking into account the views that are expressed by the child. The bill would require the court, when considering the welfare of the child, to take account of the effect of its decision on the child's important non-parental relationships, which could of course include grandparents. My view is that the present position complies with the UN Convention on the Rights of the Child.

Alex Cole-Hamilton (Edinburgh Western) (LD): I am grateful to the minister for taking the

time to meet my constituents, Gordon and Shonia-Maree Mason, who, after involuntary estrangement from their grandson, have been campaigning on the issue. They recognise the problems that the minister has outlined about extending the right to grandparents, but does the minister agree that the French model of giving children the right to have connections with their ancestors when it is appropriate and in the interests of their welfare to do so, is a way forward here?

Ash Denham: I thank Alex Cole-Hamilton for raising the matter and mentioning that I met him and his constituents to explore the issue with them. We want to ensure that children can expect to know and maintain contact with their wider family, except in very exceptional circumstances. However, I do not consider that an automatic right of contact, such as Alex Cole-Hamilton is describing, is appropriate for a number of reasons, including that it may not be in the child's best interest in every case and it could, as I said earlier, cut across the key principle of the 1995 act that the welfare of the child is the "paramount consideration".

Grandparents can of course apply to the court for contact under the existing legislation, and a decision will then be made by the court about what is in the child's best interest in that particular case.

Jeremy Balfour (Lothian) (Con): Like other members, I have had a number of constituents contact me about the issue. As the minister will be aware, in other jurisdictions across the world there is a presumption that the grandparents would have a right of access—it is not an automatic right, but a presumption. Will the minister look at including in the bill a presumption that grandparents would have a right to see their grandchildren while also recognising that such a right must be in the best interest of the child?

Ash Denham: We have already looked at such a presumption during the passage of the Children (Scotland) Bill. It is a very complex area. As members might expect, such a presumption was strongly supported by organisations such as Grandparents Apart UK. However, there was considerable opposition to it, and concerns were raised that any such provision would cut across the key principle in the bill, which is that the welfare of the child should be taken into account.

We consider that the arguments against having such a provision in the law are stronger than the arguments for including such a provision in the bill.

Management of Offenders (Scotland) Act 2019 (Implementation)

5. James Kelly (Glasgow) (Lab): To ask the Scottish Government what progress has been

made on implementing the provisions in the Management of Offenders (Scotland) Act 2019. (S5O-04133)

The Cabinet Secretary for Justice (Humza Yousaf): The 2019 act covers four distinct topics: electronic monitoring, disclosure, the Parole Board for Scotland and the control of release from prison, including the use of home detention curfew.

To date, there have been three sets of commencement regulations that have brought in different aspects of the act. In October 2019, initial commencement regulations brought into force a number of provisions in relation to home detention curfew and prisons, including those that provided for the new offence of remaining unlawfully at large, improved powers of recall from HDC and the duty on public authorities to co-operate in relation to early release from prison.

In December 2019, commencement regulations brought into force a number of provisions in relation to disclosure ahead of wider commencement of the substantive provisions later this year. In the same month, we also commenced section 44 of the 2019 act in respect of periods of appointment of the chairperson and members of the Parole Board.

James Kelly: It is a matter of real concern that no date has been set for the implementation of provisions in part 2 of the 2019 act on spent convictions. A case has been drawn to my attention involving an individual who was convicted and fined £400 in December 2015. Under the new law, that conviction would have been spent in 12 months and the record withdrawn from disclosure. However, last month the individual concerned had a job offer withdrawn because a record of the conviction was still on their disclosure. That is unacceptable.

Why has there been a dereliction of duty in that area? What is the point of Parliament passing laws when, six months down the line, no action has been taken to introduce that aspect of the 2019 act?

Humza Yousaf: I express sympathy with James Kelly's constituent. Mr Kelly will understand that the Scottish Government's intention is to have a fairer system of disclosure. That is why we introduced the Management of Offenders (Scotland) Bill, which I am pleased was supported by Labour.

I take exception to the way in which Mr Kelly framed the question. There has not been a dereliction of duty. We sometimes take time to commence provisions because, for a variety of reasons, it can take partners time to be ready. When it comes to disclosure, some work needs to be done in relation to Disclosure Scotland's information technology systems. The work to

update Disclosure Scotland's IT systems is progressing well, and we are confident that it will be completed in the next few months. *[Interruption.]*

Mr Kelly shouts, "Six months," from a sedentary position. If he has ever been involved in projects to update IT, he will know that they can take some time.

James Kelly: I have been.

Humza Yousaf: We are working on the basis that the new IT systems will be up and running and ready to commence operation in the next few months. There is no delay, dithering or dereliction of duty. We are talking about pragmatic, practical things that have to be worked through.

However, the policy intention is absolutely sound, and I can give Mr Kelly an absolute guarantee that there would be no reason for us to want to delay. We want the relevant provisions to be implemented, but it would be a dereliction of duty if I allowed that to happen when Disclosure Scotland's IT systems were not ready to cope with those changes.

I will continue to make sure that Mr Kelly is kept up to date with progress, and I give him a reassurance that there has been no unnecessary delay in introducing the measures in question.

The Deputy Presiding Officer: I ask for shorter questions and answers so that we can get in the other members who have questions.

Scottish Fire and Rescue Service (Investment)

6. Shona Robison (Dundee City East) (SNP): To ask the Scottish Government how increased investment, outlined in its draft budget, will help support the Scottish Fire and Rescue Service. (S5O-04134)

The Minister for Community Safety (Ash Denham): The Scottish Fire and Rescue Service continues to adapt to the changing risks that Scotland's communities face. With the additional £6.1 million funding that was announced in the draft budget, this will be the third year in a row in which the Scottish Government has provided increased investment to enable SFRS modernisation. That funding will allow the SFRS to have a renewed focus on prevention to keep vulnerable people safe in their homes.

Shona Robison: I understand that firefighters are being balloted on a new pay and conditions offer, with the ballot closing at the end of the month. Will the minister provide an update on the negotiations and let us know what progress has been made so far with the main representative body, the Fire Brigades Union?

Ash Denham: The Scottish Government is not part of the negotiations on firefighters' pay and conditions, because those matters are between the SFRS, as the employer, and the FBU. The SFRS made a final pay offer that amounted to a 17 per cent increase for the period until July 2022, for the expanded role from November 2019. The FBU is balloting members on that offer, with a closing date of 28 February.

I have written to the SFRS and the FBU to make clear the Scottish Government's position, which is that additional investment in the SFRS can be supported only if real progress is made on broadening the role of firefighters in Scotland. I hope that a deal can be reached soon.

Drug Supply Routes (Police Surveillance)

7. Liam Kerr (North East Scotland) (Con): To ask the Scottish Government what discussions it has had with Police Scotland regarding surveillance of drug supply routes. (S5O-04135)

The Cabinet Secretary for Justice (Humza Yousaf): As the chair of the serious organised crime task force, I have regular discussions with partners, including Police Scotland, about our collective enforcement activity in disrupting the drugs trade.

As Liam Kerr will be aware, the nature of the threats that our communities face is changing, and therefore our response to, for example, online offending against vulnerable people, human trafficking and other cyber-based crimes, such as child sexual exploitation, must change, too. The chief constable needs to make decisions about how best to use resources that reflect the changing nature of threats.

The best way of protecting people in all of Scotland's communities is to ensure that the chief constable has the overall capacity and capability to address the threats that are faced by communities, including those in Dumfries. The decision regarding the surveillance team in Dumfries is an operational matter for the chief constable within that broader context.

Liam Kerr: From his discussions, the cabinet secretary will be well aware that it has been reported that a vital police surveillance unit that is based in Dumfries and Galloway will be shut down, despite the fact that the area's ports and roads make it a choke point for the supply of drugs. It has been reported that cuts to police budgets are directly responsible for such decisions. A former member of the unit has said:

"Removing the team from Dumfries will give organised crime gangs more scope to carry out their criminal activities."

Is he not correct?

Humza Yousaf: It is utter nonsense to suggest that the decision has been taken for resourcing reasons. It has been taken for operational reasons, and it is right that the chief constable has the independent discretion to make such decisions. It is quite something for Liam Kerr and the Tories to think that it is appropriate for politicians to direct the operational activity of the chief constable. I am certain that Liam Kerr thinks very highly of himself, but the chief constable has 30 years of operational experience, which is far more than that of Liam Kerr or, indeed, any other politician in the chamber.

It is right for us to leave operational decisions to the chief constable. There should be no political interference in his decisions. If Liam Kerr has concerns, he should raise them directly with the chief constable; he should not be demanding that the justice secretary intervenes. However, I suspect that the chief constable will take a very dim view of Liam Kerr telling him what he should be doing in his capacity and with his assets.

Children (Scotland) Bill (Engagement)

8. Keith Brown (Clackmannanshire and Dunblane) (SNP): To ask the Scottish Government how it is engaging with interested parties, such as Families Need Fathers, during stage 1 of the Children (Scotland) Bill. (S5O-04136)

The Minister for Community Safety (Ash Denham): The Scottish Government has engaged with stakeholders since the Children (Scotland) Bill was introduced in the Scottish Parliament on 2 September 2019 and continues to do so. I have met Shared Parenting Scotland—which was formerly called Families Need Fathers Scotland—twice since my appointment as Minister for Community Safety. Officials have met Shared Parenting Scotland on a number of occasions since the bill was introduced. For example, officials attended the relaunch of Shared Parenting Scotland on 10 February.

Keith Brown: I have been contacted by not only Families Need Fathers but a number of constituents regarding the bill's provisions relating to estranged parents and the need for them to maintain personal relationships and direct contact with their children. Would the minister be willing to meet me to discuss my constituents' views?

Ash Denham: The Scottish Government believes that both parents should be fully involved in a child's upbringing, as long as that is in the best interests of the child. I would, of course, be happy to meet Mr Brown and/or his constituents to discuss the matter in more detail.

National Health Service

The Deputy Presiding Officer (Linda Fabiani): The next item of business is a debate on motion S5M-20882, in the name of Monica Lennon, on standing up for national health service staff and patients.

14:40

Monica Lennon (Central Scotland) (Lab): I am grateful for the opportunity to use Scottish Labour's debate time to stand up for our NHS. The motion is titled "Standing up for NHS Staff and Patients" and highlights key challenges and risks that face our health service.

Governance issues and resource pressures are unprecedented and put our most precious public service in jeopardy. That deserves the full attention of Parliament and not for just a couple of hours. We all rely on and are grateful to the NHS and we all have constituents who lobby us to raise their experiences in Parliament.

It is a troubling reality that our health service is not always available to us at the point of need. We have been told that by families who have been bereaved by suicide in Tayside; by chronic pain patients who have travelled to this Parliament from all over Scotland; by staff whistleblowers in Glasgow, Highland, Ayrshire and Lothian; by organisations worried that delays in diagnosing cancer are risking survival rates, including Cancer Research UK and this Parliament's cross-party group on cancer. Audit Scotland has warned that the Scottish Government's 2020 vision for the NHS will not be met.

In her questions to the First Minister before recess, Alison Johnstone nailed it when she outlined the growing gap between resources and demand and the pressure that our amazing NHS staff are under. The Green amendment rightly highlights the challenges that are faced in achieving the 2020 vision, which is in no small part due to the growing gap between available resources and growing pressures. We would gladly have supported Alison Johnstone's amendment.

In his amendment, Miles Briggs rightly draws attention to staff wellbeing. Many of us attended a round-table meeting that Miles Briggs hosted in the Parliament, at which Brian Connolly—the father of Lauren Connolly, a junior doctor from East Kilbride, who died on her way home from work—addressed us and asked us to do something to help not only junior doctors but everyone on the front line of our health service. Minutes from the Scottish Government working group on the issue indicated that it would not be possible to achieve the 48-hour working week and

maintain safe staffing levels without a 35 per cent increase in junior doctor numbers, which is an increase of approximately 2,200 more doctors. We are happy to work on a cross-party basis on issues like that, in order to improve staff wellbeing and the working culture within our NHS. Therefore, we will support Miles Briggs's amendment.

We also want to work with the Scottish Government. I urge ministers to be more willing to work with Opposition parties to address those fundamental concerns about working culture and the impact of resource pressures.

Today, we have had many briefings—including those from the British Medical Association and the Royal College of Nursing—that are clear on the challenges and the solutions. There must be no more sticking plasters. We need to address immediate problems, such as long waiting times and delayed discharge. However, we need strong leadership, governance and a culture that values collaboration, openness and transparency, so it was disappointing to see the Scottish Government's attempt to wreck our motion. The motion reflects the serious concerns of patients and families, NHS staff, trade unions and professional bodies, and third sector groups that often fill the gaps and pick up the pieces when people are let down. Yet, ministers have used their amendment to delete all those concerns. That "nothing to see here" attitude is an insult to patients and staff.

Let us look at the laundry list of problems on the cabinet secretary's desk. The Queen Elizabeth university hospital and the sick kids in Edinburgh need no further commentary. The legal 12-week waiting time guarantee has been broken over 250,000 times. The cabinet secretary's much-vaunted waiting times improvement plan has missed its promised milestones and abjectly failed to improve patient waiting times; instead they have got worse.

The 62-day cancer waiting time target has not been met since 2012. The most recent statistics show that NHS Greater Glasgow and Clyde and NHS Lothian also failed to meet the 31-day cancer treatment time target.

The 18-week waiting time target for child and adolescent mental health services has not been met while Nicola Sturgeon has been First Minister and, last year, over 5,000 young people waited too long. The most recent figures have shown performance falling again, with more than a third of young people waiting more than 18 weeks for a first appointment.

In 2019, almost 7,000 operations were cancelled because hospitals could not cope.

Despite repeated promises to end delayed discharge, patients are still spending thousands of

unnecessary days in hospital when they should be at home. Figures for December showed a 6 per cent increase compared to the year before, and delays to hospital discharge have cost the NHS almost £200 million since the cabinet secretary took up her post.

I want to mention chronic pain. Thousands of patients who are living with chronic pain are regularly being forced to wait over four months to get a first appointment at a pain clinic, but in the past financial year, services received only £27,000 in additional waiting times improvement funding. Dorothy-Grace Elder and members of the cross-party group on chronic pain are having to pursue answers through freedom of information requests just to get standard information on waiting times. I pay tribute to them and to patients, such as Catherine Hughes, who are exhausted but are fighting the good fight because they do not want other patients to go through the same. I urge the cabinet secretary to find the time to meet that group and those patients.

Many issues in our health service have come to light thanks only to the tenacity of brave whistleblowers, patients and journalists, who have asked the hard questions and not been fobbed off by health board and Scottish Government spin. I pay tribute to families affected by the tragedies and serious events at the Queen Elizabeth university hospital. They have shown us what courage looks like.

Many journalists are involved in that, but I have been speaking to Hannah Rodger from *The Herald* and *Herald on Sunday*. She has spent more than a year using freedom of information to get access to specific information about the handling of outbreaks at the Queen Elizabeth, and she has faced repeated resistance from NHS Greater Glasgow and Clyde. It is concerning that other bodies, including Health Protection Scotland, are following suit in their reluctance to provide information. There is more hiding behind patient confidentiality and legal excuses, yet they break those exemptions when the timing suits, to serve their own spin or narrative.

NHSGGC told Hannah Rodger that there was nothing new in the leaked reports that she was passed detailing the warnings about wards not being purpose built, the fact that the ventilation system throughout the campus might be exacerbating the spread of infection, and the concerns that information was missing from building logs. We got to the point at which the cabinet secretary called a public inquiry, but it should not have taken a year of campaigners, journalists and others meeting brick walls.

It feels as though patients and families are taking on the medical establishment—in fact, at times, it is like a medical mafia. Speaking out and

standing up against their shocking treatment by the health board has meant that some staff have lost their jobs; that is the reality. Worryingly, the problems with transparency are not isolated to one health board or one part of Scotland. Sarah Boyack, Daniel Johnson and Anas Sarwar, who will speak in the debate, have all been tenacious in standing up for patients and staff in their areas.

We have the ridiculous and scandalous situation of the new sick kids hospital in Edinburgh lying empty and unable to treat a single patient, even though the health board is paying millions of pounds to the contractor for it. It is right that there will be a public inquiry into the construction of those hospitals in both Glasgow and Edinburgh. The dots need to be joined, we need accountability and lessons must be learned.

In other health boards, such as NHS Tayside, so many families have had their lives turned upside down by the tragedy of suicide. Families have felt shut out and let down by the decisions of NHS Tayside. The Strang report, which we discussed in the chamber before recess, is a hopeful step towards changing that for good.

Miles Briggs's amendment notes the Sturrock review, which highlights the culture of bullying and harassment in our NHS that needs to be stamped out.

I mentioned the Strang report, which was fuelled by the courage of families who have spoken out. Some of them are experiencing post-traumatic stress disorder themselves. I pay tribute to Gillian Murray, Mandy McLaren and others. It is not just a Tayside issue; the Minister for Mental Health is aware that there are patients who are our constituents in Lanarkshire who are saying the same things. That is why Gillian Murray in Tayside is working with Karen McKeown in Lanarkshire to petition the Parliament to make sure that the fragmentation among services for mental health and substance use ends and that we get to a point at which there is no wrong door—we are far away from that.

In the motion, we talk about health boards being in special measures. There is nothing special about that. The only thing spectacular about it is the fact that it has become so unprecedented. So many opportunities have been missed to step in and support boards and to have a deep dive into some of the problems. So many chief executives and chairs have resigned or been moved on that it feels like a game of NHS musical chairs.

We need a plan for reform, not a Government that shies away from acknowledging the challenges that we face. We need the Government to be open and transparent and to set the bar so that our health boards operate at a high level. We must end the culture of secrecy. That is why I am

disappointed that the Government amendment seeks to delete all those concerns. I want the people of Scotland to know that not just the Labour Party, but all of us as a Parliament, with the support of the Government, will stand up for the NHS, no matter what. We will stand up for patients and for staff.

