



OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament

Wednesday 18 January 2023

Session 6



The Scottish Parliament
Pàrlamaid na h-Alba

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Scottish Parliament

Wednesday 18 January 2023

[The Deputy Presiding Officer opened the meeting at 13:59]

Portfolio Question Time

Covid-19 Recovery and Parliamentary Business

The Deputy Presiding Officer (Liam McArthur): Good afternoon. The first item of business is portfolio question time. We start with questions on Covid-19 recovery and parliamentary business. I remind members that questions 1 and 3 are grouped together. I will take any supplementary questions on those after both have been answered. As ever, if anybody wishes to ask a supplementary question, I invite them to press their request-to-speak button during the relevant question.

Low-income Households (Improved Financial Security)

1. Claire Baker (Mid Scotland and Fife) (Lab): To ask the Scottish Government how it is measuring progress on its Covid recovery strategy commitment to improve financial security for low-income households. (S6O-01772)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Scottish Government has identified a range of high-level indicators that will help to measure progress towards achieving the individual outcomes in the Covid recovery strategy. The majority of our outcome indicators are drawn from population surveys or large administrative data sets that report annually and which are more measurable than the outcomes themselves. We are working to identify additional intermediate indicators that report more frequently and can therefore identify and influence real-time trends.

Claire Baker: In October 2021, the Covid recovery strategy set out a number of actions to address financial security for low-income households in the following 12 to 18 months, including the second benefit take-up strategy. The annual report that was published in October showed that take-up of the job start payment remains far too low at only 29 per cent, with that rate being attributed to low awareness of the benefit and a lack of clarity around eligibility. There are also concerns that people leaving school are unable to access that support. Will the cabinet secretary advise what action is under way to ensure that young people on low incomes who are

moving into work directly from school or following a period of sustained unemployment are getting the support that they are entitled to?

John Swinney: I accept Claire Baker's point that one of the challenges is to ensure that people fully utilise the benefits to which they are entitled at the moment in life that they are entitled to them. We take a number of steps—my colleague the Minister for Social Security and Local Government has set out some of that information to the Parliament previously—to raise awareness of individual benefits and maximise take-up. That is our intention, and it is our desire to ensure that that is the case. Awareness-raising measures will be taken, and we will obviously look very carefully at the effectiveness of those. The Government's marketing strategies generally result in good engagement and participation, but I will look specifically at Claire Baker's points to identify whether we need to take further action to raise awareness and boost participation.

Low-income Households (Support)

3. Marie McNair (Clydebank and Milngavie) (SNP): To ask the Scottish Government, in light of a new report by the Resolution Foundation stating that the average household will be £2,100 worse off by the end of next financial year, how ministers across Government are working to prioritise support for low-income households, as set out in its Covid Recovery Strategy. (S6O-01774)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Scottish Government is prioritising funding to help household finances across Scotland. We are taking action to increase financial security for low-income households, and the emergency budget review confirmed a range of additional support in response to the cost crisis. That includes increasing the Scottish child payment to £25 per week, doubling the fuel and security fund to £20 million and providing local authorities with additional funding for discretionary housing payments. In total, the Scottish Government has allocated around £3 billion this financial year to contribute to mitigating the increased cost crisis. More than £1 billion of that support is available only in Scotland, with the remainder being more generous than that provided elsewhere in the United Kingdom.

Marie McNair: I thank the Deputy First Minister for that answer and his long-standing recognition of the impact that the pandemic has had on low-income households. Rightly, the Covid recovery strategy has a focus on groups that are more likely to experience low income. One such group is families with three or more children, and it is correctly acknowledged that our Scottish child payment will be of assistance to such families.

However, does the Deputy First Minister acknowledge that the UK Government's two-child policy, with its abhorrent rape clause, hinders our efforts and shows that increased powers in social security are necessary to maximise the support that we give to those families?

John Swinney: Marie McNair is absolutely correct that the two-child limit can have significant and negative effects on household income, which is why the Scottish Government has not adopted that approach in relation to the Scottish child payment. Therefore, eligible families with more than two children are able to access the Scottish child payment.

We are taking measures that challenge and try to tackle the effect of measures taken by the UK Government that make our challenge even greater as we work to reduce child poverty in Scotland. Our measures are having a beneficial effect on child poverty levels in Scotland, and we will continue with that relentless focus to support families to boost their household incomes.

Paul Sweeney (Glasgow) (Lab): Following a Glasgow City Council decision last week on community grant funds, a number of organisations, some of which provide mental health support and access to food, are facing funding cuts or even closure. Given the bleak outlook for households, as highlighted by Marie McNair, will the Government ensure that organisations in Glasgow and elsewhere that provide such lifeline support will not be forced to pull out of communities or close when those communities face such hardship?

John Swinney: A range of organisations provide valuable and vital support to individuals in our communities, and the Government wants to maximise support to those organisations. I accept that all public organisations face significant financial challenges as they wrestle with the cost crisis, and I was candid about that to the Parliament when I set out the budget in December. However, if we all maintain a focus on supporting the people who are in greatest need, we can do as much as possible to address the financial hardship that those individuals face.

Legislation on Sex Buyers (Parliamentary Time)

2. **Bill Kidd (Glasgow Anniesland) (SNP):** To ask the Scottish Government whether the Minister for Parliamentary Business plans to propose the scheduling of time to consider legislation to end sex buyers' legal impunity as part of the business for the current parliamentary year. (S6O-01773)

The Minister for Parliamentary Business (George Adam): Details of future legislation will be announced in the programme for government

in the normal way. Our policy in relation to prostitution, which includes considerations around the purchase of sex, is currently being taken forward through a framework for Scotland, which will seek to challenge men's demand for prostitution and support the people who are impacted.

Bill Kidd: Yesterday, the cross-party group on human trafficking heard from Valiant Richey, the Organization for Security and Co-operation in Europe's special representative and co-ordinator for combating trafficking in human beings. Mr Richey emphasised that full criminalisation of the purchase of sex is by far the most effective legislative approach to tackling human trafficking for sexual exploitation.

Given that the unrelenting sexual exploitation of women and children continues and that we have power to effect real change in the matter, does the minister agree that that devolved matter should be treated with urgency in this parliamentary session and that space should be made for further parliamentary engagement?

George Adam: I agree with Bill Kidd that it is an extremely important issue. Last December, as part of the 16 days of activism to end violence against women and girls, the Parliament reaffirmed that there is no place for sexual exploitation in Scotland.

I am currently working with ministers to agree the upcoming legislative programme, and I assure Mr Kidd that the Parliament will continue to be kept informed by the lead minister as that work progresses.

Rhoda Grant (Highlands and Islands) (Lab): From last night's cross-party group on human trafficking, it was clear that countries that do not hold sex buyers accountable for their abuse are attractive destinations for traffickers. We also heard from Mr Richey about the clear targeting of Ukrainian refugees by traffickers and exploiters for the sex industry, which makes the issue even more urgent.

I ask for clear timescales for when legislation to hold sex buyers to account will be introduced. In the meantime, what steps is the Scottish Government taking to protect Ukrainian refugees and other vulnerable groups?

George Adam: As I said to Mr Kidd, I understand how important the issue is, and how we move forward with it is extremely important. As I also mentioned, we are currently working towards the legislative programme for year 3. Discussions are going on with other ministers with regard to that. I will ensure that the questions that have been asked are brought up when I have my bilateral meeting with ministers for the relevant portfolio.

The Deputy Presiding Officer: Question 4 is from Natalie Don, who joins us remotely.

Covid-19 Recovery Strategy (Inflation)

4. Natalie Don (Renfrewshire North and West) (SNP): To ask the Scottish Government what assessment it has made of the impact that rising inflation could have on its ability to deliver on the priority outcomes set out in the Covid recovery strategy. (S6O-01775)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The financial situation, including high levels of inflation, is particularly challenging, given the absence of fiscal powers to compensate for those factors. The Scottish Government has prioritised spending that supports the people who need it most, guided in part by the principles of the Covid recovery strategy. Last year's emergency budget review and the 2023-24 budget provide funding that helps families, backs business and protects the delivery of public services. The Scottish Government is committed to making progress towards the shared Covid recovery strategy outcomes in partnership with local government and other partners and will continue to prioritise spending that is targeted to support the people who are in most need.

Natalie Don: One of the key priorities in the recovery strategy is financial security for low-income households. This morning, it was announced that inflation is still at an eye-watering 10.5 per cent, which is five times higher than the Chancellor of the Exchequer's target. The price of basic food items, such as milk and cheese, has increased by up to 46 per cent.

Does the Deputy First Minister agree that our ability to deliver on the Covid recovery outcomes is being made much more difficult by the Tories' economic incompetence?

John Swinney: In the budget statement in December, I was explicit with the Parliament on the scale of the challenge that is posed by the economic turbulence that has been experienced since the start of the war in Ukraine, which has been exacerbated by the twin effects of Brexit and the aftermath of the ludicrous mini-budget in early September.

The very high level of inflation that we currently face in our economy, along with the fact that there is even more acute pressure on low-income households because the price of many of the foodstuffs on which those households depend has increased disproportionately and by more than the headline rate of inflation, are issues of significant challenge. That is why the Government has prioritised the increase in the Scottish child payment to the extent that it has. It is also why I

announced an uprating of the benefits that are under our control by 10.1 per cent. We want to do all that we can to address the difficult circumstances that low-income households face.

The Deputy Presiding Officer: Question 5 was not lodged.

Covid-19 Infection Rates (Recovery Strategy Review)

6. Katy Clark (West Scotland) (Lab): To ask the Scottish Government whether it will review its Covid recovery strategy in light of rising Covid-19 infection rates. (S6O-01777)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Covid recovery strategy focuses on reducing systemic inequalities and reforming public services. The Scottish Government remains committed to that work, so there are no plans to review the strategy.

