



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament (Hybrid)

Tuesday 15 June 2021

Session 6



The Scottish Parliament
Pàrlamaid na h-Alba

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Scottish Parliament

Tuesday 15 June 2021

[The Presiding Officer opened the meeting at 14:01]

Time for Reflection

The Presiding Officer (Alison Johnstone):

Good afternoon. I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask members to take care to observe those measures, including when entering and exiting the chamber. Please use the aisles and walkways only to access your seats and when moving around the chamber.

The first item of business is time for reflection. Our time for reflection leader today is the Rev Andy Philip, chaplain, St Mary's Episcopal cathedral, Edinburgh.

The Rev Andy Philip (St Mary's Episcopal Cathedral, Edinburgh): Presiding Officer, members and staff of the Scottish Parliament, it is an honour and a joy to lead you in this time for reflection—not least because, for me, as a former official reporter, it is a homecoming of sorts.

On Friday last week, the church celebrated St Barnabas, who was a leader, although perhaps not a leading figure, in the early Christian movement. We know relatively little about him, apart from the fact that Barnabas was certainly not his real name; it was a nickname given to him by the 12 apostles, and it means “son of encouragement”.

That name tells us a lot about Barnabas. For instance, when St Paul, fresh from his conversion on the road to Damascus, tried to meet the 12 apostles, it was Barnabas who overcame their scepticism and made the introduction. It was also Barnabas who accompanied Paul on his first missionary journeys. Barnabas was there in the background, encouraging and supporting—and shaping history.

We all need others who support and encourage us. I am sure that such people helped to shape your journey to the seats that you now occupy. I can think of several who helped to shape my journey towards ordination. There are, of course, many people behind the scenes who support the functioning of the Parliament and help you to shape history.

Encouragement is not really the flavour of our culture. We Scots are a gey carnaptious clanjamfry, and the sharply critical global atmosphere in which we live just ramps up the pressure of that tendency. Even if the sun sets on

our anger, it does not so easily set on our tweets. At times, it seems that we are all more likely to scratch from our friends lists those with whom we disagree than to say “scratch that” to our outraged Facebook posts.

Criticism is essential to the functioning of a healthy political system; we make no progress without proper scrutiny. However, whether we are members of the Parliament, the public or the punditariat, we must all remember that encouragement is at least as necessary as criticism, for encouragement feeds our growth as people and as a society.

Like Barnabas, the encouragers are often in the background, but they, too, shape history and they are remembered most fondly. I encourage you to value most not your moments of glory but your hours of encouragement, and to value being in the background and the people in the background—because to encourage is to love, and love is our highest calling. *[Applause.]*

Point of Order

14:06

Alex Cole-Hamilton (Edinburgh Western) (LD): On a point of order, Presiding Officer. I seek your guidance under the terms of standing order 7.3.2, which covers the conduct of members in this chamber.

In the Scottish Government debate on Thursday, James Dornan stated his belief that the decision by Lothian Buses to suspend its services on the night of 17 March was motivated by sectarian prejudice against Irish Catholics on St Patrick's day. Any Edinburgh member of the Scottish Parliament will tell you that Lothian Buses suspended its services on 17 March after its drivers had suffered many nights of sustained abuse and violent attacks, including repeated stoning. Its decision was motivated by a desire to protect its staff, and nothing more.

Had Mr Dornan's remarks been made anywhere beyond the proceedings of this Parliament, they might have constituted defamation against Lothian Buses. They cannot be allowed to stand. What powers do you have to compel Mr Dornan to correct the record and apologise to Lothian Buses and this Parliament, Presiding Officer?

The Presiding Officer (Alison Johnstone): I thank Alex Cole-Hamilton for the advance notice of his point of order.

Although the point of order mechanism has been used to raise questions about the accuracy of contributions, such questions are not, in fact, points of order. Members themselves are responsible for the accuracy of their contributions; that is not a matter for the chair to rule on.

As Alex Cole-Hamilton knows, if he believes that inaccurate information has been provided, a number of mechanisms are available to enable that to be brought to the attention of the member concerned and, if appropriate, to enable the record to be corrected.

I take this opportunity to remind members of their responsibilities as elected representatives and invite them to have regard to those responsibilities in their contributions. Members have a duty to conduct themselves in a courteous and respectful manner.

Topical Question Time

14:08

The Presiding Officer (Alison Johnstone): There are three topical questions today. There is a great deal of interest in them, so I would be grateful for short questions and succinct responses.

Automated External Defibrillators (Amateur Sports Grounds)

1. **Sandesh Gulhane (Glasgow) (Con):** To ask the Scottish Government, in light of the disturbing events at Euro 2020, with a player experiencing a cardiac arrest on the pitch, whether it will consider subsidising automated external defibrillator purchases for amateur sports grounds. (S6T-00085)

The Minister for Public Health, Women's Health and Sport (Maree Todd): The incident at Euro 2020 is a stark reminder of the importance of prompt cardiopulmonary resuscitation and access to defibrillation to improving a person's chances of surviving an out-of-hospital cardiac arrest. Our thoughts go out to Christian Eriksen and to his family and teammates. I am sure that I speak for everyone in the chamber and throughout Scotland when I say that we are very relieved that the prompt action that was taken saved his life and that he is now recovering well.

In 2015, the Scottish Government, working with our partners in the Save a Life for Scotland partnership, launched an out-of-hospital cardiac arrest strategy. Since then, more than 640,000 people in Scotland have been trained in the skills that are needed to perform CPR. In 2015, only one in 20 people survived a cardiac arrest; the rate has now increased to one in 10.

In March this year, our Save a Life for Scotland partnership published an updated out-of-hospital cardiac arrest strategy, which sets out a number of actions across the chain of survival, including actions to improve bystander CPR and defibrillation rates. Part of that programme is to ensure mapping, maintenance and accessibility of defibrillators. The provision of life-saving equipment such as defibrillators is the responsibility of individual sporting governing bodies. Sportscotland is working closely with Save a Life for Scotland to share the life-saving skill of CPR throughout community hubs.

Sandesh Gulhane: I join the minister and everyone else in wishing Christian Eriksen and his family a speedy recovery, in my prayers. CPR saved his life. Knowing how to perform CPR saves lives. The more people in Scotland who know how to do CPR the better. I note that the British Heart

Foundation has an excellent hands-only CPR resource on the internet.

Although we already heard something about it in the minister's response, how will the Scottish Government encourage more people to learn CPR and ensure that school leavers who miss training due to Covid receive it? Can we also ensure that it is a course that is put on universally and by public employers?

Maree Todd: I agree with Sandesh Gulhane that we need to improve people's awareness of CPR and their confidence in performing it. As I stated, we have by some way surpassed the target that we had; we thought that we would manage to train 500,000 people but, to date, more than 640,790 people have been equipped with CPR skills by the Save a Life for Scotland partners. Our collective aim is to increase that number to 1 million people by 2026.

Sandesh Gulhane will also be aware that, in 2019, all 32 local authorities committed to a systematic and sustainable model of CPR learning that would result in every secondary school pupil leaving school with CPR skills. I have absolutely no doubt that Covid will have impacted on that for children in the final years leaving school, but I also have great confidence that the particular incident that we are discussing will remind people of, and focus their attention on, the need for absolutely every single one of us to learn CPR, so that if somebody has a cardiac arrest near us, we know to call for help, dial 999 and perform CPR.

Sandesh Gulhane: I will press the minister a little bit on whether we could look to subsidise automatic defibrillators for amateur sports grounds, because their cost is the reason why grounds are not able to provide them. That would help so much, because two in 100,000 competitive athletes between the ages of 14 and 35 per year suffer from such events.

Maree Todd: Policies on having equipment such as defibrillators are managed by sports' individual governing bodies, and are likely to be linked to advice from their own medical practitioners. Similarly to governing bodies, SportsScotland does not give local authorities or leisure trusts advice on or provision for life-saving equipment, which would be determined by the individual organisation. It is a slightly complex landscape out there; many clubs use community facilities or schools.

As an excellent first step, which will bear fruit, we have worked with the University of Edinburgh resuscitation research group. It undertook a public-access defibrillator modelling analysis project in 2018, which was funded by the Scottish Government. There will be a data-led analysis of

where defibrillators should be located, including consideration of high-risk neighbourhoods.

It is important that there will be a training package alongside distribution of defibrillators to help people to use them. Sandesh Gulhane and I know that they are very straightforward to use and that the defibrillator tells the user what to do, but the training will raise confidence and competence in using defibrillators in the community.

Jenni Minto (Argyll and Bute) (SNP): Will the Scottish Government consider supporting rural communities by providing centralised purchasing of defibrillators and on-going materials in order to reduce the need for communities to raise funds to cover value added tax?

Maree Todd: I thank Jenni Minto for that question, which leads on nicely from the question from Dr Gulhane. The recently refreshed out-of-hospital cardiac arrest strategy makes a clear commitment to addressing the inequalities in out-of-hospital cardiac arrest outcomes, including the inequalities that face rural communities. To do that, the Save a Life for Scotland partnership continues to work closely with communities on co-creating solutions to improve outcomes in out-of-hospital cardiac arrests across Scotland.

Lots of existing charity schemes subsidise the cost of buying defibrillators for communities and organisations. Those schemes often provide training—which is important, as I said—on use and upkeep of defibrillators, and on how to perform cardiopulmonary resuscitation. We also have existing infrastructure and local knowledge to assist communities in effective placement and management of defibrillators. VAT on defibrillators is a matter that is reserved to the United Kingdom Government.

Racism in Schools

2. Alexander Stewart (Mid Scotland and Fife) (Con): To ask the Scottish Government what its response is to a recent survey, which records that more than 2,000 incidents of racism have been reported in schools over the last three years. (S6T-00075)

The Cabinet Secretary for Education and Skills (Shirley-Anne Somerville): The Scottish Government is clear that there is no place for racism in our schools and is committed to addressing and tackling all forms of bullying, including on the grounds of race. In 2019, in partnership with the Convention of Scottish Local Authorities, local authorities and teaching unions, we developed and implemented a national approach to the recording and monitoring of bullying in Scottish schools.

That national approach enables schools and local authorities to monitor all reported incidents of

racist bullying and take all appropriate actions. Diversity and equality are at the heart of the policies that underpin education in Scotland and we are working with key anti-racist organisations to address how schools can be further supported.

The race equality and anti-racism in education programme is leading work to strengthen support for schools in tackling racist incidents and racist bullying while enhancing professional learning and leadership, diversifying the education workforce and reforming the curriculum.

Alexander Stewart: Data from Show Racism the Red Card's consultation shows that 48 per cent of teachers are aware of a pupil or pupils expressing negative attitudes relating to skin colour, 38 per cent relating to religion and 37 per cent relating to nationality. Although 61 per cent of teachers expressed a lack of confidence about educating pupils on anti-racism, only 24 per cent have received training on the subject.

Those are serious and worrying statistics. Given that 85 per cent of respondents said that tailored anti-racism workshops would be beneficial for all concerned, what urgent action can the Government take to ensure that that happens?

Shirley-Anne Somerville: That is a very important issue, and the Government takes it very seriously. As I mentioned, the race equality and anti-racism in education programme is leading that work, which includes school leadership and professional learning as one of its four strands. It aims to ensure that Scotland's professional educators are confident and empowered to promote equality and foster good relations and, importantly, to identify, prevent and proactively deal with racism if they see examples of it.

It is important that we ensure that school leadership and professional learning is further developed and that we also increase the diversity in the teaching profession so that it further reflects the Scottish population, just as we wish to see in the Parliament.

Alexander Stewart: Show Racism the Red Card's chair wrote to the Scottish Government to call for anti-racism to be included in the national curriculum following announcements about a similar move in Wales earlier this year. Given that 93 per cent of respondents to Show Racism the Red Card's consultation said that

"anti-racism must be included within the curriculum",

will the cabinet secretary confirm that the Scottish Government will seriously consider that request in order to further protect children from harm?

Shirley-Anne Somerville: I go back to the work of the race equality and anti-racism in education programme, because one of its other strands is curriculum reform. That is being looked at very

closely to ensure that the curriculum is inclusive, that it recognises, for example, Scotland's colonial past, and that it respects the identities of young people and supports them on their journey through school. Work is on-going to ensure that our curriculum gives confidence to our learners—in my original answer I spoke about giving confidence to teachers—so that they can discuss the issue and tackle it when they see it, and so that everyone in our schools can reach their potential without being blighted by any racist activity towards them or anyone else in their classroom settings.

Pam Duncan-Glancy (Glasgow) (Lab): The Government has previously backed and agreed to implement the incredible work of the Time for Inclusive Education initiative, which aims to combat homophobic, biphobic and transphobic bullying in schools with lesbian, gay, bisexual and transgender inclusive education. In addition to what the cabinet secretary has already outlined, will the Scottish Government back a similar programme to tackle racism and disablism in schools?

Shirley-Anne Somerville: The Government is looking closely at racism and all forms of bullying in schools. Importantly, it is working with young people as it considers how to tackle the problems and what the solutions might be. That is why I will be meeting young people to follow up on meetings that took place with the Deputy First Minister when he was education secretary and with the Minister for Equalities and Older People, particularly on the racism issue, to ensure that we are learning from their experiences and that they are part of our work to develop the right solutions. We take that approach with any type of bullying or harassment in schools.

Ferguson Marine Engineering Ltd

3. **Paul Sweeney (Glasgow) (Lab):** I refer members to my entry in the register of members' interests, which shows that I am a member of the GMB union.

To ask the Scottish Government what its response is to the allegation made by Jim McColl in *The Herald on Sunday* that £25 million of public money was wasted on the "forced" nationalisation of Ferguson Marine Engineering Ltd. (S6T-00069)

The Cabinet Secretary for Finance and the Economy (Kate Forbes): In the absence of a workable commercial solution, the administrators of Ferguson's concluded that bringing the yard into public ownership was the best option. By taking control of the business, we were able to save Ferguson's from the risk of administration, lift the threat of redundancy that was hanging over the staff and protect the local economy. I am sure that Paul Sweeney supports those objectives.

Paul Sweeney: I share the objectives of saving and preserving industrial growth on the Clyde and the skilled jobs that go with that.

On 31 May 2017, Ferguson Marine's chairman met the First Minister at Bute House and, on 5 June 2018, he met the former Cabinet Secretary for Finance and the Constitution to beg the Government to force its public body, Caledonian Maritime Assets Ltd, to take part in a dispute resolution process for the failing ferry contract. On 9 November 2017, the Scottish Government appointed Commodore Luke van Beek to find a solution. The Government was given a report by Burness Corlett Three Quays in January 2018. A further report, by consultants HKA, was put to ministers in January 2019. All three independent expert consultants were highly critical of CMAL's management of the ferry contract, so why did ministers ignore their independent advisers and refuse to intervene at any stage of that long process to oblige CMAL to participate in a dispute resolution process? That failure has led directly to the disastrous outcome that we see at Ferguson's today.

Kate Forbes: Throughout the whole process, our commitment has been to ensure that the vessels are delivered. The Rural Economy and Connectivity Committee has completed its detailed scrutiny of the issues, and ministers have considered and responded to the committee's findings. We remain committed to transparency and co-operated at every stage of the parliamentary inquiry. We proactively published large volumes of information on our website and, as and when requested, we provided evidence to the inquiry on the details that have been touched on by Paul Sweeney. Right now, our intention— we stand firm on this—is to ensure that the vessels are completed, the workforce is saved and the yard has a viable future.

Paul Sweeney: We all share the cabinet secretary's commitment to financial transparency and transparency of the decision-making processes.

When Ferguson Marine fell into administration in August 2019, as a direct result of ministers' negligence in instructing CMAL to undertake arbitration, CMAL had the contractual right to claim a £25 million cash refund guarantee in the form of an insurance bond from specialist marine insurers, HCC International, which would have seen the insurance company take control of the shipyard. Instead, the Scottish ministers chose to forfeit the £25 million and to buy the shipyard outright at a further cost of £7.5 million. If the £32 million forced acquisition was not the alleged misuse of public funds and an attempt to cover up for the failures of CMAL and ministers that caused the collapse of the shipyard, as asserted by the

previous management of Ferguson Marine, will the Government agree to release all correspondence between the Government, HCCI and CMAL?

Kate Forbes: Paul Sweeney has, in effect, rewritten history on two occasions in his question. It is totally incorrect to assert, as in some media reporting, that the £25 million that he has referred to has been lost from the public purse.

A judgment was made in the Scottish courts on 21 May 2021. The claim is on-going so I am restricted in what I can say, but, as is already widely known, because ministers proactively published extensive information to aid the parliamentary inquiry, an agreement was reached with HCCI to release it from a performance bond that it had provided for Ferguson's.

Having seen the parliamentary inquiry proceed with extensive, transparent and proactive provision of information by ministers, the commitment is to ensure that vessels are delivered for the communities that rely on them, that the workforce is protected and that a viable future exists for the yard. I hope that all members will join me in trying to secure those objectives.

Stuart McMillan (Greenock and Inverclyde) (SNP): In addition to the challenges that remain, the cabinet secretary will be aware of the progress that has been made in the yard. Does she accept that taking the yard into public ownership was the only decision that would have saved it and the jobs in my constituency, as well as providing it with an opportunity to build ships for many years to come?

Kate Forbes: As the member has said, challenges exist, but our efforts saved FMEL from closure without a shadow of a doubt. Our actions rescued more than 300 jobs, ensured that the two vessels that are under construction will be completed, and secured a future for the yard. The work there includes the continuation of an apprentice programme that is crucial to the yard's future and that of the shipbuilding industry in Scotland, and support for the local economy, which Stuart McMillan represents.

Edward Mountain (Highlands and Islands) (Con): The catastrophic mismanagement of the ferries contract that the Rural Economy and Connectivity Committee identified seems to continue to grow arms and legs. Tim Hare, whom the Scottish Government appointed, is paid in excess of £790,000 per annum, which is more than two and a half times the combined annual salaries of the Prime Minister and the First Minister. Who authorised that contract and why?

Kate Forbes: Edward Mountain knows more about FMEL than many do, because of the inquiry that the Rural Economy and Connectivity

Committee conducted—an inquiry to which we submitted extensive and transparent information.

Our investment in the yard is indicative of the importance that we place on it and on the communities that rely on lifeline ferry vessels.

With regard to the turnaround director specifically, a benchmarking exercise was conducted as part of the recruitment process to identify market rates. The turnaround director's agreed fee was well within the benchmark and consistent with market rates that reflect the highly specialised nature of a role that requires senior level experience.

I come back to the point that our investment in the yard is indicative of the importance that we place on FMEL and of our commitment to the delivery of those two vessels.

The Presiding Officer: That concludes topical questions.

Covid-19

The Presiding Officer (Alison Johnstone):

The next item of business is a statement by Nicola Sturgeon on a Covid-19 update. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

14:28

The First Minister (Nicola Sturgeon): At the outset, I want to confirm that there will be no changes this week to the Covid levels of protection that currently apply to different parts of the country. I will say more about that later and also look ahead to the more substantive three-weekly review that I will set out to Parliament a week from today—which is, as scheduled, ahead of 28 June, when the next scheduled change and a move to level 0 for the whole country was expected to take place.

First, I will give a general summary of the current course of the pandemic, starting with today's statistics. The total number of positive cases that were reported yesterday was 974—5 per cent of the total number of tests—which means that the overall number of confirmed cases is now 248,515. One hundred and thirty-seven people are currently in hospital, which is nine more than yesterday, and 17 people are receiving intensive care right now, which is the same as reported yesterday.

I also regret to say that two further deaths were reported yesterday, which takes the total number of deaths registered under the daily definition to 7,683. Once again, I send my condolences to everyone who has been bereaved over the course of the pandemic.

I will also provide an update on the vaccination programme. However, because of a technical issue at Public Health Scotland this morning, I ask members to note that it is likely that the figures that I am about to give underreport yesterday's vaccination performance. On the basis of the information that I have at this stage, I can confirm that, as of 7.30 this morning, 3,531,461 people in Scotland had received their first dose of the vaccine, which is an increase of 13,793 since yesterday. In addition, 23,347 people received their second dose yesterday, which brings the total number of second doses to 2,470,181. However, I ask people to remember that it is likely that those figures underreport the number of vaccinations that were carried out yesterday. We will update the figures as quickly as possible.

As is clear from the update that I have just given on the range of statistics, case numbers continue to rise. Over the past week, 6,651 new cases have been reported, which compares with a total of

5,475 cases in the previous week, so the number of cases has risen by more than one fifth in the past week and is now more than five times higher than the number in early May. That reflects the fact that the faster-transmitting delta variant is now common across Scotland and accounts for the overwhelming majority of new cases that are being reported.

Given the risk of, for example, long Covid, it is important to point out that we should never be complacent about a rising curve of infections. However, as I have indicated previously, we hope that vaccination is increasingly protecting people against serious illness. If that is indeed the case, our experience of the virus will become different and our ability to cope with it in a less restrictive way will become much greater. That is why we continue to very closely monitor the extent to which the rise in the number of new cases is, or is not, leading to a commensurate rise in the number of people who fall seriously ill and require hospital treatment. Our early data on that point is encouraging—I will say more about that shortly—but we still need further analysis, particularly to more fully understand the impact of the delta variant.

To that end, a new study that was published yesterday by the University of Edinburgh was instructive, and I recommend that members read it. On the one hand, it suggests that the delta variant is associated with a higher risk of hospitalisation than other variants but, on the other hand, it suggests that double-dose vaccination continues to provide a high level of protection against infection with, and hospitalisation from, the virus. That was underlined by another study that was published yesterday, by Public Health England, which shows that there is extremely strong protection against hospitalisation after two doses of the vaccine.

In short, all the evidence so far suggests that, although the link has not yet been completely broken, vaccination is weakening the link between the rise in the number of new cases and a rise in hospitalisations and serious illness, so there is much for us to be optimistic about in the studies about the impact of vaccination.

As I indicated earlier, that is reflected in our hospital data, which is published daily. The number of people being admitted to hospital with Covid has fallen from about 10 per cent of reported positive cases at the start of the year to about 5 per cent now. In addition, since around the start of May, the number of new cases has increased at a much faster rate than hospital admissions.

We are also now seeing some evidence that the people who require hospital care are, on average, younger than those who required it during

previous stages of the pandemic. For example, in the latest week, the highest number of new admissions was among people in their 30s and 40s. The next highest number was of people in their 20s. Before the vaccination programme started, people over the age of 50 usually made up the highest number of new admissions to hospital.

Let me stress that we should not be complacent about hospitalisation for anyone—no matter their age—but the fact that more of the recent hospital admissions are in younger age groups might mean that fewer of the people being admitted to hospital are becoming seriously ill or requiring intensive care. That might also help to explain my next point.

Hospital occupancy, which is the total number of people with Covid in hospital at any given time, is not rising at the same rate as hospital admissions or cases of Covid. Indeed, although there has been an approximate fivefold increase in the number of cases since the start of May, hospital occupancy is about just double what it was at the start of May. That suggests that people are being discharged more quickly and are spending, on average, less time in hospital than patients in the earlier phases of the pandemic. Although that is encouraging, it is important to stress that further analysis is needed to confirm it.

That brings me to the judgments that we require to make now and next week. In short, we are hopeful that vaccination is changing the game in our fight against the virus, and that it is doing so in a perhaps fundamental way. However, the emerging evidence still needs close analysis.

More fundamentally—and this may be the most fundamental point of all—we need time to get more people vaccinated with both doses. In the race between the virus and vaccines that we have often spoken about, we are increasingly confident that the vaccines will win, but we must not allow the virus to get too far ahead.

The vaccination programme is going exceptionally well and is being rolled out as quickly as supplies allow, but a significant proportion of the population is not yet fully vaccinated with two doses. To be blunt, that remains our biggest vulnerability at this stage, and it is a significant vulnerability when cases are rising at the pace that they are. Therefore, we must buy sufficient time for vaccination to get ahead and to stay ahead of the virus. That is the reason for exercising caution at this juncture.

Those issues are of course also being weighed up by the United Kingdom Government and by other Governments across the UK, and the UK Government yesterday announced a four-week

delay to its plans for lifting Covid restrictions in England.