I move,

That the Parliament has serious concerns about governance, leadership, performance and financial sustainability within the health service, noting that six territorial NHS boards are at level three or higher on the performance escalation framework; notes the forthcoming public inquiry into the scandals in NHS Lothian and NHS Greater Glasgow and Clyde; considers that challenges and risks within the NHS are not being satisfactorily addressed by the Scottish Government, to the detriment of patients and NHS staff; pays tribute to NHS staff for their dedication to patient care and is worried that more than half of doctors and nurses surveyed by BMA Scotland and RCN Scotland link heavy workloads to negative impacts on their own health; believes that the Scottish Government must be more transparent on its stewardship of the NHS, in accordance with Open Government principles, and that the culture of secrecy must end; calls on the Scottish Government to ensure that ministers are accountable to the public and staff through the chairing of annual health board meetings, and agrees that the Parliament should have the power to take evidence from all departing health board chief executives and chairpersons.

14:52

The Cabinet Secretary for Health and Sport (Jeane Freeman): I am pleased to take part in the debate. We are all living longer lives now, and that is indeed good news. It is a testament to the work that our NHS undertakes throughout the lives of every person in this chamber. The change in population brings challenges. Long-term conditions and comorbidities all place significant demands on health and social care. That is one of the reasons why it is so vital, both for our society as a whole and for our health and care services in particular, that Scotland continues to attract people to come and work here.

Our health boards face difficulties in recruiting staff to specialisms in certain areas, and the Scottish Government works with them to try and address those challenges. Their job and ours is made harder because of the additional complexities imposed on us by Brexit, the United Kingdom Government's changes to pension and taxation and potentially an even more draconian immigration system that looks likely to be imposed against Scotland's needs and against Scotland's choice.

Daniel Johnson (Edinburgh Southern) (Lab): I struggle to understand how increases in demand led to bad decision making regarding the building of two hospitals at both ends of the M8.

Jeane Freeman: If I had been suggesting that, then I would have struggled along with the member. I am one minute and 13 seconds in to my speech, so give me a moment.

Where our system falls short of our expectations, we demand that action is taken to address it, because the consequences of shortcomings can be terrible. In the case of the sick kids hospital in Edinburgh, the impact includes the cost to the public purse.

Where bullying has taken place, the impact has clearly been to the detriment of staff who are trying to work to care for their fellow citizens. In the most tragic circumstances, shortcomings have ultimately resulted in the loss of life. I cannot begin to imagine the pain that is experienced by families who have lost loved ones in that way, particularly when that loss is of a child. As the health secretary, I again say how sorry I am that anyone should have had those experiences. They are not acceptable and they must be addressed and we are doing that.

Some members, including Mr Sarwar and Ms Baillie, have raised with me incredibly serious issues and have played a part in starting to see them addressed. Contributions such as theirs help to inform our on-going monitoring of boards through the escalation framework and to change the level of support and direction that boards get so that we can fix problems and failings.

As I have said before, I welcome constructive proposals from anyone to improve our health service for the benefit of patients, families and staff. Sadly, however, Ms Lennon's motion has no such proposals. It calls for two things only: for ministers to chair annual board reviews, which we do, and for the Parliament to be able to call witnesses, which it can. If Ms Lennon has serious proposals to improve services, I will listen, but if the only contribution remains weak lines for press releases, I do not think that we will get very far.

Monica Lennon: Will the cabinet secretary give way?

Jeane Freeman: No—let me finish.

Three years ago, in February 2017, Labour announced that it was establishing an NHS workforce commission. Three years on, what is that commission proposing on workforce? Nothing. In those three years, we have produced workforce plans for acute care, primary care and social care. We have worked with the Convention of Scottish Local Authorities to produce an overarching workforce plan that draws all that together. We have seen 2,700 whole-time equivalent more staff join our NHS, which is an increase of 2 per cent, and we have passed the most comprehensive safe-staffing legislation anywhere in the United Kingdom. Overall, under the SNP, NHS staff

numbers are up by 11.3 per cent, which means that more than 14,300 extra whole-time equivalent staff are working in our NHS to deliver the quality of our services that our citizens need.

Monica Lennon: We have been busy meeting the people who cannot get in front of the cabinet secretary, although she claims to have an open door. She made it a priority to establish staff whistleblowing champions, but that is only happening now. We are working with stakeholders on policy development. We have an election next year, but there has been no press release from us to trail the debate. The cabinet secretary's response is an insult to all the people I mentioned in my opening remarks. It is more spin and more denial. Take responsibility—you have been in charge for 13 years.

Jeane Freeman: My response is absolutely none of those things, because that long list that Monica Lennon produced is a list of actions that we are taking—I have met those people. I am able to meet people, devise policy and lead our NHS. If you would like to try to do some of that, we might have a constructive discussion—

Monica Lennon rose—

Jeane Freeman: I will take no more interventions.

The Deputy Presiding Officer: Excuse me, ladies. You should not have private conversations and arguments across the chamber. Everything should come through me.

Jeane Freeman: My apologies, Presiding Officer.

Under this Government, since 2006-07, the annual resource investment in health has risen by 62.9 per cent, and our draft budget for 2020-21 will take total health spending to more than £15 billion, which is a rise of 4.2 per cent over and above the demand that we recognised in our medium-term financial framework. However, under Labour's manifesto, health spending would have been down by £1.4 billion in this year.

Investment must of course be matched with reform. While social care reform in England remains in the long grass, we have backed integration, not with warm words but through our partnership with COSLA and the additional resources that are proposed in the budget, which take our total investment in health and social care partnerships to more than £9.4 billion. Investment in our NHS and in health staff, who are our most valuable resource, is vital and is producing improvements. That is not happening as fast as we want, but there is real, tangible and sustainable improvement.

In the year to September 2019, the number of out-patients waiting more than 12 weeks was

down by 14 per cent, while there was a 50 per cent reduction in patients waiting more than six weeks for scopes and an 18 per cent reduction in patients waiting more than six weeks for one of the eight key diagnostic tests.

Edward Mountain (Highlands and Islands) (Con): Will Jeane Freeman take an intervention?

Jeane Freeman: No—I have a lot to get through.

A 95 per cent performance rate for the 31-day cancer target has been met and improvements are coming through on the 62-day target. There is more to do—absolutely—but those improvements should be neither ignored nor dismissed.

There is innovation across our NHS every day: in home-based hypertension testing that is linked to social prescribing; in the growing number of patients that use the attend anywhere platform, or NHS near me; and in developments in optometry, community pharmacy, robotic surgery and orthopaedic in-patient stays and much more. Our job is to harness such innovation, gather the evidence of what works and enable it to be spread, as we did only yesterday with the NHS Lanarkshire hospital-at-home model.

I do not deny that there are challenges or problems. I am clear that the whole-system approach that we are taking and the whole-system engagement that we are nurturing—from our work with local authorities to our engagement with royal colleges, regulatory bodies and third sector organisations—are the right things to do.

I ask Opposition colleagues for recognition of the progress that our NHS staff are delivering, and I note that criticism and challenge should come along with constructive engagement, ideas and mature discussion. Our NHS, the staff who dedicate their lives to it and the patients who need it deserve nothing less from any one of us.

I move amendment S5M-20882.3, to leave out from “has serious concerns” to end and insert:

“pays tribute to NHS staff for their dedication to patient care and safety, commending them for the work they are doing in implementing plans for workforce development, waiting times improvements and enhancing mental health services; welcomes that the draft budget for 2020-21 would ensure that health funding will be £1.4 billion higher than had there been only real terms funding increases since 2016; notes that Lord Brodie will chair the public inquiry into the Royal Hospital for Children and Young People in Edinburgh and the Queen Elizabeth University Hospital and that the terms of reference for this inquiry are currently under development; welcomes that the Scottish Government ensures that ministers are accountable to the public and staff through the chairing of annual health board meetings, and notes that, should they choose to do so, the Parliament’s committees already have the power to take evidence from all departing health board chief executives and chairpersons.”

15:01

Miles Briggs (Lothian) (Con): Anyone out in the real world who has been watching the debate so far will think that the cabinet secretary does not have a grasp of what is going on in our health service. Her turning up for a photo call is one thing, but the daily emails that I receive from members of the NHS workforce show the trouble that they are in and that the cabinet secretary is not listening.

I welcome the debate, which builds on the debate that I led in the chamber in April 2019 on standing up for all those who work in our health service.

As in last April’s debate, I put on record my party’s gratitude to and support for each and every member of NHS staff in Scotland. Our NHS staff are, fundamentally, our NHS. They are the most valuable resource that we have. They are incredibly hard working and, despite the pressures that are put on them by ministers, they provide each of our constituents with first-class healthcare.

I am disappointed that the Scottish Government has not done more since last April’s debate to introduce some of the positive measures that members suggested to address workforce issues, staff workload concerns and working conditions, or to tackle the severe staff shortages in the NHS.

Earlier, Monica Lennon mentioned junior doctors working hours, which I have raised before. Last year, I was pleased to host a round-table meeting in Parliament with Brian Connelly, the father of a 23-year-old junior doctor who, sadly, was killed driving home after a 12-hour night shift. I pay tribute to Mr Connelly again on his campaigning. However, we need action on the issue, so I would be grateful if, in closing the debate, ministers could use the opportunity to tell us about what has come out of the work of the expert working group that is chaired by Professor Cachia. We should have heard about that earlier, and it is important for members and any junior doctors in the public gallery to understand where the Government is going with that work.

I have given my backing to the Royal College of Anaesthetists’ excellent fight fatigue campaign, which is a suggestion-based solution to how to support NHS staff.

The briefings from the BMA and the RCN for the debate highlight workforce concerns that we should all be acutely aware of. In the RCN’s 2019 employment survey, 60 per cent of respondents agreed that they are “under too much pressure” at work, with 70 per cent reporting that they work over

“their contracted hours at least once a week”

and 52 per cent reporting that they work beyond their contracted hours in each hospital shift. That demonstrates just how much more needs to be done to support NHS staff in Scotland. We need to look at such support holistically, which means looking at pre-shift and post-shift support.

Having rest facilities in hospitals and properly timetabled rotas so that staff can get a break are measures that could improve NHS staff wellbeing and effectiveness and, most important, their safety. For example, we have been calling for the Scottish Government to introduce sleep pods in hospital campuses, where which staff can rest before they head home or start shifts. I urge ministers to work with our health boards across Scotland to take that issue forward.

We want every health board to provide quality mental health and financial support and advice to NHS staff. With NHS staff absentee rates at such high levels, we need to look to invest now in better mental health support for our NHS workforce.

Issues and difficulties around parking are constantly raised with me. NHS staff at hospitals in Edinburgh and Glasgow and at Ninewells hospital still have to face parking charges. In campaigning to end that unfair charging, the Scottish Conservatives have put forward a solution: a refund scheme for NHS staff. The Government can take that forward, and I hope that all members can get behind it. The Scottish Government's proposed budget does not include a refund scheme, but we can implement one—and it is costed. I hope that ministers will look to implement such a scheme. The charges must come to an end for NHS staff who work at those sites and still pay them. Ministers have had the powers to deal with that for 13 years.

We also want to see a comprehensive national review of parking for patients. In many cases—including many in Edinburgh, as I know from my own mailbag—when people go to hospital, they find the stress of parking, or there being no capacity to park, a significant issue. As a Parliament, we can address that. Money can be made available, given the £7 million in Barnett consequential for parking that is coming to the Parliament. I hope that ministers will try to take that issue forward.

Jeane Freeman: Will Miles Briggs accept two things and clarify one thing for me? First, does he accept that it was an SNP Government that abolished parking charges in those hospitals in respect of which we are not obliged to continue to pay more than £240 million a year for private finance initiative contracts? Secondly, does he accept that our approach on climate change should—as the attend anywhere programme and the near me services do—produce significant improvements so that people will perhaps no

longer need to use their cars as much? Finally, will he clarify whether the £700 million that he claims is coming from Barnett consequential is for car parking or for something else?

The Deputy Presiding Officer: Mr Briggs can have extra time.

Miles Briggs: Thank you very much, Presiding Officer.

On Jeane Freeman's first point, yes, but that was not the case in three hospitals where NHS staff still have to pay to park. We can do something about that: we can refund staff their parking charges. That is now planned to take place in England and Wales, and some £7 million will come to the Scottish Parliament in Barnett consequential because of parking charges that staff will not pay in England and Wales. Ministers can decide to stop making staff pay at hospitals in Edinburgh and Glasgow and at Ninewells hospital and to use that money, or they can decide to see the charging approach continue. I do not believe that our NHS staff in Edinburgh and Glasgow and Ninewells hospital should continue to pay those parking fees.

I repeat the call for the Government to bring forward a full debate on the Sturrock review without further delay. My Highlands and Islands colleague Edward Mountain has also rightly and repeatedly made that call.

On the Scottish Government's failure to meet a raft of NHS targets and its appalling oversight of key NHS infrastructure projects, I associate myself with the content of Monica Lennon's motion. In speaking to my constituents across Edinburgh and Lothian, I am always struck by the fact that they are increasingly losing confidence in the SNP's ability to lead and manage our NHS. That should not be any surprise to ministers when they look at all the problems that are mounting up.

However, there are innovative new solutions that we could take forward if ministers looked to implement them and listened across the Parliament.

As a co-convenor of the Parliament's cross-party group on cancer—Anas Sarwar is the group's other co-convenor—I have highlighted in recent months our report, which pointed out that cancer survival rates are being impacted by the lack of workforce; it also pointed out the SNP Government's work on tackling cancer has not taken a long-term approach.

As Monica Lennon outlined, chronic pain patients across our country feel that they are completely ignored, and they have had enough—they want to see action to address chronic pain. We need to take that forward, and the Parliament needs to take a serious role in considering how

people who suffer from chronic pain access services in Scotland. Many of our fellow Scots who have chronic pain are fighting day in, day out just to be believed.

I hope that ministers will use the debate to understand the problems that our health service faces and will listen to the calls from across the Parliament for cross-party action. I welcome the debate. We should all be scrutinising the Government's failing record on our NHS.

I move amendment S5M-20882.1, to insert at end:

“; believes that there is a need to improve the holistic care and support provided to NHS and social care staff, including pre- and post-shift support, in order to promote wellbeing; condemns bullying in any part of the NHS, and calls on the Scottish Government to bring a full debate on the Sturrock review before Parliament at the earliest opportunity.”

15:09

Alison Johnstone (Lothian) (Green): I thank the Labour Party for bringing these issues to the chamber. Given the challenges that our health service has been facing in the past few months, the debate is extremely timely. I also pay tribute to our incredible health service staff, who are working in increasingly tough conditions and are still managing to deliver excellent care. It is important to acknowledge that. Audit Scotland's report on the NHS, published in October, revealed that, despite the existing pressures, patient safety and experiences of hospital care continue to improve. The NHS in Scotland has a committed workforce that continues to provide high-quality, safe care. I am extremely grateful for that. It is essential that we in Parliament take time to highlight the challenges that the NHS faces but we must also thank our dedicated healthcare staff and celebrate the work that they do.

I agree with the principles that are contained in the motion in Monica Lennon's name. It is vital that we have transparency across our public services, not least in our health service, where lives are at stake. My amendment, which was not selected for debate, urged the Scottish Government not only to publicly report on the progress of the health and social care plan but to urgently develop a new health and social care strategy. The Scottish Government's 2020 vision, which stated that, by 2020, everyone would be able

“to live longer, healthier lives at home, or in a homely setting”,

has obviously not been realised. The Scottish Government needs to outline the revised timescales for realising its ambition.

The motion also refers to the sustainability of the health service. The same Audit Scotland report

on the NHS was clear that wide-scale reform is necessary to address the increasing pressures on the NHS and to reduce demand for acute services. That is not happening, however. Delayed discharge figures are consistently poor and, between 2017-18 and 2018-19, the NHS saw an increase of 2.8 per cent in A and E attendances. Acute services are struggling at both ends of the pipeline, and patients are suffering as a result.

John Mason (Glasgow Shettleston) (SNP): I agree with a lot of what the member says. Does she accept that we will need to disinvest in hospitals if we are going to put more money into the community?

Alison Johnstone: That is a big question, which I do not have time to cover in this debate.

Health inequalities, which drive a great deal of the pressure on our NHS, continue to permeate our society. The Royal College of Paediatric and Child Health's 2019 update of its “State of Child Health” report said:

“The proportion of children at risk of being overweight or obese surges ahead in the most deprived areas but is falling back in the least deprived areas. Child poverty rates are increasing and child mental health services are struggling to meet demand.”

If we do not improve the health of our children, we have little hope of improving the health of the nation as a whole.

Of course, although accountability for any failings is essential, we need to avoid perpetuating a blame culture and instead ensure that NHS staff and leadership are supported and valued. As has been well described, there have been deeply concerning reports of a negative workplace culture in the health service. The departing chair of NHS Lothian, Brian Houston, stated in his resignation letter that the health board has not been treated with

“the values of openness and honesty, dignity and respect by some areas of the Scottish government”

and said that the board had been bringing the challenges that it was facing to the Scottish Government's attention for years. Martin Hill, the vice-chair, similarly stated that

“the Scottish Government contrived to put Brian in a position where he felt it necessary to resign”.

Monica Lennon: When Alison Johnstone mentioned Brian Houston's resignation, the Minister for Mental Health rolled her eyes. Do we have complacency at the heart of Government, given that it is not taking more seriously the letter from Brian Houston, which Alex Cole-Hamilton raised during topical questions before the recess?

The Minister for Mental Health (Clare Haughey): On a point of order, Presiding Officer. I find the remarks that Monica Lennon has just

made about me to be insulting. What my gestures are when I am not making a speech or an intervention, and when I am in conversation with a colleague sitting beside me, should not concern her.

The Deputy Presiding Officer: You have placed your feelings on the record, minister. We will now go back to Alison Johnstone.