The Scottish Government remains alert to the on-going threat that is posed by Covid-19. Public Health Scotland has worked in collaboration with the Scottish Government, local government and other partners to meet the commitment in "COVID-19: Scotland's Strategic Framework Update" to develop and publish an outbreak management plan. We continue to utilise that, to apply careful judgment and to take all relevant factors into account to ensure that responses are appropriately targeted and the necessary resources are prioritised to deal with the effects of the rising Covid-19 infection rates.

Katy Clark: The Scottish Government's ending of free testing last April has led to some of the poorest people in society being priced out of accessing lateral flow tests, which now cost an average of £9 for a pack of five. That decision is at odds with the Covid-19 recovery strategy's aim of supporting low-income households. Given the current high Covid rates, will the Scottish Government review its strategy and explore the feasibility of reintroducing free tests?

John Swinney: The Government has taken a range of measures to ensure that we have the available intelligence to support us in the management of the Covid-19 pandemic. Given that the rate is currently estimated to be approximately one in 25, we face a significant challenge. Such issues are regularly reviewed by the Cabinet and the ministerial group on health issues, which is chaired by the Cabinet Secretary for Health and Social Care, and in the resilience discussions that are chaired by the First Minister, which are taking place on a weekly basis.

I completely understand the point that Katy Clark puts to me, and I understand and accept its significance. However, in the absence of

consequential funding from the United Kingdom Government to provide for the approach that she would like us to adopt, we would have to consider funding that approach from the existing resources that are available to the national health service in Scotland. As Katy Clark will know, we have taken significant decisions to boost the funding that is available to the health service by increasing tax for higher earners in the next financial year, but we would have to wrestle with the matter that she raises as part of the overall financing of our public services.

I will consider further the issue that Katy Clark puts to me, because it is a serious issue. I assure her that such questions will be regularly considered as part of the work of the management groups that I mentioned, which are looking at the effect of the pandemic on our public services.

Murdo Fraser (Mid Scotland and Fife) (Con):

An important tool in tackling rising Covid infection rates is the booster vaccination programme that is currently being rolled out. I have been contacted by several constituents who are in the over-50 age group who have not received appointment letters for a booster vaccination. Although they are able to access drop-in vaccination centres, which are a welcome resource, having the prompt reminder of an appointment letter is often what encourages people to attend. Does the Deputy First Minister know how widespread that issue is? What more might be done to ensure that over-50s and those in other vulnerable groups are reminded of the need to get a booster?

John Swinney: I reassure Mr Fraser that the uptake rates are really quite high: they are in excess of 70 per cent of the eligible population. I have in my mind 77 per cent. I do not have the number in front of me, but I will have it tomorrow morning, when I am at the COVID-19 Recovery Committee, so I shall perhaps be able to give Mr Fraser a more definitive answer at that time.

The level of vaccination uptake is really quite high. We have taken an approach to awareness raising that is designed to maximise the participation in the programme—at this stage, there is a very high level of uptake—and we should continue to do that.

The drop-in facilities that are available are handy and convenient for people, but I will consider further the point that Mr Fraser puts to me about written communication, because it is in all our interests to have a highly vaccinated population.

Covid-19 Recovery (Cross-Government Planning)

7. Annabelle Ewing (Mid Scotland and Fife) (SNP): To ask the Scottish Government whether it

will provide an update on its longer-term, cross-Government plan for Covid-19 recovery. (S6O-01778)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney):

The Covid recovery strategy contains more than 70 actions that will support people across Scotland, and particularly those most affected during the pandemic. It focuses on increasing financial security for low-income households, enhancing the wellbeing of children and young people, and creating good green jobs and fair work.

I co-chair the Covid recovery strategy programme board, alongside the president of the Convention of Scottish Local Authorities. Together with partners, we oversee recovery activity, and, at our meeting in September, attendees noted that the expectations of the Covid recovery strategy programme were being delivered. The board will meet again next week, and minutes are published on the Scottish Government website.

Annabelle Ewing: I note the 70 actions in the recovery strategy. On the important issue of Covid booster vaccination, can the Deputy First Minister advise what the current thinking is about a further programme of such booster vaccinations later this year and, indeed, in years to come?

John Swinney: Annabelle Ewing raises an important issue. As I rehearsed in my answer to Murdo Fraser, it is important to encourage uptake of the vaccination programme, and we are encouraged by the level of uptake that we are seeing. I would encourage anybody who is in the eligible population groups but who has not been vaccinated to take up the opportunity of that vaccination.

Our approach to vaccination is based on the clinical advice of the Joint Committee on Vaccination and Immunisation. I would expect the JCVI to consider the question that Annabelle Ewing puts to me about the provision of further booster vaccinations in 2023 or in later years and provide advice to the Government. Obviously, we stand ready to implement that advice.

I reiterate that, in the interim, the winter 2022 booster programme campaign remains open until the end of March. Appointments are still available, and I encourage anyone who is eligible and is yet to be vaccinated to come forward.

Government Business (Update)

8. Donald Cameron (Highlands and Islands) (Con): To ask the Scottish Government whether it will provide an update on what Government business it plans to bring forward for the current parliamentary year. (S6O-01779)

The Minister for Parliamentary Business (George Adam): Proposals for Government business in Parliament are agreed by the Scottish Cabinet, subject to consideration by the Parliamentary Bureau and, in turn, approval by the Parliament. As the year progresses and things move on, that will be the process.

Donald Cameron: There are increasing concerns that the Scottish Parliament's processes are inadequate when it comes to scrutiny of the Executive's legislation. For that reason, I intend to introduce a member's bill on parliamentary reform. I take this opportunity to invite the Scottish Government to work constructively with me on that project. In the first instance, will the minister meet me so that we can discuss those issues together?

George Adam: Although I do not agree with some of the points that the member has made, I am quite happy to meet him to discuss things.

I will give some examples of times when there seemed to be an idea that we do not get time to scrutinise legislation here. When we had the recent Gender Recognition Reform (Scotland) Bill, the Government listened to the relevant committee's concerns and agreed to propose a deadline on the understanding that additional time would be agreed if an unexpectedly large number of amendments were lodged. On the National Care Service (Scotland) Bill, the Parliamentary Bureau agreed a longer stage 1 deadline following feedback from the committees. On the Hunting with Dogs (Scotland) Bill, the Rural Affairs, Islands and Natural Environment Committee recently requested that stage 2 be extended by one week—in effect, creating a stage 2.5—and we revised the deadline in order to do that.

I believe that, on the whole, we do work with those members in Opposition and with the committee system to ensure that there is scrutiny of the Scottish Government.

Beatrice Wishart (Shetland Islands) (LD): On the subject of fixed links, during the 2021 Scottish Parliament campaign, the First Minister told local media in Shetland that she was

“not just open to but actually quite enthusiastic about seeing if we could make the case for that”.

However, the Scottish Government has not scheduled a debate on the matter yet. Will the minister contemplate scheduling a debate on fixed links and tunnels so that the case can be made to help to reverse depopulation and save costs in the long term for internal ferry replacement?

George Adam: I take on board what Ms Wishart has said. My answer would normally be that the member should speak to her business manager, but I will make a special allowance in

her case. I will bring the matter up with the bureau and will appeal to it myself.

The Deputy Presiding Officer: That concludes portfolio questions on Covid recovery and parliamentary business.

Finance and the Economy

14:21

The Deputy Presiding Officer: We move to the next portfolio, which is finance and the economy. I encourage members who wish to ask a supplementary to press their request-to-speak buttons during the relevant question. There is an awful lot of interest in this series of questions, so I make a plea for brevity in questions and responses.

Business Rates Relief (Hospitality Businesses)

1. **Annie Wells (Glasgow) (Con):** To ask the Scottish Government whether it will provide all hospitality businesses with 75 per cent business rates relief in 2023-24. (S6O-01780)

The Minister for Public Finance, Planning and Community Wealth (Tom Arthur): Having set out a strong non-domestic rates package in the draft budget, the Scottish Government has no current plans to introduce any further reliefs. As a result of that package, around half the properties in the retail, hospitality and leisure sectors in Scotland will already pay no rates in 2023-24 due to the most generous small business relief in the United Kingdom.

The budget statement also delivered the number 1 ask of the business community by freezing the poundage, delivering the lowest poundage in the UK for the fifth year in a row.

Annie Wells: Next year, hospitality businesses in Wales and in the south will receive 75 per cent business rates relief. However, Scottish hospitality businesses are getting no extra relief from the Scottish National Party. One hundred thousand Scottish businesses are being short-changed; they are missing out on more than £200 million of support. How will our economy recover when Scottish businesses are worse off than companies in the rest of the UK?

Tom Arthur: As I outlined in my original answer to Ms Wells, we already provide the most generous package of rates relief for businesses anywhere in the UK and are freezing the poundage, making it the lowest rate for the fifth year in a row.

The reality is that we have to take decisions in the round when setting our budget, and any additional revenue to be supplied for rates relief

would have to come from a corresponding decrease in another area of Government funding. If Ms Wells wishes to see a reduction in a particular area of funding in order to support non-domestic rates relief, I am happy to have that discussion.

The Deputy Presiding Officer: There are a number of supplementaries. I want to get them all in, but they will have to be brief, as will the responses.

Kenneth Gibson (Cunninghame North) (SNP): I welcome the decision to freeze the rates poundage, forgoing £308 million of income while ensuring that 100,000 businesses pay no rates at all. How much would it cost to provide 75 per cent rates relief for all hospitality businesses? Has Ms Wells or any other Tory MSP suggested from where in the Scottish budget those resources should be found or whether taxes should be increased to pay for such a relief?