The Scottish Government will also continue to adopt a cautious approach. I have already confirmed that no changes will be made this week to the levels that apply in any part of the country. Our next full scheduled review of the protection levels will take place next week. That will consider whether any changes are possible from 28 June onwards, which is the date when we had hoped that we would see the whole country move down to level 0.

I will confirm our decision to Parliament next week, following that review. However, given the current situation, and the need to get more people fully vaccinated before we ease up further, it is reasonable to indicate now that it is unlikely that any part of the country will move down a level from 28 June. Instead, it is more likely that we will opt to maintain restrictions for a further three weeks from 28 June and will use that time to vaccinate, with both doses, as many more people as possible. Doing that will give us the best chance of getting back on track later in July and of restoring the much greater normality that we all crave.

To that end, we will also do three other things next week and I will report on all of this when I stand here to make a statement this time next week. If our decision is to retain current levels for a further three weeks—and we must go through a proper process to arrive at that decision—we will consider whether any minor changes are possible. I am aware that perceived anomalies have arisen as restrictions have eased. I understand how frustrating that can be, even though there will often be a rational explanation for what may appear to be contradictory. I assure members that, as part of our on-going review of the rules and regulations that are in place, we will consider whether any changes could or should be made to address such issues.

More fundamentally, we will publish two pieces of work next week to coincide with the outcome of the review. Those will look ahead—hopefully not too far ahead—to the restoration of a far greater degree of normality. That work will be of interest to everyone, but it will have particular interest for the businesses and sectors, including much of our arts and culture sector, that still face the greatest uncertainty about what the future looks like.

First, we will publish a paper setting out what we hope life will look like beyond level 0, as we get to the point where we can lift all, or virtually all, of the remaining restrictions. That is important because, although we have had to pause the route map, I emphasise that we still hope that vaccination will allow us to move beyond level 0 over the summer and back to a much greater degree of normality.

Secondly, related to the first publication, we will also publish the outcome of our review of physical distancing. Given the uncertainties of the current situation, in particular the greater transmissibility of the delta variant, we have taken a bit longer to consider that than we had originally planned. However, I know how important that is for many businesses, including those in hospitality and also for theatres and cinemas and the arts more generally, as they all consider how they can operate sustainably over the medium to long term.

In summary, next week we will in all probability, although it has to be confirmed after our full review, pause the further easing of restrictions while we press ahead as fast as possible with vaccination, particularly with double doses of vaccination. However, we will also look ahead in more detail to what we still hope will be possible later in the summer.

I know that the current situation is difficult and frustrating for everyone. We all want to see the back of all restrictions as soon as possible. However, although this setback is not easy and not welcome for anyone, it is worth remembering that we are living under far fewer restrictions now than we were just a few weeks ago. The current situation is not what any of us wants but, equally, it is not lockdown as experienced at earlier phases in the pandemic and vaccination is, with every day that passes, helping us quite literally change the game.

On that point, as well as doing all that we can as quickly as we can to vaccinate fully the adult population, we are making preparations for the possible vaccination of 12 to 17-year-olds should the advice that we get from the Joint Committee on Vaccination and Immunisation recommend that. I can tell the chamber that we also expect advice from the JCVI in the coming weeks about whether booster vaccinations will be needed during the autumn, so plans are also under way to deliver those if necessary. The Government has an obligation—one that we take very seriously—to ensure that the vaccination programme is delivered as quickly and as fully as possible and I give an assurance that we will continue to work with health boards and others to meet that obligation. Despite the difficulties of the current situation, it is vaccination that still offers us real hope for the weeks and months ahead.

Getting people vaccinated is the responsibility, first and foremost, of the Government. However, it is also one of the ways in which we can all play a part, so I will end by highlighting again the three key things that we all need to do to help keep us on the right track overall as we emerge from the pandemic. The first of those is vaccination. Please make sure that you get vaccinated when you are invited to do so and please make sure that you

attend for both doses. All the evidence tells us that that is crucial. If you need to rearrange an appointment or you think that you should have had an invitation by now and want to check up on that, you can go to the vaccinations section of the NHS Inform website. If you had your first dose of the vaccine eight weeks or more ago, check on the website to see whether you can bring your second dose appointment forward. From next week, health boards will start to reschedule routinely second doses to bring them into the eight-week cycle rather than the 12-week cycle. Getting vaccinated is in our own best interests—it makes it less likely that we will become seriously ill from Covid—but it also helps us protect one another, so when it is your turn, please get the jags.

Secondly, please get tested regularly. Free lateral flow tests are available through the NHS Inform website so that you can take a test twice a week. You can have them sent to you in the post or you can collect them from local and regional test sites. In addition, lateral flow devices can now be collected from community pharmacies. If you have not ordered the tests yet, I strongly encourage you to do so. The more of us who take tests regularly, the more cases we will find and the more we can break chains of transmission. Of course, if you test positive, please make sure that you self-isolate and get the result confirmed through a PCR test—that is important.

If your children are asked to self-isolate by their school, please ensure that they do that. That means staying at home, not just away from school. I know that it is hugely frustrating when that happens, but I assure parents that, as part of our wider work, we are considering whether and to what extent the requirement for young people to isolate can be significantly reduced in future, particularly as we look ahead to a new school term. However, for now, to anyone who is currently helping a child to self-isolate, I say thank you. I know that it is frustrating and hugely disruptive, but it is also an important way at this stage to help keep schools as safe as possible and keep as many of them as possible open as we head towards the summer holidays.

Finally, I ask everybody to continue to stick to the rules where you live and follow the public health advice—that is still important. The virus is still out there and, for all the success of the vaccination programme, it is still resulting in hospitalisation for some people and, of course, long Covid is still a risk. Please meet outdoors as much as possible. No environment is ever entirely risk free, but we know that meeting people outdoors poses much less risk than meeting indoors. If you are meeting people indoors, please stick to the limits and make sure that the room is as well ventilated as possible. Obviously, that includes meeting indoors to watch the football over

the next few weeks. Please also continue to follow advice on physical distancing, hand washing and face coverings.

We continue to ask everybody to get tested, to get vaccinated when asked to do so and to follow the public health guidance. If we all do that—it is not easy; it is tiresome for everybody—we will help to get things back under control, while the vaccination programme continues to do its work. That will help us to keep ourselves and each other safe. I really hope that, notwithstanding the current frustrations, that will allow us to move to much greater normality with far fewer restrictions as we go further into summer.

The Presiding Officer: The First Minister will now take questions on the issues that were raised in her statement. I intend to allow around 40 minutes for that, after which we will move on to the next item of business.

Douglas Ross (Highlands and Islands) (Con): People all over the country will be frustrated at the news that restrictions might continue for weeks or even months. We had all hoped for a summer of freedom, but the stubborn virus is determined to keep us scunnered instead.

We are all thoroughly fed up with Covid and the damaging consequence that it is having on jobs, businesses and people's mental and physical health. The vaccine remains our best hope of beating Covid. Our national health service, volunteers and armed forces are already pulling off incredible feats to vaccinate the numbers that the First Minister has outlined. We need to target as many resources as possible in their direction to ensure that the vaccine wins the race against the virus. When is the Government projecting that all adults will have received both doses of the vaccine?

Secondly, the on-going uncertainty is crippling to businesses, especially those that still do not know when they will be able to fully reopen. It is also hurtful for people planning major life events. For example, people still do not know whether they will be able to have more than 50 guests at their wedding. As I asked her last week, will the First Minister consider lifting the capacity constraints on weddings, especially in areas that are in level 2?

Yesterday, the national clinical director suggested that the new variant could delay lockdown exit by up to 10 weeks. Is the Government seriously considering delaying the move to level 0 until September?

Finally, but crucially, Cancer Research UK published figures today that show a ticking time bomb in cancer care. Around 4,000 fewer people have started cancer treatment in general, including 1,000 who have not commenced breast cancer

treatment. Those figures must set alarm bells ringing. The cancer care crisis will continue to spiral without urgent action. When will the First Minister publish a catch-up plan for cancer care, and will she consider our proposals for a clinician-led NHS re-mobilisation task force to bring treatment times under control?

The First Minister: I ask members and, indeed, those watching, to pay attention to what I have said. I think that the situation that we are in is frustrating and difficult enough for people without—inadvertently, I am sure—words being put into my mouth that I did not use. At no point today did I say—this is relevant to Douglas Ross's question about September, too—that I thought that restrictions would be in place for a period of further months. I did not say that.

I have tried all along not to commit to firm dates, way into the future, that nobody can be certain can be delivered. Earlier this year, I was criticised for not saying that 21 June would be “freedom day”, but I did not think that it was responsible to do that. I am not going to give false guarantees. Equally, it is important not to suggest that I have said something that I have not.

Today, I have said that we are not lifting any restrictions this week and that it is likely that—though we have to go through the proper process of arriving at this decision—next week, we will pause further easing for a further three-week period, to allow more people to be vaccinated. I hope that that greater vaccination will allow us to lift restrictions and not just get to level 0, but get beyond level 0 later this summer.

Can I stand here and give a 100 per cent guarantee of that? No, because this virus is unpredictable and, at times, behaves in unpredictable ways. However, that is what we are working towards, and we know that vaccination is the best route for getting there. It is important to understand that these situations are difficult enough without any of us trying to suggest that I have said something that I have not said.

On vaccination, we have set the target of offering everybody in the adult population a first dose by the end of July. In fact, by the end of next week, everybody in the adult population will have been offered their appointment for a first dose; many 18 to 29-year-olds will already be getting those appointments by text and email, with letters to the remainder going out next week. In other words, by the end of next week, appointments will have been scheduled for the entire adult population who have not already had their first dose. Of course, we are now seeking to give second doses within eight weeks of the first dose, and people can work out from that the outer limit with regard to seeking to get the adult population vaccinated with a second dose. Obviously, all of

this is subject to getting sufficient supplies, which remains our biggest constraint, but we are doing this as quickly as supplies allow.

With regard to weddings, I have said that we will look next week at whether we can make any changes, albeit we might have to stay at the same levels. I absolutely understand the heartbreak of people wanting to get married who have planned and then might have to reschedule their weddings, so we will look at what flexibility we can give within the clinical advice. I will say as much as possible about that next week.

As for NHS care remobilisation in general and cancer in particular, the health secretary will set out the remobilisation of the health plan, as we have committed to do in the first 100 days of our Administration. Of course, many cancer procedures were kept going during the pandemic, given their urgency, but we know that some people will not have come forward with concerns about symptoms and we need to get that back on track.

Finally, I would simply highlight a reason for being cautious right now. When, earlier in the pandemic, we talked about not overwhelming the NHS, we assumed at that time that almost the entire capacity of the health service would be available for dealing with Covid-19. We do not want to get anywhere near that now, because we want our NHS to get on with non-Covid treatments, to catch up with the backlogs and to get treatment back to normal. That factor will be really important as we take the decisions that we will face over the next couple of weeks.

Anas Sarwar (Glasgow) (Lab): I thank the First Minister for advance sight of her statement. Like her, I extend my condolences to the two families who lost a loved one and, indeed, to all those who have suffered a loss during the pandemic.

To maintain public trust and confidence, we need consistent communications and decision making, as well as adequate support for businesses and employees alongside a robust vaccination programme and hotspot protocols. I accept what the First Minister has said about speculation with regard to delays of three or eight weeks, but there have been mixed messages that I think do not help to maintain public trust.

There has also been inconsistent decision making. Why, for example, is it okay to allow 3,000 fans in a fan zone while parents cannot attend a nursery graduation that is being held outdoors? I agree with the First Minister about the need to extend furlough, but does she also accept that we need much more significant business support, particularly in areas that are under further restrictions, and better communication with individual sectors?

The three-week delay from 28 June will take us to 19 July. Can we have a commitment that, by that date, almost all those who are 40-plus will be double dosed and every 18-year-old will be single dosed, to ensure that our vaccination programme is truly being ramped up? Will the First Minister also publish the hotspot protocols, as was promised just a couple of weeks ago?

Finally, does the First Minister accept that, ultimately, we will have to learn to live with this virus, and will the plans that she publishes next week include how we can do so as safely as possible?

The First Minister: I will try to answer all those questions in turn as briefly as possible—if I can read my own handwriting with my glasses on.

I will do my best, as I have done all along, to communicate as clearly and as regularly as I can with the public in what, as we start to ease restrictions more, will become an increasingly complicated environment. As an aside, I would just point out that, at regular intervals during the pandemic, Anas Sarwar's deputy has tried to stop me communicating directly with the public, so perhaps he should have a word with her as well as with me. The easiest message in the world to communicate is: "Don't do anything—don't leave the house."

As we try to lift restrictions, two things arise, the first of which is the potential for genuine contradictions that we just get wrong. We have to be prepared to fix those as we go, and I give an assurance that we will seek to do that. The second thing that arises is the potential for measures for which there is a rational explanation to appear contradictory. The example of the fan zone in Glasgow has been used. People are going to watch football over the coming period, and the fan zone provides a relatively safer way for some people to do that outdoors, with lots of physical distancing, in a highly regulated environment.

Over the past few days, I have asked the advisory sub-group on education to look again at nursery graduations. Its advice is still to continue with the current position. One of the reasons for that is that we know that, if cases are identified in an educational setting, that can often disrupt the whole setting, with many young people and teachers having to isolate. Of course, many early years establishments run right through the summer. Often, there are rational reasons for apparent contradictions, but that does not make it easier for people to understand them.

I do not have the magic solution to all of this, but I will do my utmost to make sure that our decisions are consistent, that we set them out as clearly as possible and that, if we get things wrong, we fix that as we go.

We will continue to give as much business support as we have the wherewithal to give. We are making representations to the United Kingdom Government on furlough and the provision of further support in other ways, but we will continue to maximise the support that we can give within our own resources.

On vaccination, we are literally going as fast as supplies allow. If we cannot reach milestones on vaccination, that will be only because we do not have the supplies to do that. In response to the previous question, I set out the milestones that we are working to. All over-18s will have had their first dose, or an appointment for their first dose, by the end of next week. We will then bring forward second doses and will go as fast as supplies allow, while planning for extending the vaccination programme into other cohorts.

I will certainly look to publish any protocols. These things are sometimes highly technical, but we will publish what we can to give as much transparency as possible.

Anas Sarwar also asked about learning to live with the virus. I am always a little bit hesitant to use that language because, for some people, the virus has resulted in the loss of loved ones, while others will experience long-term health complications. If those of us who are lucky enough not to have had the virus or not to have had close family members affected by it use language such as, "We just have to learn to live with it," it can sound as though we are oversimplifying things.

If the link between cases and serious illness continues to weaken and—we hope—to break as we vaccinate more people, we will move to a fundamentally different way of dealing with the virus, which will involve having far fewer restrictions; in fact, I hope that we will have no meaningful restrictions at all. That is what the paper that I referred to on life beyond level 0 is designed to look at. We will publish that paper next week, to coincide with the statement that I will make then.

Lorna Slater (Lothian) (Green): The recent exponential growth of Covid cases in Scotland is a cause for concern, and there is a risk of yet more people dying or suffering from long Covid before the vaccination roll-out can be completed. The Scottish Greens have supported a cautious approach throughout the pandemic, and I welcome today's decision to delay the lifting of restrictions.

The travel industry is already advertising and selling holidays, and it is actively encouraging people to travel—even to amber-list countries—for non-essential reasons, not just for family reunions, despite the risk. Does the First Minister accept that, if we want to end restrictions in a safe and

permanent way, non-essential international leisure travel will have to be the last thing to return to normal?

The First Minister: This has not been an easy message—it has been particularly difficult for the travel industry, which has rightly raised questions—but I have made it clear all along and I will continue to say that, right now, people should not travel overseas for non-essential reasons, because the biggest risk that we face is the importation of new variants. We are living with a new variant, which is what is making things so difficult right now. In the past—I will not go into more detail now—I have spoken about my intense frustration at the lack of more robust controls around the UK border more generally. If I can be very blunt, I think that we are paying a price for that right now.

We need to continue to be careful and cautious. That is tough. International travel is likely to be one of the last things to go back completely to normal. I know that, for many people, going overseas is about family reunion, which many people will see as essential, but if we continue to be cautious about and to limit international travel for non-essential reasons, we will give ourselves the best chance of avoiding new variants and getting the current situation back under control.

Willie Rennie (North East Fife) (LD): Last week, in response to me, the First Minister said that she would look at speeding up the reopening of services for adults with special needs. What was the outcome of that work?

Today, universities are seeking early guidance for the return of students in the autumn. When will that Government guidance be published?

The First Minister said that it is likely that the restrictions will not be eased for five weeks. I want to explore how certain that is. If hospitalisations do not go out of control and vaccination progresses, will she ease restrictions earlier than that?

The First Minister: I will ease restrictions as quickly as I think is safe and responsible. Nobody has any interest in keeping any restriction in place for any longer than is necessary.

On adults with severe learning disabilities, and vulnerable adults more generally, the guidance that is in place has been in place for some time. It allows local authorities or local partners to open up services as and when they consider it safe to do so. There has been communication between the Government and local partners to encourage opening up of services, so I will ask the relevant minister to write to Willie Rennie with a full update on the work that has been done on getting them back to normal as quickly as possible.

We will also be offering vaccinations to international students who come here this year, which is an important additional protection. Of course, we are working, and will continue to work, with universities and colleges to make sure that the right overall guidance is in place as quickly as possible, to ensure that there is as much protection as we can provide for what will—as we know from our experience last year—be a risk, as we go into the autumn.

We will keep the Parliament updated on all those things, as they develop.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I understand the delayed publication of the review of physical distancing, but it is impacting on businesses in my constituency, including the Pavilion cinema, which is family owned and run, and on amateur performers including pipe bands, silver bands and choirs, none of which can even rehearse outdoors. Will particular consideration be given to businesses and the performing arts—amateur and professional—when the review is published? Can I be given some guidance on when it will be published?

The First Minister: As I said in my statement, the guidance will be published a week from today, to coincide with the statement that I will give next week. The guidance will look at physical distancing more fundamentally so, as I also said in the statement, it will not be exclusively of interest to the arts and culture sector, although I think that it will be of particular interest to it. I acknowledge how difficult it has been, and continues to be, for arts venues, because they are in one of the sectors that has least certainty about what the future looks like.

We had hoped to have published the review of physical distancing by now but, as people will, I hope, understand, we have been trying to develop understanding of the degree to which the delta variant is more infectious and more transmissible, so it did not seem sensible to publish the review while we were still trying to do that. We will publish the review next week. It might not answer every question with 100 per cent certainty, but like the work that we will publish on what life will look like after level zero, it will give more of a sense of what kind of environment businesses and individuals will be operating in as we—I hope—get back to greater normality.

Meghan Gallacher (Central Scotland) (Con): I wrote to the First Minister yesterday with a final plea on behalf of parents and guardians for them to be able to attend nursery and school graduations and sports days. Parents are understandably frustrated by the growing number of inconsistencies in the Covid restrictions. Will the First Minister consider the suggestions in my

letter, such as outdoor-only events, so that parents can attend those important occasions?

The First Minister: I absolutely recognise how important the issue is and I really feel for parents who are not able to mark in the normal way the transitions in young people's lives. Nobody is underplaying the significance of that in any way, shape or form.

As people would expect, I have been looking at the issue particularly closely over the past week. As I said earlier, I have asked the advisory sub-group on education and children's issues about the matter, and its advice is that we should still restrict gatherings of that nature. Although it is not the only reason, one reason for that is overall protection of educational establishments in order to try to minimise the potential for whole nurseries or early years establishments having to close.

We look at those things on an on-going basis. I know that it will not be of comfort to everybody, but it is important to say that nursery graduations have not been cancelled. I know that many nurseries are looking at different ways of doing them. In the past two days, I have heard of nurseries filming ceremonies and allowing parents to watch online—which is a poor substitute, I know. Others are taking photographs of the children that are provided to their parents, and some are arranging staggered pick-up times, so that individual parents can see their child get a graduation certificate and take photographs themselves.

A lot of thought and care is being given to the situation. I wish that we could just take away all the restrictions, but I have to be mindful of the advice that is coming from experts and the reasons for it.

Michelle Thomson (Falkirk East) (SNP): What preparations are being made to reassure the international community that the 26th United Nations climate change conference of the parties—COP26—which is due to take place in Glasgow in November, can be held safely, considering the logistical challenges of the pandemic and the potential emergence of more strains?

The First Minister: This is the first opportunity that I have had to welcome Michelle Thomson to the chamber.

I assure her that we are working closely with the UK Government, Glasgow City Council, public health bodies and the UN itself in order that we deliver a safe, successful and—as far as it is possible—in-person COP26 in November. We recognise that there are significant public health challenges, but there is an urgent and overriding need to agree action to tackle climate change.

All possible Covid security measures are being explored. Vaccination and test and protect will be key. At the G7 summit just a few days ago, the UK announced provision of vaccines for COP26 delegates who are otherwise unable to access them, and it has also engaged delegates on Covid plans.

Scottish Government ministers and officials are closely involved in planning for all COP26 Covid measures and all aspects of event delivery. As we get closer to the time of COP26, we will keep Parliament fully updated on arrangements.

Jackie Baillie (Dumbarton) (Lab): My constituent Emma Gildea has been denied the opportunity to see her four-year-old daughter Remy graduate from nursery. A small number of parents and children outdoors in a garden, socially distanced, observing the rules for an event or a nursery, to mark the children's transition to primary school—that is not allowed. Attendance at school sports days—that is not allowed. Six thousand fans a day at the Euro 2021 fan zone, with alcohol and no mandatory testing—that is allowed. All schools are operating full time.

The lack of logic or consistency in application of the rules is causing confusion and upset. I heard the First Minister say that the guidelines have been reviewed, but perhaps we could consider inviting parents to test before they attend such events. Will she undertake to publish the evidence that informs any decision about restricting access to nursery graduations and school sports days?

The First Minister: I will ask the advisory sub-group what more we can publish to explain the basis of its advice to ministers. We are going by its advice. If I did not do that, Jackie Baillie would no doubt be questioning that, perfectly legitimately.

I do not know whether the tone of Jackie Baillie's question was intended to suggest that somehow I do not care about any of this; I care deeply about it all. Very few things are more upsetting for parents than missing milestones in their children's lives; we all understand that. We are trying to get as much as we can back to normal and we will continue to do that, but we have to do it in line with advice—for reasons that everybody understands.

Liam Kerr (North East Scotland) (Con): Over the past week, Dundee has seen a surge in cases. The latest figures show 294.7 cases per 100,000 people, which is twice the national average and is substantially higher than, for example, Glasgow's 156.5 cases per 100,000. Dundee is also in the top five council areas for newly reported positive cases.

Other areas, including Glasgow, have targeted measures, such as walk-in vaccination centres. Dundee operates one centre for people for whom

it is longer than 12 weeks since their first dose. Will that be extended to people who have not been vaccinated at all? If not, why not?

The First Minister: The local public health teams in Dundee will be deciding on the appropriate response in exactly the way that the local public health teams in Glasgow did. Those teams have the Scottish Government's support in relation to assistance or resource that they need to implement their response.

Although people can already go on to the NHS Inform website to bring forward their second-dose appointment, from next week—as I said in my statement—as part of our efforts to speed up second-dose vaccinations, all health boards will routinely bring forward appointments that are on a 12-week cycle so that they meet the eight-week cycle.

Local health boards will use surge testing and walk-in clinics as they think appropriate. I am sure that, as local health teams in Glasgow did so effectively a few weeks ago, the local health teams in Tayside will keep local members updated, and will be happy to answer more detailed questions from them.

James Dornan (Glasgow Cathcart) (SNP): The First Minister spoke about this in an earlier response, but does she think that the UK Government's delay in tightening the borders contributed to the delta variant getting loose in the UK?

The First Minister: I do not think that I am the only person who will say this, but there is no doubt that the lack of very robust border controls in recent months has been a factor in the situation that we are dealing with right now. That is deeply frustrating, but we are where we are, and we all have to take responsibility for navigating our way through this.