Alison Johnstone: It is clear that people in management at NHS Lothian are not feeling wholly supported or valued. That is concerning in any workplace but, in our health service, which is critically important to the health and wellbeing of Scotland, it is alarming. Failings in a health board are frequently indicative of wider issues and they should not be dismissed as being the fault of one individual.

I will not support the Scottish Government's amendment, because it seeks to remove any reference to staff wellbeing despite the abundant evidence that NHS workers are under considerable strain. We must not ignore what front-line staff are telling us. Both the cabinet secretary and I attended the reception in the Scottish Parliament for the Royal College of Emergency Medicine a couple of weeks ago, and we were left in no doubt about the situation in emergency departments.

As Miles Briggs's amendment points out, the Sturrock review revealed a culture of bullying at NHS Highland, and the independent inquiry into mental health services in NHS Tayside revealed that

"Some staff do not trust the organisation's motivation, experiencing a culture of fear and blame. They see a failure of the organisation to take responsibility, and evidence of defensiveness and lack of transparency."

There is a disturbing pattern here. As health boards struggle to meet demand and cope with staff shortages, stress and tensions increase, and it is clear that staff are too often bearing the brunt of that.

Those conditions will only worsen with the introduction of the UK Government's post-Brexit immigration plans, which were revealed this week. The Home Secretary said that the plans are about bringing

"the brightest and the best"

to the UK and that the Government wants to

"reduce the levels of people coming to the UK with low skills."

That devaluation of so many of our foreign-born workers is simply appalling. Historically, people who work in the care sector have been low paid and classed as low skilled, but caring for vulnerable people with multiple, complex conditions requires a particular skill set that we

would do well to appreciate. Our health and social care system relies on so-called low-skilled workers, and the UK Government's refusal to acknowledge that is short sighted at best.

I will support the Conservatives' amendment because it makes some valuable points about workplace culture and the Sturrock review, but the Conservatives need to take a long, hard look at themselves and decide whether the best way to promote wellbeing is to devalue vital staff and worsen recruitment issues at a time when demand for NHS services has never been higher. I hope that they will work with other parties and with their Government at Westminster to lessen the impact of the new immigration rules on our health and social care services.

I am sure that staff and the public do not appreciate our NHS being used as a tool with which to score political points. We must work together constructively as a Parliament to better support our NHS workers, because they need us and we need them.

15:17

Alex Cole-Hamilton (Edinburgh Western) (LD): It often sounds slightly clichéd to begin a speech such as this one by thanking NHS staff, but I do thank them, because they have saved the lives of two of my three children on several occasions. They work miracles even though they are on their knees and we sometimes ask them to do more with less. They have my thanks—particularly the junior doctors in the gallery—and so does the Royal College of Nursing Scotland, which has provided us with an excellent briefing for the debate.

I also pay tribute to some people who do not often get a lot of thanks, and they are the board chair, the board chief executive and the head of the health and social care partnership in my area. I have cause to work with Brian Houston, Tim Davison and Judith Proctor nearly daily and I know that they recognise the problems in their health board. I do not hold them responsible for a lot of those problems and I know that they are doing their very best.

John Mason: Will the member take an intervention?

Alex Cole-Hamilton: Not at this time. I need to make some progress.

I recognise that the departures of Tim Davison and Brian Houston, coming as they do, side by side, will create a massive leadership gulf in NHS Lothian, but I am conscious that we have some organisational memory left there.

There are warning lights across the dashboard of our NHS. We see that day in, day out in our

constituency surgeries, including in cases where there are breaches of the 12-week waiting time guarantee. We hear that people, who are sometimes in abject pain, have been asked to wait 40 or 50 weeks for basic surgery even though they are clutching the letter that we still cruelly send them to say that they have a legal right to be seen within 12 weeks.

Not only that, but the systems for mailing things out to people are still stuck in the 1970s. A lady came to see me who had had a referral for suspected mouth cancer. At the top of the referral letter that she was clutching was an admission that it had been dictated in October and typed up in December. Delays of that kind, which are caused by information sitting in a dictaphone somewhere, cost lives.

I have previously referenced Dr Patrick Statham, my meeting with whom was the first time that I had had a consultant neurosurgeon come to my surgery to complain about delayed discharge. He is turning people away from the Western general hospital every single week because there are insufficient in-patient beds in that hospital due to its inability to discharge well patients into social care packages in the community.

That is typified by the constituents whose issues I have raised several times. George Ballantyne was declared well but had to wait 150 nights in the Liberton hospital at a cost of £500 a night for the want of a care package that would have cost £80 a night. That is the myopic problem in the integration agenda and we all need to address it.

The problem is that we do not value social care staff enough. The recognition that we pay people more to stack shelves in a supermarket than to provide round-the-clock intimate care to some of our most vulnerable citizens is an outrage. It is part of the reason why there is an interruption of flow throughout the health service, which is evident in our A and E delays and the waiting times problems there.

I will speak about NHS Lothian because it is creaking at the sides. I do not hold the board or the social care partnership responsible for that. GP surgeries are groaning under the weight of the new housing that has been forced on Edinburgh and are often closing their lists to new entrants. Added to that is the fact that our population is getting older.

John Mason—who I will let intervene in a minute, because I know that he wanted to—asked Alison Johnstone whether we need to divest from hospitals to invest in healthcare in the community. I would start by not wasting £1.4 million a month on a hospital that is currently lying empty and waiting for children.

James Dornan (Glasgow Cathcart) (SNP): Will the member take an intervention?

Alex Cole-Hamilton: I will take an intervention from James Dornan, if John Mason is not ready to intervene.

The Deputy Presiding Officer: Hold on. I call James Dornan.

James Dornan: What would Alex Cole-Hamilton do now with the hospital? He has to accept that we are where we are, and he has not answered John Mason's question. We need to get the money from somewhere, now.

The Deputy Presiding Officer: Excuse me. We seem to be having private conversations again. I ask members to bear in mind that everything goes through the chair.

Alex Cole-Hamilton: I am grateful for James Dornan's intervention, but part of the issue is baked into the fabric of the design for the building. Eight years ago, the hospital was meant to open. It was first commissioned in 2012 and was due then. Of course we are not now going to put people into an unsafe hospital, but we need to learn those lessons and not put the blame for them at the feet of the chief executive and the chair of the health board, as this Government has sought to do. It is easy to lay blame.

I will come to the resignation of the board chair in one minute, but the cause of the fiasco was baked in eight years ago. It could have been stopped several times and it was not. I hope that we will get answers on that in the coming inquiry. However, Brian Houston in his resignation letter talked about the blame culture that goes from this Scottish Government to health boards around the country. The letter suggests that he was told to accept the blame for the sick kids hospital delay by this cabinet secretary. His words are that he felt a "rush to judgment" that

"appears to reflect a desire for blame that is unfair and inappropriate."

I agree with him. I am shocked by it. At no point have I ascribed the blame for the sick kids hospital to this cabinet secretary, so I am dismayed to learn that a senior high-ranking official in the health board was meant by her to feel blame.

The culture of blame from this Government is not new. When the SNP cut funding to drug and alcohol services by £1.3 million in the capital, the cabinet secretary's predecessor blamed NHS Lothian for not meeting the gap through NHS Scotland resource allocation committee funding. This NHS is in crisis and the answer to none of it is further centralisation.

Brian Houston's resignation letter spoke to the heart of the problem in NHS Lothian when he wrote that

"we have consistently drawn the ... attention"

of the Scottish Government

"to the requirement for a fundamental step change in infrastructure and capacity to serve a population that is growing at twice the Scottish average."

This Government has its fingers in its ears and it is not valuing the people on the front line who are trying to make it right.

The Deputy Presiding Officer: We now move to the open debate. Speeches of six minutes, please. It would be appreciated if people try to keep to time.

15:23

Jackie Baillie (Dumbarton) (Lab): It is perhaps unsurprising that I will focus on NHS Greater Glasgow and Clyde. It is Scotland's largest health board, which covers the people who I represent in the Dumbarton constituency. I welcome the fact that the cabinet secretary has recognised how poor the health board is by ordering special measures for it at stage 4 of the NHS board performance framework.

The truth is that NHS Greater Glasgow and Clyde is failing—even the Scottish Government recognises that. It is failing its staff, who work so hard often with insufficient resources; it is failing patients, who are languishing on ever-increasing waiting lists; and it is failing our communities, as services are centralised away from their areas—making it difficult for those who are disadvantaged to access the services that they need.

The health board used to argue that centralisation delivered better outcomes, but, for the first time since records began, life expectancy in Scotland has fallen. That is a scandal in 21st century Scotland, and it is the measure on which the SNP Government should be judged—and judged harshly.

I welcome some of the things that the cabinet secretary has done, but I also think that she has been too lenient with those at the very top of NHS Greater Glasgow and Clyde. Frankly, I have had enough.

Jeane Freeman: Will Jackie Baillie accept that there is a contradiction between a Labour member arguing that I should escalate NHS Greater Glasgow and Clyde to a higher level and the Labour motion citing escalation as an indication of failure by the NHS? Is it not, rather, an indication of a Government that is getting a grip of what is going wrong and acting on it? *[Interruption]*.

Jackie Baillie: As the cabinet secretary will have heard my colleagues shouting, the two are not mutually exclusive. We do need action, and I am about to call for an increase in the action that is taken.

The level of complacency and downright incompetence that I have witnessed merits the escalation of special measures to stage 5—the most serious intervention possible—and the removal of the chair and chief executive, who have presided over that shocking series of failures.

Let us not forget that those failures include the cases of children such as Milly Main, who died needlessly in the Queen Elizabeth, Scotland's flagship hospital, because of infections due to the condition of the building. How devastating for those families affected, and how outrageous that there appear to have been attempts to cover up the scandal.

The culture of secrecy and the lack of openness and transparency comes from the very top of the health board. I witnessed that first-hand when I worked alongside families who experienced the *Clostridioides difficile* outbreak in the Vale of Leven hospital where 38 people died. There was an independent review and a public inquiry, but it appears that lessons have not been learned by the health board. I suspect that the problems are not with the infection control team, and instead rest with the leadership at the very top, who did not act on the information that they had and effectively covered up the problems. It really does not get more serious than that, and it is symptomatic of the wider failures at the very top of the board.

Waiting times for scheduled and unscheduled care are now through the roof. Despite the additional resource being provided by the cabinet secretary, things appear to be getting worse, not better. Let me illustrate that.

John Christie is a well-liked local teacher. He was referred for a left knee replacement in June 2017. In July 2019, two years later, he was told that he needed a hip replacement first. He went for his pre-op in October 2019, but his surgery is unlikely to take place until August 2020. He is in so much pain that he had to be hospitalised. He is now barely able to walk. Almost three years on from his first referral, Mr Christie is still waiting. That is intolerable.

Fergus McMurdo is five years old. He needs his adenoids removed. He will wait until October 2020, more than a year after being seen by the consultant, for his operation. In the meantime, he is in pain and his condition is slowing his reading development at school. That is the tip of the iceberg. In my casework bag, I have the details of hundreds more cases in which people are being failed by NHS Greater Glasgow and Clyde. The

treatment time guarantee in that health board is, simply, a joke.

I turn to the out-of-hours service at the Vale of Leven hospital. In 2018, there were 82 closures due to a lack of GP cover. In 2019, the number of closures soared to 179. That is a 118 per cent increase, and that is despite me challenging the health board—and, indeed, the cabinet secretary challenging the health board, during a meeting, with me, at the hospital in June 2019.

The problems are repeated at Inverclyde royal hospital. The Sir Lewis Ritchie review of primary care out-of-hours services reported in 2015. What has the health board been doing in the past five years? It has singularly failed to resolve the problem. I raised out-of-hours services again in the chamber in December 2019, and I was told that seven out of 70 salaried doctors had been recruited.

An iceberg is currently melting faster than the speed at which NHS Greater Glasgow and Clyde acts. The consequence of all that incompetence is that patients end up at the front door of A and E, increasing waiting times for conditions that can best be treated locally.

The level of inaction and incompetence is truly outrageous, and the contempt of the chair and chief executive for MSPs is all too evident.

John Mason: Will the member give way?

Jackie Baillie: No, I do not have time.

The chair and chief executive have not bothered to hold meetings with us in more than two and a half years. It is bad enough that they ignore MSPs, but to ignore the cabinet secretary, in effect, is scandalous.

There is no accountability, there is no transparency, and there is a litany of failures. I ask the cabinet secretary, for the sake of my constituents and the NHS, which we all hold close to our hearts, to sack the chair and chief executive. They are out of time and they should be out of office.

15:30

Emma Harper (South Scotland) (SNP): I welcome this debate, which affords the opportunity to discuss, positively, the progress that is being made on addressing many of the challenges that are mentioned in the Labour Party's motion.

As a nurse educator who worked on the front line of the NHS until May 2016, I want to recognise the outstanding work that our dedicated, hard-working and competent NHS staff do, day in and day out, the length and breadth of Scotland.

The NHS in Scotland is our most important public resource and we must do everything that we can to ensure that it is properly funded and protected as a public service. As members will be aware, almost 50 per cent of this Parliament's budget is spent on health. That clearly demonstrates this Government's commitment to healthcare.

Indeed, in the budget that was announced by Kate Forbes, whom I welcome as our new finance secretary, funding for the NHS in 2020-21 will rise to more than £15 billion for the first time since this Parliament's inception. The funding boost will allow our health service to continue to grow its workforce, which, over previous years under this Government, has risen by more than 14,300 whole-time-equivalent staff. That increase represents doctors, nurses, healthcare assistants and many allied health professionals and should be welcomed by all parties in the Parliament.

In addition, patient satisfaction rates in Scotland are soaring above the rates in other parts of the UK. Some 86 per cent of people in Scotland rated their full in-patient experience positively in 2018, and 83 per cent rated the overall care that their GP surgery provided as "good" or "excellent".

In addition to the positive patient feedback, over the past five years there has been a decreasing year-on-year trend in rates of MRSA and C diff infection, which demonstrates that the Scottish patient safety programme is working to protect patients. As a result of that programme, we have some of the lowest rates of hospital-acquired infection in the UK.

When I was preparing for today's debate, I contacted my Westminster colleague, Philippa Whitford MP, to talk about the Nuffield Trust's research into the NHS in Scotland, which led to the report, "Learning from Scotland's NHS", by Mark Dayan and Nigel Edwards. The key findings and themes of the research show the strength of our NHS in Scotland compared with health services in the rest of the UK and even the rest of the world.

In the research, NHS Scotland was comprehensively compared with NHS services in England, Wales and Northern Ireland. The authors found that

"Scotland has a unique system of improving the quality of health care"

that is delivered to patients, which

"focuses on engaging the altruistic professional motivations of frontline staff to do better, and building their skills to improve."

The authors went on to say that, in Scotland,

"Success is defined based on specific measurements of safety and effectiveness that make sense to clinicians."

The vast majority of the clinicians who were interviewed for the research agreed with that. The authors went on to say:

“Scotland’s system provides possible alternatives for an English system with a tendency towards too many short-term, top-down initiatives that often fail to reach the front line. It also provides one possible model for a Northern Irish NHS yet to have a pervasive commitment to quality improvement, and a Welsh system described as needing better ways to hold health boards to account while supporting them in improving care.”

That independent research and the findings speak for themselves and serve as an example of how the NHS in Scotland, under the Scottish Government, is showing leadership across the board.

The cabinet secretary mentioned technology that can reduce the need for travel, helping to mitigate the effects of climate change. In NHS Dumfries and Galloway, a lot of great work has been done by the respiratory team using the telemedicine approach for the past 10 years and the transforming Wigtownshire team has been engaging with the attend anywhere, community health synchronisation—CoH-Sync—and mPower programmes. A lot of great work is being done.

Alison Johnstone mentioned the Royal College of Emergency Medicine’s event. I was the sponsor of that event and I welcomed the words from Dr David Chung and from Kirsty, the doctor who spoke. She presented an overview of a really challenging work environment with many competing priorities on one particular night shift. However, she also said that she loved her job and how busy it was.

Alison Johnstone: No one who attended the event that night could be in any doubt as to the commitment of the people who work in our emergency departments. However, the young doctor said, “It’s not safe”; those were the words that had gone through her head about the night that she spoke about. That must be of grave concern to every one of us.

Emma Harper: As an operating room nurse who worked in the recovery room in what were sometimes really stressful and difficult environments, I know that it is sometimes challenging to support a safe environment. However, the doctor who spoke also said that that part of her work was what drew her to the emergency room environment. I agree that it can be challenging to create an environment that meets safety requirements, but everybody tries to meet those challenges in order to support the safest and most effective person-centred care.

I want to address the specific point in the Labour motion about staff morale. We know that a positive staff experience makes for a better health service overall and I am pleased that the Scottish

Government is clear that the staff working in our NHS are our most important asset. I realise that I have gone over my six minutes, so I will just say that I welcome the debate and the opportunity to highlight the fantastic work that is going on in our NHS in Scotland. We must make sure that we preserve that and keep the NHS safe for everybody who uses it.

15:37

Annie Wells (Glasgow) (Con): This is a welcome debate and I begin with a thank you to all our NHS and social care staff. At key moments throughout all our lives, the Scottish NHS has been there to support us. We can probably all remember a particularly compassionate doctor or nurse who helped us at a difficult time and made sure that our loved ones were looked after and comfortable. When my son was born and when my dad passed away, our NHS was there, as it has been for so many of us at crucial moments.

We are incredibly lucky to have a health service of such quality that is ready to help when we need it. The backbone of our health service is, of course, its staff. Its people are the most valuable resource that our NHS has and we must look after the people who look after us. However, under the SNP Government, that is not happening. Scotland’s NHS has suffered in each and every year that the SNP has been in power. We all value the NHS greatly, but it has been mismanaged by this Government at almost every turn.

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

Annie Wells: Not at the moment; I have just started and I have a lot to get through.