Tom Arthur: It would cost an estimated £85 million to provide hospitality properties with 75 per cent non-domestic rates relief capped at £110,000 per business in 2023-24.

As I mentioned in my answer to Annie Wells, under our package of reliefs, which is worth an estimated £744 million, around half the properties in the retail, hospitality and leisure sectors will benefit from 100 per cent small business bonus scheme relief in 2023-23.

As I said, if any party wants to enhance the package of reliefs that is on offer in the budget, I would welcome hearing their alternative, fully funded proposals.

Daniel Johnson (Edinburgh Southern) (Lab): We know that retail businesses pay a fifth of non-domestic rates when they account for only 10 per cent of the economy. Short of a discount, does the minister agree that there is a case for rebalancing and recalibrating what sectors pay based on their economic contribution?

Tom Arthur: As the member is aware, the process of setting the rateable value is carried out independently by the Scottish assessors. However, the point that he touches on is one that I appreciate is a broader concern for members about how non-domestic rates operate, namely the lack of a correlation between the rateable value and the economic performance of a business. That prompts the question of fundamental non-domestic rates relief reform and non-domestic rates reform more generally.

This is a complex area, but I am happy to discuss it with members. My door is always open to any member who wishes to discuss such matters in more detail.

Beatrice Wishart (Shetland Islands) (LD): Hospitality businesses in Shetland were grateful for the support that was given to them during the Covid pandemic, but many now feel left behind. What more can the minister do to help island businesses through this difficult winter?

Tom Arthur: We provide a range of support through the relief packages that we provide via the non-domestic rates system, including rural rates relief. We have to take decisions in the round. The package of support that we provide on non-domestic rates, which applies Scotland-wide, is the most generous in the United Kingdom. As I said in response to other members' questions, if members have specific proposals for reform of non-domestic rates, I am happy to discuss them. If there are specific reliefs that they would like to see, I would welcome a conversation, but it has to come with fully funded and costed proposals.

Katy Clark (West Scotland) (Lab): Unite the union's get me home safely campaign calls on councils to make free safe transport home for late-night workers a requirement for new and extended alcohol licences, and some councils such as North Ayrshire Council and East Dunbartonshire Council have backed the campaign. Will the Scottish Government explore making the provision of safe transport home for late-night workers a condition of future support for hospitality businesses?

Tom Arthur: The issue of conditionality around rates relief has been raised in a number of different contexts. There are complexities to that, but I would be happy to discuss the issue with the member in more detail if she would like.

Oil and Gas Exploration

2. **Sandesh Gulhane (Glasgow) (Con):** I apologise for arriving during the session.

To ask the Scottish Government whether it has fully considered the economic consequences of its presumption against new oil and gas exploration, both to workers within the industry and to the wider Scottish economy as a whole. (S6O-01781)

The Minister for Just Transition, Employment and Fair Work (Richard Lochhead): The oil and gas sector and its highly skilled workforce have long been at the forefront of energy innovation and have an important role to play in Scotland's energy transition. However, as we all know, the North Sea basin is mature, and production will inevitably decline.

The draft energy strategy and just transition plan draw on established industry data and independent work commissioned from consultants that analyses the energy and economic contributions of the North Sea and the wider oil and gas sector in Scotland, and includes production forecasts, the expected growth of

Scotland's low-carbon energy sectors and the impact of the energy transition on employment and the wider economy. As a responsible Government, we have set out a pathway to ensure a fair and just transition—any other approach would serve only to put jobs and our economy at risk.

Sandesh Gulhane: The oil and gas communities of the north-east of Scotland will be devastated at the disregard shown to them by the Scottish National Party Government. The sector is highly important to our economy, and even in our just transition away from fossil fuels, which is estimated to take 25 years or more, it will be a necessary component of our on-going energy infrastructure. Does the cabinet secretary accept that halting oil and gas production would increase our reliance on foreign imports of oil and gas and prop up questionable regimes, which would only amplify and relocate the greenhouse emissions that we seek to reduce as well as damage domestic job creation?

Richard Lochhead: This question is about future exploration, not existing oil and gas production, as the member suggests. By 2035, production in the North Sea will be around a third of 1999 levels, and it will be less than 3 per cent of the 1990 peak by 2050. We have a duty, which the energy strategy fulfils by looking to the 2030s and 2040s and the need of future generations for energy and jobs, to look at what we can do to make sure that we meet our responsibilities as a country and do not focus only on today's headlines.

Research from Robert Gordon University and other institutions estimates that the number of low-carbon jobs will rise from 19,000 in 2019 to 77,000 by 2050, which means that there will be an increase in energy-related jobs in north-east Scotland and elsewhere. As someone who represents a constituency with many oil and gas jobs in it, and who spends a lot of time in north-east Scotland because of my ministerial responsibilities, I am very familiar with the views of those in the oil and gas sector and with the fact that oil and gas majors are investing heavily in, and are very committed to, the energy transition.

The Scottish Tory party has to make up its mind: if it wants a transition, what does it want to transition to? We want to transition to clean energy for Scotland and to tackle climate change.

The Deputy Presiding Officer: Answers need to be slightly briefer.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): During last week's Prime Minister's questions, Rishi Sunak committed to supporting the north-east energy sector. Does the minister agree that the Prime Minister should put his money where his mouth is by matching the

Scottish Government's £500 million just transition fund, and that he should stop delaying investment into the Acorn carbon capture and storage project, which has been left completely in the lurch?

Richard Lochhead: Those were very good points. The United Kingdom Government—which has extracted more than £300 billion from the North Sea—should match the Scottish Government's £500 million for the north-east of Scotland and Moray just transition fund. The previous question was about the economic assessment of our energy plans, and I would like to know what the UK Government's economic assessment was that led to its refusal to take forward the Acorn project, which would create up to 20,000 new jobs in Scotland, many of which would be in north-east Scotland.

Brexit (Impact on Economy)

3. **Fiona Hyslop (Linlithgow) (SNP):** To ask the Scottish Government what the continuing impact of Brexit is on Scotland's key economic sectors. (S6O-01782)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): It is now clear that Brexit is holding back our public services and scarring our economy. Leaving the European Union has made it harder to recruit doctors and nurses for our national health service, for example. The latest research by the Nuffield Trust shows that, without Brexit, the United Kingdom would have had 4,000 more specialist doctors from the EU.

Meanwhile, the exports of some Scottish industries have plummeted due to Brexit trade barriers. Just look at fruit and vegetables, where EU exports have been slashed by one half since 2019. That said, the Scottish Government will continue to support our businesses through our export growth plan, which will enable Scotland's export performance to outpace the UK's. Our international goods exports were up by 16.7 per cent in 2022 compared to the first nine months of 2019, while UK figures were up by only 2.4 per cent.

Fiona Hyslop: Does the minister agree that Brexit was never a one-off event and that it is having a continuous negative effect on our economy, with no apparent positives?

Businesses that export are more likely to pursue innovations, so, with Scottish exporters continuing to face growing challenges in trading with countries in the EU, the continuing effect of Brexit will also impact on innovations in our economy for the future. Does the minister agree that the longer Scottish businesses remain out of the EU, the more damage Brexit will bring to Scotland's economy and that the only political route to the full

benefit of trading in the single market—with the Labour party and the Liberal Democrats now embracing Brexit—is Scotland becoming an independent state and joining the EU?

Ivan McKee: As the member correctly identified, Scotland's economy will continue to suffer while we remain outside the European single market because of a hard Brexit that we did not vote for. Only through the full powers of independence will Scotland replicate the success of comparable countries that are more prosperous, more productive and fairer than the UK.

Tay Cities Deal

4. **Joe FitzPatrick:** To ask the Scottish Government whether it will provide an update on any investment arising from the Tay cities deal. (S6O-01783)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): The Tay cities region deal has had a successful first two years since it was signed, in December 2020, with more than £70 million of Government funding already having been received by regional partners. The partnership is currently preparing its latest annual report, which will outline the achievements to the end of September last year, and we anticipate that it will include the securing of over £120 million of investment into the region.

Joe FitzPatrick: The Tay cities deal is delivering vital support to the region's economy in these challenging times by supporting skills development, providing training and job opportunities and driving additional investment into the area. Can the cabinet secretary say more about investments in Dundee specifically and how those are helping to support local employment and drive innovation?

John Swinney: Dundee, which is in Mr FitzPatrick's constituency, has benefited significantly from the Tay cities deal. The universities are benefiting, with £25 million from the Scottish Government going towards enhanced infrastructure for life sciences innovation at the University of Dundee as well as support for the refurbishment that led to the cyberQuarter development at Abertay University. That development opened in June last year and aims to support 150 businesses in the cyber security sector, which is absolutely vital given the developments in the global economy.

Not quite in Mr FitzPatrick's constituency but at the other end of the city, the investment from the Scottish Government in the Michelin Scotland Innovation Parc is significant in supporting the development of new opportunities. If Mr FitzPatrick will forgive me, I will also mention the James Hutton Institute, in my constituency, which is close

to the boundary with the city of Dundee. The developments there are welcome into the bargain.

Murdo Fraser (Mid Scotland and Fife) (Con): I agree with Mr FitzPatrick about the value of the Tay cities deal. In line with the rest of the developed world, we have seen substantial construction price inflation over the two years since the deal was signed. When I visited the James Hutton Institute in December, it raised with me the issue of whether the funds that had been allocated in the deal would now cover the construction costs of the welcome major infrastructure build that the institute now has to commit to. Has the Scottish Government done any work on whether the funds that were allocated in 2020 will now be sufficient to meet those increased costs?

John Swinney: I raised that point in my budget statement to Parliament in December, because the issues that Mr Fraser correctly highlights will undoubtedly put pressure on these long-term projects. Projects that, for example, had an estimated cost in the benign climate of 2020 are now in a significantly different position because of the effect of hyperinflation.