Let us cast our minds back to mid-February. The Scottish Government decided to insist on mandatory managed quarantine for all direct arrivals into Scotland, regardless of which country they came from. That would have included India. At that time, despite our pleading, the UK Government insisted on managed quarantine only for red list countries. It took until the latter part of April to put India on the red list. People have heard me say many times that that left us seriously vulnerable to people coming into English airports and travelling to Scotland, such that they were not caught by our managed quarantine arrangements.

We pleaded with the UK Government to put in place common provisions across the UK and to introduce an arrangement whereby people who were coming into an English airport but were intending to go to Scotland would be made to quarantine at the point of arrival. Back in February,

Michael Gove wrote to the transport secretary and refused point blank to do that. The UK Government would not

“legally treat people differently in England based on their final destination within the UK.”

I have a deep frustration about the situation, but we are where we are, and we have to deal with it. However, there is no doubt at all that too lax border controls around the whole UK have played a part in where we are right now.

Pauline McNeill (Glasgow) (Lab): Why can there be a live band with singing in the fan zones in Glasgow, but not at a wedding, in a pub or even outdoors in a music venue? On behalf of musicians in the wedding sector and in pubs and clubs, will the First Minister clearly set out the public barriers to singing and dancing at weddings and in pubs? When will she set out the conditions that would allow that to happen? Will she consider a proposal that I and those from the industry are putting together on the mitigations that the industry could support? Will the First Minister engage with us and consider running a pilot scheme that other countries and cities have run, to give musicians, publicans and those in the wedding sector hope that there is a road map on which we can work together and that we can trust?

The First Minister: I, along with ministers and clinical advisers, will be happy to engage in that process. We want to get all parts of the economy and society back to as much normality as quickly as possible.

I think that people understand that there is a very significant difference between things happening outdoors and things happening indoors. As was set out previously when we published one of the updates to the route map, there is a process that organisers can go through to get permission for larger attendances at outdoor events. That is effectively the process that has been gone through for some of the activity around the Euros in Glasgow.

Such matters are difficult, and they demand very close consideration, because we have to mitigate as much as possible the risks of transmission, while recognising the realities of some of the things that we are dealing with. However, we will engage in an on-going basis as we try to get everything back to normal as quickly as we can.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): I thank the First Minister for her statement. She has mentioned long Covid several times; I have a constituent who is suffering badly from that. I am aware that the Scottish Government is looking at how best to help sufferers of long Covid and that such help may well be in the form of clinics, once we know what specialties are most suited to the best outcomes.

In the meantime, can the Scottish Government offer sufferers any other support, either practically or financially?

The First Minister: I thank Jim Fairlie for an important question. Obviously, we feel as if we have been living with Covid for ever, but it has been for only just over a year. It is a relatively new illness, and clinicians and experts are still developing their understanding of it and the effect that it has on people, so that we can ensure that people, including those who have long Covid, get the best possible care and support.

The NHS already delivers services that are tailored as far as possible to the individual needs of people who are experiencing long Covid. In consultation with clinicians and patients, we have developed support for primary care teams to identify, assess and support people who have long Covid. We are also working with Chest Heart and Stroke Scotland to develop its long Covid support service, which complements the work that is being done by the NHS.

We encourage employers to apply fair work principles to support those with long Covid and to make full use of the current furlough scheme. As our understanding of long Covid develops, so too will the services that we are able to put in place to support people. In time, that will include specialist services. The process is one of understanding the impacts and helping people as much as we can as we go along.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): Constituents who are planning essential travel have contacted me about delays in processing their Covid vaccination status through the NHS Inform system. Those delays have caused concern that their travel plans will have to be delayed or cancelled. What steps has the Scottish Government taken towards developing an app-based vaccination certification scheme? Will the First Minister update me on progress on the publication of no-show data for Covid vaccination appointments? On 1 June, she said that she would look into them.

The First Minister: On essential travel, I think that people are told that it can take up to 21 days to get a certificate, so they should make sure that they apply in good time. I am not aware of any delays beyond that, but I am happy to look into that. As I said earlier, we are encouraging people not to travel overseas unless that is essential. However, in cases in which that is essential, they have the ability to do that. Only a relatively small number of countries are still asking for proof of vaccination. We are continuing to work with and to have dialogue with other UK nations on the further development of solutions to that issue.

I apologise that I did not quite pick up the last part of Rachael Hamilton's question, probably because I was conferring with the Cabinet Secretary for Health and Social Care. I think that it was to do with the technology that is in place and how we are developing that. I will check the record and get back to her as quickly as possible.

Gordon MacDonald (Edinburgh Pentlands) (SNP): Many people have been shielding for a very long time and are experiencing anxiety as restrictions ease. Their anxiety levels can only have further increased following yesterday's announcement in England about halting the lifting of restrictions and because it is possible that the current Covid levels in Scotland may remain in place for a further three weeks. What advice can the First Minister provide for my constituents who were previously required to shield?

The First Minister: In levels 0 and 1, we ask people who are at the highest level of clinical risk to follow the same advice that we ask the rest of the population to follow—which is, of course, to continue to take care. There is extra advice for people who live at the higher levels of protection, which we continue to review on the basis of up-to-date evidence. We have also prioritised for vaccination adult household members who are on the shielding list, and we have encouraged them to take up the offer of free test devices, for extra reassurance.

Almost 92 per cent of people on the shielding list have now had both doses of the vaccine. I hope that the protection that that offers will, over time, make people feel less anxious about returning to some form of normality. I am acutely aware of the impact that shielding has had on people's mental health and wellbeing, and we do not intend to ask people to shield in the same highly restrictive way that we saw in March 2020.

Dean Lockhart (Mid Scotland and Fife) (Con): When the Scottish Government announced its draft guidelines for physical distancing in the hospitality sector, in April this year, there was widespread confusion, and there was concern that the measures were impossible to implement and had been published without meaningful consultation with the sector. What conversations has the First Minister had with the hospitality sector this time in relation to the update on physical distancing, to ensure that the same mistakes do not happen again?

The First Minister: If memory serves me correctly—no doubt I will be corrected if I am getting this wrong—I think that, when the concerns to which the member referred were raised, some people in the industry went public to say that the concerns were unfounded and were the result of a misreading of the guidance. As I recall, it was the Scottish Beer and Pub Association that did that.

We will engage as we go, to try to make sure that not just the arrangements that we ask people to follow are in line with clinical advice but that they take account of the practicalities within which businesses are operating. In a situation as difficult as this, I do not expect any guidance or set of regulations to please everyone, but we continue to work hard to ensure that we take account of the views that people express.

Siobhian Brown (Ayr) (SNP): I thank the First Minister for the update on Covid.

A constituent of mine, who requires a gluten-free diet, recently had to self-isolate in a hotel for 10 days on her return to Scotland. Will the Scottish Government confirm, for any person who enters Scotland and has to self-isolate in a hotel, that hotels will be able to cater for all dietary requirements?

The First Minister: We will continue to do all that we can to ensure that that is the case. We liaise regularly with the quarantine hotels in Scotland to ensure that individuals' dietary needs are met wherever that is reasonably practical. People are asked to notify of any allergies or dietary requirements in advance. The managed quarantine service contract overall is managed by the United Kingdom Government, but we will continue to liaise, as I said, to ensure that all such issues are taken account of.

John Mason (Glasgow Shettleston) (SNP): The fan zone and the Euros have been mentioned a few times. Will the First Minister give an update on how she feels the first four days have gone, especially in relation to Covid?

The First Minister: Before I do that, let me say again that I understand why some people are nervous about the fan zone and others think that it should not go ahead, given that we are still living under restrictions. As I said, we know that people will watch the football and we are trying to provide environments in which that can be done as safely as possible. The fan zone is a highly regulated environment: it is a big, big space, outdoors, with lots of mitigations in place.

So far, behaviour and compliance have been very good. The health secretary visited the fan zone over the weekend. The organiser, Glasgow Life, reports a good atmosphere on site, with a mixed demographic that includes families and children. With all the mitigations in place, including the advice that we are giving people on testing, we are confident that it is low risk, based on public health advice. A review team has been set up, at the health secretary's initiative, to make sure that we can take account of any emerging evidence that might change our approach as we go through the tournament.

Wherever people go to watch football right now, it is really important that they follow public health advice. That is true in the fan zone, but the fan zone is a big, outdoor space. It is particularly true if people are gathering in other people's houses or in pubs: people should take care to make sure that all the advice is being followed.

Paul Sweeney (Glasgow) (Lab): The First Minister made points about the impact of international travel in the context of the highly transmissible delta variant, and the constraints in that regard. Has she considered the provisions in part 7 of the Public Health etc (Scotland) Act 2008 and the potential to introduce further measures—in particular, a statutory offence of not complying with quarantine rules? Could such an approach be used to communicate more effectively and tighten up the position in relation to transmission as a result of international travel to Scotland?

The First Minister: We will continue look at all the possible levers that are open to us, and I will write to the member about the provisions of the act to which he referred. The managed quarantine arrangements that are in place, which have been changed along the way since mid-February, have exemptions that are very limited and restrictive. It is important that we do what we can to ensure that any arrangements in Scotland are as robust as possible, and we are open to making further changes.

That will not take away the vulnerability that I spoke about, which relates to people coming into Scotland via other parts of the UK. Even if we apply tighter restrictions here, if there are less tight restrictions elsewhere, the risk remains that that vulnerability remains. Although some people would perhaps think of this as counterintuitive for me, I have been an advocate of four-nations consistency around travel rules as far as possible, and I will continue to make that argument.

Gillian Martin (Aberdeenshire East) (SNP): Concerns have been raised about the UK Government's plans, which the First Minister mentioned, to phase out the furlough scheme from 1 July, despite the fact that we are still under restrictions. Does she agree that the UK Government must urgently rethink those plans and extend the furlough scheme until Covid restrictions are fully lifted?

The First Minister: We have consistently made the case—along with others, it is fair to say—that the furlough scheme should remain in place for as long as it is needed. We have also asked the UK Government to review the rules that will require contributions to the cost of the scheme from July and which currently exclude people who have started a new job since 2 March from being furloughed. What further assistance will be in place to support jobs and necessary labour market

transitions in sectors that are most deeply affected by Covid must also be clear to businesses and workers well in advance of the scheme ending.

Given the Prime Minister's announcement yesterday and the situation that all of us across the UK are dealing with, the case for the need to extend furlough further is really strong, and is getting stronger all the time.

Stuart McMillan (Greenock and Inverclyde) (SNP): The UK Government needs to boost funding for the economy with major fiscal stimulus so that we can secure an investment-led recovery from the pandemic. Will the First Minister provide an update on the Scottish Government's latest engagement with the UK Government regarding funding in support of a recovery?

The First Minister: I would hope that everybody would agree that the need for fiscal stimulus to support economic recovery is very clear. There is an absolute requirement on the UK Government not to go back to the Tory austerity that we saw in recent years.

Alongside the finance ministers of Wales and Northern Ireland, our finance secretary is writing to the chancellor setting out the Scottish Government's commitment to building on the constructive discussions that we had at the recent Covid recovery summit to ensure that as far as possible we work together to build a sustainable recovery. That includes discussion of important matters such as clarity about the job retention scheme and the forthcoming UK spending review.

Given where powers over the economy and finances currently lie, if we are to ensure that Scotland and the whole UK recover well from the pandemic and build a sustainable recovery, we need the chancellor to take the appropriate decisions to support that for all of us.

Jamie Halcro Johnston (Highlands and Islands) (Con): In April, the First Minister advised visitors to Scotland's islands to voluntarily take two Covid tests prior to travelling. Will the First Minister advise how the Scottish Government has advertised that advice to travellers, what monitoring it has undertaken of compliance, and what information is available on the proportion of visitors who are taking the recommended tests?

The First Minister: We take every opportunity, as I have again today, to encourage people to get lateral flow tests. I take every opportunity at regular daily briefings, which the Conservatives were very keen to stop me doing, and all other opportunities to promote all the things that we are asking the public to do. *[Interruption.]* The Conservatives do not like that, but one minute they are asking me to communicate regularly with people and the next minute they are asking me not

to do that. *[Interruption.]* I will continue to do my very best.

This is a really important point, which is also relevant to the discussions about the fan zone. For lateral flowing testing to be effective, it depends on people doing it voluntarily and responsibly. I think that the pilot events in England will increasingly recognise the limitations of mandatory lateral flow tests. Anyone who has done one knows that, if someone wants to, they can generate a negative text or email simply by opening the test and putting in the barcode—although that will be a tiny minority of people. Effectiveness therefore depends on people doing the tests voluntarily and responsibly, which the vast majority of people are doing. That is why we continue to promote it, and I will continue to promote it and other matters as regularly and as vociferously as I possibly can, notwithstanding the irritation that that causes our Conservative colleagues.

The Presiding Officer: That concludes the Covid-19 update.

Greenhouse Gas Emissions Statistics 2019

The Deputy Presiding Officer (Annabelle Ewing): I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask that members take care to observe those measures, including when entering and exiting the chamber. Please only use the aisles and walkways to access your seat and when moving around the chamber. Those members who are leaving the chamber should do so or stay.

The next item of business is a statement by Michael Matheson on greenhouse gas emissions statistics 2019. The cabinet secretary will take questions at the end of his statement, so there should be no interventions or interruptions.

15:31

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): Last week, we debated one of the defining issues of our time: the global climate emergency. Scotland can rightly be proud of the progress that we have already made and of our plans to achieve a net zero and climate-resilient future. The next decade is crucial and the time to act is now. However, it is and will continue to be a very challenging journey.

The purpose of my statement is to further update members on progress towards the world-leading targets that the Parliament agreed during session 5, which shape the pathway for Scotland's just transition to a net zero society by 2045. Official statistics on Scotland's greenhouse gas emissions during 2019 were published this morning. It is crucial that we remember that that data is always historical in nature. The new figures cover only the period to the end of 2019 and do not reflect the step change in action since then; in particular, the update to our climate change plan was published in December 2020. In addition, the figures do not yet tell us anything about the impacts of Covid-19 on emissions.

On the statutory reporting basis that was set out by Parliament through the recent Climate Change (Emissions Reduction Targets) (Scotland) Act 2019, Scotland's emissions during 2019 were down by 51.5 per cent from the 1990 baseline. That clearly falls short of the annual target for 2019 of a 55 per cent reduction. Although it is undoubtedly disappointing that the annual target has not been met, the figures still show good progress. Emissions fell by 2.3 per cent between 2018 and 2019. We continue to outperform the United Kingdom as a whole on delivering long-term reductions and, crucially, we are now over halfway to becoming a net zero society.

We should be proud of the steps that we have taken so far but also recognise that there is a long way to go. Our Parliament has, quite rightly, set truly world-leading climate change targets. It is easy to overlook the fact that our economy-wide targets for every year in the 2020s and 2030s are the most stretching of any country in the world. There can be no question over Scotland's ambition here and the Government is fully committed to rising to that challenge.

Our updated climate change plan, the effects of which, as I have said, are not reflected in today's figures, includes more than 100 new policies to accelerate progress. It is supported by a record £1.9 billion of capital funding in 2021-22 to tackle climate change and create good, green jobs. The policy package reflects our understanding that more needs to be done and represents a credible pathway to meeting the increased ambition of Scotland's targets over the period to 2032.

Our attention is firmly on implementing and delivering those policies to achieve real, on-the-ground changes in emissions, as well as wider benefits for our economy through green jobs, for our society through improved health and wellbeing outcomes and for our environment. That will be vital to delivering the green recovery from Covid-19 that we want.

We are already making progress. Provisional figures indicate that the equivalent of 97.4 per cent of gross electricity consumption was from renewable sources in 2020. In 2019, the whole-life carbon impact of Scotland's household waste reached its lowest level since official records began. We now have hydrogen buses on the streets of Aberdeen and Dundee, and we are building the UK's largest electric vehicle charging hub in Glasgow. There is an influx of young talent to Scotland's forestry sector through the growing rural talent initiative; farmer-led groups are looking at low-carbon farming practices; and we are providing long-term investment in peatland restoration. We are giving 75 per cent cashback to households for zero-emission heating, as well as interest-free loans to purchase a new electric car or motorcycle.

We want to go further. By 2030, we will phase out the need for new petrol and diesel cars and vans, and we will heat a million homes with zero-emission technologies.

Meeting Scotland's world-leading emissions targets to reach net zero by 2045 lies at the heart of our response to the global climate emergency. However, as we debated last week, the response is much more than that. The manner in which emissions reductions are achieved is every bit as important as the reductions themselves. We have committed to implementing the recommendations of the just transition commission and will respond

to them fully later in the summer. Our recognition that climate change is a social justice issue is reflected in the doubling of our pioneering international climate justice fund and our position as co-chair of the global Under2 Coalition.

It cannot go unnoticed that Scotland's ability to deliver a green recovery and reach our targets is very much dependent on action from the UK Government in areas that, unfortunately, remain reserved. The independent Climate Change Committee has been clear on that.

As well as reducing our emissions, we are preparing for the locked-in impacts of climate change here in Scotland, including risks to our precious biodiversity. We are investing in climate resilience as part of our green recovery from Covid-19, with an extra £150 million for flood risk management over this parliamentary session.

That all forms part of our integrated response to the global climate emergency. Of course, a global challenge also requires international collaboration. It is now less than five months until the United Nations landmark climate conference in Scotland. The 26th UN climate change conference of the parties—COP26—represents the world's best chance to deliver a global deal that supports the goals of the Paris agreement and delivers lasting action towards net zero and a climate-resilient future in a way that is fair and just. The eyes of the world will be on Glasgow, providing a unique opportunity to demonstrate the world-leading climate action that Scotland is already taking, which has people and wellbeing at the centre of all that we do and is underpinned by our global values.

We will also listen to, and learn from, others, as we all work to turn commitments into local and national action. We know that we have taken on a huge challenge with such ambitious emissions targets. It is imperative that we in the Government, and all of us in the chamber, continue to challenge ourselves to do even more in order to meet them.

Even when we fall a little short, as is unfortunately the case today, Scotland's climate legislation ensures that even deeper reductions will be achieved. The implementation and delivery of the update to the climate change plan must remain our priority, but we will also urgently develop a catch-up report on the missed 2019 target and aim to publish it in six months at the very latest. Looking further ahead into the session, we agreed during last week's debate that the next full climate change plan should also be brought forward as soon as possible. That approach reflects the urgency that the climate emergency demands.

I will be proud to present Scotland's story and leadership on climate change ambition and

delivery to the international community at COP26. I am sure that the Glasgow COP will inspire all of us to accelerate our efforts to achieve our shared goal of a just and fair net zero future.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues that were raised in his statement. I will allow 20 minutes for questions. It would be helpful if members who wish to ask a question could press their request-to-speak buttons now. I remind members that we are really tight for time, so questions and answers should be succinct, because we will not get everybody in otherwise.

Liam Kerr (North East Scotland) (Con): The Scottish Conservatives believe that few things are as urgent as tackling the climate emergency and preventing its disastrous consequences for people all over the world, which is why the figures on the latest greenhouse gas emissions targets that were published today are "disappointing", to use the cabinet secretary's word.

However, the issue is much more serious than that. Yet again, the Scottish National Party Government has missed its own statutory targets for the reduction of emissions. The cabinet secretary mentioned the numerous actions that the Government is taking, but schemes are already failing. There are reports this week that retrofitted eco-buses could still be banned from low-emission zones for breaching pollution laws, which could mean a waste of £10 million of public money. What is the Scottish Government's response to those reports and how will that situation be rectified?

Secondly, time and again, in portfolio after portfolio—be it health, justice or education, and now this one—the SNP Government puts statutory targets in place, which it then misses, and blames others for that failure. Despite what the cabinet secretary says, the legislation clearly does not ensure reductions. What sanction or penalty is applied, and to whom, for failing to hit statutory targets, and how will the Government not just promise to hit those targets but ensure that they are achieved?

Michael Matheson: I am grateful to Liam Kerr for his question. I am particularly pleased to hear that the Conservatives place such importance on the issue of tackling climate change. When it comes to tackling such issues, it is always important to show the right type of leadership—something that is put in question when the Prime Minister gets a flight from London to Cornwall to discuss issues such as climate change. I would have thought that the Conservatives would not want to show that type of leadership on such important issues—[*Interruption.*]

The Deputy Presiding Officer: Can we have less chat from a sedentary position, please?

Michael Matheson: It is important that we all show the right type of leadership on those issues, and that includes Liam Kerr's colleagues in Westminster.

I turned to his point on the retrofitting of buses and the technical issue that has been identified through the bus emissions abatement retrofit—BEAR—programme. An investigation of some of the equipment that was deployed in some of the Glasgow buses in particular is taking place in order to address the issue.

Equally, the member might recognise that a bus-charging infrastructure is being constructed in Glasgow in order to deploy the largest number of electric buses in any city in the country, as a result of the Scottish Government's direct investment in its Scottish ultra-low-emission bus fund. That is not only helping to get more zero-emission buses on the road, but is supporting vital companies—such as Alexander Dennis Ltd, which is based in my constituency and is a world leader in such technology—during a very difficult time. That commitment has not yet been matched by Liam Kerr's counterparts in Westminster, which has disappointed the bus industry as a whole.

In relation to the statutory targets that were set by the Parliament, I have set out our clear commitment to produce, in the next six months, a catch-up plan that will identify the measures that will take place. I know that Liam Kerr is new to the portfolio, but he will be aware that, in December last year, we published our climate change plan update, which sets out 100 additional measures and actions that we will take in order to drive forward our commitment to meeting the targets. We are determined to take that action to ensure that Scotland becomes a net zero country by 2045.

Monica Lennon (Central Scotland) (Lab): I thank the cabinet secretary for advance sight of his statement.

It is disappointing that the Scottish Government has again missed its targets for reducing greenhouse gas emissions. With Glasgow hosting COP26 this year, we all want Scotland to live up to our ambitions and to set a good example globally, so today is a wake-up call to get our house in order. We are all new to the portfolio, and I hope that we can work together on that.

We welcome the commitment to produce a catch-up plan. Indeed, section 36 of the Climate Change (Scotland) Act 2009 requires the Government to produce such a report and lay it before Parliament so that MSPs can scrutinise policy proposals. I gently suggest to the cabinet secretary that six months is quite a long time—that

could take us up to Christmas and after COP26—so will he commit to producing the plan by an earlier date?

Will the Scottish Government, after failing to prevent the loss of blue carbon habitats during the past 10 years, commit to developing a strategy for Scottish fisheries to contribute to net zero, including through the protection of blue carbon?

Michael Matheson: I will come back to Monica Lennon on her final point once I have engaged with my colleague the Cabinet Secretary for Rural Affairs and Islands, who leads on such matters. I can then give her a much more detailed response.

I welcome the tone and nature of Monica Lennon's contribution and what she said about taking this as not only a wake-up call but an opportunity to work together collectively to ensure that we meet the statutory targets that have been set by the Parliament. They are the most stretching targets of any country in the world. The Climate Change Committee has said that reaching them is beyond the present technical capabilities but, nevertheless, the Parliament has set the target of reducing emissions by 75 per cent, and we need to stretch ourselves in order to do that.

I assure Monica Lennon that I have asked officials for the catch-up plan to be completed in the next six months—not necessarily after six months but as soon as possible in the next six months—to ensure that we look at what further policy measures we can take to help us to catch up, following the 2019 target being missed.

As I mentioned in my statement, last week, we accepted the Green Party amendment to bring forward publication of our climate change plan update to earlier in the parliamentary session. I am committed to doing that to ensure that we continue to look at what further measures we can implement in order to meet the challenge both nationally and globally.

I assure Monica Lennon that I will move forward as quickly as I can. I will, of course, engage with members if they have views on what they think should be in the catch-up plan. I know that I have a meeting with her fairly soon, and I will take the opportunity to have that discussion with her at that point.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): What does the cabinet secretary expect to see in the UK Government's net zero strategy, given that, as he highlighted, our ability to reach our targets is dependent on action from the UK Government, because we do not yet have all the levers at our disposal?