There are the visible headline problems that everyone can see. We have a sick kids hospital that was supposed to open years ago but is still lying shut, treating no patients. Staff are having to work in older buildings instead and do not have access to new facilities where they could do their jobs better.

In my home city of Glasgow, the Queen Elizabeth university hospital has gone from one scandal to another. The problems just keep coming. The handling of water contamination has been shambolic from the start. Information was withheld from a parent that the death of her child in 2017 might have been linked to water contamination, and since that death was reported, it has emerged that Health Protection Scotland reports identified contamination risks as far back as 2016, with dozens of individual cases.

Then there are the headline targets that have been missed: a 12-week treatment time guarantee that has never been met, even though Nicola

Sturgeon set the target herself in 2011; one in six patients with urgent cancer referrals is waiting more than two months for treatment; and, in A and E, nearly one in seven patients is waiting more than four hours to be seen, 600 patients are waiting more than eight hours, and 185 patients are waiting longer than 12 hours. How is that acceptable?

Gillian Martin: Annie Wells says that in every year that the SNP has been in government, the health service has got worse. Will she not accept that funding has increased by 50 per cent under the SNP, £14 billion is coming this year and there are 14,300 more staff than there were in 2006?

Annie Wells: I absolutely welcome the increased funding from the UK Government—that is why the SNP has the money to spend on the health service. Members should listen to the end of what I am saying about the numbers of people—

Clare Haughey: Will the member take an intervention?

Annie Wells: Sorry, but I need to make progress. I am halfway through my time and not even halfway through my speech yet.

It is not the fault of our staff—not at all. They do their absolute best in dire situations that are caused by those blunders. Those are the headline problems, but under the surface, the picture gets even more depressing. Doctors and nurses do not get to do their job to the best of their ability because of the workforce crisis that has been created.

The Royal College of General Practitioners expects there to be a shortfall of 856 doctors in Scotland by 2021, which is only going to be made worse by the ageing workforce—

Clare Haughey: Will the member take an intervention?

Annie Wells: I have got too much to get through—sorry about that.

Clare Haughey: I thought that it was supposed to be a debate.

Annie Wells: Yes, it is a debate and I have taken an intervention, thank you very much.

Let us not forget that Audit Scotland has found that the SNP will struggle to meet its promise of an extra 800 GPs over the next decade.

Away from GPs, the problems are just as severe. There is an increasing lack of nurses and midwives. Recent figures showed that 3,826—

Emma Harper: Will the member take an intervention?

Annie Wells: I am sorry, but I need to make progress. Recent figures showed—*[Interruption.]* Am I allowed to carry on?

The Deputy Presiding Officer: Carry on, Ms Wells.

Annie Wells: Recent figures showed that 3,826 whole-time nursing and midwifery posts for qualified and support staff were vacant. There were 802 more vacant nursing and midwifery posts in September 2019 than there were in September 2018. That is the cost of a distracted SNP Government that is more focused on finding and inventing grievance with the UK Government than stepping up and sorting out the problems in our hospitals.

Gillian Martin: Will the member take an intervention?

Annie Wells: I am in my last minute.

How do we fix it? How do we start treating our NHS staff with the respect and support that they deserve? The UK Government's huge funding increase to the Scottish budget over the next few years means that there really are no excuses.

As my colleague Miles Briggs said, we have set out plans to support the health and wellbeing of NHS and social care staff. One of those policies is free parking for NHS staff, which seems to be the bare minimum that we can do for doctors, nurses and all the staff who make our health service what it is.

We have set out ideas for better mental health support, more financial advice, health checks and sleep pods in hospitals for NHS night-shift staff to rest after shifts. All our plans have one thing at their heart, which is freeing up NHS and social care staff to focus on what they do best: caring for patients.

We should not take NHS staff for granted any longer. Let us support them and give them the backing that they deserve for being there for every single one of us, every single time.

15:44

Stuart McMillan (Greenock and Inverclyde) (SNP): For Annie Wells's benefit, I say that, proportionally, there are more GPs, more hospital consultants and more qualified midwives and nurses in Scotland than there are in England and Wales.

Emma Harper: Will the member take an intervention?

Stuart McMillan: Okay.

Emma Harper: I thank Stuart McMillan for taking the intervention, even though he is sitting beside me.

Does Stuart McMillan agree that Brexit is not helping, because we are seeing a 90 per cent reduction in the number of nurses and midwives from the European Union who are registering?

Stuart McMillan: Unsurprisingly, Emma Harper is absolutely correct in the point that she makes. *[Interruption.]* Some members might want to laugh but, unfortunately, Brexit will have a negative effect on many aspects of society in Scotland, including the NHS.

Miles Briggs: Why did the First Minister cut the number of student nurse and midwife places when she was health secretary?

Stuart McMillan: The SNP Scottish Government has increased the numbers each year for the past eight years. Mr Briggs needs to do a bit more homework.

No member could say that the NHS is perfect, nor could any member highlight any organisation that is perfect. If they were to do so, they would be lying. However, although the NHS has its challenges, it is a magnificent organisation that delivers and which saves and rehabilitates lives. It is absolutely right for members to highlight the challenges that are faced in the areas that they represent, which are sometimes a result of a service failing to meet the usual high standards. Every one of us will write to our health boards, local GPs and health and social care partnerships regularly to highlight cases involving our constituents. If we see a pattern developing, that must be addressed.

The NHS is sometimes portrayed—we have heard this already, particularly from the Tories—as being close to Armageddon, but it is not. Talking down our NHS does not help the morale of the staff; it puts them under even more pressure and, coming on top of the extra demands that are being placed on the NHS, it will make it harder to recruit into the service the people whom we require.

Daniel Johnson: Will the member give way?

Stuart McMillan: I am sorry; I have already taken two interventions.

Monica Lennon's motion highlights a few things that are happening in the health service, one of which is the public inquiry into what has happened in NHS Greater Glasgow and Clyde and NHS Lothian. It is right for that public inquiry to take place, because the public deserve to know what has happened. I do not disagree with Monica Lennon's mentioning that in her motion. After all, we are talking about taxpayers' money. If such an inquiry had not been set up, the Scottish Government would have been accused of trying to brush everything under the carpet.

On a similar note, the escalation to level 4 of NHS Greater Glasgow and Clyde and NHS

Lothian and the putting in place of additional measures to examine the areas that have not operated as they should have done ought to be welcomed. Calls were made for special measures to be put in because of the concerns about those health boards. If the Scottish Government had not introduced the escalation process, it would have been accused of trying to cover things up. Thankfully, the Government put in place the required measures, and I think that that is the act of a responsible Government. The aim of the Government's intervention is to ensure that a robust recovery plan is developed so that the boards improve their position on performance and other issues as quickly as is practicable.

Jackie Baillie: Will Stuart McMillan take an intervention?

Stuart McMillan: I am sorry, but I have already taken two.

In her motion, Monica Lennon makes two asks. I have been to a few of the NHS Greater Glasgow and Clyde board meetings that she mentions in her motion. Both the current and the previous health secretaries were in attendance, as were Labour politicians.

Committees of this Parliament regularly bring in people to provide evidence. When I was first elected in 2007, I was a member of the Audit Committee, which undertook an inquiry into NHS Western Isles, which was an absolute basket case. If anyone would like to do a search on *Official Reports* of that committee, I am sure that they will find the phrase "basket case". At one point in time, that board had three chief executives on its books: the one who had been put on gardening leave; the one who was brought in to fix the problem, who had to be put on gardening leave; and the one who came in and fixed the problem.

Monica Lennon: Will the member take an intervention?

Stuart McMillan: I am sorry—I am in my final minute.

There are challenges in my constituency, which I have raised with the cabinet secretary and the health board. However, a number of positive actions have been taken, which I welcome, such as the building of Orchard View hospital, which is a continuing care facility that serves extremely vulnerable people. I welcome the building of the new Greenock health centre, which will be a state-of-the-art facility in my constituency, and the fact that Inverclyde was used as a pilot area for the minor ailment service that has now been rolled out elsewhere. There are areas of progress locally.

Jackie Baillie: Will the member take an intervention?

The Deputy Presiding Officer: Mr McMillan is just closing.

Stuart McMillan: There are some challenges, one of which relates to the out-of-hours GP service. I have raised that matter directly with the cabinet secretary and the health board. Clearly, the issue is of concern and needs to be fixed, but the Tories in London could help to fix the problem if they sorted out the pensions and overtime issues that are having an adverse effect on GPs who want to provide an out-of-hours service. I hope that the Tories will fix that problem when the UK budget takes place on 11 March, but I doubt that they will. The UK Government and the Tories have a bit of a cheek on the issue. People who are a bit more cynical than I am would probably say that the Tories' actions are one way in which they are trying to downgrade the NHS, so that they can sell it off in a trade deal with the USA.

I am conscious of time, so I will conclude. I support the Scottish Government, which is trying to ensure that our health service is fit for purpose.

The Deputy Presiding Officer: We are running out of time—even for interventions—so please bear that in mind.

15:51

Anas Sarwar (Glasgow) (Lab): I put on record my thanks to all our amazing NHS staff. I make it clear to them that any criticism or failure that is highlighted, and any intervention that the cabinet secretary makes, is despite their efforts, not because of them.

It is very clear that all is not well with our NHS and that we have systemic problems, including a lack of strategic direction, poor management, a lack of accountability and a culture of secrecy and cover-ups. The end result is that patients and their families are being let down every day in Scotland. Such a situation cannot go on. Two thirds of Scotland's population—more than 3.5 million people—now live under a health board that is in special measures. Six out of 14 NHS boards in Scotland are in special measures. If that is not a sign of systemic failure, what is?

There have not been only isolated incidents. Mental health services are failing patients in Tayside. Patients are being failed at the Queen Elizabeth university hospital in Glasgow. A new hospital has not opened in the Lothians. Health boards are unable to manage their budgets properly year on year. The law on waiting times has been broken more than 250,000 times and, last year alone, more than 500 children waited too long for mental health treatment. Staff are suffering, with sickness absence rates higher than they should be in every health board. The number of reports of staff bullying is up, vacancy rates are

up and treatment waiting times are up. The only thing that is going down under the SNP Government is life expectancy.

I recognise that the mess is not of Jeane Freeman's making. She is trying to clean up the mess that has been left by her predecessors. The reality is that she is trying to clean up the mess that Nicola Sturgeon caused when she was health secretary. I say to Jeane Freeman directly that sticking-plaster approaches will not do. If she does the right thing and takes the appropriate action, I will support her, but she does not have the luxury of time.

I turn to the leadership of NHS Greater Glasgow and Clyde. What will it take for the leadership to be removed? Over the past two years, nine out of 14 boards have had a change of chief executive. The chief executive and chair of NHS Tayside were forced to resign because of financial mismanagement. The chair of NHS Lothian resigned over differences with the cabinet secretary. What will it take for the clique at the top of NHS Greater Glasgow and Clyde to go? Its members are responsible for cover-ups, lies, misinformation and patient deaths, but they are still in place.

What will it take for those responsible to move aside? There has been a catalogue of failure after failure from the leadership of that board and, in particular, at the Queen Elizabeth university hospital. Equipment was contaminated by blood and faeces. Faulty, Grenfell-style cladding had to be removed; wall panels fell from the building; and pigeon droppings inside the hospital led to patient deaths. Repeated incidents related to unsafe water supply led to the closure of cancer wards, patients were moved out of unsafe wards and children had to go out of the hospital and into a hospice to get washed. Whistleblowers were silenced and bullied. Water reports showed that, in the week that the hospital opened, there was a high risk but the hospital still opened. The true cause of patients' deaths was hidden from their parents and doctors' infection control reports were hidden and suppressed.

Milly Main's death was not reported to the procurator fiscal at the time that it happened. When whistleblowers spoke out, health board press releases spread misinformation and outright lies. The way in which Milly's parents were treated was unacceptable and disgusting. Every day for three years, they have had to relive the tragic loss of their daughter. All the while, the health board leadership has tried to duck, to dither, to be evasive, to bully and to silence; that is not acceptable.

What will it take for the cabinet secretary to lose faith in those people? What will it take for her to remove the failing leadership team, chief executive

and chair of that health board? The public have lost confidence and patients and their parents have lost trust in that team. We all deserve better. The parents, the public and the patients deserve better. I will not stop until Milly Main's parents get the justice that they deserve. I implore the cabinet secretary to do the right thing—to remove the chief executive, the chair and the people who are responsible for what I regard as a crime scene. She should start an independent investigation to get the answers that Milly's parents deserve, so that it never happens again and we can restore trust in our treasured and loved national health service.

15:57

Gillian Martin (Aberdeenshire East) (SNP): It is right that we debate our health service. As MSPs, it is our job to scrutinise how the most vital of public services is run and whether it achieves its outcomes.

Anyone who has lived in a country with no national health service understands how fortunate we are to have healthcare that is free at the point of need and a service that is staffed by dedicated, caring professionals, to whom we owe so much.

When a Government's health spending goes down, or ministerial decisions endanger the fundamental principles of healthcare for all or impact negatively on staffing, we should jump up and down—absolutely. That is why I cannot take Tory members seriously when they talk about the NHS.

In managing the NHS, our Government has increased spending in real terms in every budget since it took office and, when required, it has taken targeted action to improve patients' experiences. That is often done under a great deal of pressure. Those pressures include an ageing population, the constraints of a fixed allocation of block grant and—more recently—immigration policies in the offing that do not take Scotland's needs into account.

Alex Cole-Hamilton: I agree with Gillian Martin that we want to improve patient experience, but does she agree that sending patients time after time a letter that says that they will be treated in 12 weeks' time, when they have to wait 40 weeks or 50 weeks, does not improve patient experience?

Gillian Martin: Absolutely. For every satisfied patient—surveys prove that most patients are satisfied—there will always be those who are let down. As MSPs, our job is to make sure that our health boards look at that. It is the job of the Government to have schemes in place to improve waiting times.

Austerity measures from the UK Government impact on people's physical and mental wellbeing—that is a pressure. The cessation of freedom of movement in the European Union and the withdrawal of research funding from that institution are added pressures. NHS staff bear the brunt of the pensions squeeze by the Tory Government, which leads to staff retention issues.

Despite these pressures, in the proposed budget we have the highest-ever allocation of Scottish Government budget to our health and care sector—over £15 billion, which is a record amount. Nobody here can dispute that.

Staffing levels are up to a record high. The Government has proposed a safe staffing bill. As a result of our efforts, staffing levels are up 11 per cent from when Labour was in government. There has been an 8 per cent increase in the number of nurses and midwives, despite what anybody in the Tory party tries to assert. We have protected the student bursary for nurses, which is the highest in the UK. England scrapped the bursary completely, and Wales offers only a quarter of the amount that we offer in Scotland.

Members have quoted the Auditor General. Last year, she said that more people had been treated on time than ever before. However, we still need to improve on waiting times because if even one patient is not satisfied with the service, we always need to rectify that.

The motion highlights a lot of negative points for debate, and that is Labour's job. It is what the SNP did when we were the Opposition and Labour was in power. Back in the days of the Labour coalition Scottish Government, the SNP challenged Labour on the fact that we had limited NHS dentistry places. When we got into power, we sorted that, and now 96 per cent of the population is registered with an NHS dentist.

We also complained about waiting times; in particular, we complained about the condition of the ageing hospital estate—rightly so, because it was in a shocking state as a result of underinvestment going back years. When we took power, we put our money where our mouth is and embarked on the biggest capital investment programme ever seen in the NHS estate. In my area, we have seen the Foresterhill health campus energy centre project; a new emergency care centre; a new major trauma centre; the new Aberdeen community health and care village; and a new dental school, children's hospital and breast screening facilities at Aberdeen royal infirmary and across the Grampian area. The new Inverurie healthcare hub was opened for the first admittance last year. We look forward to the new Baird family hospital and the Anchor cancer centre on the ARI campus. That is record investment by a Government that, in opposition, complained about

the lack of it but had a suite of proposals to put into action and delivered on them.

Like many of my colleagues, I looked at the Labour manifesto that brought Monica Lennon into the Scottish Parliament in 2016. Under Labour's proposals, NHS Grampian would be looking at a 13.7 per cent reduction in budget, which is £136 million less than it is getting from the SNP Government.

I am disappointed that the Labour motion neglects to mention mental health. In my area, we have a new dedicated CAMHS centre, which the SNP Government invested in. The centre, which opened last year, provides a modern care setting for adolescents with serious mental health diagnoses while reducing referral waiting times. We have also put in place plans to put counsellors in schools for early intervention.

Anyone who is in a shadow position and has the underlying ambition to do the job for real one day might want to reflect on whether their motion or speech brought any solutions or serious demands to the debate.

Monica Lennon: Will the member give way?

The Deputy Presiding Officer: Ms Martin is just closing.

Gillian Martin: If a motion is, like today's motion, just a litany of complaints with a mere two asks of the Government, which have already been met, one wonders what that member would bring to the post if they were ever in government. I suggest that Labour's shadow person takes up Jeane Freeman's offer to come up with constructive proposals; if they do not, they are just carping from the sidelines.

16:03

Edward Mountain (Highlands and Islands) (Con): I thank the Labour Party for bringing today's debate to the chamber.

Let me be clear—under the Scottish Government, NHS Highland has risen to level 4 on the escalation framework and is struggling with a series of crises. It has a £13 million deficit this year after numerous deficits year on year, there have been three chief executives in 15 months and treatment targets have been missed in almost all areas. Finally, when it comes to leadership, we hear from the GMB that bullying that was identified more than 18 months ago is still going on, and there is no evidence that action has been taken against the bullies who were identified in the Sturrock report.

I have had meetings with healthcare professionals and I know that they feel undervalued and unsupported. I want to be clear

that I believe that NHS Highland has the best doctors, nurses and healthcare professionals. We should therefore be careful to make sure that their positions are protected. However, asking them to do the impossible with limited finances places unbearable and unrealistic stresses on them and their families. Doing that demonstrates poor leadership.