We hope that there will be reductions in inflation, but I have to say quite openly to Parliament that there will be challenges around uprating projects that have been affected by inflationary cost. It is a problem that we are wrestling with right across Government. We will do our level best to address that in the capital programme, to ensure that projects can be taken forward. However, there will be strains in city deals, which are long-term growth deals, because of the effect of inflation.

Willie Rennie (North East Fife) (LD): St Andrews university has delivered its part of the Tay cities deal at its new Eden campus in Guardbridge, and it is bursting with ideas about what to do next. It wants to crack on with the next phase of the deal. Has the minister had discussions with the United Kingdom Government about that next phase? If not, will he start such discussions?

John Swinney: We are certainly open to further discussions on these questions. I compliment the University of St Andrews on the development in Guardbridge. I drove past it the other week, on my way to St Andrews, and it is looking good. It is a significant enhancement of the area and a sustainable proposition.

We have not had discussions with the UK Government about a further round of city deals. On Friday, Mr McKee will be signing the islands deal in Liam McArthur's constituency—I mention that because Liam McArthur is currently in the Presiding Officer's chair. The islands deal is the

latest of the deals involving the islands communities. However, we are happy to have further discussions with the UK Government on these questions.

The Deputy Presiding Officer: Mr McKee will be afforded a warm welcome when he arrives.

Financial Policy (Decision Making)

5. Michelle Thomson (Falkirk East) (SNP): To ask the Scottish Government how it takes the complexity of human behaviour into account during financial policy decision making. (S6O-01784)

The Minister for Public Finance, Planning and Community Wealth (Tom Arthur): The Scottish Government is aware of the risks and benefits arising from behavioural responses to policy proposals, and we actively work with stakeholders such as HM Revenue and Customs to monitor and continually improve the evidence base, to help to inform policy development. The Scottish Fiscal Commission is responsible for producing independent forecasts of devolved tax and social security spending for the Scottish budget and for making judgments about the scale of any behavioural responses and their fiscal implications in those forecasts.

Michelle Thomson: The minister will be aware that the Finance and Public Administration Committee has launched an inquiry into approaches to decision making in the Government. One key aspect is fully understanding how to assess risk. Does the Scottish Government have an established approach to the disaggregation of risk? If so, can the minister outline its principles?

Tom Arthur: I recognise and welcome the committee's work in that particular area and, indeed, its continuing interest in the area when I appear before the committee. I am sure that the inquiry will make a valuable contribution to the subject, including in the area of risk management.

The Scottish Government has a robust risk management framework to support the identification, assessment, management and reporting of risks during the development and delivery of policy within each portfolio and across Government, which helps to promote best practice. The framework aligns to the principles of risk management as they are outlined in the Scottish public finance manual, which is publicly available.

Liz Smith (Mid Scotland and Fife) (Con): At the same committee meeting, the minister said, in answer to a question from John Mason, that he understands the importance of the private rented sector for the mobility of the working population. What is the Scottish Government going to do to

address the concerns of landlord associations and some local authorities that the proposed increase in the tax on the additional dwelling supplement, which comes at the same time as the rent freeze, will cause some landlords to exit the market, thereby threatening the supply of private rented accommodation, which is crucial to the economy, especially in rural areas?

The Deputy Presiding Officer: As briefly as possible, please, minister.

Tom Arthur: As I set out at some length during the committee meeting yesterday, we take decisions on fiscal policy in the round. The policy intention behind the additional dwelling supplement is clear: it is to provide support for first-time buyers, but it also has the clear objective of raising revenue.

On the specific point about local government, the issues there and the current lack of parity with registered social landlords are being considered through the ADS review. I will be in a position to update the Parliament on the outcome of that review soon.

Amazon (Gourock Site Closure)

6. Neil Bibby (West Scotland) (Lab): To ask the Scottish Government whether it will provide an update on its response to the announcement from Amazon that it is to close its Gourock site. (S6O-01785)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): I spoke with Amazon last week but was very disappointed that there was no clarity on its rationale for the potential closure of its site in Gourock. I have since written to Amazon's US headquarters to seek further clarification on those points and to seek a conversation with the people who are behind the company's operational decision. I have had a response from Amazon in the United Kingdom and I am about to reply to it, because, to my mind, it did not go far enough with the information that it provided. It is vital that we access the detail in order to explore all viable options and to seek an alternative outcome to its decision to close the site. During the meeting, I urged Amazon to engage with local trade unions and, at my request, the company has agreed to engage with the Inverclyde task force in order to better understand the potential impact that the planned closure will have on the local economy.

Neil Bibby: I thank the minister for his answer and his recent updates. To support the workforce, I hope that he will continue to urge Amazon to think again and that he will seriously explore options with the company to relocate locally if the current site is deemed unsuitable, working alongside the GMB and the council.

I know that the minister is a member of the Inverclyde socio-economic task force and that he understands the long-standing challenges that that community faces. However, already this year, 300 jobs look set to go at Amazon. Ports on the Clyde have lost out on freeport status to the east and north, which has undermined their competitiveness, and Inverclyde Council faces a £6 million black hole in its budget, raising the prospect of more job losses. Given all of that, does the minister share my concern that the Inverclyde economy is being undermined? What action will the Government take to support the local economy and to ensure that the area gets a fair deal?

Ivan McKee: We are focused on all parts of Scotland in making sure that we maximise our potential. As the member knows, I engage closely with members and others in Inverclyde, and I am looking forward to the next task force meeting on Monday next week, which I will be attending in person, where I will take forward discussions on how we can work together to make sure that the full potential of the economy in Inverclyde is maximised. There is a range of support available, including city region deal projects and other projects that the Scottish Government supports and funds, for the development of the local economy.

Budget 2023-24

7. Jamie Halcro Johnston (Highlands and Islands) (Con): To ask the Scottish Government what its response is to the comments by the Scottish Chambers of Commerce regarding the budget 2023-24 that it represents “a clear disadvantage for Scotland’s businesses and workers”. (S6O-01786)

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): I do not agree with that assessment. In arriving at our income tax policy for 2023-24, we have sought to carefully balance the need to raise revenue with the impact on households, businesses and the wider economy at the current time. The majority of people in Scotland will still pay less income tax than they would if they lived elsewhere in the United Kingdom, and our income tax policy will enable us to make additional investment in the national health service by exceeding the health resource Barnett consequentials from the UK Government. In addition, Scotland offers the most comprehensive social contract in any part of the UK, making Scotland an attractive place in which to live, work, study and do business.

Jamie Halcro Johnston: As I highlighted to the cabinet secretary at the Economy and Fair Work Committee this morning, the tourism and hospitality sectors are facing severe pressure at the moment, but the budget provides little comfort.

As Annie Wells suggested, businesses in the sector south of the border will receive a 75 per cent discount on their rates next year, while—despite receiving hundreds of millions of pounds of Barnett consequentials to deliver the same—the Scottish Government has chosen not to do that. The Scottish Beer and Pub Association says that that puts Scottish pubs at a “significant disadvantage”; the Scottish Hospitality Group said that the budget offered “nowhere near enough to see the sector through” and that “many small businesses won’t survive”; and the Scottish Tourism Alliance expressed the disappointment of its members and warned that 23 per cent of Scotland’s tourism businesses were in “survival mode”.

If the cabinet secretary will not offer the same arrangement to Scotland’s sector, will he at least lobby his ministerial colleagues to roll back some of the extra unnecessary regulatory burdens, such as the delayed short-term lets licensing and deposit return schemes, that it intends to push on this already struggling sector?

John Swinney: In a sense, Jamie Halcro Johnston answers his own question. The Government has already delayed the introduction of the short-term licensing scheme to provide more time for the sector to adjust to it.

Earlier in the session, in response to Annie Wells, the Minister for Public Finance, Planning and Community Wealth set out the fact that about half of the retail, tourism and hospitality businesses will benefit from 100 per cent rates relief because Scotland has a different small business bonus scheme from that which operates in the rest of the United Kingdom. Rather than just tell us that we should replicate what goes on in England, Jamie Halcro Johnston should think about the fact that, if we did so, lots of companies would have to start paying business rates, and he is not suggesting that that should happen.

Finally—this is the real point—according to the figures that Mr Arthur put on the record, Jamie Halcro Johnston is asking me to commit to spending another £78 million on business rates relief. If he wants me to spend that money on that, he has to have the honesty to come to Parliament and explain where the money is coming from. Already, his colleagues are opposing the tax changes that I have made, which is another £125 million or so that they have to find.

The Conservatives cannot come here and ask me to spend more money when they cannot tell me where the money is coming from.

The Deputy Presiding Officer: I am determined to get the final question in.

Glasgow Economy (Business Support)

8. Pam Duncan-Glancy (Glasgow) (Lab): To ask the Scottish Government what steps it will take to support businesses in key sectors of Glasgow's economy. (S6O-01787)

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): The Scottish budget 2023-24 will deliver the lowest non-domestic rates poundage in the United Kingdom for the fifth year in a row and maintains a package of reliefs worth an estimated £744 million, which will benefit many Glasgow businesses.

In addition, Scotland's industry leadership groups have played an important part in developing sectoral recovery plans. The ILG chairs' round table facilitates cross-industry conversations and actions, focusing on areas of greatest strategic importance for industry, and many of those sectors are represented across Glasgow's wide and diverse economy.

Scottish Enterprise has invested £25 million in the Glasgow city innovation district as a founding member of Clyde Gateway urban regeneration company.

Pam Duncan-Glancy: One sector that has not been mentioned is Glasgow's black cab sector.

Black cab drivers in Glasgow have been given until June this year to meet low-emission zone targets. Most cannot afford £61,000 for a new car that would comply with the requirements, and, on Friday, the Energy Saving Trust said that there was no money left for grants to retrofit vehicles, and it stopped accepting applications as of yesterday.