Michael Matheson: Our ambitious climate change plan update contains a number of asks of the UK Government, including on fiscal levers, the

future of the gas grid and hydrogen. Those are particularly important issues because responsibility for the development of the electricity system is reserved to the UK Government. It is critical that the UK Government takes the opportunity to support the development of a fully sustainable and secure net zero carbon energy system and takes forward the necessary measures that we have set out in our climate change plan.

We hope that the UK Government will work with us and that its UK net zero strategy will match the ambitions that we have announced. I believe that the strategy is due to be published later this year, and we have not seen it yet. We will certainly continue to engage with the UK Government to ensure that it treats the need to move those matters forward with the same urgency that we do.

Brian Whittle (South Scotland) (Con): I spoke to the Woodland Trust yesterday. The trust, Scottish Environment LINK and other stakeholders are concerned that Scottish Forestry is holding back publication of the guidance for soil cultivation in forestry operations. They feel that there will be consequences for Scotland's net zero pathway, and that carbon released from soil disturbance in ploughing peaty soil could make some forestry a source of emissions.

Will the cabinet secretary commit the Scottish Government to pushing Forestry Scotland to publish that report, as the two-year consultation period has finished?

Michael Matheson: I am not aware of the report that the member refers to but I am happy to look into the matter and to respond directly to the member.

Gillian Martin (Aberdeenshire East) (SNP): The published figures show significant revisions to peatland data. Can the cabinet secretary outline the impact of those changes on our emissions levels, given Scotland's vast peatland resources?

Michael Matheson: Changes to international scientific guidelines on the compilation of emissions data have led to a fundamental change in the scope of the UK-wide greenhouse gas inventory. Technical decisions on those matters are made solely by the UK Government. The latest data includes, for the first time, the impact of the historical drainage and rewetting of peatlands. That is particularly important for Scotland and has resulted in a significant increase in our reported levels of emissions across all time periods. An additional 9.4 megatonnes of emissions have been added to our 1990 baseline.

Improvements in the science of emissions measurement are welcome. The current changes further emphasise the importance of taking

ambitious action to restore Scotland's peatlands, which we have already committed to doing.

Mercedes Villalba (North East Scotland) (Lab): Today's report shows that domestic transport was the largest source of net emissions in Scotland in 2019. More must be done to create sustainable public transport for all. It is Scottish Labour's ambition to create a net zero, publicly owned, universal and free bus service for all, which is why we led on legislative change to lift the ban on local councils running their own bus services. More than 18 months since it was passed, the Transport (Scotland) Act 2019 has still not been fully implemented by the Scottish Government. Will the cabinet secretary tell us when that act will be fully implemented?

Michael Matheson: I was the minister who took that bill through the Parliament. The 2019 act covers a multitude of topics and makes a range of different transport provisions—the member has referred to one specific element.

The member will recognise that, over the past 14 months, staff who were dealing with the regulations that had to be developed in line with the various elements of the Transport (Scotland) Act 2019 have had to pivot to deal with matters relating to Covid, which has caused a delay in that work. I assure the member that that work is now on-going and that, towards the end of last year, officials moved into those areas of policy and now have a programme of work to implement all the various provisions of the Transport (Scotland) Act 2019.

I assure the member that attention is being given to that work and that progress will be made as quickly as possible. The member will recognise that staff have limited capacity to deal with issues arising from the pandemic while dealing with some of the regulatory aspects of the legislation. I assure her that we are now making progress on the issues that she has raised.

Emma Harper (South Scotland) (SNP): Will the cabinet secretary expand a bit on how people across Scottish communities, particularly in rural areas such as Dumfries and Galloway and the Scottish Borders, can use the advice from the Climate Change Committee and on how action can be taken from that advice?

Michael Matheson: It is important to recognise that tackling climate change is not for the Government alone; it requires everyone to play their part on an individual and organisational basis, as well as on a national basis where the Government has a role. I encourage anyone who has an interest in tackling climate change to consider the measures that the Climate Change Committee has set out in its report. Later this week, we expect to receive the CCC's adaptation

report as well, which will set out further work that will be necessary to adapt to the challenges that are associated with the locked-in elements of climate change.

I encourage those to whom Emma Harper referred to look at the measures that we set out in our climate change plan update, which was published last December. The update set out a range of policies and actions that will be taken forward by the Government. I encourage organisations and individuals who can play a role in helping to implement and promote them to do so in a way that encourages more people to play their part in tackling climate change.

Graham Simpson (Central Scotland) (Con): The cabinet secretary says that he wants to phase out new petrol and diesel cars by 2030. Can he say how he plans to do that? In doing so, will he tell the chamber what progress has been made in delivering a hydrogen highway in the north-east?

Michael Matheson: Mr Simpson will be aware of our ambitious programme, which includes the most extensive electrical charging infrastructure programme of any part of the UK to support people moving to zero emission vehicles, particularly electric vehicles. That is a key part of our strategy to support both businesses and individuals to move towards zero emission vehicles. It is why we have provided the interest-free loan to support people and businesses to move to electric and zero emission vehicles. That is all part of the programme to help us to achieve our target.

Mr Simpson referred to our hydrogen programme in the north-east, where we have hydrogen buses operating. That is part of the hydrogen framework that was set out in the previous parliamentary session. We will also develop a hydrogen action plan that will set out in further detail not only our investment but the actions that we will take to develop and expand the capacity, capability and benefits that can come from green hydrogen, in particular. That plan will help to support more businesses and the development of new technology in that area in a way that allows us to deliver on our commitment to a just transition.

Mark Ruskell (Mid Scotland and Fife) (Green): Three years of missed targets shows that we need that transformative step change. We have already seen what is possible with renewable electricity, in which this country has taken a great lead in the UK.

On renewable heat, the statement talked about 1 million homes needing to switch over to green heating by 2030. That is 100,000 a year, but we saw only 3,000 installations in homes in Scotland last year. How will the cabinet secretary work

across the Government and the Parliament to fill that huge gap between ambition and reality?

Michael Matheson: The interim report on a piece of work that we are developing was published in the past week by those involved in the heat industry who are looking at the measures that will be necessary if we are to deliver to the scale and nature of our ambition. If I recall correctly, the report was published yesterday. That work will be considered further and will be developed into a final report that will inform the approach and strategy that the Government will take in order to deliver the type of transition that we need to see, particularly in domestic heating.

I agree with Mr Ruskell that we have set a hugely ambitious target. However, the nature of the climate emergency that we face determines that it is critical that we drive this area of policy forward. If we fail to do so, we will not only not meet our targets; we will fail future generations because of the climate damage that will be caused as a result.

The work that we are progressing with the advisory group in considering the issues will inform the policy that we take forward. I am keen that we do everything that we can to support the sector by investing in and developing it as broadly and quickly as possible, so that we achieve our ambition. The work that we are doing with the sector is critical in helping us to do that.

The Deputy Presiding Officer: I can get two more members in if questions and answers are brief.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): I will be brief, Presiding Officer.

I understand that, given their historical nature, the statistics do not tell us about the effect of Covid on emissions. However, we know that lots of people have switched to active travel. What action is the Government taking to ensure that those changes get locked in?

Michael Matheson: The pandemic has created unprecedented pressure on our transport sector. However, there have also been encouraging shifts taking place, such as a reduction in commuter journeys and an increase in cycling. We want to maintain and support those changes.

One of the positive initiatives that we have taken during the pandemic has been our investment of almost £40 million in spaces for people, which has funded local authorities to deliver temporary walking and cycling routes. More generally, we are committed to investing £500 million in active travel infrastructure and £500 million in bus priority infrastructure over the next five years. As we support an increasing focus on localism through our commitment to 20-minute neighbourhoods, we

want to build some of the benefits that we have gained during the pandemic into our future design of local communities, and we are progressing the work local challenge programme to support that.

Liam McArthur (Orkney Islands) (LD): I welcome the cabinet secretary to his new post, but this is an inauspicious start. We are nowhere near where we need to be in reducing emissions, and the Government's warm words are simply making for a warmer planet.

Given that transport is a particular challenge—emissions levels are high and have not budged—will the cabinet secretary take the opportunity to reverse the SNP's support for a third runway at Heathrow?

Michael Matheson: I recognise the point that the member raises—it was debated last week and was roundly rejected by Parliament at the time.

I point out to him that the update report that has been published today demonstrates a decline in transport emissions. We want to build on that, and we have a hugely ambitious programme to support the decarbonisation of our public transport, regional aviation and rail networks. We are the only part of the UK to make such commitments. We are determined to make progress on decarbonising those sectors, to support us in achieving our climate change targets.

I assure the member that, although there has been a reduction in emissions this year, we want to build on that year in, year out. I am determined to work with colleagues across Government to do that and to ensure that transport plays its part in supporting us to achieve our climate change targets.

The Deputy Presiding Officer: That concludes the statement.

Women's Health

Stephen Kerr (Central Scotland) (Con): On a point of order, Presiding Officer. Given that we are starting the next item of business 14 minutes later than we thought that we would be, is there any way that we can move decision time back by 14 minutes?

The Deputy Presiding Officer (Liam McArthur): I am grateful for the point of order. Let us see how we get on. We can make an assessment about that later, during the debate.

The next item of business is a debate on motion S6M-00369, in the name of Maree Todd, on women's health. I invite members who wish to speak in the debate to press their request-to-speak buttons now. For those who are joining us remotely, please put an R in the chat function. I call Maree Todd to speak to and move the motion.

16:05

The Minister for Public Health, Women's Health and Sport (Maree Todd): The Covid-19 pandemic has changed and challenged almost all aspects of life, but its impact has not been felt equally across the population. Women have been more adversely impacted, and pre-existing inequalities have been exposed and exacerbated. Let us be clear: women's health is not just a women's issue. When women are supported to lead healthy lives and fulfil their potential, everyone benefits. The majority of unpaid carers are women, women make up the majority of the health and social care workforce, and the vast majority of lone parents are women. The challenges of balancing childcare, paid work and caring responsibilities with the stresses and uncertainties of the pandemic will have been truly daunting for many women and will undoubtedly have affected their health.

Still, the inequality that women face throughout their lives existed long before Covid. In Caroline Criado Perez's thought-provoking book "Invisible Women: Exposing Data Bias in a World Designed for Men", she says so much in a few words. She says that women are not, to state the obvious, just men. She goes on to explain:

"Historically it's been assumed that there wasn't anything fundamentally different between male and female bodies other than size and reproductive function, and so for years medical education has been focused on a male 'norm', with everything that falls outside that designated 'atypical' or even 'abnormal'."

Let us look at abnormal. Women are more likely to experience violence, to live in poverty, to live alone, particularly in older age, and to care for others, all of which contribute to poorer mental health. Throughout this year, we have invested £6

million to support mental health. It is vital that we consider women's specific mental health needs. In October 2020, we launched the mental health transition and recovery plan, which specifically prioritises women's and girls' mental health. We are working with our equalities forum to deliver a programme of work to address the challenges arising from the pandemic.

Women live longer than men and make up a larger portion of the older age population. Women are more likely to spend more time in ill-health, yet they do not always receive equal healthcare. Their physical health and mental health are compromised every day by systems that do not yet fully meet their needs. Health outcomes for women are poorer than those for men in important areas, such as heart health. Women who are having heart attacks are often said to have an "atypical presentation". That language shines a light on a very important issue: women are not atypical men; they are women, and the way that women present is normal for women. That lack of recognition is then followed by the fact that, as studies have shown, women are less likely to be prescribed drugs that reduce the chance of a second heart attack. The British Heart Foundation has highlighted inequalities at every stage of a women's medical journey. Such health inequalities are unjust and preventable.

Let us talk about endometriosis. One in 10 women in Scotland has endometriosis, making it as common as diabetes and asthma, yet we know that women are waiting far too long for a diagnosis. We are therefore listening to women to understand the barriers that they face to achieving a diagnosis so that we can make progress as quickly as possible. We are also ensuring that women's individual needs are met throughout their treatment.

Let us talk about menopause. Women are frustrated that information about menstrual health and menopause is unreliable and inaccessible. Many women feel unprepared for the impact that the menopause can have on their life and feel unsupported to manage the symptoms. We are working to raise awareness of the symptoms of menopause and to ensure that all women receive the support and care that they need to sustain their health and wellbeing.

Those reasons, along with many others, are why, in the first 100 days of the new session of the Parliament, we will publish a women's health plan, which will reduce avoidable inequalities in health outcomes for women throughout their lives. Women's voices and experiences will be central to its development and implementation. Alongside the Health and Social Care Alliance Scotland, we have already conducted a women's health survey and spoken directly to women. We want to give

women a say in how we shape services for the future, and it is absolutely crucial that we listen to, and trust, women.

Monica Lennon (Central Scotland) (Lab): I welcome the minister to her new post and agree with what she has said so far. Does she agree that, if we are to get the benefit of all those measures, we need to embed menstrual wellbeing education in the curriculum? What plans does she have to speak to colleagues across the Government to make sure that that happens?

Maree Todd: It is certainly the case that the challenge does not start only in the doctor's surgery; it is a societal one. We need to bring about a change and ensure that, from a young age, boys and girls have an understanding of menstrual health and of the course of a woman's life and how that will impact her.

The provision of education during school is certainly an appropriate idea, but other opportunities exist, such as when women present for breast screening or cervical screening. There are many opportunities to talk about menstrual health with women and to raise awareness of the challenges that we face. I will certainly try to improve the situation.

The plan's initial priorities, which have been developed over the past 18 months by women and experts on women's health, are to bring about improvements in abortion services; contraception and sexual health; menopause and menstrual health, including endometriosis; and women's heart health. Through necessity, the pandemic has led to new and innovative ways of working and of providing patient care, and those are captured for longer-term implementation in the women's health plan.

To make lasting change, a cultural shift is required, so the plan approaches women's health in a holistic way and responds to the many factors that impact on women's health and their ability to access healthcare services. The plan takes a life-course approach to women's health that emphasises the importance of protecting and promoting health at key stages of life. From pre-conception to pregnancy, childhood and adolescence and into adulthood and later life, it is vital that women have the information that they need when they need it and in a way that is right for them. Such meaningful communication personalises and improves the safety and effectiveness of care, and it helps to address health inequalities.

At every stage, we must give women the opportunity and support that they need to access and participate in decisions about their care. By moving away from a doctor-knows-best culture, we will empower women to make informed

decisions about their bodies and their health. We will learn from the pandemic and build back, putting equality at the centre of all that we do. We can reduce some health inequalities by identifying gaps in health service provision, considering areas of best practice and developing actions to address those gaps.

However, the women's health plan is only one part of a much wider picture when it comes to women's health and wellbeing. The majority of health inequalities are avoidable. They stem from wider inequalities in society—inequalities of income, wealth and power. Work is being undertaken across the Government to address those wider social determinants of health, to eradicate poverty and to tackle inequality in all aspects of life. A significant amount of work is being undertaken right across Government to improve women's health, particularly—

Jackie Baillie (Dumbarton) (Lab): On the issue of inequality, will the minister commit to reforming care allowance as soon as possible, to ensure that unpaid carers—who, as I am sure that she will appreciate, are predominantly women—can earn more from work?

Maree Todd: Jackie Baillie will be aware that that issue does not fall within my portfolio, but I am well aware of the fact that more women are carers, and that that is one of the factors that impact on their health. I will take a cross-Government approach to that work. I am very keen for us to achieve cross-parliamentary consensus on the need for such issues to be tackled so that we can progress the work to improve women's health, with everyone in agreement.

A significant amount of work is being undertaken across Government to improve women's health with regard to mesh, maternal health and screening services. The plan will build on those successes and align with Covid-19 recovery.

I finish with another quote from Caroline Criado Perez's book, which I recommend to everyone in the chamber:

"The evidence that women are being let down by the medical establishment is overwhelming ... half the world's population are being dismissed, disbelieved and ignored."

Our ambition is for a Scotland where health outcomes are equitable right across the population so that all women can enjoy the best possible health throughout their lives. Our women's health plan will provide a foundation for us all—in Government, health and social care, and society as a whole—to work together to achieve that. I look forward to listening to members' views and I hope that we can find common cause across the Parliament in better listening to, understanding and meeting the needs of women in Scotland.

I move,

That the Parliament welcomes that the Scottish Government will publish a Women's Health Plan within the first 100 days of the current parliamentary session; notes that the plan will seek to improve support and services for the health and wellbeing needs of women and girls at every stage of their lives; believes that it is vital that health and care services for menopause, endometriosis and heart healthcare need to substantially improve; recognises that the causes of many healthcare issues facing women and girls are rooted in health and income inequalities, and that actions to address these are needed alongside the enhancement of services, and believes that, if a broad consensus on women's health can be realised, Scotland has the opportunity to become a global leader in this field.

The Deputy Presiding Officer: Thank you for keeping to your time as well as taking interventions, minister.

16:16

Annie Wells (Glasgow) (Con): I am delighted to have the opportunity to speak in the debate. First, I take the opportunity to lend my support to cervical screening awareness week. Cervical screening, which is also known as smear testing, is life saving. However, many people find the test difficult for a variety of reasons including anxiety and previous trauma. Indeed, over a quarter of those who are invited to take the test do not take up their invitation.

It is also concerning that figures from Public Health Scotland show that, in 2019-20, there was a lower uptake of cervical screening among those from more deprived areas. That is why campaigns such as cervical screening awareness week are so important. I would like to hear from the Government how it will work to close the gap between the most and least deprived areas when it comes to cervical screening.

Jo's Cervical Cancer Trust has launched its own campaign for the week, which aims to encourage open conversation about cervical screening and to issue clear guidance to women and people with a cervix on how to access vital support that they may need. I urge people to visit its website for more information.

In the coming months, as more people in Scotland are vaccinated and we look to carefully ease restrictions, there will be an opportunity for us all to reflect on our experiences of the pandemic. We can immediately recognise the invaluable role that women have played and continue to play in protecting the national health service against the virus. Many health and social care professions in Scotland—and indeed the world—are dominated by women. We must not lose sight of the key role that women have played in caring for some of the most vulnerable people in society and treating people for this deadly disease.

However, we cannot wait until the pandemic has passed to have an urgent and renewed focus on improving women's health. The advocacy group Engender has issued a stark warning that there is concern that women's health problems are being

"dismissed, underestimated and diagnosed late."

I make it clear that the Scottish Conservatives are committed to ensuring that women's health and wellbeing needs are met across their whole lifetime. As we heard from the minister, women make up half of the population, yet as a society we often avoid talking about many of the health issues that they face. That must change.

In the light of those concerns, the Scottish Conservatives have welcomed the Government's commitment to a women's health plan, and we look forward to carefully scrutinising it following its publication.

In the debate a fortnight ago on the NHS recovery plan, I said that, as our healthcare service is remobilised following Covid, we will need to improve the services that women across Scotland rely on. The NHS needs to be bolstered with significant financial support if we are to tackle the backlog, which threatens to delay and even deny vital treatment for Scottish women. That is why, in our amendment to the Government's motion, the Scottish Conservatives are calling for a clinician-led, ring-fenced fund with the sole remit of bringing treatment times under control. That would help to ensure that, despite the immense pressure placed on our healthcare system by the pandemic, the NHS is responsive to women's health and wellbeing concerns.

Take the condition endometriosis, for which the average time for a diagnosis in Scotland is eight and a half years, according to an inquiry by the all-party parliamentary group on endometriosis. The inquiry noted that, in Scotland, it has been difficult for some women to access specialist endometriosis centres, even if they are suffering from deep endometriosis.

Another area of concern regarding women's health is breast cancer, which is the most common cancer in women in Scotland, accounting for 28.8 per cent of all cancers diagnosed. Only recently, Cancer Research UK revealed that a thousand fewer people in Scotland started breast cancer treatment last year than did the year before. That highlights the tremendous scale of the NHS backlog, and how the queues for essential treatments are growing at a startling rate.

I agree with the minister when she stresses the importance of recognising the link between health and income inequality. As is the case with cervical screenings, the figures show that women from the most deprived areas of Scotland are less likely to attend breast screening appointments.

Whether it be endometriosis, breast cancer or cervical cancer, I again stress that it is vital that we have targeted resources dedicated to tackling the backlog and addressing lengthy waiting times in those key areas of women's health.

An issue that I know will be discussed passionately across the chamber today is the failings surrounding transvaginal mesh surgery. It is important to praise the efforts of Scottish Mesh Survivors, a group of heroic women who have worked tirelessly over the years to raise awareness of the dangers of mesh. The scandal, which has been a traumatic and harmful experience for the victims involved, needs a resolution as soon as possible. I am clear that I stand side by side with colleagues across the chamber in calling on the Government to urgently introduce financial support to refund the women who paid for private mesh surgery outwith the NHS.

As I mentioned at the beginning of my speech, women make up half of our population, but serious discussions about our unique healthcare needs are often shied away from. That must happen no more. The barriers to good physical and mental health that women face are clear, and the pandemic continues to place significant pressure on the NHS. With a laser-eyed focus, let us recommit ourselves to supporting women's health by giving the NHS the proper funding that it needs to tackle the backlog and be responsive to the healthcare needs of women across Scotland.

I move amendment S6M-00369.1, to insert at end:

"; notes that women face significant barriers to good mental and physical health, including unreasonably long waiting times for a diagnosis of conditions such as endometriosis, where the average waiting time is eight and a half years in Scotland; believes that women from the most deprived areas of Scotland are less likely to attend breast screening appointments, and, with breast cancer referrals declining during the COVID-19 pandemic, calls on the Scottish Government to bring treatment times under control by having a separate, clinician-led fund to tackle the NHS backlog."

16:23

Carol Mochan (South Scotland) (Lab): It is very welcome that women's health is receiving some of the spotlight that it deserves in the chamber today. I am delighted to be opening for Scottish Labour.

I want to focus on the way in which women continue to be treated as second-class citizens in Scotland, whether by neglect or design. There is only so long that the Government can keep coming up with motions celebrating plans as yet unannounced. People want action—that is what

Scottish Labour continues to focus on, and that is what I will focus on in the debate.

Scottish Labour pushed for action on women and women's health throughout the previous parliamentary session. An example was the action of my colleague Monica Lennon, who did so much to improve the provision of free period products with world-leading legislation. That was action, but I am sure that Monica would agree that there is still a great deal more to do. We can do that only by working together and using the powers of the Parliament.

I worked for many years in the NHS and saw at first hand the ways in which women's medical concerns are so often dismissed as minor considerations or cast off as by-products of personal responsibility. It is vital that people in our position speak up for those who are unable to do so.

I know from my constituents that the stigma surrounding menopause, access to specialist mental health support and waiting times for breast cancer screening appointments are just a few of the ways in which women in Scotland feel that their needs are not taken into consideration. Menopause symptoms in particular remain heavily stigmatised, and many women are reluctant to ask for help or share their experiences. Specialist services must have greater equality in access to allow women to be confident in coming forward to access treatment.

There is perhaps no greater example in contemporary Scotland of such neglect than the treatment of the survivors of the transvaginal mesh scandal. During the previous parliamentary session, my Labour colleague Neil Findlay, along with MSPs from other parties, did much to raise awareness of the issue. They had some success, although there are still questions left unanswered.

The work of the Scottish Mesh Survivors campaign has repeatedly revealed the extent to which those women trusted the NHS to treat them. They were led to believe that the mesh was safe, only to be left with life-changing injuries. Many of those women were left unable to work or live a normal life and they suffered all the dreadful social and financial impacts that followed.

Scottish Labour is pursuing that and many other issues, because we see the advancement of women's health as a core concern of a modern country that is focused on justice. We believe that by supporting women to live healthy lives, we build the blocks of a national health service.

For all the posturing, I am not sure that the same can be said of the Scottish National Party. Its recent record is not even close to acceptable. In 2020, more than 43,000 breast cancer screening appointments were cancelled, and at

least 180,000 cervical screening tests were delayed. Less than three fifths of women from the most deprived areas of Scotland attend breast cancer screening appointments, compared with nearly four fifths of women in the most affluent communities. Scotland has only two mother-and-baby mental health units, and the Royal College of Psychiatrists in Scotland has said that mental health treatment for new mothers is akin to a postcode lottery. I urge members to remember that, on average, women with endometriosis wait eight years to receive a test.