I will never forget the motto on the cap badge that I was given when I joined the army. It said simply, "Serve to lead": a simple motto that some managers forget when they get into the offices that go with their appointments. We need to ensure that they remember it, because putting service before self and spending more time looking after those below them than those above them will ensure that those who follow them do so enthusiastically and are prepared to go the extra mile without even needing to be asked.

I believe that NHS Highland has lacked, and still lacks, such leadership. I will give members an example to show that. In October 2018, I was contacted by a mother who was worried about her daughter; she was worried about a child who was finding life to be too much. Her child was a nurse, who was struggling at work. I contacted NHS Highland and when I finally got hold of the chairman of the board, I was told not to worry as there was a process in place and that the nurse's manager would make contact. That did not happen and matters dragged on.

Only last week, I was approached again by that nurse's mother. Again, I wrote to NHS Highland and I was told not to worry as a process was in hand. I replied saying that that frankly was not good enough and that a more personal and compassionate approach was needed. NHS Highland has still not responded to that request. The cabinet secretary now has that correspondence and I look forward to seeing what she will do. The leadership that I believe is being demonstrated by NHS Highland is not a form of leadership that I recognise. It lacks true compassion and humanity.

In the short time that I have left in the debate, I turn to performance. In 2011, the Government promised Scotland a treatment time guarantee of 12 weeks. Yesterday, I checked online to see how NHS Highland was doing. In the quarter ending September 2019, NHS Highland was the worst-performing health board in Scotland, with only 57 per cent of patients receiving treatment within 12 weeks.

Last week, I spoke to someone who is waiting for a hip replacement. They cannot walk properly or sit down for more than five minutes and they sleep for only two hours a night. Despite that, they have to go to work every day and, let me tell you, they work hard. Believe it or not, they still find time

to smile. They have been told by the NHS that the waiting time for a hip operation is now 46 weeks: that is nearly a year of pain, suffering and no sleep. They could not face that, and nor could I. Nor, may I suggest, could members—frankly, no one should have to.

The solution that they have chosen is to raid their savings and pay for a private operation. They should not have to pay that money because they have paid tax all their life and expect, like I do, that healthcare will be free at the point of delivery. The most galling part about this is that, within a short time of booking their surgery, they received a call from the NHS saying that they would be delighted to know that they had been removed from the waiting list: the waiting list that they had never been anywhere near the top of. To me, that is truly galling.

The motion identifies the problems that our health boards face with poor management and poor performance. The issue, of course, is how to resolve these problems. I have plenty of ideas on how we could rebuild our cherished NHS, which one day we will all need.

Let me be clear: I am prepared to work across the chamber to make things better, as is my party. To start with, we need to lead and look after our excellent front-line staff. We are not doing that at the moment. If we do, we will get the best from them, but to do so, we need good leaders. Let us be under no illusion, cabinet secretary: leaders are guided from the very top. Let us be honest: the problems that our NHS faces today are caused by the very leaders that seem to blame everyone else for their failures—but the people of Scotland see through that, and we know where the blame lies. I am afraid, cabinet secretary, that the blame lies with the Scottish Government.

16:09

John Mason (Glasgow Shettleston) (SNP): As others have said, there is a lot of good in the NHS and a lot of patients have had a good experience. Like me, colleagues might get messages through Care Opinion. They are sometimes critical, but they are often positive. For example, the following was posted two weeks ago by a service user from my constituency:

“Unbelievable care received from all staff at Stobhill MIU tonight. In under one hour I left home, travelled to MIU was checked in, triaged, assessed, x-rayed, diagnosed and treated for a wrist fracture. I feel this is world class healthcare in action, thanks to SCN Lisa, the reception staff, healthcare assistant and radiography staff for a first rate service. Nurse led care is in my opinion the way forward for Scotland. Well done all!”

Unfortunately, not many Opposition members sit a happy patient in the public gallery and say what a good experience they have had in the NHS.

Rather, a suffering patient is installed in the gallery and their case is raised in the chamber as a way of bashing the SNP. I have to say that that verges on abuse and is not the way we should make decisions about healthcare in Scotland.

Miles Briggs: Will the member give way?

John Mason: No—not at the moment.

I want to touch on some specific points in the Labour motion. First, I suggest that it is contradictory, as it says that

“the Parliament ... pays tribute to NHS staff”,

but it also refers to

“serious concerns about governance”

and

“leadership”.

Perhaps Labour means that it pays tribute to junior staff but not to senior staff. I have to disagree with that because, as I think Alex Cole-Hamilton said, many managers and senior staff do an excellent job, albeit within tight constraints.

Labour is greatly overstating the problems in the NHS. I suspect that Labour members will accuse me of being complacent, but I am not. Of course there is room for improvement, but let us keep things in perspective because, otherwise, staff get discouraged and patients get unnecessarily worried.

Daniel Johnson: I wonder what perspective a closed hospital down the road provides the member and what perspective he gets from a hospital at the other end of the M8 that makes people sick.

John Mason: That is an example of what I was talking about. The member says that the Queen Elizabeth university hospital “makes people sick”, but the statistics show that it is not an outlier compared with other large hospitals of similar size that deal with similar specialties.

Miles Briggs: Will the member take an intervention?

John Mason: No. Sorry, but I cannot take one after another.

As it happens, a number of MPs and MSPs attended an NHS Greater Glasgow and Clyde briefing on Monday. Some of what was said may have been confidential, but a lot of it was already in the public domain. That has helped me to form a clearer view of the Queen Elizabeth university hospital situation.

The Labour motion uses the word “scandal”, but we do not have reason to call it a scandal. There are different definitions of the word “scandal”, but one is that it is

“an action or event regarded as morally or legally wrong and causing general public outrage.”

We have not yet established whether there has been an action or event that is morally or legally wrong. My feeling from what I have read and heard is that a range of issues have sadly led to infections and deaths among young people there. I hope that we all extend our sympathies and concerns to the families involved, as others have done. We will understand more once inquiries and other work are concluded but, as I said, my understanding is that the QEUH is not particularly different from similar hospitals.

Our thoughts go out to the families—the loss of a young person is always a tragedy. However, as members across the chamber know, infections and deaths have, sadly, always happened in hospitals and that is likely to continue to be the case, although in recent years the numbers have been reducing here and elsewhere. Healthcare has moved on amazingly in my lifetime and, today, many younger and older people are alive who would not have been in the past.

Anas Sarwar: Will the member take an intervention?

John Mason: No—not after the way Mr Sarwar spoke. To talk about a “crime scene” is ridiculous and outrageous, and it totally undermines the NHS.

Anas Sarwar: Will the member give way on that point?

John Mason: Because of what Mr Sarwar said, I will not take an intervention from him.

If death is caused by negligence or deliberate harm, yes, let us hold someone to account. However, not every death is preventable and we need to be mature in facing up to that.

The BMA briefing makes the point that we need “a more mature and less blame focussed approach to targets”,

which I agree with.

I remain uncertain as to whether escalation was necessary at the Queen Elizabeth hospital. There is of course always room for improvement, but the health board was already taking the situation seriously.

The motion mentions performance, and I will make a few comments on that. One measure of performance is A and E waiting times, which is fair enough. However, the reality is that people turn up at A and E who do not need to be there and could be dealt with more suitably elsewhere. That includes my mother who, aged 92, has been referred to A and E a number of times. I am convinced that that is not the best place for her to be.

The Labour motion also mentions “financial sustainability”, which is all very well. However, we are again left to wonder what Labour means by that. If it means, “Let us have more money for the NHS,” would Labour cut local government funding to pay for it? However, if it means putting more resources into primary care and potentially cutting resources for hospitals, that is worth looking at. Financial sustainability includes living within our means. It does not mean always hoping for or demanding more money yet never explaining where that money will come from.

We should stand up for the NHS, for staff and for patients, but I hope that the Opposition will also be prepared to look at the difficult challenges in a mature and balanced way.

16:16

Daniel Johnson (Edinburgh Southern) (Lab):

The NHS is a remarkable institution and, in a sense, it will always be under pressure. In that, I agree with the cabinet secretary’s opening remarks. Ever-expanding knowledge and technology mean that we can do ever more, growing expectations mean that we want the best for those who we care about, and a population that is living longer means that more people have more conditions that need more involved and prolonged interventions.

The NHS faces many issues that are driven by those forces, and austerity only exacerbates them. The most fundamental element of the crisis that the NHS faces today is not born solely of a lack of resource, although the broken waiting time guarantees and spiralling levels of bedblocking, as outlined by other members, are there for all to see.

In today’s NHS Scotland, we have a brand new hospital that costs £1.4 million a month to keep closed and another hospital whose water and ventilation systems have caused infections and deaths. In that regard, John Mason should look at the *Official Report* and think about how his words sounded and how they will read to anyone who has been affected by the issues and circumstances at the Queen Elizabeth hospital.

We have a health system with the issues that I just mentioned, as well as health board chairs resigning, health board chief executives sidelined and sacked, and two thirds of the population living in health board areas that are under special measures.

Those issues are not driven by demand and those incidents were not created by cuts. They are signs of bad decision making and poor governance. Any examination of either of the beleaguered hospital projects tells us that there is something fundamentally wrong with oversight,

accountability and basic decision making in our NHS.

In the Edinburgh case, the new sick kids hospital has remained shut and without a committed opening date, because ventilation systems are not up to standard in critical care. However, the board signed off a contract variation to downgrade the required ventilation rates. The variation reduced the standards for four-bed rooms, but no one thought to join the dots and ask whether the four-bed rooms in critical care would be impacted. Worse still, it was a health board document that provided the contractor with the incorrect ventilation standards in the first place. That was a typo that will cost millions, if not tens of millions, of pounds.

If the situation in Edinburgh is not bad enough, the situation in Glasgow, where there are questions about whether key facts have been suppressed, raises more serious and sinister concerns. In 2017, Health Protection Scotland reports showed a spike in hospital-borne infections, yet no action was taken. It took political pressure for that to be acknowledged and acted on. It took a whistleblower for the board to even get in touch with those who were affected, including, most tragically, those whose family members had died.

In both situations, the basic oversight that we expect did not happen. Critical questions were not asked and processes to ensure compliance with standards were either not in place or not up to the job of identifying those issues.

Ultimately, in both cases, there seems to be a basic problem with health boards' ability to make decisions and take responsibility, all of which is exacerbated by a culture of obfuscation and secrecy. Those are failures in governance of the most fundamental and serious nature that are not confined to NHS Lothian and NHS Greater Glasgow and Clyde. Nationally, the Auditor General criticised the financial management and lack of long-term planning by the SNP Government. Four health boards are in the highest categories of special measures, with others plagued by serious allegations of bullying. In the past two years, nine out of the 14 health boards have changed their chief executive and only two boards have had the same one for more than three years. That is a management turnover that would make Manchester United blush.

With such fundamental failures exposed and the public's trust so badly dented, we have the right to ask where the buck stops. Who will take responsibility? We have reached a point where the glaring errors in governance must give rise to a fundamental question about the Government. It is not good enough for ministers to hide behind the excuse of structures and, although I recognise

Jeane Freeman's commitment to making progress, we cannot treat these matters as simply circumstantial issues to be dealt with by process. They are systemic issues that must be treated as such.

Ultimately, the Government must take ownership of a system that has been shaped by 13 years of SNP stewardship, which can be summed up by one hospital that cannot be opened and another that should not have been opened.

I understand that, given her 20-month tenure, the cabinet secretary is clearly not to blame for all those issues, but she must take responsibility for what has gone wrong and, if she wants constructive engagement—which I welcome—she must begin by acknowledging the seriousness, gravity and scope of the failures that have taken place. Only when we hear that the Government is not simply treating these matters as business as usual can we have serious engagement and get together to look at the problems. Unless the Government faces up to the issues that it has created, it will be letting those hard-working staff down, but it will also be letting down all of us who depend so much on the NHS.

16:22

George Adam (Paisley) (SNP): Sometimes I listen to debates in the chamber and wonder whether the Opposition parties live in some alternative universe—cue laughter and noise from the Opposition. Miles Briggs spoke of real-world scenarios. Sometimes I wonder whether he knows what the real world is. He is possibly a stranger to it. However, do not get me wrong.

Daniel Johnson: Will the member take an intervention?

George Adam: I have just started.

I am aware of the challenges that the health service faces and I believe that we need to be looking at ways to address them. However, my constituents appreciate the NHS and the people who work hard within it. My constituents value the fact that, when they really need medical support, our Scottish health service and the people who work for it are there for them.

Many of my colleagues on the Health and Sport Committee are probably too polite to say anything when I mention my wife, Stacey, who has a daily fight with multiple sclerosis. I find myself talking again today about how well our health service supports her and people like her who are dealing with long-term conditions every day. Is it always perfect? No, but it can make a difference to all of their lives.

I want to give this example of what happened this week. Stacey went to see her consultant

regarding her on-going mobility issues. She believed that they were not going to get any better. Her story is the same as that of thousands of men and women with multiple sclerosis in Scotland. She went to the assessment and, within minutes, the consultant came up with a solution to her problems; within minutes of receiving five Botox injections, she walked from the treatment table to her wheelchair. To many people that may seem trivial, but to us, it was close to a marvel.

When the consultant worked out what I do for a living, he started to talk to me about the NHS. That consultant works not only in Glasgow but in London and he sees the massive difference between our NHS and the one in England. He used the Botox injection that he had just administered to Stacey as an example. He told me that in London he would have had to get five separate signatures to get access to the cupboard that contained the solution. In Glasgow, he just unlocked the cupboard and administered the solution to Stacey. He told me that there were challenges in Scotland, too, but that he was happier when he worked here. Stacey is now happier than she was beforehand, because our health service worked for us. I know only too well that the NHS is our most important public resource, and we must do all that we can to ensure that it remains properly funded.

On that issue, let us look at what Labour offered in its 2016 manifesto. It proposed to give the health service real-terms funding increases. That sounds good and dandy until we look at what that would have meant. As the cabinet secretary has already said, in this year alone, it would have meant a cut of £1.4 billion to our health service—that is how much the Labour Party's plans would have cut the health budget by this year, yet Labour members come and lecture us about the current state of our health service.

Stuart McMillan: Does George Adam agree that that £1.4 billion pales into insignificance beside the £2.4 billion that would have been lost to the health service since 2016 if we had followed Labour's manifesto commitments?

George Adam: Mr McMillan is correct, and he has gone to the next part of my speech, because I was going to say that, if we had followed Labour's plans, the sum that would have been lost would have been more than £2.4 billion.

Press releases are easy to do, but being a Government is hard work. That proves how far the Labour Party is from ever being in government.

The fact is that we are delivering record-high funding for health and social care, which will rise to more than £15 billion for the first time under the 2020-21 budget. Further, on patient satisfaction, 86 per cent of people rate their full in-patient

experience positively; since 2006, NHS staffing has risen by more than 14,300—11.3 per cent—which is a new record high level; and, on patient safety, over the past five years, there has been a decreasing year-on-year trend in the rates of MRSA and C diff infections.

Constituents come to me day after day and week after week, and I accept that there are challenges and difficulties and that we have to face up to those issues. However, I say to colleagues in the chamber that we should have a mature debate about them rather than chasing headlines and issuing press releases. We must have that mature debate about our health service—one of our national treasures—because, at the end of the day, we are dealing with people's lives, and every one of us in here values the health service.

It is easy for some to criticise the Scottish Government and our NHS. What is difficult is coming up with solutions to those challenges. That is the work of Government and those who take up the responsibility for moving things forward. It is time for the Opposition parties in this place to take up that responsibility.

16:28

Jeremy Balfour (Lothian) (Con): I remind members that I have a number of close family members who are doctors and nurses in NHS Scotland.

I will start by making an obvious point. Health has been devolved to the Scottish Parliament for 20 years; the health service is the responsibility of the Scottish Government. The fact that members of the Government party constantly harp on about what is happening in other parts of the United Kingdom suggests to me that they are not willing to take responsibility for what has been happening here in Scotland in the past 20 years.

I am a member for Lothian, so I will concentrate my remarks on that region. As we have heard from other speakers in the past couple of hours, NHS Lothian is in a perilous position. Its administration is important, but what is more important is the effect that its situation has on patients and families in Edinburgh and the Lothians. We are already seeing that impact. We can have arguments about numbers, and about how we feel things are going, but ultimately, what is happening under the SNP Government is that patients and families are being let down. It must take responsibility for that.

Clare Haughey: Jeremy Balfour complains about the Government comparing the health service in Scotland—the best performing health service in the UK—with the absolute disaster that the UK Tories are managing in England, and with the NHS in Wales. It is valid to compare the health

services across the four countries, given that Opposition members think that they could form the next Scottish Government.

Jeremy Balfour: I genuinely did not quite follow the minister's point. My point is that we are responsible for Scotland and that we would, perhaps, be in a much better place if the Scottish Government concentrated more on what is happening here in Scotland than on what is happening in the rest of the UK.

NHS Lothian no longer has a chairman, it has a chief executive who will be leaving during the summer, and there is a hospital that is lying empty, but we hear no apologies at all from the Scottish Government. The sick kids hospital might open eight years late. It would be interesting if the cabinet secretary could confirm in her closing remarks the new date when the sick kids hospital will open, because the rumours—

Jeane Freeman: I am grateful to the member, because I will not be closing for the Government. My colleague Ms Haughey will do that.

First, I am happy to confirm that the timeline that I have set out for the sick kids hospital in NHS Lothian remains on track. Secondly, I would be grateful if Jeremy Balfour would acknowledge that I have apologised in the chamber on more than one occasion for the fact that that hospital is not open. However, I have not apologised for making sure that it stays closed until it is safe for patients and staff.

Jeremy Balfour: I am grateful to the cabinet secretary for confirming the date. There are certainly a lot of rumours going around the city that that will not happen, so I hope that she is correct.