Given that the deadline to meet low-emission zone standards is June, how on earth are those drivers expected to meet the requirements? Will the Scottish Government commit to providing more financial support and grants in order to prevent major job losses in the black cab trade in Glasgow?

The Deputy Presiding Officer: As briefly as possible, minister.

Ivan McKee: Since 2019, the Scottish Government has made £7.2 million available to support LEZ funding for small businesses, including taxi operators, and households. There is support available for retrofit of existing vehicles, and the Scottish Government is offering grant funding of up to 80 per cent of the associated capital costs, which is the most generous offer of its kind in the United Kingdom. This year has seen record numbers of taxis being retrofitted as a consequence of that.

Grant funding is available that provides more than £2,000 for any vehicle that is disposed of.

That funding is available to microbusinesses, and taxi companies comprise the most applications for that in the past financial year.

Further, Glasgow City Council has a discretionary mechanism for eligible taxi operators to receive a temporary exemption to the LEZ beyond the enforcement date of June this year, which will give taxi operators additional time to comply.

I am happy to discuss any other points with the member and to raise those with Glasgow City Council.

The Deputy Presiding Officer: With apologies to the members whom I was not able to call for supplementary questions, I make the plea that the scripted responses from ministers need to be shorter in order to allow more supplementaries.

Before we move to the next item of business, there will be a brief pause to allow members on the front benches to change.

National Health Service and Social Care

The Deputy Presiding Officer (Liam McArthur): The next item of business is a debate on motion S6M-07538, in the name of Jackie Baillie, on addressing the crisis in the national health service and social care. I invite members who wish to participate in the debate to press their request-to-speak button now or as soon as possible. We are pretty tight for time, so I urge members to stick to their allocated speaking time and accommodate interventions within that allocation.

14:51

Jackie Baillie (Dumbarton) (Lab): In opening the debate on the future of the NHS and social care in Scotland, I also want to talk about how we deal with the current crisis. However, I cannot help but note that it is only in Opposition time that we debate the NHS crisis. In Government, the Scottish National Party runs away from accountability.

Every day, lives are being put at risk due to the state of our health service; every day, staff are being asked to perform miracles under increasingly difficult conditions; and, every day, the situation further deteriorates.

At Christmas, the number of Scots who waited more than 12 hours at accident and emergency departments soared to its highest point on record—leaving almost 2,000 people a week stranded in waiting rooms for more than half a day. One in seven Scots is stuck on a waiting list, crucial cancer treatment targets are being badly missed and performance keeps falling to new lows. Delayed discharge has spiralled out of control, which has resulted in more than 1,900 beds being occupied every day by someone who is ready to be discharged but who is waiting for a care package that simply does not exist. The list of failures goes on and on.

Heroic NHS staff are exhausted and demoralised. It is right to thank them, but they do not simply want praise—they want action. The situation is so serious that Dr Iain Kennedy, the chair of the British Medical Association Scotland, has warned:

“There is no way that the NHS in Scotland can survive. In fact, many of my members are telling me that the NHS in Scotland has died already.”

That is a shocking observation from people who are on the front line. Our NHS has served the people of Scotland for decades, so the fact that the very existence of the NHS is now in danger is beyond belief.

For the past 15 years, the NHS in Scotland has been run by the SNP; it is entirely devolved. Cabinet secretary—that is on your watch. In the 600 days that you have been in office, you have performed worse than your predecessors, and things have got worse, not better. It is time that you took some responsibility for those serious failings.

The Deputy Presiding Officer: Please speak through the chair, Ms Baillie.

John Mason (Glasgow Shettleston) (SNP): Does Jackie Baillie accept that she is exaggerating somewhat? Some parts of the NHS are clearly struggling, but other parts are doing very well.

Jackie Baillie: I thank John Mason for his intervention, but he might like to note that I quoted the words of Dr Iain Kennedy, the chair of BMA Scotland. He is not exaggerating.

The SNP Government lacks the vision or political will to save our NHS. Last week, Anas Sarwar and I hosted an emergency round-table session to listen to front-line NHS staff. We heard directly from them about the impact that the crisis is having. They told us that it is causing them “moral injury”, because they feel unsupported in their work. One front-line worker said that the conditions in which they were working meant “no dignity, no respect, no safety for patients.”

They told us that this crisis in our NHS is not because of Covid, flu, Strep A or winter pressures; it is the result of 15 years of SNP failure.

Staff on the front line know best how to restore our NHS, how to save lives and how to modernise the system for the future, but the SNP Government is not interested in listening. The Government’s amendment to our motion says it all—excuse after excuse; it is not our fault—and provides no solutions. What a pitiful dereliction of duty.

The Cabinet Secretary for Health and Social Care (Humza Yousaf): Will Jackie Baillie listen to the head of the BMA’s general practitioners committee in Scotland? Dr Andrew Buist said that he

“was not at all convinced by”

Keir Starmer. Dr Buist went on to say:

“His ideas behind reforms seem very marginal and following on from Wes Streeting’s naive comments of GP reform I think further work is required by Labour.”

Is that not a demonstration that, on any subject but particularly health, Labour is completely out of ideas? Will Jackie Baillie tell us who is wrong—the BMA or Scottish Labour?

Jackie Baillie: This is fascinating. This is the cabinet secretary who is presiding over the collapse of the NHS in Scotland, yet he wants to talk about the NHS in England. That is completely irresponsible and a complete dereliction of duty. *[Interruption.]*

The Deputy Presiding Officer: Ms Baillie, will you resume your seat for a second?

We are barely five minutes into the debate and we are already having accusations levelled through the use of “you” and not through the chair, and we have members on the front benches and back benches yelling at one another while somebody is on their feet speaking. I ask for a degree more decorum and respect in the debate, as emotions will be running high, and I ask that we conduct the debate in a respectful manner.

Ms Baillie, I will give you that time back.

Jackie Baillie: Thank you, Presiding Officer.

The SNP turns its back on Scotland’s front-line medics and nurses, while we are listening to their concerns and their ideas for rebuilding the NHS. They tell us that the crisis in the NHS cannot be resolved until we tackle the crisis in primary care and social care. Dr Andrew Buist said:

“Our primary care system is the foundation of the NHS in Scotland and desperately needs more, not less, investment. I genuinely fear for practices already struggling to keep pace with spiralling demand. The consequences for the communities deprived of their GP services—or having to cope with a brutally diminished service—are severe.”

What was the SNP’s response? It cut £5 million from GP budgets and £65 million from primary care. It presided over a cut in the number of whole-time equivalent GPs—numbers have gone down by 81 since 2017—at the same time as it promised more. That is a legacy of failure that is now driving up pressure and demand in the NHS.

However, that is not the only broken promise that is piling pressure on the NHS. Eight years ago, the SNP pledged to end the dangerous and costly practice of delayed discharge. It failed. Tackling delayed discharge is vital in supporting our NHS. As Dr Iain Kennedy has said:

“The key to unlocking the front door of our hospitals lies at the back door.”

He went on to say that the exit block

“is the real reason for many of the issues at the front door of our hospitals.”

The SNP failure to tackle delayed discharge is causing huge capacity issues for hospitals, with potentially deadly results. It is not the fault of the people occupying the beds; it is a failure in social care, due to a lack of investment over years. Until there is parity of esteem between health and social care, we will not end the problem. We must

support a system that values health and social care equally, is rooted in the community and is about funding prevention and not just crisis. That means support for voluntary sector activities that sustain people in their communities. The Government’s approach of cutting budgets for such things is short-sighted and just plain wrong.

I turn to social care staff. In the chamber, we have all rehearsed the health vacancies numbers and the exodus of staff from the NHS: there are 6,400 nurse vacancies; there is a 14 per cent vacancy rate for consultants in some areas; and there are too few GPs to cope with demand. However, there is little said about the rising number of social care vacancies and the difficulty in recruiting and retaining staff. Of course, the Government does not bother to gather that data. If social care mattered, the staff would be counted. If social care mattered, the Government would pay the predominantly female staff a decent wage.

Time and time again, Labour has called for decent pay for Scotland’s care workers. In two successive budgets, we have called for a wage of £15 an hour. The Government should start immediately by providing £12 an hour and then negotiate a path to the rest.

However, time and time again, this SNP Government has voted with the Tories against Labour’s proposal. The Greens, who made promises about that in their manifesto, have quietly dropped their promise—the price of their ministerial Mondeos is being paid for by social care staff.

Although the SNP and Greens pay lip service to our care workers, they are happy for them to be paid less than supermarket staff. It is little wonder that we now face an exodus of staff.

Earlier today, I welcomed the social care sector, care workers and family carers to the Parliament for a round-table discussion. They could not have been clearer about the change that is needed.

We must not forget the enormous debt that we owe to family carers, who work day in, day out to care for their loved ones. By doing so, they relieve pressure on the NHS and the social care system.

However, they are being failed, too. Care packages have been slashed and respite care has been withdrawn. The SNP has failed to implement key recommendations of the Feeley review, including scrapping non-residential care charges. That alone would make such a difference to the cost of living for those who rely on social care, but the SNP dithers and delays.

There is no doubt that our NHS and social care system is in disarray. Lives are being lost and staff are exhausted. It does not get any more serious

than this. No amount of shuffling the deck chairs will end the crisis.

However, the SNP could act now. Let us have a credible recovery plan that is not just about applying short-term sticking plasters but about applying a long-term approach that recognises the immense contribution of primary and social care.

To start, the Government needs to invest in primary care, reverse the planned cuts and put in place a credible workforce plan that will deliver more GPs and more staff.

In social care, the Government needs to scrap non-residential care charges—that could be done overnight—end delayed discharge and give social care workers a decent wage rise.