Scottish Labour wants to start turning back the tide. As members can see from our amendment today, a first— and absolutely necessary—step is to recognise that we have an opportunity to right the wrong suffered by Scotland's mesh survivors, and give a guarantee that they will be able to access the compensation that they deserve. If we can help that group of women, we can give hope to those who believe that their own concerns have been forgotten that things can change for the better.

For once, let us use the Parliament's powers to redress the balance for a group of people who have no institutional power, only their own solidarity, compassion and desire for justice. I know that the SNP claims to support that idea in principle but, so far, it has come up with more excuses than solutions. It is long past time that we got it done and delivered the vital funding to those women, so that they can get back to some sense of normality and do not feel left behind by an establishment that seems so distant from their lives.

For years, the mesh survivors have campaigned relentlessly for justice. There is probably not an MSP in the building who has not been contacted by them or listened to their story. Ensuring that they do not have to pay for essential surgery from their own pockets is the least that can be done to correct the historical injustice that they have experienced, and we in the Parliament can help.

I implore the Scottish Government to join Scottish Labour today and start a new chapter in our country's history by championing the right of women to receive fair and effective healthcare. It should not be too much to ask. I ask all members to support Labour's amendment.

I move amendment S6M-00369.4, to insert at end:

“; acknowledges that, historically, the health concerns of women have been too easily ignored or dismissed; deeply regrets the life-changing damage to women as the result of transvaginal mesh surgery; commends the Scottish Mesh Survivors group, which has determinedly fought to raise awareness of the dangers of mesh and prevent further women being injured by its use, and supports the asks of its Charter for Mesh Care, which is calling for funding to be

immediately made available to cover the costs of mesh removal for women having to undergo private surgery.”

16:29

Gillian Mackay (Central Scotland) (Green): I take the opportunity to congratulate the minister on her appointment. I look forward to working with her over the coming years. I also thank everyone who sent in briefings ahead of the debate.

Women are more likely to have heart disease misdiagnosed, and to have their physical symptoms either dismissed entirely or put down to their mental health. When I first started experiencing symptoms of my disability, my parents were told that I was embellishing my hearing loss, and that the dizziness that I was experiencing was probably linked to my period or to stress.

Women need to be believed when they go for help. Being told that their physical pain is all in their mind will undoubtedly stop them from trying to access healthcare in the future. Given that many healthcare campaigns encourage people to get checked early and to ask their doctor about anything unusual that they notice, we should be trying our best to ensure that everyone's healthcare concerns are taken seriously.

Heart disease is often perceived as a condition that affects men in particular, but ischaemic heart disease kills 2,600 women a year in Scotland. Currently, tests to diagnose heart attacks are not as accurate for women as they are for men. Seven women a day will die from ischaemic heart disease; seven families will be devastated. That does not take into account women who survive and then have to live with long-term conditions, usually on blood thinners, for the rest of their lives.

Often, we in Parliament look at our decisions through an economic lens. We look at the loss to the economy of those who cannot work after a heart attack or we look at how much it costs to run a service or a campaign. However, what we decide here affects actual lives.

Prevention of a heart attack is the difference between a family keeping and losing a mum, sister or daughter and between a person being able to enjoy their life in the way that they used to and having that irreversibly changed. Any family who has experienced that will tell us that no price can be put on saving a loved one's life.

However, we know that income and deprivation are strongly linked to positive health outcomes. We need to tackle poverty and other drivers of poor health, in partnership with promoting good health.

Even though my amendment was not selected for debate, I will cover some of the issues that

were raised in it. Pregnant women and new mothers have been particularly negatively affected by the pandemic. Women who have been pregnant and have given birth during the pandemic have been hit hard by the restriction or loss of some services.

During the first lockdown in 2020, restrictions included barring partners from attending antenatal screenings and limiting the time during which they could be present during labour. Although those restrictions have largely been lifted, they have had a profound impact on the health and wellbeing of new parents and on their relationships with their child.

In addition, pregnant women still cannot access all the services to which they are entitled. In-person antenatal classes are still suspended, with most health boards offering online e-learning modules instead. Those are a poor substitute for the supportive environment of traditional antenatal groups, which are often a lifeline for first-time parents.

Women are also struggling to access free dental care for new mothers, and I am aware that there is a growing number of women who now have to pay for expensive dental treatment because they could not access dental appointments over the past year and have passed the one-year window for free treatment after giving birth. Free dental treatment is a recognition of the impact that pregnancy can have on the oral health of new mothers, so we should be doing all that we can to ensure that women take it up.

My colleague Mark Ruskell has written to the Cabinet Secretary for Health and Social Care to ask him to extend that provision to two years post birth, for the foreseeable future. I encourage the cabinet secretary to reflect on that proposal, if he is summing up. It would be a simple but effective measure to redress the unequal impact that the pandemic has had on women's health.

We would also like the Government to commit to retaining the provision for early medical abortions at home, which was introduced during the pandemic; to ending the two-doctor rule; and to establishing buffer zones around abortion clinics and sexual health clinics. No one should be harassed while trying to access healthcare.

The Deputy Presiding Officer: Your incorporation of your amendment was elegantly done, Ms Mackay.

I call Beatrice Wishart to speak for four minutes, after which we will move to the open debate.

16:33

Beatrice Wishart (Shetland Islands) (LD): I, too, am grateful for the opportunity to take part in

the debate and to help to bring women's health issues in from the sidelines.

Many of us scoffed when news broke in 2016 about trials of male contraceptive pills being called to a halt. They ran aground because the participants were experiencing headaches, mood swings and weight gain—all of which are symptoms that are well known in the female experience of contraception.

However, that point is worth more than just a roll of the eyes, because it clearly shows the inequality that is at the heart of the debate. To this day, there is a mainstream expectation that there are levels of pain and discomfort that women should just live with. Risks are excused or normalised for women, while simultaneously being regarded as being too much for the population at large.

Women consistently report the experience of not being listened to in healthcare settings. As Engender said recently, they

“wait longer for pain medication than men, wait longer to be diagnosed, are more likely to have their physical symptoms ascribed to mental health issues, are more likely to have their heart disease misdiagnosed or to become disabled after a stroke, and are more likely to suffer illnesses ignored or denied by the medical profession.”

A huge amount of work needs to be done to rectify the situation. The women's health plan will be a start. However, it has taken a long time to get the conversation started, so we should not underestimate the effort that it will take to effect real change.

The determined campaign that mesh survivors ran is a testament to that. Those women's experiences of botched treatment are nothing short of a public health catastrophe, but the response from the Government has been slow. Their asks should not be up for debate; we need to do whatever it takes for those women. There should be funding for removal surgery, so that women have a choice about where it is done and by whom. There should be a patient safety commissioner and there should be a statutory ban on mesh, so that such things never happen again.

My amendment, which was not selected for debate, raised the question of dedicated facilities for perinatal loss. Louise Caldwell has campaigned bravely on the issue. She was required to deliver on a labour ward after being told, at her 12-week scan, that there was no heartbeat. She said:

“As soon as you enter the labour ward you are met with newborn baby photos on walls, thank you cards, baby cries and proud partners.”

It is difficult to imagine how hard that must be. Official guidance says that separate facilities should be provided, but as Louise's experience shows, recognition of the issue does not always

translate into reality. There needs to be a standard of care for perinatal loss that is equivalent to that which is provided to patients who are undergoing labour and delivery.

Perinatal mental health, too, needs to be brought to the forefront of the women's health plan. A 2018 report showed that Glasgow was the only place in the whole of Scotland that was meeting perinatal mental health requirements. Mothers in half of Scotland could not access specialist services—years after another report had warned of significant gaps.

I hope that, in her closing remarks, the minister will address the issue and commit to making perinatal health and mental health a cornerstone of the Government's plan.

The Deputy Presiding Officer: Thank you, Ms Wishart. I think that all the lodged amendments have now been given an airing.

We move to the open debate. The first speaker will be Evelyn Tweed. Members will want to be aware that this will be Ms Tweed's first speech in the chamber.

16:37

Evelyn Tweed (Stirling) (SNP): Thank you, Deputy Presiding Officer, and welcome to your new role. My congratulations go to Maree Todd, too.

It is the privilege and honour of my life to be standing in Scotland's Parliament making my first speech. I only wish that my parents had lived to see this day. I have no qualms about saying that I come from a very poor background and have lived through periods of homelessness and living hand to mouth. The experience of growing up on a council estate in the Thatcher years shaped my views on social justice and led to a 25-year career in housing and building homes for people in need, before I was elected as a councillor.

I was once told by a friend that I should never go into politics, because I care too much. Well, I believe that all the best politicians care too much. This is why I was elected: to speak up for the most vulnerable people, to help people and to be a voice for women.

Although, on average, women enjoy longer lives, more of our lives are spent in ill health. For too long, women—our mothers, daughters, sisters and carers—have not been adequately supported. I am so proud that an SNP Government has so clearly improved women's lives.

For example, Scotland was the first country in the world to have free period products. That shows what can be done when we all work in the chamber together. We have the fantastic baby

box, which provides mothers with the essential items that they need for their new baby, and we have more general practitioners per head of population than any other UK country. However, there is still so much more to do.

Many health issues in the past have been described as “women’s problems”, whether the problem is endometriosis or the menopause—both of which I have experienced. I have endured endometriosis all my adult life. It has resulted in chronic pain and, at times, misery. The pain was dismissed as period pain and it took until I was in my late 30s, when I collapsed at work, for me to finally get some support. I do not want any other woman to go through what I went through. There is no cure and—as we have heard today—most women wait more than eight years for diagnosis, which is simply not good enough. I am delighted that the SNP Government has committed to reducing the diagnosis time to 12 months by the end of this session of Parliament.

It is also fantastic that we now talk openly about menopause—a process that will affect more than half of our population. The SNP will ensure that women have improved access to advice and support on diagnosis and management of menopause.

Let us work together across the chamber to improve services and reduce health inequalities for women and girls. Let us become a global leader in the field. I believe that independence and having the full fiscal powers to make our own decisions will, ultimately, help us to tackle all inequalities and ensure that all our citizens have equal access to food, housing and healthcare.

As I draw to a close, allow me to offer my heartfelt thanks to the people who made my being here today possible. They are my brilliant husband, Ahsan, who is my rock and the love of my life; my daughter, Emily, who is a force of nature and a campaigner extraordinaire; our family and friends; my fantastic campaign team; my predecessor, Bruce Crawford; my modern studies teachers at school, for my fierce love of politics; and David Shearer, my long-time friend and mentor, to whom I say, “Your advice paid off.”

I thank everyone in the wonderful Stirling constituency who voted; I commit to listen to you, to be guided by you and to work for you.

The Deputy Presiding Officer: Well done, Ms Tweed. I call Craig Hoy.

16:42

Craig Hoy (South Scotland) (Con): Thank you, Deputy Presiding Officer. I welcome you to your place and the minister to her new position.

The consequences of Covid will live with us for a long time to come, and nowhere will those consequences be more severely felt than in our health and social care services. Failure will be measured in lives lost, life-threatening conditions undiagnosed, and mental health problems untreated. The consequences will be acutely felt by patients and their families, but they will also be felt by our front-line health and social care staff. They are more likely to be felt by women. It will be your gran, your mum, your sister, your daughter, your wife, your civil partner, your aunt or your girlfriend who will confront those consequences and those inequalities.

Across Scotland, we are facing an escalating mental health crisis that is made worse by repeated failures by the SNP Government. Women are nearly twice as likely as men to confront the dark cloud of depression. One in five women suffers depression during pregnancy. That is not only adult women. A study by Mindwell concluded that gender differences that can impact girls’ mental health start to emerge at the age of 12.

That is why the sudden and shocking surge in treatment times for child and adolescent mental health services must be urgently addressed by ministers. The campaign group Engender warns that women and girls have faced significant barriers to good mental and physical health for decades and that women are often missed by health services or by public health awareness campaigns. I hope that the Scottish Government’s women’s health plan comes forward with robust interventions.

The shortcomings in relation to social care are also more likely to impact women. In Scotland, twice as many women as men live in long-term care.

The Scottish Conservatives welcome many of the findings of the Feeley review of social care. However, as we explore the creation of a national care service, we must reach beyond the vague but worthy goal of a system that is based on human rights. We must look towards a system that is designed around the needs of the individual, that marries traditional approaches with new technology and that supports home-based care so that more older women can live independently at home and for longer. It should be a system that tackles the staffing and recruitment crisis and fixes the funding formula once and for all.

When we talk about recovery, we need to recognise the impact that Covid has had on staff in social care and in our NHS, the vast majority of whom are women. In fact, 11 per cent of working women in Scotland, compared with just 3 per cent of working men, work in our NHS. When our NHS staff talk of stress and strain, we must remember

that it is women who are most likely to be at the front line.

We must do more to close the gender pay gap in our health and social care services. On average, women earn 18.2 per cent less than men in our NHS. That gap is widest in admin functions and personal and social care services.

My colleague Annie Wells rightly set out the areas in which women are being failed in relation to diagnosis and access to primary care. Women's health problems are too often dismissed, underestimated or simply diagnosed too late. Women who work in our NHS and care services are often stressed out, burnt out, undervalued and underpaid relative to men. We need to recognise those problems, and we in the Parliament need to resolve them. If concerted action today is one of the few silver linings of the Covid pandemic, we must work together to take it.

16:47

Kenneth Gibson (Cunninghame North) (SNP): I congratulate my colleague Evelyn Tweed on her excellent first speech in Parliament.

Women's health is important to men, too: we have mothers, daughters, sisters, wives, partners, and female friends and colleagues. Women cannot be second best in the treatment of illness.

In 2019, I participated in a meeting of the cross-party group on women's health that was ably chaired by Monica Lennon and at which the British Heart Foundation's "Bias and Biology" report was presented. It is shocking that the report showed that ischaemic heart disease, which is the leading cause of death for women in Scotland, is more likely to go untreated or undiagnosed or to be diagnosed later in women than in men, and that there is less awareness of the symptoms and signs of heart attacks as they happen to women. Women are also less likely than men to receive scans.

A BHF-funded study in 2018 showed that women who have an NSTEMI—non-ST-segment elevation myocardial infarction; a type of heart attack in which the coronary artery is usually partially blocked—are a shocking 34 per cent less likely than men to receive coronary angiography within 72 hours of their first symptoms. My last question in the chamber before the Parliament rose in March was about how much progress had been made in addressing that over the past two years. It was encouraging to hear from the previous public health minister that the women's health plan will include cardiac disease as a key pillar and that implementation will align with the heart disease action plan, which highlights the importance of tackling inequities in access to diagnosis, treatment and care. I look forward to

actions evolving from both plans, and I believe that ministers should strive to ensure equality of health outcomes at the earliest possible date.

Women may have a higher life expectancy than men, but quality of life matters, too. The SNP's 2021 manifesto includes a commitment to improve the experience and diagnosis of women who visit their general practitioners with menstrual problems. Improved diagnosis and management of the menopause and legislation in aid of transvaginal mesh survivors will also help to better the quality of many women's lives.

The Scottish ministers will explore ways in which the baby box can be used to further promote women's health and support parental mental health. The time is also right to progress the women's health plan. Since it first appeared in the 2019-20 programme for government, much of the focus and many resources relating to health have understandably shifted. However, I am glad that the plan is prioritised in the Government's first 100 days.

The endo warriors and other women across Scotland will be pleased to see endometriosis specifically mentioned in the Government's motion. The sad reality is that it is only over the past few years that endometriosis, which Evelyn Tweed eloquently described her own experience of, has been recognised as a hugely impactful condition for one in every 10 women.

The opening in April 2019 of the west of Scotland accredited endometriosis unit, which I campaigned for, means that women and girls who live in the west and require specialised treatment no longer have to go to Edinburgh or Aberdeen. Travel to those places was often prohibitive for financial reasons. Nevertheless, the fact that my February 2017 members' business debate on endometriosis was only the second such debate in 18 years of this Parliament—the first was secured by Annabel Goldie in the first parliamentary session—and that it took another two years following the debate for NHS Greater Glasgow and Clyde to set up the specialist unit, tells me that women's health has not always received the urgent focus that it merits.

As we have already heard, the SNP manifesto commits to reducing average waiting times for diagnosing endometriosis from eight years to less than one year by the end of this parliamentary session. That is ambitious, given that it is such a difficult condition to diagnose, but it is an ambition that is worth striving for. I will follow that closely.

I remind the new male MSPs that it is also their place to raise issues concerning women's health. We must all do what we can to improve women's health, as it is important for every one of us.

The Deputy Presiding Officer: That is a timely warning to us all.

16:51

Claire Baker (Mid Scotland and Fife) (Lab): I very much welcome this debate on women's health. The creation of a plan that provides a co-ordinated and inclusive strategy for women's health is overdue, and I am pleased that, in this parliamentary session, the Government is prepared to focus on women's health and bring together many issues that MSPs and campaigners have pressed it on for many years. It is welcome that we recognise the connectedness of all those issues. Women's health has been marginalised, unacknowledged and devalued, and there have been, and continue to be, systematic, institutional or societal failures in the treatment, public health messages and support that women receive.

The minister referred to "Invisible Women: Exposing Data Bias in a World Designed for Men". That book revealed the inequalities of a society that is created for men. The needs of women have been ignored in the planning or design of things from the ridiculous, such as the temperature in our offices, to the dangerous, such as the design of car seat belts. Perhaps that has not been deliberate or malicious, but women have been treated as second-class citizens and given not even an afterthought. That has affected all areas of society, including healthcare.

The author of that book—Perez—highlighted the example of heart disease and its perception as a male disease. The consequences of women facing missed diagnosis and disadvantage in treatment are also addressed in the British Heart Foundation's "Bias and Biology" briefing paper, which Kenneth Gibson mentioned. It is welcome that the Scottish Government now recognises the specific needs of women with heart disease, but the paper points to inequalities at every stage of a woman's medical journey and the importance of a much broader rethink. I hope that the women's health plan will bring that.

The lack of support for women experiencing perimenopause and menopause is gaining a higher profile, which is welcome. There is more open debate and discussion about the symptoms that women can experience, and there is more effort to reduce stigma and tackle shame, which has been driven by decades, if not centuries, of the representation of women as crazy or barren simply for experiencing a natural process. In her book "Perimenopause Power", Maisie Hill makes clear the broader impacts of menopause symptoms and how they can affect relationships and work performance. The average age of menopause is 51, and the age group of women with the highest suicide rate is 50 to 54. That is a

stark fact that highlights the importance of evidence-based guidance and the provision of support, including on the use of hormone replacement therapy.

It is vital that women can access proper support, and routes to specialist care need to be improved. There is only one specialist centre in Scotland for menopause, so the first port of call in most instances is a general practitioner. We must ensure that women are confident that their concerns will be listened to by GPs and that they will not be deterred from asking for help. Misdiagnosis is a key issue in women's health, and women too often feel that their point of view has been dismissed when they have approached their GP. We must increase the number of available specialists and the amount of training for GPs, reduce waiting times, and encourage self-referral so that access to treatment is straightforward and responsive. We need workplace strategies that better recognise changes throughout women's lives and how they impact on women's working lives.

The Health and Social Care Alliance Scotland report on future planning was brought together by the lived experience sub-group of the women's health group. In the report, women highlight difficulties in accessing services, particularly for some marginalised groups. They say that there was no mention of mental health in the plan, with the focus being on physical health—although I noted the minister's opening comments on that. Making appointments around work and caring responsibilities is still difficult, the need for GP referrals for specialist services can add a further layer of delay, and requesting female GPs or interpreters can put additional pressure on women who are seeking appointments. We must have clear, accurate and up-to-date information readily available online, including accessible videos in a range of physical locations and in other languages.

I will briefly mention the need for investment in research into women's health. A woman's health plan is vital to address inequalities in health provision, to provide standards and deliver expectations for women's health needs, and to ensure that, when they seek health services, women are taken seriously and provided with choices to enable them to live healthy, rewarding lives.

16:55

Emma Roddick (Highlands and Islands) (SNP): In my first speech, I raised the hope that our new Minister for Public Health, Women's Health and Sport would place importance on improving treatment for endometriosis and menopause. I want to repeat that hope today and

to urge the Scottish Government to address what is more than a shortfall in the women's health plan—it is the result of many years of lack of understanding, concern, and motivation throughout society to do anything about substandard care.

It is not simply a political problem—it is ingrained. It is an issue in medical research, academia and society in general. Women's health takes a back seat: we get fewer research grants; we take the birth control; we take the hit. The Parliament must show leadership.

I talk a lot about the value of lived experience, and it is necessary in relation to these issues. Perception does not always match reality, and it is vital that those who experience the issues first hand lead any discussions about them, or outcomes will be ineffective. In particular, with issues such as menstruation and menopause, which have been historically ignored or hidden away, to continue the conversation as it is now means to work off outdated assumptions, myths and misbelief. We have to start again.

I also hope that, although we describe these issues as “women's health”, efforts will be made to ensure that people who are not women but suffer from the same issues feel able to enter the conversation and seek better care.

Given that we still are not past the point of requiring euphemisms to talk about periods or using blue liquid to denote menstrual blood, it will be quite a challenge to raise awareness about, and treatment standards for, endometriosis and dysmenorrhoea, but we must. As someone who has been hospitalised many times due to my period, I hope to see wider recognition that, for many who menstruate, a period is not just a cramp or an annoyance. It is something that causes excruciating pain, which not even morphine will fully relieve; it prohibits mobility; and it causes chronic pain throughout the month. It is something that workplaces—even doctors themselves—often completely misunderstand and stigmatises.

I am really glad to see that the Scottish Government aims to reduce waiting times for a diagnosis of endometriosis to 12 months. In order to do so, however, we have to recognise and admit that one of the reasons that it takes so long now is that those who seek help with their periods are dismissed. We are accused of exaggerating pain; of it being because we are a size 14 instead of a size 8; and—especially if we also have mental health issues—of being, essentially, hysterical, with doctors suggesting that it is all in our heads when we are curled up on the bathroom floor, screaming in pain as we wait for an ambulance.

It is not just that there is a long assessment period or a lack of research and available

treatment, but that we are sent home from the GP again and again, with a wave of the hand, a pack of paracetamol, a prescription for mefenamic acid and—if we are lucky—an appointment with someone else in a few months.

Given how hard it is to break down assumptions about menopause, I realise that it will be a challenge to raise awareness of early menopause, but we must do that as well. If an employee approaches their boss and says that they are struggling and the reaction is a laugh, a joke or disbelief because they are “not old enough”, that is unacceptable.

We have a long way to go. I am committed to doing my bit to bring lived experience to the discussion, raise awareness and work with the Government to make life better for those who suffer issues that women typically experience, but we must begin from a point of understanding just how bad the situation is.

16:59

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): Never has there been a more pressing time than the present to debate women's health issues. After the past 15 months, we have seen waiting times soar, an increase in the backlog of cancelled operations and cancer diagnostic tests shelved. Even young pupils have been affected by not receiving either the first or the second human papillomavirus—HPV—vaccine within the crucial 18-month stage when those young people become sexually active.

In the coming months, it is crucial that we have those services fully up and running. Women's health has for far too long taken a back seat, and I am keen to see change, as are so many people in the chamber.

A starting point for me came in 2019, when Monica Lennon and I hosted an event with the British Heart Foundation to discuss women's health inequalities, particularly in diagnosing heart disease. At a similar point, Caroline Criado Perez's book “Invisible Women” was published, addressing a clear gap in women's health treatment, as the minister said.

More recently, I was troubled by the experience of a friend from the Borders who has been waiting years for an endometriosis diagnosis. Without a doubt, urgent action must be taken to address the appalling length of waiting times for endometriosis diagnosis. Endometriosis is very common. It affects 10 per cent of women from puberty to menopause, although, as Evelyn Tweed described, the impact might affect them for life. It has been said that the average time to get a diagnosis is eight years, but it is not; in Scotland, it is eight and a half years.