We have to consider why the Scottish Government ignored the problems at the sick kids hospital. Either it turned a blind eye, or it simply did not want to engage on the subject. However, that is not where the crisis ends. If we look at the rest of the estate in NHS Lothian, we see that St John's hospital has departments having to close or not being open all the time, and that the Princess Alexandra eye pavilion in Edinburgh has major structural problems, but there is nothing in the infrastructure programme about its being renewed. There are problems upon problems.

What that leads to is what we hear from the people at the coal face. We hear from the Royal College of Nursing that 60 per cent of nursing staff say that they are under too much pressure, and that 60 per cent say that they cannot give the care that they want to give because of the lack of staff and the work that they have to do. That is the reality that people are facing today in our hospitals across Scotland. As we sit here debating the subject, hard-working doctors, nurses, physios and cleaners are going way beyond what we

should expect of them. It is not those people who are responsible, but the Government. It is this Government's failure.

I will conclude with a perhaps slightly more positive request to the minister or the cabinet secretary on changing places toilets in our hospitals. I am pleased that the Government, under the Planning (Scotland) Act 2019, has ensured that all new hospitals will have changing places toilets. That is a really positive step forward. However, many hospitals in Scotland do not have such facilities, which creates problems for elderly people, and for people who have children with disabilities because they struggle to change them, clean them and keep them appropriately when they are at hospital appointments. I would welcome a conversation with the Scottish Government about whether we can have changing places toilets not only in new hospitals but across the estate. That would open the estate up and make it much easier for people who have to visit hospitals as out-patients, or to visit others who are in hospital.

16:34

James Dornan (Glasgow Cathcart) (SNP): I say to Jeremy Balfour that I agree that the health service in Scotland has been devolved for 20 years, which is probably the precise reason why it is the best in the UK.

Before I make my next comments, I want to exempt Anas Sarwar and Daniel Johnson from them. Both those Labour members made very good speeches. Nobody can fault Anas Sarwar for his consistent campaigning on behalf of the family of Milly Main.

However, I cannot possibly support the motion, because it seems to be another motion on which we are forced to sit and listen to the Labour Party attacking one of our most beloved and hard-working organisations while dressing that up as concern for patients.

Alex Cole-Hamilton: Will the member give way?

James Dornan: Alex Cole-Hamilton is not in the Labour Party. That party seems to have no consideration for the morale of a workforce that daily goes above and beyond to improve the lives of each and every one of us here, and the life of every individual who chooses to make Scotland their home. The service is still free at the point of need, and is the envy of countries across the world.

It was shameful, although not surprising, that Ms Lennon criticised the Scottish Government while forgetting to mention the Administration that is failing so badly in Wales under the party that she

wants to be in control of the NHS in Scotland. I knew that we would hear Labour colleagues saying, “Oh, same old Wales chat,” but Labour is in power in Wales, so those statistics are the only ones that we can use as a benchmark for how Labour would do here. Labour members claim all the time that Labour is one UK party, so let us not pretend that what is happening in Wales, and how the Labour Party is doing in the only place in the UK where it has managed to hold on to power, has no relevance—although I am sure that that will change, at some stage.

An organisation that has more than 160,000 employees will always have difficulties. However, in staff surveys, staff overwhelmingly see themselves as being supported by their line managers and others. That does not sound like a health service in which the staff hate to go to work every day, or do not feel respected.

The First Minister and the cabinet secretary are fully committed to the healthcare improvement plan. There is no question but that—particularly in these uncertain political and financial times—the Scottish Government has put protection of the NHS and its funding at the forefront of its agenda. If that is not the case, why do we usually have to defend ourselves from attacks saying that we are spending too much on the NHS, rather than spending more on the long list of things—local authorities, transport, this, that and the other—that are whatever members want in their press releases on the day. If other parties seriously care about the health service, they should support the extra money that the SNP has put into it instead of making a long list of complaints. We could all do that about any service.

The Presiding Officer (Ken Macintosh): Mr Dornan, will you move your microphone closer to your mouth?

James Dornan: It is not often that I am asked to do that, Presiding Officer. Thank you very much. *[Laughter.]* I see that it has not been met by universal approval.

In the last budget, the finance secretary committed an extra £454 million to NHS front-line services to improve waiting times and patient outcomes. That was welcomed by staff and patients across Scotland.

We all receive NHS complaints; it is part of our role. However, I speak for my office when I say that I can conclude only that the number of complaints, although all are serious to the complainers, is nowhere near the number of constituents whose lives have been improved by top-drawer care and support. Constituents often speak to me about how the NHS and its incredible staff have saved their lives or the lives of loved ones, or have changed their lives for the better.

The NHS cares for us free at the point of need, and without judgment. It supports families; 4,500 births were registered last month in Scotland, and those babies were brought into this world safely by an army of midwives, nurses, doctors, health visitors, healthcare support workers and countless others.

We have GPs who, during summer heatwaves and winter storms, risk their health and safety in braving adverse conditions. We have hundreds, if not thousands, of professionals who attend to our ageing population: physiotherapists, occupational therapists, podiatrists and home-care support workers travel across cities and rural areas to take care of the most vulnerable citizens.

Let us not pretend that the health service is not up to the job or is in crisis. It is a health service that has some serious difficulties, and I respect the concerns that are being expressed about poor hospitals. However, I have asked what is being suggested. Should we open them because they need to be opened? We should ensure first that they are safe, then get the patients in.

A member of my family recently had a stroke. We found her in her house and called for an ambulance, and the first arrived in minutes. A second arrived to take her to hospital, and she was taken straight to the Queen Elizabeth university hospital. She has been treated impeccably by its staff and will be treated impeccably until she is well enough to get back out to be looked after by care services at home.

That is the sort of thing that we need to be able to talk about. All we hear from the Opposition is that they love the staff but the health service is rubbish, followed by the reasons why that is the Government's fault. Their argument has to be more nuanced than that. George Adam was right: if we are to have a serious debate, Opposition members should not just come with complaints but come with some solutions, too. So far, we have not heard any solutions from Opposition members.

The Government is committed to improvement, with financial resources being increased and new strategies being implemented. It is our job, as MSPs, to support those changes and to thank people who are among the hardest-working members of our communities for doing some of the toughest jobs around. Members should not come here and try to get publicity.

16:40

Brian Whittle (South Scotland) (Con): I start by declaring an interest: one of my daughters is a medic who works in the Scottish NHS.

I thank the Labour Party for bringing the debate to the chamber and note that, once again, it is in

Opposition debating time that we get the chance to debate health. I wonder what the Scottish Government is so afraid of.

We were given a right old list of issues today—the Scottish Government should be embarrassed about that, if not ashamed of it. Opposition speaker after Opposition speaker has listed a litany of ways in which the SNP Government has failed our healthcare professionals.

Monica Lennon was right to raise the continuing catastrophe at the QEUH in Glasgow. Members of this Parliament had to continually drag the Scottish cabinet secretary into the chamber before the whole truth about the contamination of the wards and the deaths of young patients was realised and action was taken, although Health Protection Scotland had identified the risks as far back as 2016.

I think that John Mason's speech was disgraceful. I wonder whether he realises that 10-year-old Milly Main's death has now been referred to prosecutors, three years after her death. He should consider how his comments will be taken by parents who are watching at home. I thought that that was an absolute disgrace.

We have heard how the sick kids hospital in Edinburgh still has not opened, eight years after it was supposed to, because it failed a last-minute inspection of the ventilation system. We then discovered that the Scottish Government and the health board knew about the problems as far back as 2018.

As Miles Briggs said, a culture of bullying is emerging, again, in the health service. The Sturrock review was an independent review of bullying in NHS Highland—an issue that was relentlessly championed by my colleague Edward Mountain. We have had 100 radiographers walk out in Ayrshire and Arran, citing bullying. I raised the issue of bullying in the Scottish Ambulance Service with the cabinet secretary at the Health and Sport Committee, and she admitted that she had had similar approaches in her surgeries. Other MSPs have added their voices to those concerns.

The RCN has stated that more than one in three of its members have experienced bullying, and the BMA briefing reports similar concerns. There is very strong evidence of a systemic culture of bullying across the NHS. The revelations are hardly new, but they have a devastating effect on staff retention. What is the cabinet secretary doing to remedy that, especially given the recent revelations that followed the resignation of the chair of NHS Lothian? As Alex Cole-Hamilton said, it is claimed that there is a blame culture in the Scottish Government.

Annie Wells brought up the workforce crisis, which has only continued to deepen. GP surgeries are closing at an alarming rate, and we are 860 GPs short. We have a shortage of nurses, AHPs, occupational therapists and consultants. Staff are leaving because the environment that they are being forced to work in is not good enough. The RCN has reported that, according to its survey, 60 per cent of its members state that they are under too much pressure.

During her tenure as Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon cut training places for nurses—now we have a shortage. We also have a shortage of midwives. I direct this comment at Emma Harper: there is no shortage of applicants who want to become midwives, but there is space for only a fraction of those applicants. Further, physiotherapy applications outstrip places four to one.

Scottish applications for medical school are capped. We all know about the Scottish straight-A students who have been rejected by Scottish medical schools because of a lack of course availability. The net result is an understaffed NHS, which leads to unacceptable levels of stress and related illness in the NHS.

We need to give staff the time to deliver the expertise for which they trained.

I say to Emma Harper, Stuart McMillan, Jeane Freeman and Gillian Martin that there is no shortage of applicants from Scotland to work in our NHS; there is just a chronic lack of available training places. It is disappointing that the cabinet secretary and her cohorts hide behind Brexit.

Jeane Freeman: I do not believe that I hid behind Brexit at all. I simply pointed out, as many people throughout our country have done, that Brexit has an impact. That is all that I ask the member to acknowledge.

I also ask the member to acknowledge that, in the past eight years, we have increased the number of midwifery and nursing training places, we have increased the number of medical school places and we have increased the number of AHP places. If the member wants us to do more with the proposed £15 billion budget, which I hope that he will vote for, I would welcome a discussion with him about the other parts of the health service from which he wants me to cut resources so that we can increase training places in any of those areas.

Brian Whittle: I point out to the cabinet secretary that she has just been given £700 million more to spend on the NHS, in Barnett consequential—

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): It is all allocated.

Brian Whittle: If the minister wants to speak, he should stand up.

It is not just about how much money the Government has; it is about what the Government spends it on.

Gillian Martin: Will the member take an intervention?

Brian Whittle: I am still responding to the cabinet secretary.

The cabinet secretary was right to say that she is increasing training places for doctors by 800 in the years to 2029, but, according to Audit Scotland, the problem is that the Scottish Government cannot justify that arbitrary number and, on current trends, the most likely outcome is that Scotland will still be 664 GPs short by then. The Government has to show its workings.

Let us be clear. We have world-class medical staff, who train to the highest standard and are prepared to put patient care above their own needs, and the Scottish Government gives them a very poor environment in which to work. Miles Briggs set out our plans to support the health and wellbeing of NHS and social care staff by providing free parking, mental health support, financial advice, health checks and sleep pods in hospitals. I would throw in access to a hot meal, 24/7, with the time to eat it. If we put those very achievable options together, we get a significant investment in the health and wellbeing of our healthcare professionals.

The message is clear: the Government should put the health and wellbeing of our healthcare professionals first, because they deserve no less. Warm words from the cabinet secretary are no substitute for actions that will demonstrate that we care. If the Scottish Government refuses to act, the increasing strain on the service that our NHS delivers will become unsustainable.

16:47

The Minister for Mental Health (Clare Haughey): As is the case for healthcare systems across the world, our NHS in Scotland is facing increasing demand and challenges that require long-term, sustainable solutions. However, we should not forget that our NHS delivers a first-class service, albeit that there are areas that need to improve. I echo the cabinet secretary in paying tribute to the admirable work that our healthcare staff carry out on a daily basis.

That is why it saddens me that, time after time, we hear Opposition speakers praise our NHS staff and then, in the next breath, condemn their performance. It was truly shocking to hear a member of the Labour front bench use the phrase “medical mafia” in this chamber.

I echo Alison Johnstone’s comment that the NHS should not be used as a political football. The tone of debates such as this one does little to convey the high esteem and value that I—an NHS nurse for more than 20 years—want for my former colleagues.

I was informed recently that when the chair of an NHS board visited staff in a highly pressured area and asked what could be done to help them, the staff’s answer was, “Make them stop saying bad things about us.” That is the direct effect that some of the rhetoric from this place has on our NHS staff, day in and day out. It demoralises them. I can tell members that that is the case, because I have heard it.

Let me answer some of the points that members have made in the debate—and I will try to calm down, because my anger is obvious, given some of the things that I have heard in the debate.

Miles Briggs talked about car parking. This SNP Government abolished car parking fees at all NHS-owned hospitals—

Jenny Marra (North East Scotland) (Lab): Not all of them.

Clare Haughey: All NHS-owned car parks. That saved staff, patients and visitors more than £39 million. The Tories supported Labour with their PFI car park building scheme.

Miles Briggs: Will the member take an intervention?

Clare Haughey: Annie Wells raised issues around vacancies. Scotland has more GPs than anywhere else in the UK, more consultants, more nurses and more psychologists. She raised those issues on a day when the Tory UK Government has announced a new immigration policy that will affect nurse recruitment. Staff nurses may not reach the visa points threshold, and carers may not reach the threshold either. We need those workers in this country to look after our most vulnerable people, and yet they have been labelled “low skilled”. What is low skilled about empathy, compassion and building trust with the most vulnerable people in our society? On that point, I am happy to take Miles Briggs’s intervention.

Miles Briggs: I thank the member for taking my intervention, although it took a long time before she allowed me to ask this. Given what she has just said, why will she not commit now to taking action to lift the parking charges that NHS staff face here in Edinburgh, in Glasgow and at Ninewells hospital? That is what Parliament is calling for, and the Government can do it. The UK Government is providing £7 million and it will cost only £2.7 million to lift those charges. Will the minister commit to doing that? It would make a

huge difference for the NHS staff who work at the three hospitals.

Clare Haughey: I challenge Miles Briggs to tell me what part of the NHS he wants to cut. All the money in the budget that is coming to the NHS, including consequentials, has been accounted for.

We have had record levels of investment in the NHS in Scotland since this Government took office in 2007. The plans for 2020-21 will take total health portfolio funding to more than £15 billion for the first time, increasing the funding for front-line NHS boards by £454 million. As we heard from George Adam, that is £1.4 billion more than would have been available to invest in 2020-21, based on Labour's spending plans in the last Scottish election, and is equivalent to 40,000 nurses. The NHS England budget was cut by 5 per cent—£1.5 billion—between 2010 and 2019, while in Scotland the Government has increased the budget by 13 per cent, so I will take no lessons about budgets from Tories.

Supporting improvement is not just about money but about how we use it. A substantial proportion of those resources has been invested in expanding our workforce, with overall staffing numbers up by 11.3 per cent since the Government came to power. More than 14,300 additional whole-time equivalent staff are now working in the NHS. We recognise that those staff are our greatest asset and that we must strive continuously to deliver the best possible employee experience. The iMatter staff experience report 2019 shows that staff in the NHS overwhelmingly feel that they are treated with dignity and respect. That is the view of 78 per cent of them, and 80 per cent feel that their manager cares about their health and wellbeing.

However, we know that problems occur and that we can always do more. That is why the health secretary has commissioned the multi-agency short life working group on culture specifically to look at what more can be done to promote consistent behaviours, effective relationships and enhanced confidence and trust across the workforce. Those figures on staff experience stand alongside the statistic from the 2018 Scottish household survey that overall public satisfaction with local health services remains high, at 80 per cent.

The cabinet secretary spoke earlier about our commitment to whole-system reform and the impact of the integration of health and social care.

The Presiding Officer: Ms Haughey, please conclude.

Clare Haughey: That commitment can be seen through the range of improvement initiatives that we have put in place, including the waiting times improvement plan, the 10-year mental health

strategy, the development of the national health and social care integrated workforce plan and the programme of work that is being taken forward by the Scottish access collaborative.

The progress that is being made through the implementation of those plans and initiatives is tested through a continuous cycle of scrutiny and support. Annual reviews are a key component of the work that we do in partnership with all NHS boards. We review their performance across three key areas: staff and clinical and financial governance. That process is about accountability and scrutiny, but we remain committed to working with leaders across the service to respond to the challenges that we collectively face.

Before I conclude, Presiding Officer, can I address the point that Jeremy Balfour made about changing places toilets?

The Presiding Officer: I am sorry, Ms Haughey, there is no time. You are already over time, so you will have to conclude.

Clare Haughey: In that case, we would be happy to discuss the matter with Jeremy Balfour.

Supporting the Government's amendment is the best way to stand up for our dedicated NHS staff—by making sure that they continue to receive the support and investment that are vital to the delivery of services to benefit current and future NHS patients in Scotland.

16:55

Sarah Boyack (Lothian) (Lab): We owe it to the staff in the NHS, our constituents and everybody who needs NHS services to ask the questions that we have posed in today's debate. That is the job of us all, regardless of whether we are on the Government front bench or another party's front bench or are a back bencher. Our job is to represent our constituents.

Fantastic work is carried out in the NHS every single day. If we were asked, we would all say that we know of someone in our family whose life had been transformed or saved by that immense work. It is also our job to highlight where there are issues, whether they are governance issues, leadership issues, performance issues or issues of financial sustainability. Those are the core parts of our motion today. It is about standing up for our NHS by making sure that it is the best that it can be.

We must not ignore the impact on NHS staff of the pressures that they have to deal with, which are internalised. It has already been mentioned, but I repeat that the RCN finding that 60 per cent of nurses believe that they are under too much pressure at work echoes surveys that were carried out as part of the health and social care work on

staff pressures that was done last year, and the BMA survey that looked at the pressures on doctors.

We know that there are pressures on staff and we know that there is a huge issue with how resources are actually used in practice. It is therefore important that we hear the voices of staff, because their hard work is crucial to the success of our NHS services.