The SNP's flagship national care service is in a great deal of trouble. There is a lack of vision, and it is more about structures than about changing culture. It will cost £1.3 billion, not a penny of which will go on providing direct care. The proposal is increasingly being rejected by stakeholders. Let us pause the National Care Service (Scotland) Bill, use the money to fund care packages now and take the time to get it right.

The NHS and social care are standing at the cliff edge of a catastrophe. The situation could not be graver. I do not believe that all hope is lost. Nye Bevan, the founder of the NHS, said that the system would continue to exist

“As long as there are folk left with the faith to fight for it.”

Scottish Labour is ready to fight for it; NHS staff are ready to fight for it; millions of Scots who owe the NHS their lives are ready to fight for it; and Scotland is ready to fight for it. Is this Government ready to fight for it?

If it is, the Government will back Labour's motion today. That will send a message to thousands of NHS staff that all is not lost. It will send a message that this Parliament is united, across party lines, in defence of our NHS. It will also send a message to thousands of Scots on waiting lists not to give up hope.

I move,

That the Parliament is deeply concerned about the experiences of patients and staff across Scotland's NHS; notes that in recent weeks A&E has recorded the worst ever performance against the 4-hour target, levels of delayed discharge have reached their highest ever and record numbers of people are waiting for appointments, tests and treatment; considers that this has not been caused by short-term problems, but is the result of 15 years of the Scottish Government failing to tackle systemic issues in Scotland's health and social care system, and believes that, instead of sticking plaster solutions, Scotland needs an NHS Recovery Plan that is community care-led, focuses on preventative healthcare, properly values social care and delivers £15 per hour for social care staff, and has a fully-funded and sustainable workforce plan for health and care services so that Scotland's NHS is fit for the 21st century.

15:03

The Cabinet Secretary for Health and Social Care (Humza Yousaf): I welcome the chance to respond to the motion on the pressures that the NHS and social care are facing. I remind Jackie Baillie and Scottish Labour that the first item of Government business in 2023 was my standing in this very chamber to give an update on those NHS pressures.

Jackie Baillie: I do not wish to be pedantic about it, but I believe that it was a statement that the Opposition had demanded that the cabinet secretary make.

Humza Yousaf: It was not. This Government proactively offered that.

As I have outlined in recent weeks and months, including to the Parliament in that statement last week, this is by any objective measure the most challenging period that Scotland's NHS has ever faced—and, I suspect, that NHS systems across the United Kingdom have ever faced. We recognise those unprecedented pressures and we put forward a series of actions, which were announced last October, to help our NHS and social care through this very challenging winter.

As I said, Scotland is not alone. Those challenges are being faced not just across the United Kingdom, but in health services around the world. We have encountered the perfect storm of pressures and it is impacting on our health and social care systems.

One of those impacts is noticeably lacking in the motion. There is not a single mention in the Labour motion of Covid-19, which is still exerting enormous pressure on our health service. Not for the first time in the current parliamentary session, Scottish Labour has brought to the chamber a debate about pressures in the health service and has failed to mention the word “pandemic”. To ignore the pandemic and its impacts is to ignore reality.

Alex Cole-Hamilton (Edinburgh Western) (LD): Will the cabinet secretary take an intervention?

Humza Yousaf: I will shortly.

I am all for debate on our NHS, but the debate must be grounded in reality. Our entire health and social care system is still facing the continued impact of the pandemic, which is the biggest challenge that our NHS has faced in its 74-year existence. Indeed, the most recent statistics show that Covid is at its highest level since the summer. In the week ending 15 January, there were 1,100 patients in hospital with Covid-19. That represents a doubling of the number of patients since November.

The motion euphemistically refers to the global pandemic that has caused such loss and suffering around the world as a “short-term” problem. Covid is not and never will be a short-term problem. I say to members that they should try telling those who have lost a loved one to Covid this week or over the course of the past three years that Covid is a short-term problem, or telling those who are suffering from long Covid that the pandemic is a short-term problem. To describe Covid as a short-term problem is an insult to every person who has suffered or continues to suffer so badly as a result of this dreadful virus. If Labour had any decency, they would apologise for putting such an insensitive motion in front of Parliament today.

Alex Cole-Hamilton: The cabinet secretary will be unsurprised by what I am about to say, because we have done this dance before. Of course there has been a global pandemic, and nobody can deny the impact that that has had on our health service. However, the problems were manifest in our health service and in social care well before anybody had heard of Wuhan, China. The retired chief executive of NHS Scotland, Paul Gray, said that the pandemic only hastened the date of the crisis, which was always coming down the track.

Humza Yousaf: As I said, members cannot airbrush the impacts that the pandemic has had on our NHS.

I pay tribute to the extraordinary efforts of our workforce across the entire NHS and social care systems. Our deep appreciation of our workforce is reflected in our commitment to having constructive industrial relations with the unions that represent the workers in our services. I am pleased to say that, due to that approach and the meaningful dialogue and positive engagement that I and the Government have had with our trade unions, Scotland is the only part of the UK that is not experiencing strike action by health staff this winter.

In Conservative-controlled England and Labour-controlled Wales, the respective Governments have singularly failed to engage meaningfully with their workforces. As a result, we see nurses taking strike action—regretfully, I do not doubt—today and tomorrow.

Michael Marra (North East Scotland) (Lab): What would the cabinet secretary say to the senior clinician who said to me last week,

“I am thinking of chucking it, to be honest. I actually do not know anyone who isn’t starting to think of chucking it. The NHS is finished.”

Does the cabinet secretary agree with his back benchers that such people are exaggerating?

Humza Yousaf: I speak to clinicians every day of the week; in fact, I spoke to the Royal College

of Emergency Medicine today. What I would say to the individual who spoke to Michael Marra is that we will reward them appropriately. That is why we are making the single biggest pay offer—a record pay offer, and one that has not been made in Wales or in England. We are going to make sure that they are rewarded and we will continue to invest in our workforce.

What have we done about some of the incredible pressures that our NHS is facing? The Scottish Government’s draft budget includes additional investment to increase the adult social care wage, and the creation of the national care service will provide a real opportunity for underpinning fair work in social care and delivering national sectoral bargaining for social care workers. However, no one should be in doubt about that: we are not waiting for the national care service to come to fruition to make those improvements in social care.

To address some of the demands in the system that we currently face—

Monica Lennon (Central Scotland) (Lab): Will the cabinet secretary take an intervention?

Humza Yousaf: If the member does not mind, I want to make some progress. I have taken a few interventions.

I have announced £8 million to procure an additional 300 interim care home beds on top of the 600 that we are already using. I have also announced further plans to recruit additional staff for NHS 24, which is an incredible service, to help us to reduce some of the demand at the front door of acute services.

As health secretary, I retain the emergency powers and the ability to direct that are set out in the National Health Service (Scotland) Act 1978. I am well aware that a number of members have called for a national major incident to be declared or for the NHS to be put back on to an emergency footing. However, a blanket pause of elective procedures would be the wrong thing to have as there would be significant impacts on the health service and, crucially, on patients who are waiting. It is important that we allow NHS boards to make the necessary decisions at local level. Of course, I have provided guidance and will give support to NHS boards where possible.

Our strategy is unapologetic. We will invest in social care to try to help with the exit block, which we know is causing significant challenges at our busiest acute sites, and we will do our best to reduce demand at the front door. Our work on that is beginning to pay off. We see that attendance at the front doors of busy hospitals is lower than the pre-pandemic level. People are coming in sicker and with higher acuity—that comes across from clinicians on the front line day in and day out—but,

if we deal with the front door and the exit block, we can make a difference and see that recovery. We have a relentless focus on that.

Monica Lennon: It is good to hear about the work that is intended to improve the situation, but the cabinet secretary knows as well as I do that, in Lanarkshire, we have had a code black situation for quite a long time now—hundreds of days—and we are not seeing that improvement. We talk about wellbeing and safety for patients and staff, but it is not fair work if people have to go to their work every day and work at the highest possible level of risk in the NHS. When will we see improvements in Lanarkshire? Is there any chance that we will de-escalate from code black any time soon?

The Deputy Presiding Officer: Please begin to conclude, cabinet secretary.

Humza Yousaf: I absolutely think that we will see an improvement in Lanarkshire. I have spoken to the new chief executive, Jann Gardner, and I urge Monica Lennon to do so if she has not had the opportunity. I have been very impressed by the ideas that Jann Gardner has brought forward to try to make improvements in Lanarkshire. It is well worth Monica Lennon's time to speak to the new chief executive.

I have no doubt that we still have challenging times ahead in our NHS, but I remain confident that, with the combined efforts of an incredible workforce and the will of the Government, as outlined in the amendment in my name, those challenges will be met and overcome.

I end where I started, by paying tribute to our brilliant NHS and social care staff, who provide exceptional care during the most challenging times. I offer them a promise that we will honour them not just by our warm words, but by our deeds.

I move amendment S6M-07538.2, to leave out from "is deeply" to end and insert:

"recognises the unprecedented pressure that NHS and care staff have faced over the winter and thanks them for all their efforts in caring for the people of Scotland at this challenging time; notes that these are challenges that are being faced across the UK and beyond; recognises that the triple impact of Brexit, the COVID-19 pandemic and the UK Government's cost of living crisis has exacerbated the pressures faced by the health service; believes that freedom of movement within Europe would be beneficial to help addressing recruitment challenges, and that the only route to securing that is membership of the European Union; welcomes that constructive industrial relations in Scotland's health service mean that Scotland is the only part of the UK not experiencing strike action from health staff this winter; notes the ongoing £1 billion NHS Recovery Plan, which is supporting new ways of delivering care that are creating additional capacity for inpatients, day case patients and outpatients, including investment to support the four National Treatment Centres (NTC) due to open over 2023; recognises that the expanded NTC network will

provide additional capacity of eight additional orthopaedic theatres, an additional inpatient/day case ward, five endoscopy rooms and two general theatres, initially providing over 12,250 additional procedures, dependent on workforce; welcomes the Scottish Government's draft Budget, which included additional investment to increase adult social care wages, and believes that, through the creation of the National Care Service, there is a real opportunity for underpinning fair work in social care and delivering national sectoral bargaining for social care workers."