We know that access to services for those women is very difficult. The inquiry by the UK all-party parliamentary group on endometriosis attracted 10,000 responses and noted that it has been difficult to access treatment in Scotland. There are specialist units in Edinburgh, Glasgow and Aberdeen, but it seems that, for people who live outwith those specific health board areas, it is—I loathe to use this description—a postcode lottery. Women are experiencing physical and emotional suffering, and the Government needs to act.

The report, which is well worth a read, commits to a reduction in the average diagnosis time to four years or less by 2025, and to a year or less by 2030. I challenge the Government to meet its manifesto commitment, because it has not yet met its legally binding treatment time guarantee of 12 weeks.

In Scotland, our cross-party support ended period poverty, provided free sanitary products in schools and brought plaudits from across the globe. A reduction in waiting times, access to specialist endometriosis services and the provision of menstrual health education in schools should be key priorities, and I ask that the minister addresses that in her closing speech.

Cancer diagnosis and treatment, especially for cervical and breast cancer, have fallen by the wayside during the pandemic, with women being particularly let down. When cancer screening and detection tests were on hold from April to June last year, 4,000 fewer people received cancer diagnoses. Breast cancer represents almost a quarter of those missing cases—over 70 per cent more than would be expected—which has prompted fears that progress in fighting the disease is in jeopardy. We need proper funding. I also ask the minister whether the cervical screening awareness campaign has been restarted.

The Scottish Conservatives, through our amendment, are calling for the NHS backlog to be tackled by a separate clinician-led fund, so that we can finally bring treatment times under control. We cannot continue on the current trajectory. Women's health is at stake.

The Presiding Officer (Alison Johnstone): I call Siobhian Brown. This is Ms Brown's first speech in the chamber.

17:03

Siobhian Brown (Ayr) (SNP): I thank the minister for leading today's important debate on women's health. It is so important that we do not ignore early signs of disease, because early diagnosis can be life saving. I welcome the opening next week of the early cancer diagnosis

centre in Ayr, as part of the Scottish Government's health recovery plan, and I encourage people not to ignore concerns but to get in touch with their doctor.

It is the biggest privilege to stand here as the first SNP member, and the first woman, to be elected to represent the people of Ayr, Prestwick and Troon in the Scottish Parliament. I would not be here today if it were not for the support and commitment of my campaign team. I thank Con, Ian, Alison and Becca, as well as all the local activists who put their heart and soul into helping to win the seat. Their extraordinary efforts mean that I am able to join the other four SNP MSPs in representing all the people of Ayrshire.

I thank all the people who trusted me with their vote. I will work hard to repay their trust. I assure those who did not vote for me that I am their MSP, too. I am determined to represent each and every one of my constituents to the best of my abilities at Holyrood.

I also pay tribute to my predecessor, John Scott, who represented the people of Ayr, Prestwick and Troon for 21 years. Although our politics are different, I have the utmost respect for him. He was a highly regarded member of the Scottish Parliament, and I wish him health and happiness.

Politics and public life can, at times, be somewhat challenging to family life, so I thank my husband and children for their support and patience. I am lucky to represent a beautiful part of the world, on the picturesque west coast of Scotland. I represent the Ayr seat, which includes the neighbouring towns of Prestwick and Troon. We have many valuable resources such as our world-class golf courses, our Robert Burns heritage, Prestwick airport and the aerospace industries, Troon port and the yacht marina, a campus of the University of the West of Scotland and, in normal times, a buzzing restaurant scene and nightlife. If you have never been, I urge you to come and visit my constituency. Weather permitting, you might be rewarded with a sunset over Arran that will make you appreciate life, even during a pandemic.

My constituency is fortunate to have many areas of affluence, but it also has areas with high levels of deprivation. Years of Tory austerity have impacted heavily on the resilience of our poorest communities and have increased the difference in life chances for our young and our old. A child in some parts of Ayr north is twice as likely to grow up in poverty as one living in Troon, and the life expectancy of a child born today is around 10 years less in our poorest areas than it is in our most affluent areas.

Tory austerity and social welfare cuts have exacerbated inequality. That cannot be denied or

excused—more so since the cuts have been revealed to be a deliberate policy choice and not an economic necessity. That is why the Scottish Government's renewed commitment to tackling child poverty is welcome. Measures such as doubling the Scottish child payment to £20 per week in the first year of this parliamentary session, which has already been described as a poverty game changer, will give children in our communities the life chances that we wish for them all.

There are also inequalities in our communities at the other end of the age spectrum. I am sure that members are aware that levels of pensioner poverty are higher and that the state pension is lower in the UK than in most of western Europe. The stolen pensions of the WASPI women—the women against state pension inequality—are a national scandal. Given that the proportion of my constituents who are aged over 65 is higher than the Scottish average, that is of huge concern to me. In one of the richest countries in the world, all our elderly citizens should be able to live with dignity and receive the level of care that they deserve. I am delighted that the Scottish Government has made it a priority to establish a national care service on a par with the NHS and has committed to scrapping charges for non-residential care.

Our young people are perhaps our most important local assets. As it has for kids around the world, the pandemic has had a huge impact on their education, their lives in general and their mental health. As we help our young people to get their lives back on track, we must take the opportunity to consider what kind of country we want them to grow up in and who we want to lead a fairer, greener recovery. That should be—and will be—decided by the people of Scotland. They have returned an SNP Government with a landslide victory, and the people's will must be respected.

The Covid pandemic must be a priority, but, when the time is right, the people of Scotland should have the choice to determine their future. That is not about being divisive; it is about being democratic.

17:08

Martin Whitfield (South Scotland) (Lab): It is a true privilege to follow such a powerful first speech from Siobhian Brown. She speaks powerfully of her community, which will do well in her hands, although there is a slight political disappointment on this side of the chamber.

I will use the short time that I have to talk about the menopause, following the powerful contributions made by Claire Baker and Emma

Roddick. I, too, invite the cabinet secretary to expand on the welcome inclusion of the word “menopause” in the motion. In 2018, on world menopause day, I led a back-bench debate on the subject at Westminster. Although that debate was supported across the house, it is sad that so little has changed since then.

I embarked on my new career in my 50s. I cannot imagine embarking on a new career while struggling with some of the symptoms that my female counterparts experience and suffer without help or support. It is unthinkable that a society would ask men at the height of their careers to tolerate such symptoms and simply carry on—and ask them to do that quietly, too. Why should women do that?

All too often, the menopause is seen as something that women need simply to cope with. They are afraid to discuss the symptoms openly with friends, family and—sometimes most important—work colleagues because they are afraid of being undermined and perhaps marginalised. Seventy per cent of women do not discuss their symptoms at work, a third do not visit their general practitioner and 50 per cent report that the menopause affects their mental health and their ability to work.

I echo Ros Foyer of the Scottish Trades Union Congress, who has called for a sea change in workplace attitudes as mid-life women struggle to get simple adjustments made to their working conditions. Women workers are being failed by employers making no provision for the impact of the menopause. The STUC women's committee's report back in January 2018 identified that 99 per cent of respondents said that either their workplace did not have a menopause policy or they did not know whether it did, that 32 per cent said that the menopause was treated negatively in the workplace, and, perhaps most frightening, that 63 per cent said that the menopause had been treated as a joke.

The STUC has called for greater development of menopause workplace policies to better support staff who are experiencing the menopause, as well as to educate the wider workforce, in order to help to remove the associated stigma. At Westminster a few days ago, my colleague Carolyn Harris MP referred to experiences reported after a call for evidence that are worth repeating: simple changes in the workplace such as flexible working hours, relaxed uniform policies and adaptations to the working environment can make all the difference. I commend the Law Society of Scotland for its work with Peppy Health to develop menopause advice for employers.

We, on the Labour side of the chamber, have called for the introduction of a right to choose flexible working for all workers. Flexible working

could help women who are experiencing the symptoms of menopause to manage potential tiredness. They could work from home when necessary or even take time off to attend appointments. I welcome the SNP's manifesto commitment to launch

"a public health campaign to remove stigma and raise awareness of menopause symptoms."

I look forward to confirmation that that will appear in the plan. I also welcome the minister's confirmation that women's health will be looked at holistically and that the involvement of women's voices on the issue is important.

Scottish Labour believes that we need to improve access to specialist care in Scotland so that women have access to good advice about the menopause and no longer face long waits for diagnosis. There is good practice to model that on, as NHS Dumfries and Galloway, NHS Lothian, NHS Fife and NHS Grampian have specialist menopause clinics.

I stand here, in this debate, as a man, and it has to be said that it is time for men to show their solidarity and break a taboo by talking about the menopause. I ask every man in this place, every man who is watching and every man in—no, I just ask men: can you be brave enough to say, "Could you tell me? Can you explain? Will you share?" and do so with sympathy and empathy?

My challenge to the Government is this: little has changed since 2018, but can the Government start that change regarding the menopause in the next 100 days?

17:23

Gillian Mackay: I offer my congratulations to Evelyn Tweed and Siobhian Brown on their first speeches.

Many colleagues have raised during the debate the importance of women in the NHS and social care workforces. Again, my heartfelt thanks go to every single one of those women. I do not think that we can ever thank them enough. Annie Wells and Carol Mochan both mentioned the heroic efforts of transvaginal mesh survivors. The injuries that they faced are appalling, and we must ensure that they have the resolution that they need and that they can be assured of our support going forward.

Many colleagues have noted that women generally live longer. We have to ensure that women receive the later-life and end-of-life care that gives them the dignity and choice that they deserve. Choice in palliative care is essential. One of the greatest barriers to women receiving healthcare is access. Women report difficulties in

accessing appointments and in how to fit them around caring, childcare and other responsibilities.

We need to make sure that there are flexible appointments at convenient times for those who need them. The difficulties are often worse for women from black, Asian and minority ethnic backgrounds, disabled women and Gypsy Traveller women.

I have spoken several times in the chamber so far about the need to work across portfolios to ensure that we deal with the inequalities in particular services and the other factors that exacerbate those inequalities.

Income inequality is a driver of poor health. Those with a lower income are less likely to be able to afford good-quality food and more likely to live in poor-quality housing and, ultimately, they are likely to die younger than their peers. Food bank use is at a high. The situation has been exacerbated by the pandemic, but it is also exacerbated by inequalities. That inequality is not being lessened for those who are on furlough and getting 80 per cent of an already poor wage. We have an obligation to take the issue seriously this session. Public Health Scotland suggests on its website that a universal basic income could tackle that, which is something that we would obviously support.

In the coming session, the proposed national care service will also be important for women's health. As we are all aware, providing care, particularly unpaid care, is a highly gendered role. The establishment of a national care service will, I hope, work to remove some of that burden. Guaranteed minimum respite hours for unpaid carers would give women in particular the ability to plan breaks. As I said earlier, we believe that carers should be entitled to flexible healthcare appointments,

Mental health is not an area that is particularly covered when we talk about women's health. As many members have mentioned at various times, mental health support is critical, whether that be in supporting those with post-natal depression or in supporting women struggling with menopause. We need to see a shift in funding for mental health and more focus on talking therapies and peer support. Many women to whom I have spoken would like to see more peer support built in, particularly in relation to menopause support.

Finally, I highlight the improvements that we need to make, as Emma Roddick outlined, to trans and non-binary healthcare when we are designing services. Some non-binary and trans people bleed and they will require many of the services that we have spoken about today. We need to ensure that services are accessible to them and meet their needs as well. We need to end the years-long wait

for gender clinics and ensure that the health service recognises the needs of that often very marginalised community.

17:17

Jackie Baillie (Dumbarton) (Lab): I, too, congratulate Siobhian Brown and Evelyn Tweed on their first speeches in the chamber. I welcome the opportunity to close the debate for Scottish Labour. It has, indeed, been encouraging to hear contributions from all parties that point to areas in which members can work together and make early progress.

Carol Mochan was right to reference Monica Lennon's Period Products (Free Provision) (Scotland) Bill as groundbreaking. The SNP initially opposed the bill, but we welcome all converts. There is also unfinished business for mesh survivors, and I will turn to that later.

Claire Baker talked about the need for specialist menopause services and Martin Whitfield mentioned workplace strategies to support women experiencing menopause. He also spoke powerfully about stigma, as did Emma Roddick.

Equally, there is much to welcome in the minister's opening speech, and I very much look forward to working with her. However, we need more than just a women's health plan in the first 100 days of this Government. Women need to see action now.

Between 2015 and 2017, for the first time since modern records began, life expectancy dropped. That was on the SNP's watch. There is a 10-year gap between the life expectancy of women from the least and most deprived areas. Scottish women have the lowest life expectancy of all the UK countries. We need action on a catch-up plan for breast cancer and cervical cancer screening to clear the backlog and identify patients in need of treatment.

Recent minutes of the national cancer recovery group tell us that it does not know when the 36-month interval for breast cancer screening will be the norm. Can the minister tell us in her closing remarks when that will be? The group also notes that the self-referral process for women over 70 has been and remains paused. Can the minister tell us when that will resume? What about the persistent inequality that exists between poorer households and those in more affluent areas? What about the drop-off in screening rates and the consequent rise in cancer incidence in poorer areas? Those issues also need to be addressed.

Kenny Gibson rightly raised the need for action on endometriosis services and waiting times, and we need action on specialist services for women experiencing menopause. There is a significant

agenda here, and I look forward to working with the minister to improve services for women and, ultimately, to improve women's health.

However, I want to use my remaining time to talk about the Scottish Mesh Survivors campaign. The mesh scandal started when I was previously shadow health spokesperson. I met Elaine Holmes and Olive McIlroy, the founders of the Scottish Mesh Survivors group, more than five years ago. Progress has been glacial, despite the considerable efforts of those formidable women and of colleagues in the chamber, principally Jackson Carlaw, Alex Neil and Neil Findlay. The latter two have of course left the Parliament, so we need to make sure that the focus remains.

Hundreds, if not thousands, of women are suffering because they were injured by the use of mesh implants in their surgery. The extreme pain that many women have suffered was denied by clinicians and by the Scottish Government for far too long. The group has produced a charter of mesh care, which calls for the suspension of the use of mesh until there is a statutory ban, and for a mesh removal fund to pay the cost of mesh removal by a surgeon of the patient's choosing. That would also cover women who have been forced to pay for removal surgery that was simply not available in Scotland.

The minister will be aware that Dr Veronikis offered to help to remove mesh from Scottish women using a tissue-sparing technique, but it appears that his offer was blocked by the Scottish Government, as was subsequently confirmed by the Government's own mesh expert. That was bad enough, but there was a further scandal. Women who were operated on by Scottish surgeons were told that their mesh had been completely removed, but that simply was not true—the removal was only partial. We now have a Scottish centre of excellence for mesh removal, but is it removing all the mesh? We do not know. We do not even know whether there is further muscle or tissue damage. Will the minister therefore ensure that the situation is monitored and reported on?

The minister will be aware that women do not want the surgeons who remove the mesh to be the same ones who implanted it in them in the first place. Dr Veronikis has submitted a tender to carry out mesh removal. He did that three months ago, but nothing has been heard since then. The women simply cannot wait any longer. I genuinely hope that the minister agrees with me and agrees to take urgent action, not just for the mesh women but for all women in Scotland.

I again pledge to work with the minister in the interests of women, but there needs to be a greater sense of urgency about the challenges that women face, and the pace of change needs to be faster.

17:22

Sandesh Gulhane (Glasgow) (Con): I declare an interest, in that I am a practising doctor.

Healthcare inequality exists. In fact, it is rife in the health service and in society at large. That is never more true than with regards to gender. Women's health has long been an issue denied by, dictated by and decided by men. It might therefore seem perverse that I am standing here talking about it but, when I see the needs of my patients not being addressed, I am forced to speak up.

In talking about women, we need to be clear that that includes transgender patients. Trans men and non-binary individuals require access to many of our services, and they should be given in a sensitive and inclusive manner. If Scotland is your home, you are one of us.

The root of the problem is that health and care systems have been designed by men for men. In a lot of cases, white Caucasian men are the default patients, research models and target demographic. Sadly, since the inception of the system, very little has been done to alter the status quo to better represent our current society and values. Women's health has been marginalised and stigmatised with taboos. For example, there is the stigma of the human papillomavirus in cervical cancer screening. There is a lack of knowledge and teaching, and there are research inequalities.

Women also suffer when it comes to work. They bear the brunt of childcare and tend to have less job security. As Craig Hoy said, the gender pay gap also exists in the NHS. Therefore, we are already behind the curve when it comes to gender equality, as we are rowing against hundreds of years of unequal tides.

"But surely it's better today," I hear members say. Well, during the pandemic, female staff had significant trouble finding personal protective equipment that was fit for purpose because—you guessed it—the masks were designed to be fitted on men. That literally put women's lives at risk. That is simply not good enough.

Members should not be fooled into thinking that newer interventions are ironing out the inequality. The digital revolution in healthcare is in fact reinforcing existing stereotypes. Treatment algorithms that are currently used in primary care are sexist. A man who presents with chest pain requires accident and emergency assessment, as he could be experiencing a heart problem, but a woman who presents with chest pain is thought to be panicking or anxious. It is no coincidence that, historically, the Greek root of the term "hysteria" pertains to the uterus. Such ideas are so

inculcated that they have become woven into the very fabric of the language that we use.

We need to stop casual sexism creeping into our systems and, to do that, we need a bottom-up rethink. We need to change the way that we teach topics at medical school to include period health, fertility, menopause and endometriosis so that it better represents the practical health problems that women suffer.

Rachael Hamilton and Annie Wells talked about the distressing eight-and-a-half-year wait for an endometriosis diagnosis. In her maiden speech, Evelyn Tweed spoke eloquently about the misery, pain and cyclical nature of that horrible disease. I see all too much of it in my surgeries.

We need to equip young women with the tools and education that they need, including sex education that includes menstruation, pregnancy, contraception, female genital mutilation, termination, LGBTQ+ issues and, of course, healthy, respectful and empowered relationships.

Monica Lennon: Will the member take an intervention?

Sandesh Gulhane: I will if the Presiding Officer will give me some time back.

The Presiding Officer: Briefly, please, Ms Lennon.

Monica Lennon: At the previous session's cross-party group on women's health, we heard time and again that women are not believed, even when they are informed and feel empowered to raise issues with their GPs or clinicians. What would Sandesh Gulhane's advice be to GPs about the action that they can take to actively listen to what women tell them?

Sandesh Gulhane: New GPs go through a patient-centred, patient-focused training programme with the Royal College of General Practitioners. Patients are believed—we have to believe our patients, because that is at the root of the trust that we hold with our patients. My advice to women who feel that they are not being listened to is to keep going back until they get the help that they need.

Young women should receive sex education that includes menstruation, pregnancy, contraception, FGM, termination, LGBTQ+ issues and, of course, healthy, respectful and empowered relationships. If we deliver that to our youth, it will give them information and power, and it will enable girls to make decisions by choice, not by chance.

In March, I wrote an article for *Centric Magazine* in which I described how Covid has disproportionately affected women, as Maree Todd recognised. It has had an impact on their mental and physical health and their social

wellbeing. Women are also at an increased risk of getting long Covid.

As I declared earlier, I am a practising GP who also worked for almost a decade in hospital. Last week, the Cabinet Secretary for Health and Social Care explained how primary care and secondary care work, but I would like to point out that the situation on the ground is vastly different from what he sees from his top-down view. We need long Covid clinics that are better than those in England but which use England's best model as our basis.

Kenneth Gibson, Gillian Mackay and Claire Baker mentioned ischaemic heart disease, which in Scotland kills three times more women than breast cancer does. That has been recognised by the British Heart Foundation Scotland, which says that women with ischaemic heart disease are underaware, underdiagnosed, undertreated and undersupported.

Carol Mochan and Martin Whitfield spoke about the fact that the menopause is a taboo subject in workplaces, where women suffer physical and mental issues in silence. We need to be more open. I encourage affected women to go to their GP—we can help.

I congratulate Siobhian Brown on her maiden speech. As someone who worked in Ayr hospital, I agree on the beauty of Ayr.

In conclusion, there is much to be addressed with regard to women's health. There are many wrongs to be righted, and the inertia that resists change in healthcare systems can be exhausting at times. However, despite all those seemingly insurmountable barriers, to our sisters, mothers, friends and patients, and to my daughter, I would like to be able to say, "Nevertheless, we persisted."

17:30

Maree Todd: I am very grateful to colleagues for their contributions. Many issues have been raised in the debate; I will try to respond to all of them. First, however, I emphasise that my door is open and that I am keen to work on a cross-party basis on all the issues.

Well done to Evelyn Tweed and Siobhian Brown, who made their first speeches in the chamber during the debate. It was wonderful to hear from them; I am sure that there will be many more wonderful speeches from them.

A number of members said that women want action and not just warm words. Although the women's health plan is yet to be published, I thought that I would update members on a number of areas in which we have made progress in

implementing some early deliverables that relate to the plan.

Throughout the plan's development, women have consistently told us that they want information and support to enable them to make informed decisions about their health and healthcare. We have listened and have launched two women's health awareness campaigns on the NHS Inform website. The first relates to general health throughout the life course and the second is a specific women's heart-health campaign. As we have heard repeatedly throughout the afternoon, that specific area needs attention.

Women have also told us how important access to high-quality menopause support and care is. A menopause specialist network has been established and is meeting regularly online to provide consistent advice and peer support. The network supports primary care teams by providing access to a menopause specialist for consistent advice, support, onward referral, leadership and training.

On cervical cancer, I confirm to Rachael Hamilton that the television ad campaign on going for smear tests has resumed. Just yesterday, the Scottish Government lit up St Andrew's house because it is cervical cancer awareness week.

Carol Mochan will be aware that there has been a global pandemic. One of the toughest decisions that had to be made last year in the face of the pandemic was the decision to pause the bowel, breast, cervical, abdominal aortic aneurysm and diabetic eye screening programmes. The pause was implemented in order to reduce the risk of participants becoming infected with Covid-19, to enable physical distancing and to minimise the impact on essential NHS services as they responded to the virus.

However, I am pleased to say that the pause was short and we restarted the work in summer last year. The infection prevention and control measures and social distancing have undoubtedly limited capacity, but we have put extra money towards cervical screening. There has been an extra £1 million provided to support capacity in cervical screening, sample taking and colposcopy. There are also two additional breast screening mobile units, which have been added to the service to support the breast screening programme and to help it to recover. Further details will be in the remobilisation plan, which we have committed to producing within the first 100 days of the session, to say exactly how we will get back to where we were with all those programmes.

Also on cervical cancer, I note that Annie Wells raised the issue of health inequalities. As is the case in many other respects, women who experience poverty have poorer outcomes. One

thing that we are doing to tackle that is that we are running a working group to consider how self-sampling for cervical cancer can be introduced to the screening programme. That could help significantly in tackling inequalities. However, the United Kingdom National Screening Committee has not approved that yet, which is why we are developing evidence through the working group. I think that one of the Labour members raised the issue of contribution to research.

Many of us who have been here for some time have been aware of the challenges around mesh and how profoundly it has impacted on the women who have been affected. In our 2021 manifesto, the Scottish Government committed to pursue the outcomes that are sought in Scottish Mesh Survivors' charter. Use of transvaginal mesh was formally halted by NHS Scotland in September 2018 and we have committed to continue with its being halted. Substantial progress has been made on improving services for women with complications, as Jackie Baillie outlined. The new mesh removal service will be subject to continual improvement that will be informed by consultation of patients. I hope that that will go some way towards rebuilding the trust that has been shattered for those women.

I believe that a bill will be introduced in Parliament soon that will allow reimbursement to women who have previously sought private mesh removal.

We will pursue many of the requests that that group of women has made of us. I hope that that will help to provide closure for the women who have been most profoundly impacted.

Jackie Baillie: I welcome much of what the minister has to say, but Dr Veronikis submitted to the Government a tender to carry out mesh removal surgery three months ago and we have not heard anything yet. The women are desperate for that to happen. Can the minister advise whether progress will be made quickly?

Maree Todd: The short answer is yes. NHS Scotland has invited tenders to allow appropriately qualified surgeons to perform mesh removal for patients in Scotland who want it to take place outside the NHS. Surgery that is carried out through that process will be free to patients. A tendering process is in place, so we need to let it take its course. We are pursuing the matter.