We also have systemic problems here, and we are not doing our job as members of the Scottish Parliament if we do not acknowledge the fact that six of our mainland health boards are in special measures. That is not normal and it is not acceptable. There are reasons why those health boards are in special measures and we need to learn from the facts that have led to that situation.

Miles Briggs: Does Sarah Boyack share my concern that the cabinet secretary has not outlined why the chair of NHS Lothian left and what his concerns with this Government's control of NHS Lothian were?

The Presiding Officer: Could members please keep the noise down?

Sarah Boyack: I do share that concern. There is something unprecedented about the debate on one level: all the Lothian MSPs, except for the Government party MSP, signed a letter on 5 February because we were all concerned about the issue. Whether the experiences are good or bad, they need to be fed into the system so that lessons can be learned and people's voices can be heard. That is absolutely crucial, and it is why we have said that the cabinet secretary must have annual meetings with health boards—which is something that Labour introduced—and that we must make sure that there is transparency. When people leave the NHS, and there is a high turnover of staff, we must listen to them, although not uncritically. Their voices need to be heard, because if we have a systemic crisis, we need to address it.

Having a successful NHS is one of the most important things in Scotland—none of us will disagree with that. It is not about being negative about the SNP Government; it is about wanting to make our NHS the best that it can be, given the huge amount of resource that goes into it. That is about standing up for our NHS staff and, crucially, for patients. The passionate speeches that we have heard from across the chamber are testament to that.

The comments that were made by Jackie Baillie and Anas Sarwar about what has happened in the Queen Elizabeth university hospital and the wider impact on health need to be listened to. It is not just about a waste of money; it is about what can be life-transforming, tragic and heartbreaking

experiences when something goes wrong. Governance and accountability are critical, because those things must not happen again. When patients die and when people lose a child, we need to know that lessons have been learned. That is what this is about.

I say to the SNP back benchers who talked about Opposition members being critical that, in the days when we had Labour health ministers, those ministers did not escape their own back benchers holding them to account and being critical when it was appropriate. That is our job.

As Opposition members, we also need to be positive and constructive. In our motion, we praise the fantastic work that our health service does, but we make two key points. The health secretary and her team need to be in regular touch with the health boards so that they know what is happening on the ground. Recently, all the members for the Lothian area met NHS Lothian. Although we knew that the chief executive was retiring, we did not know that the chair was going, but we were constructive in our questions. Many of us were concerned about the fact that we do not know definitively when the new sick kids hospital will open. There are issues to do with processes, and I think that the cabinet secretary needs to hear directly from the people involved on how those processes work and whether they can be improved.

A raft of health projects are under way at the moment that need to be looked at. It is not a question of being critical for the sake of it. We are simply doing our job of making sure that things are as good as they can be in the health boards.

My final point is about our relationships with the health boards and local government, and how our integration joint boards are working. Earlier today, the Local Government and Communities Committee received some excellent evidence on how money is spent in the health service and by our local authorities. One of the key pressures relates to the ability of the front line of the NHS to look after people, to provide them with treatment when they need it and to make sure that they leave hospital when they are healthy.

Last night, Richard Leonard and I received a fantastic briefing from Age Scotland, at which we heard about the cost of people being stuck in hospital. That is not just a financial cost; there is a health cost for the people concerned. We need to make sure that the whole of our health system works, from the preventative health side to the care service. There needs to be a joined-up approach. That is why accountability and transparency are crucial. We cannot make assumptions. When things go wrong, they need to be fixed.

It is not a case of simply being critical; we need to come up with solutions and learn lessons. The question needs to be asked whether, with the benefit of hindsight, things could or should have been done differently. That is what our motion is about. It is in the interests of our NHS that we do not just work together and praise what is good, but that we make sure that when something goes wrong, there are consequences and we learn from that so that money is spent to the best effect to benefit all our constituents. That is why we have held this afternoon's debate, and that is why I hope that members will vote for our motion and the Conservatives' amendment. There should be no pressure on our staff. Whistleblowers need to be listened to and their concerns need to be acted on.

Business Motions

17:03

The Presiding Officer (Ken Macintosh): The next item of business is consideration of a number of business motions. I invite Graeme Dey to move business motion S5M-20904, in his name, which sets out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 25 February 2020

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Standards, Procedures and Public Appointment Committee Debate: Assistance for Political Parties

followed by Stage 1 Debate: Period Products (Free Provision) (Scotland) Bill

followed by Committee Announcements

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 26 February 2020

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions: Culture, Tourism and External Affairs; Education and Skills

followed by Scottish Conservative and Unionist Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 27 February 2020

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Members' Business

2.00 pm Parliamentary Bureau Motions

2.00 pm Ministerial Statement: COP 26 - Our Contribution to Global Climate Action

followed by Portfolio Questions: Health and Sport

followed by Stage 1 Debate: Budget (Scotland) (No.4) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
 Tuesday 3 March 2020
 2.00 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Topical Questions (if selected)
followed by Scottish Government Debate: Each for
 Equal: Celebrating International
 Women's Day 2020
followed by Committee Announcements
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business
 Wednesday 4 March 2020
 2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions:
 Communities and Local Government;
 Social Security and Older People
followed by Scottish Government Debate: Scottish
 Rate Resolution
followed by Education and Skills Committee Debate:
 STEM in Early Years Education
followed by Business Motions
followed by Parliamentary Bureau Motions
 6.00 pm Decision Time
followed by Members' Business
 Thursday 5 March 2020
 11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
followed by Members' Business
 2.30 pm Parliamentary Bureau Motions
 2.30 pm Scottish Parliamentary Corporate Body
 Question Time
followed by Portfolio Questions:
 Finance
followed by Stage 3 Proceedings: Budget (Scotland)
 (No.4) Bill
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week
 beginning 24 February 2020, 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.

The Presiding Officer: I invite Graeme Dey to
 move business motions S5M-20906, on the stage

2 timetable for a bill, and S5M-20907, on the
 extension of the stage 1 timetable for a bill.

Motions moved,

That the Parliament agrees that consideration of the
 Consumer Scotland Bill at stage 2 be completed by 6
 March 2020.

That the Parliament agrees that consideration of the
 Children (Scotland) Bill at stage 1 be extended to 24 April
 2020.—[*Graeme Dey*]

Motions agreed to.

Parliamentary Bureau Motions

17:03

The Presiding Officer (Ken Macintosh): The next item of business is consideration of five Parliamentary Bureau motions. I ask Graeme Dey, on behalf of the bureau, to move motions S5M-20908, on the designation of a lead committee, and S5M-20909, S5M-20910, S5M-20911 and S5M-20912, which relate to the approval of Scottish statutory instruments.

Motions moved,

That the Parliament agrees that the Economy, Energy and Fair Work Committee be designated as the lead committee in consideration of the Tied Pubs (Scotland) Bill at stage 1.

That the Parliament agrees that the Fuel Poverty (Additional Amount in respect of Remote Rural Area, Remote Small Town and Island Area) (Scotland) Regulations 2020 [draft] be approved.

That the Parliament agrees that the Fuel Poverty (Enhanced Heating) (Scotland) Regulations 2020 [draft] be approved.

That the Parliament agrees that the Representation of the People (Data Matching) (Scotland) Regulations 2020 [draft] be approved.

That the Parliament agrees that the Representation of the People (Annual Canvass) Amendment (Scotland) Order 2020 [draft] be approved.—[*Graeme Dey*]

Decision Time

17:03

The Presiding Officer (Ken Macintosh): The first question is, that amendment S5M-20882.3, in the name of Jeane Freeman, which seeks to amend motion S5M-20882, in the name of Monica Lennon, on standing up for national health service staff and patients, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 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)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (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)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)

Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fee, Mary (West Scotland) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Mason, Tom (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)

Wightman, Andy (Lothian) (Green)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division is: For 59, Against 61, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S5M-20882.1, in the name of Miles Briggs, which seeks to amend the motion in the name of Monica Lennon, 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)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Campbell, Aileen (Clydesdale) (SNP)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Corry, Maurice (West Scotland) (Con)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Edinburgh Central) (Con)
 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)
 Fabiani, Linda (East Kilbride) (SNP)
 Fee, Mary (West Scotland) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Golden, Maurice (West Scotland) (Con)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)

Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 Macdonald, Lewis (North East Scotland) (Lab)
 MacGregor, Fulton (Coatbridge and Chryston) (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)
 Mason, Tom (North East Scotland) (Con)
 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)
 McNeill, Pauline (Glasgow) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 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)
 Russell, Michael (Argyll and Bute) (SNP)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Tomkins, Adam (Glasgow) (Con)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wells, Annie (Glasgow) (Con)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

Wishart, Beatrice (Shetland Islands) (LD)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: I think that some members were a bit confused when they shouted "No." The result of the division is: For 120, Against 0, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S5M-20882, in the name of Monica Lennon, as amended, on standing up for NHS staff and patients, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Davidson, Ruth (Edinburgh Central) (Con)
 Fee, Mary (West Scotland) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Mason, Tom (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McNeill, Pauline (Glasgow) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)

Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Tomkins, Adam (Glasgow) (Con)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 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)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (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)
 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)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 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)

The Presiding Officer: The result of the division is: For 62, Against 58, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament has serious concerns about governance, leadership, performance and financial sustainability within the health service, noting that six territorial NHS boards are at level three or higher on the performance escalation framework; notes the forthcoming public inquiry into the scandals in NHS Lothian and NHS Greater Glasgow and Clyde; considers that challenges and risks within the NHS are not being satisfactorily addressed by the Scottish Government, to the detriment of patients and NHS staff; pays tribute to NHS staff for their dedication to patient care and is worried that more than half of doctors and nurses surveyed by BMA Scotland and RCN Scotland link heavy workloads to negative impacts on their own health; believes that the Scottish Government must be more transparent on its stewardship of the NHS, in accordance with Open Government principles, and that the culture of secrecy must end; calls on the Scottish Government to ensure that ministers are accountable to the public and staff through the chairing of annual health board meetings; agrees that the Parliament should have the power to take evidence from all departing health board chief executives and chairpersons; believes that there is a need to improve the holistic care and support provided to NHS and social care staff, including pre- and post-shift support, in order to promote wellbeing; condemns bullying in any part of the NHS, and calls on the Scottish Government to bring a full debate on the Sturrock review before Parliament at the earliest opportunity.

The Presiding Officer: I propose to ask a single question on the five Parliamentary Bureau motions. The question is, that motions S5M-20908 to S5M-20912, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, be agreed to.

Motions agreed to,

That the Parliament agrees that the Economy, Energy and Fair Work Committee be designated as the lead committee in consideration of the Tied Pubs (Scotland) Bill at stage 1.

That the Parliament agrees that the Fuel Poverty (Additional Amount in respect of Remote Rural Area, Remote Small Town and Island Area) (Scotland) Regulations 2020 [draft] be approved.

That the Parliament agrees that the Fuel Poverty (Enhanced Heating) (Scotland) Regulations 2020 [draft] be approved.

That the Parliament agrees that the Representation of the People (Data Matching) (Scotland) Regulations 2020 [draft] be approved.

That the Parliament agrees that the Representation of the People (Annual Canvass) Amendment (Scotland) Order 2020 [draft] be approved.

Prehistoric Rock Art

The Deputy Presiding Officer (Christine Grahame): The final item of business is a members' business debate on motion S5M-20055, in the name of Gil Paterson, on the Cochno stone and the social value of Scotland's prehistoric rock art. The debate will be concluded without any question being put.

Motion debated,

That the Parliament congratulates Dr Kenny Brophy of the University of Glasgow Archaeology Department on the extensive work on prehistoric rock art throughout a wide expanse of West Dunbartonshire; notes that this includes numerous excavations in the Faifley area of Clydebank, including, in particular, the Cochno Stone; understands that this is one of Europe's most important examples of rock carvings, and that this was entirely uncovered and intricately documented, including a full digital scan and recording; notes that this important work by Dr Brophy and his university team was assisted over many months by volunteers from far and wide, including local people and school pupils, and considers that this project is a model for collaboration between experts, well-practised helpers and a very supportive, well-informed community that wants to bring to the wider world the iconic art that is there to be exposed, enjoyed and celebrated by all.

17:10

Gil Paterson (Clydebank and Milngavie) (SNP): I welcome many folk to the gallery. I thank Dr Kenny Brophy, Alison Douglas and their colleagues from the University of Glasgow; Pierre De Fence and Sandra Love from Knowes Housing Association; Jonathan McColl, leader of West Dunbartonshire Council; Auchnacraig nursery school; St Joseph's primary school; and Edinbarnet primary school. They are all in the gallery to listen to the debate. Everyone I have mentioned—and will mention—has been involved in the Cochno stone project. I am sorry that the pupils from Clydebank high school archaeology club have been unable to attend, but they have also been heavily involved in the programme.

What is the Cochno stone and why do I know about it? Every year, I produce a calendar, on which I explain and highlight something unusual or special in my constituency. That something is not me. In the spring of 2016, a West Dunbartonshire Council official showed me a huge stone with a cup and ring mark, which is an ancient carving that goes back to the stone age. I thought that it would be a great idea for my next calendar, so I went back in the late summer of that year to take a photograph. However, I was unable to find a trace of the big slab, because, by that time, the undergrowth had reached to 3 feet above my head.

Undeterred, I went home and googled the location with a search that contained "Celtic

rings"—I now know that they are not Celtic rings but cup and ring marks. To my astonishment, the details of the Cochno stone came up. I knew about cup and ring marks, because I have witnessed them throughout Scotland, but I had never heard of the Cochno stone. Subsequently, I found out that the local people were well aware of its existence. The Cochno stone is not just any stone with cup and ring marks; it is one of the finest examples of its kind anywhere in Europe, which, in that case, probably means the world. It is 100m² and cup and ring marks of a wide variety of sizes and formations are carved over its entirety. Are the markings ritual, religious or astronomical? Do they describe a place or are they good, old-fashioned graffiti? That is for someone else to say, but I do not think that they are graffiti.

I have always been extremely interested in things that humans have left or placed under the ground, particularly anything that could be described as art. I am afraid that I am an art buff. I also have a deep interest in antiquities. For the past 20 years or so, my interest has been drawn to China, where some of the world's most fabulous buried sites exist. They stretch back to prehistory. I even ventured on my own into an disused mine where the stone was quarried that made the world-famous Chinese fine porcelain, near Jingdezhen—the town where Ming and Qing priceless porcelain treasures were made and painted and are made to this day. Jingdezhen is off the tourist map, except for anoraks such as me with a passion for oriental art.

What does that have to do with the Cochno stone? I can hear Kenny Brophy in the gallery thinking that, even from here. Let me explain. Typically, the Chinese will take a site that has been buried, expose it, then cover it up with a building. They will probably have people like Dr Brophy and his team headquartered in the building, and they will also excavate the surrounding area. At the same time, they will set out everything in such a way that the general public and local community can view and experience what is available in their own backyard. Local people will always be engaged in the excavation and they will deal with the commercial opportunity that always comes with such places to benefit the local economy.

Some sites that I have seen are truly gigantic and phenomenal in scope. The biggest site that I have experienced is in Xian, where the terracotta warriors are housed. It is hard to describe the sheer size of the place to people who have not witnessed it. The parliamentary chamber would fit into in 50 times and more. It is enormous.

The Chinese also do the same thing with sites that are of the same size as or smaller than the Cochno stone. They use the magic mix of

archaeology, science, academic study, economic development, learning and pride, all wrapped in the one venture. The Cochno stone is now covered for its own protection, and I believe that it could and should be uncovered and re-covered with a purpose-built functioning space, as is used in the Chinese model.

Members might be thinking that this is Paterson with pie in the sky, but the process has already started. Dr Brophy and his team have already uncovered the Cochno stone, thoroughly examined it, documented it in every way, including digitally, then covered it over again in a much safer way that means that it can be easily uncovered in a much better way than has happened in the past.

To his credit, Dr Brophy has gone on to uncover a whole series of other huge carved outcrop slabs over a wide area. I guess that the whole site is at least 10 square miles, and I would describe it as being plastered with slabs with ancient carvings. In his endeavours, Dr Brophy has persisted with great humility and encouragement, and he has brought the local people well and truly into the operation. He has visited schools, set up school projects and done numerous local presentations at evening meetings—too many to mention.

Dr Brophy has struck up a particularly good working relationship and partnership with Knowes Housing Association, which is the local housing association right in the middle of the site. It is active in developing a site for public use.

The Knowes Housing Association has gone above and beyond supporting and assisting the project. What a joy for me to see a team of professional and semi-professional archaeologists in fair numbers being matched with many schoolchildren, and all of them engaging in archaeology, with the children then voluntarily taking their interest on to high school. I cannot thank Dr Brophy and his team, along with Knowes Housing Association, the staff and volunteers, enough for what they are doing and the way they are doing it.

Presiding Officer, excuse the pun, but we are just scratching the surface. We have something of real significance that needs to be explained, shown to the public and, in the best possible way, exploited for the benefit of all, especially the local people in Faifley. I hope that tonight's debate will help us to realise the true potential of the Cochno stone and the wider site. The way to do it is the Chinese way. Dig and scrape the dirt away, protect it, take pride in it, show it and then make a living from it with a new facility. Surely that will be the best outcome. *[Applause.]*

The Deputy Presiding Officer: I say to guests in the public gallery that it is lovely that you have

clapped, but we do not permit applause from the gallery. No more applause please—only the applause from other members of the Parliament will be permitted.

17:20

Rona Mackay (Strathkelvin and Bearsden) (SNP): First, I thank my colleague Gil Paterson for bringing this fascinating debate to the chamber. The Cochno stone lies about a mile north of my home and I feel pretty ashamed that I have to admit that I was unaware of it until a few years ago. To have one of Europe's most important examples of rock carving on your doorstep is really something, but all too often, that is what happens—history can be right on our doorstep and we know nothing about it.

As we have heard from Gil Paterson, who has been working to raise awareness of this amazing piece of our heritage for several years, the work that is being done on the Cochno stone is of enormous importance to Scotland's heritage and equally important on a global archaeological scale.