15:12

Sandesh Gulhane (Glasgow) (Con): Well, after that speech, it is clear that the cabinet secretary just does not get it. Under this health secretary, our NHS is on its knees and is facing a perpetual winter, with waiting times for A and E and cancer treatment at their worst-ever levels. That comes after years of savage SNP Government funding cuts to council budgets, and let us not forget the plans for a national care service, which would scrap local accountability and impose total ministerial control, with the cabinet secretary driving the bus.

Let us look at some of his key performance indicators for the past year. In November 2021, just 75 per cent of patients were seen in A and E within four hours, and we should remember that the target is 95 per cent. If we fast forward 12 months to November 2022, we find that the monthly figure dropped to 67 per cent, which was the worst month on record. More than 13,000 patients waited eight hours in an A and E department, which was twice as many as in the previous November, while the number of patients waiting more than half a day doubled to 5,000.

The situation is so bad that, in January last year, a patient waited more than three and a half days to be seen in A and E. Through freedom of information requests, we have discovered long waits even for people to be triaged in our A and E departments. Now, major hospitals across Scotland are so overwhelmed that they have paused non-urgent elective operations.

NHS Scotland is fantastic because it is full of fantastic hard-working and dedicated professionals. It is the cabinet secretary who is clearly underperforming and who is not providing an effective plan; rather, he has provided what can only be described as a flimsy recovery document.

What do all these numbers actually mean? Let me put it into context for everyone here and everyone who is watching at home, because these are real people. The cabinet secretary says that attendances are down. During the Christmas period, I saw an elderly patient who had significant central chest pain. Because of all the messaging around A and E and the concerns about long waits, she was too scared to go in and instead

waited to see me the next morning, when I had to have her blue-lighted in to hospital. That lady has been failed by the system and by the SNP Government.

If the cabinet secretary would like further examples, I am more than happy to provide them. I have examples of children being unwell overnight while the parents were unable to get through to NHS 24; of patients having fallen and lying on the ground waiting for help; and of patients with injuries resorting to do-it-yourself measures. In the real world, where I am seeing patients, people are suffering.

In the winter time, it could be something as simple as slipping on the ice that necessitates your being seen in hospital—a Scottish hospital, which is why deflecting is simply not good enough.

What about patients with time-critical cancer referrals? Waiting times for cancer treatment are also the worst ever on record. In fact, it has been a decade since the SNP last met its target. Let us look closer at this health secretary's stats. In the third quarter of 2022, just 74 per cent of patients started treatment within the official 62-day standard. We have shocking evidence of a patient who waited two years to start cancer treatment, and also of a six-month wait for breast cancer treatment, a seven-month wait for bowel cancer treatment, and a more than 16-month wait for prostate cancer treatment. That is for cancer.

What about children and mental health? The SNP has never met its target—never. We know that teenagers in Scotland who have been referred to child and adolescent mental health services with eating disorders, suspected attention deficit hyperactivity disorder or autism are being told to expect a two-year wait for a CAMHS appointment. Parents are being advised to go private, if they have savings, at a cost of around £1,500.

In August 2021—

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

Sandesh Gulhane: —the cabinet secretary committed to clearing waiting lists in both mental health and psychological therapies by March 2023. With more than 8,000 people waiting, that is unlikely.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): Will the member give way on that point?

Sandesh Gulhane: I am afraid that I have no time. Scots either have to sit back—

Bob Doris: Will the member give way on that point?

Sandesh Gulhane: I was very clear, and I think that members should maybe listen. Scots either

have to sit back, shut up and wait, or dig deep and go private to get basic healthcare, relieve their pain—

Bob Doris: Will the member take an intervention?

Sandesh Gulhane: —to allow them to function again. Presiding Officer, I have been very clear three times.

The Deputy Presiding Officer (Annabelle Ewing): Yes, indeed. I think that the member has made it clear that he is not taking any interventions. Dr Gulhane.

Bob Doris: That is noted, Presiding Officer—*[Inaudible.]*

The Deputy Presiding Officer: I think that we should just allow Dr Gulhane to resume his remarks.

Sandesh Gulhane: The SNP and the cabinet secretary will blame Covid, Strep A infections or the flu for the pressures on the NHS today, but the underlying problems that Scotland's NHS faces are long in the making—long before Covid but during the SNP's period in government. Failed workforce planning; cutting the number of student nurse places; failure to solve delayed discharges from hospital as promised in 2014—that all predates the pandemic, and we have been pressing the cabinet secretary month in, month out to plan and prepare for this winter. As he knows only too well, nursing vacancies are up 10 per cent this year. There are now 6,319 nursing vacancies in NHS Scotland. In the year to March 2022, more than 7,000 nurses left the NHS. That is one in nine nurses—the highest number of leavers on record.

Delayed discharge is at a record high, and do not get me started on primary care. A BMA survey found that 81 per cent of practices say that patient demand exceeds capacity. We are seeing practices collapse and general practitioners cutting hours or even leaving the profession due to workload pressures and burn-out. Patients are struggling to get the care that they need.

We have a cabinet secretary who is leading the charge to spend £1.6 billion on a national care service that stakeholders fear will result in hyper-bureaucracy, poorer service in remote areas and poor value for money.

The Deputy Presiding Officer: Dr Gulhane, you are over your time. May I ask you to conclude, please?

Sandesh Gulhane: It would be great if I was not interrupted so much.

We would like to see the Scottish Government introduce the kind of steps that we have recommended. Scotland's NHS is in a perilous state.

I declare an interest as a practising NHS doctor.

I move amendment S6M-07538.1, to leave out from “, and believes” to end and insert:

“; recognises in evidence of this fact that the 62-day cancer treatment target has not been met in a decade, and that the Child and Adolescent Mental Health Services target has never been met since its introduction in 2014, and calls on the Scottish Government to take action by introducing new crisis maximum waiting times, increasing GP capacity by introducing a full electronic repeat prescription system, introducing an NHS care app to allow patients to see live hospital waiting times, introducing prehab for those awaiting treatment, and expanding rehabilitation and assessment in the community and home (ReACH) teams across all health boards to prevent older individuals from having to return to hospital.”

The Deputy Presiding Officer: Thank you, Dr Gulhane. I call Alex Cole-Hamilton, who has up to six minutes.

15:19

Alex Cole-Hamilton (Edinburgh Western) (LD): Thank you, Deputy Presiding Officer. I am very grateful to Jackie Baillie and the Labour Party for making their Opposition debate all about the crisis in our NHS. I rise to speak on that basis for the Liberal Democrats.

It is hard to remember a time when things were this hard and our NHS was engulfed in such a crisis. Indeed, every new set of health statistics reveals yet another unwelcome record. We have heard so much about that today—it is exhausting. To put it plainly, things have never been this bad. Not a day goes by when I do not receive an email, phone call or visit to my constituency office from someone who has been waiting months for a routine operation, weeks for an important diagnosis or days just to speak to somebody in their local GP surgery.

Every day, we hear more alarming reports from the front line of Scotland’s A and E departments. The huge impact on patients cannot and will not be overstated. We have heard from the Royal College of Emergency Medicine how the dysfunction in our NHS is measured out in human lives. It results in more than 40 preventable deaths each week. Perhaps we should stop for a moment and consider that number. Every one of them is a husband, wife, brother, sister, son or daughter who could have, should have and would have gone home but for the crisis in emergency care.

Just yesterday, I heard the heartbreaking story of an elderly patient who was forced to spend her final days on a trolley in the middle of a busy A and E department. Such accounts are, sadly, becoming familiar, but we cannot afford to become accustomed to them or desensitised to what is unfolding daily in Scotland’s NHS. The stakes are too high. People’s lives are literally on the line.

Neither can we afford to accept the toll on staff. They are on their knees. I saw it this week when I visited a medical practice in my constituency. It is a popular medical practice in a bustling part of our nation’s capital, but it has had an open vacancy for a partner for a year. It cannot hope to fill a locum vacancy when somebody goes on leave.

Doctors have spoken movingly about what they describe as the moral injury that they are suffering from being unable to provide the care that they would want to provide and that their patients desperately need. I know that members speak with one voice in saying that none of that is their fault. On the contrary, we owe the staff a huge debt of thanks for the incredible efforts that they go to and the fact that so many are sticking with it. We are blessed to have them and they deserve so much better.

I turn to the crisis that is engulfing mental healthcare in Scotland. Children and young people still face devastatingly long waits for treatment. Liberal Democrat research has revealed that, since mid 2019, the Government’s 18-week treatment time target has been breached by a cumulative 2.7 million days. The Government says that it will clear up those dreadful waiting lists by March, but they are getting worse by the day. The chances of the Government achieving that goal are, to be frank, vanishingly small.

Bob Doris: I absolutely do not deny the pressures in mental health. However, I put on record the fact that recent correspondence that I had with NHS Greater Glasgow and Clyde shows that it is now on schedule to clear its CAMHS backlog by March this year.

There is some really good work, and some achievements are being secured in the NHS. I do not deny the existing pressures, but we should welcome the successes that exist and that are evident.

Alex Cole-Hamilton: I am grateful to Bob Doris for that intervention. I salute the efforts of health boards that might be achieving the target, but it is not happening universally. I hope very much that we will achieve it. I certainly want the Government to succeed in it, but it is manifestly clear from the correspondence that I receive that, in Lothian, we are nowhere near clearing those waiting times by March.