Endometriosis affects about one in 10 women, as many members said. It is a very common illness—it is as common as diabetes and asthma—but it is rarely talked about. When women mention endometriosis, they often feel that they are not listened to and it is dismissed. It is still taboo, even in this day and age, to talk about menstruation and endometriosis.

I am glad to say that we are working closely with Endometriosis UK to improve the situation for those women. Endometriosis UK, Public Health Scotland and officials have been working together to analyse the data. We heard some anecdotal evidence about women's experiences, which is vital, but the data shows that there are blockages to treatment and support at primary care level. There is a real opportunity for us to address those blockages and to make improvements by implementing the National Institute for Health and Care Excellence guidelines and by improving mental health resources and education. Those opportunities are currently reflected in the women's health plan actions.

Rachael Hamilton: Has that gap analysis been published?

Maree Todd: I am not sure, but I will certainly update Rachael Hamilton. We are working very hard to produce the women's health plan; the information will be part of that. The data is certainly public, because we are working alongside Endometriosis UK and Public Health Scotland to tackle the situation, so I will be more than happy to share it with the member, at some point.

As I said, progress is under way on implementation of the NICE guidelines and on development of a pelvic pain pathway. That will support primary care to recognise the symptoms of endometriosis and to provide a timely and standardised referral care pathway for women who have suspected endometriosis.

With Endometriosis UK, we have recently updated the NHS Inform pages. NHS Inform is an excellent resource that has been even more widely accessed during the pandemic that it was before it. I hope that the updated pages will support women to recognise the signs and symptoms of endometriosis and to speak to their GPs.

A number of issues have been raised and covered during the debate. I do not think that we will achieve our ambition overnight, which is why much of our work around the women's health plan is about building a foundation for change, building consensus and striving for long-term change. This is our opportunity to address women's systemic inequalities and to build a fairer future, in which health outcomes are equitable across the whole population of Scotland, so that women enjoy the best possible health throughout their lives.

Put simply, now is the time to act for the women of Scotland. Let us work together to be world leaders in women's health.

Business Motion

17:39

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-00395, in the name of George Adam, on behalf of the Parliamentary Bureau, on suspension of standing orders.

Motion moved,

That the Parliament agrees that—

(a) for the purposes of consideration of the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 24) Regulations 2021 (SSI 2021/211) and the Health Protection (Coronavirus) (International Travel) (Scotland) Amendment (No. 11) Regulations 2021 (SSI 2021/212) rules 10.1.3(a) and 10.3.3 of Standing Orders be suspended;

(b) the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 24) Regulations 2021 (SSI 2021/211) and the Health Protection (Coronavirus) (International Travel) (Scotland) Amendment (No. 11) Regulations 2021 (SSI 2021/212) be considered by the Parliament; and

(c) for the purposes of consideration of the Meat Preparations (Import Conditions) (Scotland) Amendment Regulations 2021 (SSI 2021/161), the Milk and Healthy Snack Scheme (Scotland) Amendment Regulations 2021 (SSI 206/2021), the UEFA European Championship (Scotland) Act 2020 (Championship Period and Transitory Provision etc.) Regulations 2021 (SSI 2021/207), the Education (Scotland) Act 1980 (Modification) Regulations 2021 (SSI 2021/210), the Coronavirus (Scotland) Act 2020 (Early Expiry of Provisions) Regulations 2021 (SSI 2021/214), the Sexual Offences Act 2003 (Prescribed Police Stations) (Scotland) Amendment Regulations 2021 (SSI 2021/220), the Welfare Foods (Best Start Foods) (Scotland) Amendment Regulations 2021 (SSI 2021/221), the Homeless Persons (Unsuitable Accommodation) (Scotland) (Modification and Revocation) (Coronavirus) Amendment Order 2021 (SSI 2021/222), Act of Sederunt (Fees of Messengers-at-Arms and Sheriff Officers) (Amendment) 2021 (SSI 2021/225), the Scottish Parliament Elections (Returning Officer Fees and Charges) Regulations 2021 (SSI 2021/155), the Specified Diseases (Notification and Slaughter) Amendment (Scotland) Order 2021 (SSI 2021/160) and the Elections (Returning Officer Fees and Charges) Amendment Regulations 2021 (SSI 2021/165), Rule 10.3.2 of Standing Orders be suspended.—[George Adam]

Motion agreed to.

Parliamentary Bureau Motions

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of three Parliamentary Bureau motions. I ask George Adam, on behalf of the Parliamentary Bureau, to speak to and move motion S6M-00392, on temporary rule changes, and to move motions S6M-00393, on establishment of committees, and S6M-00394, on committee remits.

17:40

The Minister for Parliamentary Business (George Adam):

Motion S6M-00392 sets out a temporary change to standing orders in respect of the remit of the mandatory Europe and External Relations Committee. The remit set out in rule 6.8 of standing orders for that committee refers to matters that are no longer accurate following the United Kingdom's departure from the European Union. The motion before the Parliament today sets out an alternative remit and name for that committee: the Constitution, Europe, External Affairs and Culture Committee.

Once committees are established, it will be a matter for the Standards, Procedures and Public Appointments Committee to consider and make a recommendation to the Parliament on a permanent change to the remit of that committee. The temporary rule will therefore apply until either 31 December 2021, or until the Parliament takes a decision on a permanent amendment, whichever is earlier.

For clarity, members may wish to note that the temporary rule change will take effect immediately after it is agreed to by the Parliament. The name and remit that are set out in the temporary rule are therefore reflected in motion S6M-00393 on the establishment of committees, which the Parliament will also be asked to agree to today.

I move,

That the Parliament agrees, with effect from 15 June 2021, the following temporary rule under rule 17.1A—

Temporary Rule 4: Change to Mandatory Committee Remit and Name

1. This rule applies to the committee mentioned in Rule 6.8. It ceases to apply when the Parliament has taken a decision to amend rule 6.8 in accordance with Rule 17.1 or on 31 December 2021, whichever is the earlier.

2. Where provisions contained in this temporary rule are in conflict with other standing order provisions, those in the temporary rule have precedence.

Constitution, Europe, External Affairs and Culture Committee

3. There shall be a committee, the remit of which is to consider and report on the following (and any additional matter added under Rule 6.1.5A)—

(a) the Scottish Government's EU and external affairs policy;

(b) policy in relation to the UK's exit from the EU;

(c) the international activities of the Scottish Administration, including international development;

and

(d) any other matter falling within the responsibility of the Cabinet Secretary for the Constitution, External Affairs and Culture and any matter relating to inter-governmental relations within the responsibility of the Deputy First Minister.

That the Parliament shall establish committees of the Parliament as follows—

Name of Committee: Standards, Procedures and Public Appointments Committee

Remit: Set out in Rule 6.4

Number of members: 5

Convenership: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Finance Committee

Remit: Set out in Rule 6.6

Number of members: 7

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Labour Party.

Name of Committee: Public Audit Committee

Remit: Set out in Rule 6.7

Number of members: 5

Convenership: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Constitution, Europe, External Affairs and Culture Committee

Remit: Set out in Temporary Rule 4

Number of members: 7

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Equalities and Human Rights Committee

Remit: Set out in Rule 6.9

Number of members: 7

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Green Party.

Duration: For the whole session of the Parliament

Name of Committee: Public Petitions Committee

Remit: Set out in Rule 6.10

Number of members: 5

Convenership: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Delegated Powers and Law Reform Committee

Remit: Set out in Rule 6.11

Number of members: 5

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: COVID-19 Recovery Committee

Remit: To consider and report on matters relating to COVID-19 falling within the responsibility of the Cabinet Secretary for COVID Recovery and other Scottish Ministers where relevant, including—

(a) Cross government coordination of COVID-19 recovery policies and strategic review;

(b) the operation of powers under the Coronavirus (Scotland) Act, the Coronavirus Act and any other legislation in relation to the response to COVID-19;

(c) any secondary legislation arising from the Coronavirus (Scotland) Act; and

(d) and any other legislation or policy in relation to the response to COVID-19.

Number of members: 6

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Health, Social Care and Sport Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Social Care and matters relating to drugs policy

Number of members: 10

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Labour Party.

Duration: For the whole session of the Parliament

Name of Committee: Education, Children and Young People Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Education and Skills and matters relating to the Historical Abuse Inquiry within the responsibility of the Deputy First Minister

Number of members: 10

Convenership: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Net Zero, Energy and Transport Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Net Zero, Energy and Transport

Number of members: 7

Convenership: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Criminal Justice Committee

Remit: To consider and report on matters relating to criminal justice falling within the responsibility of the Cabinet Secretary for Justice and Veterans, and functions of the Lord Advocate other than as head of the systems of criminal prosecution and investigation of deaths in Scotland

Number of members: 8

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Social Justice and Social Security Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Social Justice, Housing and Local Government, excluding matters relating to local government, housing and planning.

Number of members: 8

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Local Government, Housing and Planning Committee

Remit: To consider and report on matters relating to local government, housing and planning falling within the responsibility of the Cabinet Secretary for Social Justice, Housing and Local Government and the Cabinet Secretary for Finance and the Economy, and matters relating to the Local Government Boundary Commission and local governance review and democratic renewal within the responsibility of the Deputy First Minister.

Number of members: 7

Convenership: The Convener will be a member of the Scottish Green Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Rural Affairs, Islands and Natural Environment Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Rural Affairs and Islands.

Number of members: 9

Convenership: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish Liberal Democrats.

Duration: For the whole session of the Parliament

Name of Committee: Economy and Fair Work Committee

Remit: To consider and report on matters relating to the economy falling within the responsibility of the Cabinet Secretary for Finance and the Economy

Number of members: 9

Convenership: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish National Party

Duration: For the whole session of the Parliament.

That the Parliament agrees, under Rule 6.1, that the names and remits of the following mandatory committees be amended—

Name of Committee: Finance Committee

New name: Finance and Public Administration Committee

Remit: To the remit set out in Rule 6.6 shall be added—

Matters relating to public service reform and the National Performance Framework within the responsibilities of the Deputy First Minister and public administration

Name of Committee: Equalities and Human Rights Committee

New name: Equalities, Human Rights and Civil Justice Committee

Remit: To the remit set out in Rule 6.9 shall be added—

Matters relating to civil justice within the responsibility of the Cabinet Secretary for Justice and Veterans

Name of Committee: Public Petitions Committee

New name: Citizen Participation and Public Petitions Committee

Remit: To the remit set out in Rule 6.10 shall be added—

To consider and report on public policy or undertake post-legislative scrutiny through the use of deliberative democracy, Citizen's Assemblies or other forms of participative engagement

Name of Committee: Standards, Procedures and Public Appointments Committee

Remit: To the remit set out in Rule 6.4 shall be added—

Matters relating to local government elections, Scottish general elections, implementation of the Referendums (Scotland Act) 2020 and Freedom of Information and open government falling within the responsibility of the Minister for Parliamentary Business—[George Adam.]

The Presiding Officer: The questions on the motions will be put at decision time.

Decision Time

17:42

The Presiding Officer (Alison Johnstone):

There are four questions to be put as a result of today's business. The first is that amendment S6M-00369.1, in the name of Annie Wells, which seeks to amend motion S6M-00369, in the name of Maree Todd, on women's health, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division. There will be a short suspension to allow members to access the digital voting system.

17:42

Meeting suspended.

17:47

On resuming—

The Presiding Officer: Members should cast their votes now on amendment S6M-00369.1, in the name of Annie Wells.

The vote is closed.

For

Balfour, Jeremy (Lothian) (Con)
 Briggs, Miles (Lothian) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Golden, Maurice (North East Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Greene, Jamie (West Scotland) (Con)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lumsden, Douglas (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
 Adam, Karen (Banffshire and Buchan Coast) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Brown, Siobhian (Ayr) (SNP)
 Burgess, Ariane (Highlands and Islands) (Green)
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)
 Chapman, Maggie (North East Scotland) (Green)
 Choudhury, Foysol (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Natalie (Renfrewshire North and West) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Dunbar, Jackie (Aberdeen Donside) (SNP)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (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)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Griffin, Mark (Central Scotland) (Lab)
 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)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lochhead, Richard (Moray) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Gillian (Central Scotland) (Green)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Marra, Michael (North East Scotland) (Lab)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 McNeill, Pauline (Glasgow) (Lab)
 Minto, Jenni (Argyll and Bute) (SNP)
 Mochan, Carol (South Scotland) (Lab)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)

O'Kane, Paul (West Scotland) (Lab)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Slater, Lorna (Lothian) (Green)
 Smyth, Colin (South Scotland) (Lab)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sweeney, Paul (Glasgow) (Lab)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Villalba, Mercedes (North East Scotland) (Lab)
 Whitfield, Martin (South Scotland) (Lab)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on amendment S6M-00369.1, in the name of Annie Wells, is: For 33, Against 90, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that amendment S6M-00369.4, in the name of Carol Mochan, which seeks to amend motion S6M-00369, in the name of Maree Todd, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S6M-00369, in the name of Maree Todd, on women's health, as amended, be agreed to.

Motion, as amended, agreed to.

That the Parliament welcomes that the Scottish Government will publish a Women's Health Plan within the first 100 days of the current parliamentary session; notes that the plan will seek to improve support and services for the health and wellbeing needs of women and girls at every stage of their lives; believes that it is vital that health and care services for menopause, endometriosis and heart healthcare need to substantially improve; recognises that the causes of many healthcare issues facing women and girls are rooted in health and income inequalities, and that actions to address these are needed alongside the enhancement of services, and believes that, if a broad consensus on women's health can be realised, Scotland has the opportunity to become a global leader in this field; acknowledges that, historically, the health concerns of women have been too easily ignored or dismissed; deeply regrets the life-changing damage to women as the result of transvaginal mesh surgery; commends the Scottish Mesh Survivors group, which has determinedly fought to raise awareness of the dangers of mesh and prevent further women being injured by its use, and supports the asks of its Charter for Mesh Care, which is calling for funding to be immediately made available to cover the costs of mesh removal for women having to undergo private surgery.

The Presiding Officer: I propose to ask a single question on three Parliamentary Bureau motions, unless any member objects.

As no member has objected, the final question is, that motions S6M-00392, S6M-00393 and S6M-00394, in the name of George Adam, be agreed to.

Motions agreed to.

That the Parliament agrees, with effect from 15 June 2021, the following temporary rule under rule 17.1A—

Temporary Rule 4: Change to Mandatory Committee Remit and Name

1. This rule applies to the committee mentioned in Rule 6.8. It ceases to apply when the Parliament has taken a decision to amend rule 6.8 in accordance with Rule 17.1 or on 31 December 2021, whichever is the earlier.

2. Where provisions contained in this temporary rule are in conflict with other standing order provisions, those in the temporary rule have precedence.

Constitution, Europe, External Affairs and Culture Committee

3. There shall be a committee, the remit of which is to consider and report on the following (and any additional matter added under Rule 6.1.5A)—

(a) the Scottish Government's EU and external affairs policy;

(b) policy in relation to the UK's exit from the EU;

(c) the international activities of the Scottish Administration, including international development;

and

(d) any other matter falling within the responsibility of the Cabinet Secretary for the Constitution, External Affairs and Culture and any matter relating to inter-governmental relations within the responsibility of the Deputy First Minister.

That the Parliament shall establish committees of the Parliament as follows—

Name of Committee: Standards, Procedures and Public Appointments Committee

Remit: Set out in Rule 6.4

Number of members:5

Convenership: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Finance Committee

Remit: Set out in Rule 6.6

Number of members: 7

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Labour Party.

Name of Committee: Public Audit Committee

Remit: Set out in Rule 6.7

Number of members: 5

Convener: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Constitution, Europe, External Affairs and Culture Committee

Remit: Set out in Temporary Rule 4

Number of members: 7

Convener: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Equalities and Human Rights Committee

Remit: Set out in Rule 6.9

Number of members: 7

Convener: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Green Party.

Duration: For the whole session of the Parliament

Name of Committee: Public Petitions Committee

Remit: Set out in Rule 6.10

Number of members: 5

Convener: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Delegated Powers and Law Reform Committee

Remit: Set out in Rule 6.11

Number of members: 5

Convener: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: COVID-19 Recovery Committee

Remit: To consider and report on matters relating to COVID-19 falling within the responsibility of the Cabinet Secretary for COVID Recovery and other Scottish Ministers where relevant, including—

(a) Cross government coordination of COVID-19 recovery policies and strategic review;

(b) the operation of powers under the Coronavirus (Scotland) Act, the Coronavirus Act and any other legislation in relation to the response to COVID-19;

(c) any secondary legislation arising from the Coronavirus (Scotland) Act; and

(d) and any other legislation or policy in relation to the response to COVID-19.

Number of members: 6

Convener: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Health, Social Care and Sport Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Health and Social Care and matters relating to drugs policy

Number of members: 10

Convener: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Labour Party.

Duration: For the whole session of the Parliament

Name of Committee: Education, Children and Young People Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Education and Skills and matters relating to the Historical Abuse Inquiry within the responsibility of the Deputy First Minister

Number of members: 10

Convener: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Net Zero, Energy and Transport Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Net Zero, Energy and Transport

Number of members: 7

Convener: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Criminal Justice Committee

Remit: To consider and report on matters relating to criminal justice falling within the responsibility of the Cabinet Secretary for Justice and Veterans, and functions of the Lord Advocate other than as head of the systems of criminal prosecution and investigation of deaths in Scotland

Number of members: 8

Convener: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish Conservative and Unionist Party.

Duration: For the whole session of the Parliament

Name of Committee: Social Justice and Social Security Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Social Justice, Housing and Local Government, excluding matters relating to local government, housing and planning.

Number of members: 8

Convenership: The Convener will be a member of the Scottish National Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Local Government, Housing and Planning Committee

Remit: To consider and report on matters relating to local government, housing and planning falling within the responsibility of the Cabinet Secretary for Social Justice, Housing and Local Government and the Cabinet Secretary for Finance and the Economy, and matters relating to the Local Government Boundary Commission and local governance review and democratic renewal within the responsibility of the Deputy First Minister.

Number of members: 7

Convenership: The Convener will be a member of the Scottish Green Party and the Deputy Convener will be a member of the Scottish National Party.

Duration: For the whole session of the Parliament

Name of Committee: Rural Affairs, Islands and Natural Environment Committee

Remit: To consider and report on matters falling within the responsibility of the Cabinet Secretary for Rural Affairs and Islands.

Number of members: 9

Convenership: The Convener will be a member of the Scottish Conservative and Unionist Party and the Deputy Convener will be a member of the Scottish Liberal Democrats.

Duration: For the whole session of the Parliament

Name of Committee: Economy and Fair Work Committee

Remit: To consider and report on matters relating to the economy falling within the responsibility of the Cabinet Secretary for Finance and the Economy

Number of members: 9

Convenership: The Convener will be a member of the Scottish Labour Party and the Deputy Convener will be a member of the Scottish National Party

Duration: For the whole session of the Parliament.

That the Parliament agrees, under Rule 6.1, that the names and remits of the following mandatory committees be amended—

Name of Committee: Finance Committee

New name: Finance and Public Administration Committee

Remit: To the remit set out in Rule 6.6 shall be added—

Matters relating to public service reform and the National Performance Framework within the responsibilities of the Deputy First Minister and public administration

Name of Committee: Equalities and Human Rights Committee

New name: Equalities, Human Rights and Civil Justice Committee

Remit: To the remit set out in Rule 6.9 shall be added—

Matters relating to civil justice within the responsibility of the Cabinet Secretary for Justice and Veterans

Name of Committee: Public Petitions Committee

New name: Citizen Participation and Public Petitions Committee

Remit: To the remit set out in Rule 6.10 shall be added—

To consider and report on public policy or undertake post-legislative scrutiny through the use of deliberative democracy, Citizen's Assemblies or other forms of participative engagement

Name of Committee: Standards, Procedures and Public Appointments Committee

Remit: To the remit set out in Rule 6.4 shall be added—

Matters relating to local government elections, Scottish general elections, implementation of the Referendums (Scotland Act) 2020 and Freedom of Information and open government falling within the responsibility of the Minister for Parliamentary Business

The Presiding Officer: That concludes decision time.

Dr Gray's Maternity Unit

The Deputy Presiding Officer (Annabelle Ewing): I remind members that social distancing measures are in place in the chamber and across the Holyrood campus. I ask members to take care to observe the measures, including when they enter and exit the chamber.

The final item of business today is a members' business debate on motion S6M-00251, in the name of Douglas Ross, on the campaign to restore the consultant-led maternity unit at Dr Gray's hospital, in Elgin. The debate will be concluded without any question being put.

Motion debated,

That the Parliament understands with concern that, following a decision in July 2018 to downgrade the consultant-led maternity unit at Dr Gray's in Elgin, many local expectant mums have to travel out of Moray to give birth; praises the efforts of midwives and all the staff who provide an outstanding service for those who can give birth there, but believes that too many women are made to travel outwith Moray to give birth; understands that the Scottish Government has commissioned an independent review of maternity services at Dr Gray's to consider how best to restore the consultant-led service; commends the Keep MUM group and the local campaigners who are fighting hard to have the service restored; understands that the community was originally told that the downgrade would be temporary for up to a year, but notes that, almost three years on, the service has still not been restored, and notes the calls on the Scottish Government and NHS Grampian to urgently seek a resolution to this issue and to provide families in Moray with the locally-based maternity services that they deserve.

17:52

Douglas Ross (Highlands and Islands) (Con): Thank you, deputy returning officer—sorry, Presiding Officer. The election seems far away now.

I declare an interest: my wife is due to have our second child a week from today, and all being well, we will have our second child—as we did our first child, Alistair—at Dr Gray's maternity unit in Elgin. Presiding Officer, I hope that I have your permission to keep an eye on my phone, in case I get an urgent message that I should travel back to Moray.

The Deputy Presiding Officer: Please keep us all advised, Mr Ross.

Douglas Ross: I want to give some background to explain how we got into the situation about which I lodged the motion. In July 2018, NHS Grampian announced a temporary downgrading of the maternity unit at Dr Gray's. The period was to be for up to a year—I remember that clearly, because the day when I got a phone call from Alasdair Pattinson, the general manager at Dr Gray's, was the day when we found out that we

were expecting our first child. I knew that, if the downgrading lasted for a full year, our first child might not be born at Dr Gray's and might be one of a cohort of babies who could not be born in our local hospital.

Almost three years on, as we await the birth of our second child, the temporary downgrade is still in place. It is unacceptable for families and expectant mums across Moray that such uncertainty has been hanging over the issue for so long.

As I said in the *Press and Journal* today, where I put forward my views ahead of the debate, there is anxiety, not just for the mums who are told that they cannot give birth in Elgin and must travel outwith Moray to Aberdeen, Inverness or further afield, but for the mums who are on a green pathway. My wife, Krystle, has spoken of her concerns about going for a check-up with her midwife or doctor and being told, "Actually, you need to go to Aberdeen or Inverness." Even the women who are on the more positive, green pathway and are expected to give birth in Elgin are worried about the possibility of having to travel further afield.

It is important to put the issue in context and to look at the numbers that we are talking about. Last night, I was grateful to have a discussion with Kirsty Watson and Marj Adams, from the Keep MUM—the maternity unit for Moray—campaign, which has made sterling efforts to restore the consultant-led maternity unit at Dr Gray's. We went over some of the figures, and I think that it would be useful for members to hear them.

Between 2010 and 2017, which was the last full year of a fully consultant-led maternity unit, the average number of births at Dr Gray's in Elgin was 1,052. In 2010, the average number was 1,097; in 2011, it was 1,100; in 2012, it was 1,072; in 2013, it was 1,029; in 2014, it was 1,073; in 2015, it was 1,050; and, in 2016, it was 1,036. In 2017, there were 959 births in Elgin, in our consultant-led maternity unit, under the great care of our outstanding midwives and staff, who continue to do terrific work day in, day out.

In 2020, the most recent full year for which we have figures, the number of births in Elgin was 178. Fewer than 20 per cent of Moray mums gave birth in Moray. Of the rest, 714 went to Aberdeen, 16 went to Raigmore and 13 were home births. The figures tell the story of so many mums having to travel outwith Moray.