At this point, I will apologise to any of the experts who I know are in the gallery today—if any of my research facts are wrong, I happily stand to be corrected. Here goes: the bronze age Cochno stone measures 42 feet by 26 feet and was documented in 1887 by the Rev James Harvey. It features around 90 carved indentations and is considered to be one of the finest sets of neolithic or bronze age cup and ring markings in Europe. The cup and ring marks on the stone, which are believed to date back to 3,000 BC, are accompanied by an incised pre-Christian cross set within an oval and two pairs of carved footprints. Each foot has only four toes. The stone was reburied in 1965 to protect it against vandalism.

In 2015, the Cochno stone was partially re-exposed for investigation during a three-day dig by a team involving archaeologists from the University of Glasgow, and a more complete re-exposure followed a year later. Following a larger excavation in 2016, archaeologists have used 3D imaging technology, as Gil Paterson outlined, to make a detailed digital record of the site. More than 100 prehistoric carved symbols—more than had previously been recorded—were identified on the Cochno stone following analysis of laser scans and the photographs that were taken in 2016. There are many theories as to what they might mean, which range from an ancient form of writing, to markings with religious or spiritual significance, boundary markers, star maps, or simply decorative markers.

What we do know is that the stone is evidence that, back in the day, the Clyde was an important artery, possibly connecting sea and islands,

perhaps around the coast to Bute and Arran. Huge credit must go to Dr Kenneth Brophy from the University of Glasgow, who led the digs in 2015 and 2016, for his on-going work. He and his team have been the driving force behind documenting and raising awareness of this fantastic wonder of our world. Of course, I need to mention the army of volunteer diggers, two of whom are my constituents from Lenzie, Jean and Tom Tumilty.

Praise must also go to Faifley Rocks!, which is a project researching prehistoric rock art that has done a huge amount of work on the stone using excavation, survey, oral history and archival research. The group does so much to promote our wonderful heritage and it aims to make archaeology fun and accessible to all. It is great to see the old stereotype of fuddy-duddy archaeologists finally being consigned to the history bin. I honestly believe that, if there were more groups throughout Scotland doing that type of work on a contemporary basis, that would greatly enhance our knowledge of history and it would engage future generations to delve into our amazing past.

In conclusion, I again thank Gil Paterson for bringing this fascinating debate to the chamber and the many people involved in reviving the wondrous Cochno stone.

17:24

Maurice Corry (West Scotland) (Con): I congratulate Gil Paterson on bringing this excellent and interesting subject to debate. It is wonderful to see so many people in the gallery, particularly young people from our schools, as well as teachers and councillors, in support of the debate. The efforts of Dr Kenny Brophy and many others to make Scotland's prehistoric rock art more well known are commendable. It is an example of dedication to the preservation of Scotland's rich history, as well as a commitment to educate others on the significance of our rock art.

The term "rock art" is an overarching one that is defined as meaning prehistoric man-made markings on natural stone. Petroglyphs, or rock carvings, are the most common type of rock art found throughout Scotland. Most of our rock art dates back thousands of years to the bronze and neolithic ages. Experts believe that those stone carvings could have been made to show land ownership, chart stars, mark ritual places and map landscapes. However, many experts also believe that the carvings never had one fixed meaning and that their purposes changed over time, depending on the new generations that discovered them.

Dr Brophy's focus on Scotland's prehistoric rock art has brought thousands of examples of it to the attention of not just experts and students of

archaeology but the public. One of Dr Brophy's most recent endeavours—a project to uncover and digitally scan the Cochno stone in West Dunbartonshire, which is in my region—has received particular attention. The Cochno stone is a massive panel of rock that was first documented in 1887. As has been said, the stone features various cup and ring carvings that are considered to be one of the finest sets of petroglyphs in Scotland. After the stone's initial discovery, it was studied and mapped by various experts and was visited by an intrigued public. Following several instances of vandalism, the decision was made to rebury the stone in order to protect it, which, thankfully, preserved the stone for future study.

In 2016, Dr Brophy uncovered and studied the Cochno stone with the help of a group of dedicated experts and volunteers. Working with the Spanish heritage company Factum Arte, Brophy digitally scanned the stone. He and his team plan to use the scans to create a replica of the Cochno stone that will be placed near the original site, allowing the original stone to be preserved while still giving people access to the rock art.

The collaborative work on the Cochno stone project ignited further efforts to preserve and document Scotland's prehistoric rock art. One example of those efforts is Scotland's Rock Art Project, which is a community-based initiative that discovers, maps, scans and creates 3D models of Scotland's prehistoric rock art. Archaeologists on the team are training volunteers across Scotland to record prehistoric carvings and upload them to the project's online database. The database allows the project team to analyse the rocks in a more precise manner and to increase public awareness of the carvings. Before the creation of the database, contextual information about the many examples of rock art in Scotland was not available to the public. Through the collaborative work of many individuals, digital scans of Scotland's rock art along with information on the location and age of the rocks and the types of carvings found there are now available to anyone who wants to see them.

I join colleagues in supporting the on-going collaborations that are producing valuable insights into Scotland's past and promoting public education of the rock art in Scotland. Those projects are not only beneficial in educating the world about Scotland's history; they serve as an excellent example of what can be accomplished through collaboration. Here in Scotland, we have a long and vibrant heritage to study and preserve. People from around the world come to experience our culture and history and we, too, should seize any opportunity to experience it. Many institutions in Scotland and elsewhere are contributing to the preservation of Scotland's history and our future

success. I support—as I hope we all do—the institutions that are working so diligently to maintain Scotland's prehistoric rock art and their efforts to educate the world on its significance.

17:28

Claire Baker (Mid Scotland and Fife) (Lab): I congratulate Gil Paterson on securing this debate and highlighting the work that has been undertaken in his constituency. Members' business debates provide opportunities to give particular significance to issues that are important to local communities but which often have wider importance for the whole of Scotland. The Cochno stone is a good example of that, so I welcome this discussion of the relevance of its rediscovery.

It is fascinating to read about the history of the Cochno stone, such as its initial discovery, its intentional burial and its re-emergence into the public view and academic knowledge. The story from its creation to the present day is one of place and community. The involvement of volunteers and local schools in its current appreciation demonstrates the potential for our heritage to foster community cohesion and to give people pride in and ownership of the places where they live.

Archaeology is an important discipline and the work of archaeologists should not be marginalised. Although the number of archaeologists who are employed through local authority environmental and historical services has decreased as budget pressures have squeezed those services, the particular skills and expertise of archaeologists must be employed when needed.

It was interesting to read about the collaborative approach that was taken in Clydebank and the leadership that was shown by Dr Kenny Brophy and the University of Glasgow archaeology department in bringing together many partners to undertake the work.

In January, I was pleased to attend the parliamentary reception to celebrate the 75th anniversary of Archaeology Scotland. It was a great opportunity to hear about the value of Scotland's archaeology and how important it is in developing skills, engaging young people, enabling community involvement and promoting lifelong learning. There were brilliant contributions from young people about how archaeology was a positive experience for them and about the knowledge, confidence and enjoyment that they got from their involvement in projects such as the new attainment through archaeology employability programme.

Maurice Corry mentioned Scotland's Rock Art Project, which is a great way to make archaeology accessible and to involve communities in

important research. It is the first major research project to focus on prehistoric rock art in Scotland. The project is funded by the Arts and Humanities Research Council and hosted by Historic Environment Scotland in collaboration with the University of Edinburgh and Glasgow School of Art. It is a fantastic project that aims to enhance the understanding and knowledge of Scotland's extensive rock art through engaging with communities and encouraging their direct involvement in research. The project trains community teams to record prehistoric carvings and be a resource for people who find treasures in their communities. The information that is gathered by the public and the community teams increases the knowledge and understanding of the carvings and raises awareness of them locally, nationally and internationally.

The Scotland's Rock Art Project website is fascinating, with many examples of mysterious carved symbols that were created on rock surfaces approximately 5,000 years ago. Those prehistoric carvings, known as rock art, are important to understanding our ancient culture. Although they are mysterious, they include some common images, symbols and marks that are found in various forms around the world in caves, rock shelters and open spaces. While some are figurative and feature animals or boats, others are more abstract and lead to theories of maps, astrological alignments and rituals.

Scotland's Rock Art Project looks to answer some of those questions. The data that is collected will enable researchers to analyse the significance of the rock art to the people who made and used it, to examine how the importance of carvings has changed through time, and to focus on how and why people value the carvings today.

In my region of Mid-Scotland and Fife, there are many examples of rock art, and I know how passionate people can be about recognising the importance of their heritage and the need to not lose or neglect those remains of our ancient culture.

In Parliament, we have previously debated the significance of the Wemyss caves. I recognise the sterling work of local people who, through the Save Wemyss Ancient Caves Society, have preserved, highlighted and made accessible the Pictish carvings and rock art in the challenging environment of the caves. I also recognise all their efforts that have resulted in the digital mapping of the artwork.

It has been an interesting debate, which I hope will encourage more people to become involved in the Scotland's Rock Art Project, and to appreciate and value their important surroundings.

17:33

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): I, too, thank Gil Paterson for giving us the opportunity to debate this interesting subject. We are talking about something that is very old, so it is entirely appropriate that the four oldest members of this Parliament are all present. I note that I am the fourth oldest of those four, but we are all of an age at which antiquity is of particular interest to us. *[Laughter.]*

The Cochno stone is of uncertain age. Some of my research says that it is 5,000 years since it was produced and other research says that it dates from the third millennium BC and, thus, is perhaps not quite as old.

Gil Paterson is ahead of me, as he has converted to the metric system. He said that the stone is 100m², while my notes say that it is 42 feet by 26 feet. I am a mathematician so I had to do the arithmetic, and he is absolutely spot on: 42 feet by 26 feet is 100m². I am glad that Gil got that right.

Something as old as the Cochno stone is always fascinating. People of all ages can realistically engage with anything that throws us back to a previous age and which has mystery around it. One of the first things that I wondered was where this name came from. It appears that it is from *cauchanach*, which is the Gaelic for “place of little cups”. When we look at what is on the stone, that is a credible explanation, although it is not a certain one; we will probably never have that. We know that the stone is named after a Cochnol house that was on the site before we found the stone, but that is not to say that the house was there before the stone. The stone was almost certainly there before the house was built by the Hamiltons, some 100 years ago.

Although the stone was buried, the locals continued to remember it over a long period of time and it was a source of stories and inspiration for stories, like many such ancient artefacts. The fact that it has been dug up, reburied and dug up again provides an interesting comparison with China, on which Gil Paterson, with his passion for all things from the east, threw light when he talked about it.

To come up to date, the University of Glasgow, Factum Arte and the local community are now involved in engaging with and protecting the stone, and in cleaning the area in which it stood and removing the ground around it so that we can actually see it. The fact that Gil Paterson could not find the stone, because of overgrowth on the site, tells us everything that we need to know about the previous neglect of the stone.

It is great that the modern technology in a 50 megapixel camera has been used to create 3D

images, but in our modern arrogance, we must remember that the electronic world is quite an ephemeral one; the electronic images might vanish quickly and become inaccessible to us. However, the stone will probably outlive any of the technology that is being used—excellent as it is as a way of reaching out across the world to tell the story of this archaeological endeavour and creating a database that allows people across the world to study the carvings from the Cochno stone and see echoes of them in other areas.

It is interesting. I thought that the word “Cochno” came from *cochlea*, the Greek word for snail, because I had not properly looked at the stone. I then realised that the carvings were not snails and were much more like cups.

We have had an interesting short debate and it is tremendous to see so many of those who have been involved in the project in the public gallery. Just as I, in primary school, was given a little ammonite—a fossil that was billions of years old—that inspired me, I hope that this project will inspire many in the area where the stone is located. For Dr Kenny Brophy and his team, the schoolchildren who have been involved and the community, this is an important part of their history but it will also be part of their future.

17:37

The Cabinet Secretary for Economy, Fair Work and Culture (Fiona Hyslop): I, too, congratulate Gil Paterson on lodging the motion and securing the debate. I will refrain from referring to mysterious antiquities in responding to the fourth-oldest member of Parliament, Stewart Stevenson, who is—just as well—not listening.

I add my congratulations to Dr Kenny Brophy and his team at the University of Glasgow’s archaeology department for their remarkable work in discovering and sharing Scotland’s archaeological story, and in demonstrating its social value by connecting it to our contemporary lives.

For those who were not previously aware of the Cochno stone in West Dunbartonshire—I was one of them—the debate has brought alive part of Scotland’s history that we should understand and appreciate. It will have been fascinating for members to hear about one of the most extensive neolithic rock art sites in Europe, and its unique history.

The decision in 1965 of the Ancient Monuments Board to rebury the stone to protect it from vandalism might seem to be strange today, as we work to support as many people as possible to access and enjoy our heritage. Not until 2016, when Dr Brophy led his team to uncover the stone to conduct an extensive examination and create a

detailed record of the markings was it possible for the stone to be enjoyed and appreciated more widely.

Rather than working in isolation, Dr Brophy's team recognised the social value of the discovery, so they shared their findings with local schools and the wider community. In doing so, they opened up a dialogue with people in the local community who, in turn, shared their memories of playing on the Cochno stone as children. In that way, the team used the project to collect additional data that has helped to develop our understanding of the location and the nature of rock art in the area.

Community archaeology is happening across Scotland. I will ask Historic Environment Scotland to share with interested members information about some of the interesting projects that are taking place.

The University of Glasgow's archaeology department describes its approach as "engaged archaeology", which involves exploring how, through engagement with communities, archaeology can have relevance and be beneficial to society today.

Despite Dr Brophy's clear focus on prehistoric monuments, he considers himself to be a contemporary archaeologist, which means that he is interested not in what we can learn about prehistoric society, but in what the traces of prehistory can tell us about the modern world. That is an interesting philosophical approach that we can all learn from. What is striking about his department's work is the passion for bringing archaeology into people's everyday lives in order to reach individuals who might not usually engage with heritage.

Dr Brophy's research in Balfarg in Glenrothes is another excellent example of that. There, he has monitored the relationship between the urban and the prehistoric for two decades, and has documented the various ways that the monuments have been used by local people. He consulted people in the community; he asked how much they know about the monuments, how they could be better used and how green spaces in the town could be improved. Through engaging local people in a discussion about their past, he was able to involve them in thinking about the future shape of their environment.

People have been creating rock art all over the world for many years. Like all good art, no single interpretation or meaning can be assigned to it—indeed, it might have meant different things to different people. As we have heard from Claire Baker, Scotland's Rock Art Project was established in 2017, and is building on work that Dr Brophy and the team at the University of

Glasgow have done in unearthing our prehistoric rock art. That major project is funded by the Arts and Humanities Research Council and is hosted by Historic Environment Scotland. It is the first major exploration of prehistoric rock art in Scotland and uses digital recording techniques and community engagement to record, preserve and understand our rock art heritage.

As part of the project, the team has collaborated with Dr Brophy on his current work, Faifley Rocks!, which uses the excavations and 3D imaging of the Cochno stone as a starting point for exploring the benefits and values that rock art can bring to the community, and confirms Faifley's place as Scotland's rock art capital. Directly after the debate, members of the Faifley community will gather in Parliament to speak about their experiences of being involved in the project, and about the ways in which their local archaeology has touched their lives. I look forward to joining them, because I expect it to be a powerful demonstration of how art—even art from several millennia ago—can connect people to their place, enhance participation and provide benefits for wellbeing and learning.

Rock art does not just have local significance; it can tell us about the evolution of our international relationships and our global sense of place. We know, for example, that cup marks and cup and ring carvings are also found in Norway, Sweden and Denmark, and that the similarity of the motifs suggests that neolithic and bronze age communities were in contact.

International links are an important aspect of the University of Glasgow's archaeology department's work. The connections that have been built in the Mediterranean and near east help us to understand Scotland's past in its European and international contexts, and encourage us to work with others in pursuit of solutions to shared challenges, such as those that are associated with our changing climate and landscapes. Gil Paterson's reference to China and how challenging circumstances are used as opportunities made the case well.

A good example is work that the department undertook to create a story map in Cyprus to memorialise the heritage of the abandoned forest village of Karterouni, which was sadly lost in forest fires in 2016. The fires resulted in a huge loss to the heritage of the area, but the team collected the intangible cultural heritage—the memories, stories and activities that mattered most to local people—and used the information to map places of local importance, including a 100-year-old olive tree and locally significant religious places.

I have spoken in the chamber before about the importance to Scotland of intangible cultural heritage. Heritage is not only rooted in the

physical, but is present in the ideas, beliefs, memories and values of our people. It is in the stories of places or stones that are handed down through generations. Intangible cultural heritage is a very important part of our cultural heritage. It is a living form of heritage that is continuously recreated, and which evolves as communities adapt their practices and traditions in response to their environments. In that way, it is inclusive, representative and community based.

Intangible heritage forms an invisible bond between people over generations and millennia, as well as connecting us in our shared sense of place. It is that connection to place, together with our strong sense of community and our rich shared history, that we are striving to protect, understand and celebrate in all our work on the historic environment. The importance of place is at the heart of our historic environment strategy, "Our Place in Time", and it has been central to the development of our soon-to-be-published national culture strategy.

Dr Brophy and his colleagues have shown us that understanding our prehistoric art and past can have contemporary relevance by feeding our sense of place and the sense of self that arises from understanding who we are and where we have come from. We are very fortunate to live in a country with such a rich and vibrant heritage. Finding new ways to champion it and to inspire a new generation through involvement and understanding is, to me, an undertaking that is of immense value.

I once again commend Dr Brophy and his team for their insightful work, and I thank Gil Paterson for making sure that we have had the chance to recognise their achievements and the wider social significance of our prehistoric heritage and the Cochno stone.

The Deputy Presiding Officer: That concludes the debate, which has been on a very interesting topic.

Meeting closed at 17:46.

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

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