That brings up many concerns. What happens during the couple of hours' drive from Elgin to Aberdeen if something goes wrong when a mum is in labour? What happens to the family who are left at home worrying about a mum giving birth on their way through to Aberdeen? It creates more

problems and difficulties for families with younger children. At the moment, we live five or six minutes away from Dr Gray's. If Krystle has to give birth in Aberdeen, we are two-and-a-half hours away, and we have to worry about childcare for our two-and-a-bit-year-old son.

NHS Grampian has not properly addressed those issues, and I hope that we hear from the cabinet secretary about what will be done to ensure that the health board responds far more positively. NHS Grampian's response has been dismal. I note that it submitted a briefing for today's debate. I have to say that it is extremely disappointing. It consists of the fact that a debate is being held, a copied and pasted quote from the chief executive of NHS Grampian about the independent review, and a little bit about the pandemic response and additional use of ward 3. It is a page and a half from NHS Grampian that says nothing about what it has put women in Moray through for the past three years, nothing about what it has done to restore the consultant-led unit, and nothing about what it is doing now to engage positively with the campaigners, who are concerned that the health board has not listened to them, because they have not had a response from the chief executive and others to their serious concerns. The Keep MUM Facebook page contains a number of harrowing tales from mums following their birth experiences outwith Moray, and the health board is basically ignoring those. I would like the cabinet secretary to respond to those concerns in his summing up.

An independent review is under way. I welcome that and look forward to its findings. The Keep MUM campaigners whom I spoke to last night have certainly been impressed by the engagement from that group and Ralph Roberts. I hope that the review leads to a positive outcome.

We are, however, still in a situation in which, three years on, we have a continuing temporary downgrade, with no sign of it coming to an end.

Richard Lochhead (Moray) (SNP): I congratulate the member on securing such an important debate. One thing that we have in common is our personal experience of the maternity unit, given the fact that my younger son was born there with consultant intervention. That would not have been possible if there had not been a consultant-led unit there at the time.

The member has highlighted many important issues, but does he also agree that there is an important issue here for the local economy? If we want young families to live and work in the area, they will have a much greater degree of confidence if the service is restored sooner rather than later.

Douglas Ross: I absolutely agree with Richard Lochhead. There are not many campaigns that unite us, but we were united on the Plainstones in Elgin three years ago when the announcement was first made. As the local MP, I have campaigned hard for the restoration of the service, as has Richard Lochhead, as the local MSP. That shows that this is not a party-political issue. It was not a party-political issue years ago during the original campaign to have a consultant-led maternity unit. Margaret Ewing, who was the Scottish National Party MSP at the time, led the charge locally and worked with Michael Forsyth, who was the Conservative minister, to ensure that we had a consultant-led unit. We are all working again to restore the unit, because it is vital.

We have outstanding staff at Dr Gray's. They want to help expectant mums. They will do that with the limited numbers of Moray mothers—fewer than 20 per cent—who give birth in Elgin at the moment, but many more Moray families should be able to experience that excellent care.

I hope that the cabinet secretary will give us an update on the independent review in his summing up, and that he will say how that will be outlined to the campaigners, NHS Grampian and others? Will key milestones be announced? Will there be timescales by which those milestones should be reached, to ensure that the service is restored? The review will also look at the progress that NHS Grampian has made to date in restoring consultant-led services in Elgin, following a request by the previous health secretary. If the review finds that no, or not enough, progress has been made, what action will be taken against NHS Grampian?

Expectant mums in Moray are worried about where they will deliver their children. I hope that the cabinet secretary and the Government will tell them tonight when there will once again be a consultant-led maternity unit at Dr Gray's.

The Deputy Presiding Officer: I call Karen Adam, who is making her first speech in Parliament.

18:01

Karen Adam (Banffshire and Buchan Coast) (SNP): Deputy Presiding Officer, as this is my first opportunity to do so, I welcome you to your new role and wish you well in this session of Parliament.

Coming into the Parliament as a newly elected member may have left me feeling a bit like a cat without whiskers, still navigating my way around the building and the procedures, but I knew as soon as the Keep MUM campaign was highlighted to me that I wanted to get stuck straight into supporting and helping the campaigners in any

way that I could. They are a hardworking and determined group who want the best, and rightly so. I thank them for their communication and engagement with me.

I have given birth in various circumstances, some of which were high risk. That risk was exaggerated by living rurally and travelling many miles to Aberdeen to give birth in emergency circumstances that almost resulted in a fatal outcome. As members can imagine, I have a great deal of not only empathy but understanding for the women in my constituency and the Keep MUM campaign, who have reached out with their experiences in order to prevent any further distress.

The year is 2021: we should acknowledge that bringing human beings into the world—*[Interruption.]* I am sorry; my legs are shaking. Can I sit down?

The Deputy Presiding Officer: Take a wee minute and then resume your speech.

Karen Adam: I will be fine in a second.

The Deputy Presiding Officer: You need to stand.

Karen Adam: I want to get this right.

The Deputy Presiding Officer: Can you rise again, take a deep breath and continue?

Karen Adam: I am fine, Presiding Officer. Thank you. I want to get this right.

The Deputy Presiding Officer: I think that, unless there is some reason why you cannot stand, you must get to your feet again, please.

Karen Adam: Too often, women's health is not prioritised, as we often just get on and do not make a fuss. After all, as some have said, babies have been born every day since the dawn of time. Thankfully, attitudes have changed and we now know and understand the importance of how and where a child is born and of how that can impact on the physical and mental health of not only the mother but the child. If we truly want to give children in Scotland the best start in life, we must ensure that we start with the care and attention that is received during pregnancy and the moment of arrival at birth. That is the very start.

I want the best start in life for my constituents. I am humbled and honoured to represent my Banffshire and Buchan Coast constituency. It is a rural constituency that is rich in beauty, culture and history. Fishing is the main source of that history and culture, and it is an industry to which I will give a high level of attention during this session.

Speaking of my constituency, I pay tribute to Stewart Stevenson, who represented the area for

20 years. He was a long-standing member who is highly regarded and fondly thought of. Presiding Officer, I ask that you be somewhat forgiving with me, as this is my first speech. I promised that I would ensure a nod to Stewart, and I could think of no better way of doing that than to bring a pop of eccentricity to the chamber today by wearing these rainbow braces. I also take the opportunity to honour pride month.

The stunning Banffshire and Buchan Coast constituency, which attracts tourists from around the globe, is rich in natural resources and in people who are not only proud of their home but extremely resilient and resourceful. The irony is that my constituency also contains nearly 50 per cent of the universal credit claimant list for the whole of Aberdeenshire and has among the highest levels of child poverty in the shire. The north-east of Scotland has been the area that has been and will be hardest hit as a result of Brexit and latterly, of course, the pandemic. We should not be adding more pain and suffering to the people at this time.

I am sorry, but my legs shake. It is a physical condition.

The Deputy Presiding Officer: Please just continue seated.

Karen Adam: I feel fine. It is just my legs. I will take a second until it settles. It will go again.

I hear from my constituents a genuine concern that not everyone will reap the benefits when the economy of the north-east improves, but I know that the Government will ensure that that does not happen. That can be addressed, in part, by reflecting more broadly on the opportunities for discussions on how to revitalise humanely the affected communities. I am asking my constituents what they and their families want or imagine for their future living, working and thriving in the communities that they love, not just for now but for future generations. As a new MSP, I ask myself how I can improve their representation on what matters to them and what lessons are to be learned to prevent uneven developments in moving forward. If we do not invest the time to reflect on any of that, we will have missed the point entirely.

Inequalities—gender inequalities, for example, which we are debating today—must be a part of those plans. I am ready and willing to work, debate and discuss matters on a cross-party basis, as we are doing today, to ensure the best possible outcomes for not only my constituents but people across Scotland.

I welcome my colleague Humza Yousaf to his new role as Cabinet Secretary for Health and Social Care, and I thank him for his attention to the issue. I am sure that we will be in communication

to do all that we can to support those services. I also thank his predecessor, Jeane Freeman, for her long-standing support and work to bring a vital consultant-led service to Dr Gray's. That is not just something on a wish list; it is part of the plan for a Scotland in which our people can thrive and have the best immediate start in life. *[Applause.]*

The Deputy Presiding Officer: Thank you, Ms Adam. Well done.

18:07

Edward Mountain (Highlands and Islands) (Con): I thank my colleague Douglas Ross for securing this members' business debate and for all the work that he is doing standing up for mothers in Moray. I also welcome the support that Richard Lochhead is giving, and I commend the campaigning efforts of the Keep MUM group, which has worked tirelessly to ensure that the local maternity services are restored. The group's efforts have not been in vain, but they have been frustrated by the SNP Government.

As we have heard, when maternity services were initially downgraded, families were told that that would be only a temporary solution. It was to be for only a year. Three years on, we have seen little progress. I know that expectant mums from Moray are still being forced to travel unacceptable distances to give birth in either Aberdeen or Inverness. Instead of resolving the issue, the Government has launched an independent review to consider how the consultant-led service could be reinstated. That is laudable, but we need results. The people of Moray deserve much more than a review; they deserve urgent action to restore their local maternity services. That is what families in Moray want. I welcome the work of Richard Lochhead and Douglas Ross.

The shocking figures on the decreases in the numbers of babies delivered in Dr Gray's that Douglas Ross quoted were entirely predictable. The Government refused to deliver maternity services to Caithness, which means that expectant mothers in labour have had to face the prospect of being transported for two hours in the back of an ambulance to reach a centralised urban hospital. How can that be acceptable?

As we all know, pregnancy is already an anxious and stressful time. I do not believe that sending expectant mothers on long journeys, if the roads to Raigmore hospital or to Aberdeen are open, safeguards their wellbeing.

As much as the Government would like to sweep the issue in Caithness under the carpet, it is not going away. The downgrading of maternity services means that more than 90 per cent of expectant mums in Caithness are travelling down to Raigmore. Only 15 out of 160 births happen in

the locality. More concerning, inductions have become more commonplace. Just over half Caithness mums are induced for birth in Raigmore hospital. That is far from ideal. The overall impact is that many women in Caithness are apprehensive about starting a family, as are women in Moray. That will not change until there is more use of recovery teams in Caithness or the full deployment of specialist teams to maternity units that are struggling to recruit staff.

That is why Moray needs a consultant-led team.

Our Highland communities do not want the centralisation of more and more services in Inverness and Aberdeen. Families in Caithness and Moray want a Government that protects local services. It is time to restore services fully, so that mothers can give birth locally. We need to cement the fabric of communities by giving the people who want to be part of those communities confidence that they can get care locally. That is what mums need to expect as they start their families, but it will not happen if they have to travel miles to give birth—that is centralisation.

Centralisation is not what we want for our health services in Scotland, of which we are so proud when they deliver care and are run locally.

18:11

Rhoda Grant (Highlands and Islands) (Lab): I congratulate Douglas Ross on securing the debate, and I congratulate Karen Adam on making her first speech in the Parliament.

The birth of a child should be a joyous occasion, with the mother surrounded by her partner and family. It is not an illness; it is a life event that requires to be cherished. That is why giving birth in the setting that the mother desires, with access to family, is crucial.

We all know that things can go wrong and that intervention can be required to save both mother and child. Having obstetricians and paediatricians on hand to intervene at short notice gives confidence to parents and to midwives.

That should be the case in Dr Gray's hospital in Elgin. Indeed, it was the case until staffing shortages forced what was supposed to be a temporary change. Unfortunately, three years later, the change appears to be permanent.

As other members said, Dr Gray's is not the only hospital in such a situation. The service is no longer available at the Caithness general either, and there appears to be no will on the part of NHS Highland to look again at the matter.

The issue is the lack of paediatricians. When the situation in Caithness was assessed, it was suggested that obstetric support alone might lead

to a delay in transfer in an emergency, which would mean that a baby who was born in difficult circumstances would not have paediatric support. The lack of both sets of professionals is forcing women in labour who get into difficulty to be transferred by ambulance while they are in labour. Many women in that situation have given birth in even more dangerous circumstances. The case of the twins who were born in two different counties illustrates that; only the quick thinking and dedication of staff saved the day.

The alternative is inductions and elective caesarean sections, which are not without risk. There has been a marked increase in those procedures. Risk assessments are needed in relation to the increase in caesarean sections and the risks of travel while in labour, especially on poor roads in wintry conditions.

The Scottish Government must carry the responsibility for the situation. It has failed to train sufficient staff to enable women to give birth closer to home. It needs to turn the situation around and ensure that medics are trained—and, more important, trained in a rural setting.

In the interim, the Government needs to consider how to get specialists to the mother and baby, rather than expecting a mother in labour to travel to services. It needs to enable ScotSTAR—the Scottish specialist transport and retrieval service, which provides emergency stabilisation and retrieval—to consider how it can extend the service to obstetric and associated paediatric support.

It is a huge disappointment that the service at Dr Gray's has not been reinstated, and we need to see more tangible action now. I pay tribute to the Keep MUM group, which has led the campaign to restore the service. I wish the group well and offer my support to its campaign until we get the services reinstated at Dr Gray's.

18:15

Emma Harper (South Scotland) (SNP): I welcome the opportunity to speak in the debate, and I thank Douglas Ross for bringing it to the chamber today. I also acknowledge that Richard Lochhead, who is the constituency MSP for Elgin, has been very active on the matter, and it is good to see cross-party working on the issue.

I will focus my remarks on the Scottish Government's review of maternity services at Dr Gray's hospital, and on similar issues presented by rurality that are experienced by women across Dumfries and Galloway in my South Scotland region, particularly in Stranraer and Wigtownshire.

I agree with the motion that the decision to downgrade maternity services in Elgin, albeit on

clinical safety grounds, has caused serious concern for many women and families across the area. Douglas Ross mentioned travel distances for mums who are on a green pathway, but for many expecting mothers with medium or high-risk pregnancies, the prospect of travelling many miles for maternity services will cause much anxiety. It is a 150-mile round trip from Stranraer to Dumfries, and friends' experiences tell me that many people get anxious when having to travel such a distance.

I, too, commend the work of the Keep MUM group in ensuring that a proper, consultant-led maternity service is restored at Dr Gray's hospital as soon as possible. I also commend the work of the doctors, midwives, nurses and the whole multidisciplinary team at Dr Gray's hospital for their professionalism in working with mothers and all other patients.

I welcome the fact that, in March, the Scottish Government commissioned an independent review into maternity services at Dr Gray's hospital, which is being chaired by Ralph Roberts, the chief executive of NHS Borders. The independent review is currently considering

"how a consultant-led service could be reinstated that is safe, deliverable and sustainable and will take into account the views of women, their families, staff and stakeholders."

The review is due to publish its findings later this month, and I look forward to seeing its recommendations. I welcome the Scottish Government's action to see a safe, consultant-led maternity service for mothers across Elgin and wider Moray.

Across Wigtownshire in my South Scotland region, expecting mothers have also faced issues when it comes to maternity services. Since 2018, there have only been out-patient maternity services at the Galloway community hospital, meaning that expecting mothers have to either have a home birth or travel on a 150-mile round trip to Dumfries and Galloway royal infirmary when they go into labour. However, a number of antenatal services such as ultrasound, treatment of early-onset complications, such as pre-eclampsia, and managing post-delivery issues are being delivered at the Galloway community hospital.

The situation has presented many challenges for women across the area, particularly when it comes to urgent cases and medium and high-risk pregnancies. Therefore, I ask the cabinet secretary in his closing speech to confirm whether there are options available for rural hospitals such as the Galloway community hospital and Dr Gray's. I also ask him whether the review is looking at the whole multidisciplinary team with regard to the required skills and competence and the support that is needed to re-establish an obstetrician-led team at Dr Gray's. In my

experience as a clinical nurse educator in NHS Dumfries and Galloway before coming to the Parliament, I know how important it is to have safety as the number 1 priority.

I welcome the debate and the action that the Scottish Government is taking to allow for the re-establishment of a consultant-led maternity service at Dr Gray's hospital in Elgin. I repeat my ask that the cabinet secretary explores innovative ways for rural health board settings, such as in Galloway and Elgin, to continue to deliver to meet the needs of the local people.

18:19

Carol Mochan (South Scotland) (Lab): I commend the motion from Mr Ross, who has highlighted a concerning trend in which the importance to women of giving birth in their local area with friends and family nearby is not being recognised as it should be. The motion is one of many that have been put before the Scottish Parliament by local representatives from across the country who have been forced to confront the closure or downgrading of important wards that serve communities and that are already concerningly understaffed. Importantly, in this case, the local health board assured the community that the downgrading of the unit at Dr Gray's would be temporary, yet it is still waiting for the return of the consultant-led service. At this time, we recognise the importance of experienced local medical staff—the Covid outbreak has brought to our attention how important local services are.

It is clear that expectant mothers now have more choices than ever. In my area of Ayrshire and Arran, an increasing number of women are choosing to give birth at home. I am sure that the decision to choose that option has been influenced by the pandemic. Of course, the ability to make that choice has been made possible only through the expertise, hard work and dedication of a passionate group of staff—midwives, consultants and other team members—who have worked to improve care provision for women and families across the region. I talked to a first-time mum who could not praise highly enough the service that she has received. She stressed to me that the fact that it was a local service was really important to her. She said that if she had had to go far away from family and friends, she would have found that much more difficult.

As we know, the provision of support throughout pregnancy and during the process of giving birth is absolutely vital, and it is important that women are given the option to have the best care as close to home as is reasonable. I am sure that, like so many other maternity wards, the hospital in Elgin needs a consultant-led service to be restored, as

Emma Harper highlighted. We need to ensure that maternity departments have dedicated facilities for women who, for example, are experiencing unexpected pregnancy complications, and to turn a new page in pre and postnatal care that will make Scotland—including all its rural parts—the envy of the world.

The subject of maternity services is extremely important, and I hope that, in time, we will return to the chamber to discuss the vital services and care for women and families that are provided in maternity units.

The Deputy Presiding Officer: I call Humza Yousaf to wind up the debate.

18:22

The Cabinet Secretary for Health and Social Care (Humza Yousaf): As is customary, I thank Douglas Ross for lodging his motion. I wish him, Krystle and Alistair well in the journey ahead. I know from my wife's experience of giving birth to our daughter Amal that babies can be unpredictable and do not always arrive on schedule when they are meant to. I wish Douglas Ross and, importantly, his wife the best of health, notwithstanding everything that has been discussed today. I hope that she stays on a green pathway.

I thank all the members who have spoken in the debate, who have all spoken exceptionally well. It is clear to me that the campaign to restore the consultant-led maternity unit at Dr Gray's hospital in Elgin is a cross-party campaign: one that is not mired in politics but which has involved people with very different political ideologies from across the political spectrum coming together to demand—rightly, I think—the unit's restoration.

I thank the members who have already contacted me on the issue—Karen Adam has written to me about it, and Richard Lochhead has raised it with me in his capacity as the local constituency member. They have asked me, as I think that Douglas Ross might have done in his speech, to meet the Keep MUM campaign and to visit Dr Gray's at an appropriate point. I absolutely commit to doing that; I know that my predecessor did so on a couple of occasions.

I want to thank the Keep MUM campaign group, which, as we have heard from the local representatives, is a formidable group. It is clear that Keep MUM continues to express anxiety and concern on behalf of mothers and families in Elgin and the wider Moray area. I will, of course, do what my predecessor did and engage directly with that group.

From the outset, I reaffirm my commitment to the full restoration of consultant-led maternity

services at Dr Gray's. As has been mentioned, from the outset, my predecessor as health secretary, Jeane Freeman, committed to the reinstatement of obstetric maternity services in a safe and sustainable way. I emphasise the need for safety. I know that nobody takes that issue for granted.

There is no member who does not wish to see those services fully restored to Dr Gray's as quickly as possible. However, we have to ensure that that is done in a manner that is both safe and sustainable. No one in Elgin or the wider Moray area wants the services to be restored only for them to be removed once again. I will touch on how Ralph Roberts's review will help us to get to a position in which the services are safe and sustainable. It is important that I discuss some of the background for those who are watching, but I will not go too far into it.

It is in everyone's interests that the services are restored in a safe and sustainable way. At the Scottish Government's request, NHS Grampian produced plans for the reintroduction of paediatric and obstetric maternity services. The phase 1 plan for safe delivery of care was approved in late 2018 and, in April 2019, the phase 2 plan for the reintroduction of paediatric and obstetric maternity services was approved. In line with that plan, a revised paediatric service model was introduced in late 2019.

Progress on the implementation of the obstetric elements of the plan was delayed in 2019 in light of emerging concerns in relation to anaesthetic support services, and pending conclusion of a safety report that NHS Grampian had commissioned. That report was published in February 2020. Then Covid struck and NHS resources were prioritised to focus on fighting the pandemic.

The purpose of explaining the background is not to give some sort of excuse to Douglas Ross or any other member—they are right to be angry, anxious and frustrated at the time it has taken to get to this point, let alone to achieve the restoration of the service. However, it is important to explain that, throughout the process, we have always been guided by the safety concerns and issues regarding the full restoration of the services.

Douglas Ross: The cabinet secretary is right to focus on safety. We all accept and understand that, even with a full consultant-led service, a minority of women will be unable to give birth in Dr Gray's in Elgin and would have to go to Aberdeen. However, those women should be the minority and not, as is currently the case, the majority. There is also a safety issue for those expectant mums—who are often in labour—who have to travel. It may be only 70 miles from Elgin or anywhere in

Moray to Aberdeen, but passing the Glens of Foudland in winter is not an easy journey for people in any condition, let alone for women in labour. We must also consider the safety of those who have to travel to give birth or while they are in labour.

Humza Yousaf: Douglas Ross is absolutely correct to raise those points. For those who have been in that position—whether they are the mothers who are giving birth or the fathers waiting anxiously in the room—there cannot be a worse moment for that journey to be undertaken. Douglas Ross is right that there is a safety issue. That is why, once again, I fully recommit the Scottish Government to the restoration in full of those consultant-led maternity services at Dr Gray's.

Douglas Ross and Karen Adam were right to push the Government in relation to milestones and timescales. I can hear the exasperation in the voices of the members—no doubt the Keep MUM campaign group will feel the same—that another review has been commissioned. I am delighted that, as Douglas Ross and others have mentioned in their speeches, the review led by Ralph Roberts has been welcomed. The remit, thoroughness and, importantly, engagement of that review have been welcomed. We must remember that that engagement has been taking place during the Covid pandemic. Having spoken to Ralph Roberts, I know that he would have preferred to have been able to engage personally and one to one, but perhaps there will be an opportunity to do that as restrictions ease.

I will not pre-empt the independent review—if I did, it would not be particularly independent—but it should be concluded in late summer, so hopefully it will not be too long at all. We will consider the recommendations and set out the milestones and timescales, exactly as Douglas Ross has asked us to do. I understand the need for urgency and we will move as quickly as we can.

I am conscious of time, but I want to cover the point that Edward Mountain raised about the issues in Caithness, although I will not go into the details of those issues. Mr Mountain probably has the details of the best start programme but, if he does not, I would be happy to write to him with details on the best start north review that was commissioned jointly by NHS Grampian and NHS Highland. In recognition of the unique nature and complexity of delivering maternity and neonatal services in the north of Scotland, that collaborative approach was established to examine the model of care in the north, in consultation with local people, to develop the best possible sustainable model for the future.

I will take away the issues that Mr Mountain raises about Caithness. I will ensure that I ask

whether they are part of that best start north review and I will write to him after the debate.

Edward Mountain: Will the minister give way?

The Deputy Presiding Officer: The debate is on Dr Gray's and we are well over time, so I ask the cabinet secretary to conclude his speech.

Humza Yousaf: I am happy to write to Edward Mountain and speak to him offline.

I thank Douglas Ross for bringing the motion to the attention of the Parliament. I congratulate Karen Adam on her first speech. I also thank all members who have brought the issue to my attention. I will meet the Keep MUM campaign group and I will come up to Elgin to see Dr Gray's for myself. After we have received the report of the independent review, I will update the Parliament. Once again, I reiterate the Government's intention to fully restore maternity services at Dr Gray's hospital.

Meeting closed at 18:31.

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.

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

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