The Government says that it will clear those targets by March, but they are getting worse every day and vulnerable young people are paying the price. In previous budget negotiations, my party secured £120 million extra for mental health, but the SNP and Greens have just cut it again by a staggering £38 million. Young people are suffering under the long shadow of lockdown—any specialist or schoolteacher in the country will tell

you that. The Government could not have picked a worse time to cut that funding. Liberal Democrats led the way in getting the Parliament to declare a national mental health emergency. Now, the Government needs to step back and give that declaration the funding that it deserves.

In the face of multiple crises, it is natural to wish that someone, somewhere, in a position of power might be working with every breath in their body to make things better. That is what the Scottish people expect of the Parliament and what they hope for, but, sadly, they are faced with an SNP Government that is led by a First Minister who spent the weekend scheming about how best to break up the United Kingdom. She is more interested in which election should be made about her pet project than in ensuring that NHS staff are treated fairly and that patients are seen on time.

Let us get real: one person in six who could not get a doctor's appointment last year conducted a medical procedure on themselves or got someone equally unqualified to do it. The waiting times for primary care are so bad that it made sense for a Ukrainian refugee to travel home to face the bombs and bullets of her home country rather than the queues of our Scottish NHS. That is the grim reality in Scotland in 2023 under the health secretary, the First Minister and the SNP-Green Administration, and no amount of plotting, scheming or wishing for a future nationalist utopia can hide that fact.

The cabinet secretary accuses others of being out of ideas. If he is open to them, let me offer some. Activate an immediate staff burn-out prevention plan that guarantees better pay and time off when people need it, as well as safe staffing levels. Replace the meaningless treatment time guarantee with real-time information for waits and operations. Reform the funding structure so that dentists can return to taking on NHS patients. Put more counsellors in schools and establish a single point of contact for those young people who are on CAMHS waiting lists. Stop the ministerial takeover of social care and invest the £1 billion that the Government intends to spend on it in services and staff. Finally—

The Deputy Presiding Officer: You are over your time, Mr Cole-Hamilton. You need to conclude.

Alex Cole-Hamilton: —call a staff assembly that puts the expertise of front-line staff at the heart of solving the emergency. It is an emergency. Get to work, cabinet secretary.

The Deputy Presiding Officer: We move to the open debate. Speeches can be of up to six minutes.

15:25

Paul Sweeney (Glasgow) (Lab): I speak in support of the Labour motion, because the crisis faced by our national health service impacts on every one of our constituents. As we have seen in recent weeks and months, the NHS's continued decline is not only a matter of grave concern but a matter of deep regret. The national health service is Labour's greatest-ever achievement, and I can assure everyone in Scotland that defending it against cuts, neglect and continued decline will always be a priority for our party.

Let us look at that continued decline. As has already been outlined very eloquently by my friend the member for Dumbarton, since the cabinet secretary has been in post, Scotland's national health service has experienced the worst A and E waiting times on record, the highest-ever number of patients languishing on NHS waiting lists, the worst performance against cancer waiting time targets, the largest increase in levels of delayed discharge and the most vacancies ever recorded in the NHS workforce. That can only be described as a litany of failures—a litany of failures that has devastating human consequences for the people whom we are here to represent in this place and one that, frankly, should result in the health secretary resigning.

Gillian Martin: I ask Paul Sweeney the same question that I wanted to ask Dr Gulhane, who would not take an intervention from me. A lot of GPs and clinicians at a senior level say that the current situation with their pensions is a problem, which means that they retire early. Would Paul Sweeney be supportive of moves to implement for doctors the same pension arrangement that High Court judges are given by the UK Government, to stop the drain?

Paul Sweeney: I recognise the point that Gillian Martin makes, which I think is very important. When I was a member of the House of Commons, I raised that issue repeatedly in an effort to get the Treasury and HM Revenue and Customs to address the situation. I recognise that that is a cross-party effort. However, pensions are not the single factor that is driving vacancies in the national health service. There are many things that the cabinet secretary and his team could be doing to mitigate and to solve the problems in our NHS workforce. Young doctors and medics, in particular, are going to Australia in huge numbers, and that is not because of pensions.

It is extremely important to reference the human consequences of the failures that I listed. Statistics are released on a regular basis, and I fear that, at times, it is forgotten that behind every one of those statistics is a human being, who is often in tragic circumstances. I cannot be the only member whose inbox is regularly inundated by constituents

detailing their harrowing experiences when they call on our NHS services. I make it clear that, in detailing those experiences, neither I nor those constituents are being critical of the staff who work on the front line, day and night, to keep our NHS afloat despite the incompetence of Government policy.

The content of those emails and pieces of correspondence ranges hugely, but one thing that binds every one of them together is that they paint a picture of a healthcare system that is crumbling and failing patients. In November, I was contacted by an ambulance driver who told me that, when he started his shift that morning at 7 am, his first patient had been waiting for an ambulance since midnight. He went on to detail horrendous cases, such as that of a toddler with complex medical needs who was having recurring seizures and had waited for more than five hours for an ambulance. When the crew arrived, the patient's oxygen level was so low that their condition was deemed to be life-threatening.

In October, while on a constituency visit, I was approached by a constituent who told me a harrowing story about his father, who had suffered a stroke. Because of the delay in getting to A and E on time, because of ambulance shortages, he has been left permanently disabled. When the family asked the cardiologist how severe his stroke had been, they were informed that, if his relatives had got him in a car and brought him up to A and E instead of waiting for the ambulance to arrive within the appropriate timeframe, he would have been left without any permanent complications. Imagine the guilt of that tragedy and the lifelong complexities and burdens.

Just last week, I was contacted by a constituent whose mother-in-law was deemed medically fit to be released from hospital into a care setting in October. She was released on Friday 13 January and was charged £430 for the privilege of an ambulance transfer from the hospital in one health board to a care setting in another.

I could go on all day about the cases that have been brought to my office that show the state that our NHS is in. Every winter, we go through a crisis worse than that which came before. Every winter, we hear details of harrowing and devastating tragedies that could have been avoided. And, every winter, this Government comes to the chamber parroting excuse after excuse. It is not good enough. As much as I respect the cabinet secretary, on this occasion he is in over his head.

We have a workforce that is the best in the world, but it is exhausted and demoralised beyond precedent. The Labour Party has continually called for and argued for an integrated health and social care system, for an increase in social care workers' pay to £15 an hour, and for a fully funded

sustainable workforce plan to be the backbone of this Government's plans. To date, we have been ignored, accused of scaremongering and, worst of all, accused of talking down the very national health service that this party created. Each of those accusations is not only a grotesque mischaracterisation of our position but a slap in the face for those of us who want nothing more than to see a national health service that is fit for the 21st century, that patients can rely on and that values and cherishes its workforce. On the basis of the current trajectory, under this Government it is unlikely that we will see any of those things any time soon.

15:31

Gillian Martin (Aberdeenshire East) (SNP): Every country in the UK has a health service that is under a great deal of pressure at the moment. It is always my hope that we come to the chamber open-minded about policy interventions that we can make, based on the advice of professionals who know what they are talking about and within the budget we have available to us. We must also take into account what patients need from our NHS and, with their expectations in mind, what level of tax they are prepared to pay so that Governments can meet those expectations.

That latter aspect can often be ignored. Warm words abound from politicians about our precious NHS, but how often do we really admit that, to maintain that magnificent thing, the benefits of which Scottish and wider UK citizens enjoy, we must collectively dig deeper into our pockets in terms of tax?

This is the UK conundrum. UK politicians in competition to be the next Government do not want to upset the upper and upper-middle classes and the powerful right-wing press—the kingmakers, as we know that they are—by taxing the better-off. Simultaneously, they want to maintain a façade of cherishing the NHS, even when their actions in government contradict that.

In Scotland, people voted for the SNP and the reforms that we outlined in our manifesto, our approach to public spending on health and our approach to tax—albeit within the limited powers we have in that regard. In my view, the full suite of tax and borrowing powers would give a Scottish Government of whichever stripe the means to protect over the long term the NHS that we want, especially in the face of the erosion of the national health service by successive UK Conservative Governments. In addition, I am sorry to say that the Labour health secretary in waiting, Wes Streeting—

Jackie Baillie: Will the member give way?

Gillian Martin: I will finish this point. Diane Abbott said of Wes Streeting:

“Inch by inch Wes is trying to push for a privatised/insurance based NHS”.

On the Labour motion that is in front of us, I remain astonished that Opposition parties are not compelled to produce detailed budget plans for scrutiny. As it stands, the public cannot take Opposition proclamations and demands at their word. How might Scottish Labour’s demands for pay for carers be funded? We do not know.

Jackie Baillie: Will the member give way on that point?

Gillian Martin: I would like to hear the answer to that.

Jackie Baillie: We have outlined over two successive budgets how we would pay for that. I point out to the member the £1.3 billion that the SNP is about to spend on a national care service that nobody believes in. It could use that to fund social care pay.

Gillian Martin: Well, I have heard of back-of-the-envelope stuff—I cannot see the envelope on Jackie Baillie’s desk, but there we go.

From which other part of the public sector would the Opposition parties take money to put more into the NHS? Again, we do not know. Every week, the Conservatives complain in this chamber about the services that the Scottish NHS delivers, but they wanted the Scottish Government to replicate the tax cuts for the richest that Liz Truss put forward. Had we done so, how would we have maintained the current record spending that the SNP has put into the Scottish NHS? The simple answer is that we could not have.

The Tories in particular love when we compare the Scottish NHS with the service that they run south of the border. It is not just me who is pointing this out: when Sandesh Gulhane was interviewed on “Good Morning Scotland”, he was pressed on the point that if he was calling for the head of my friend and colleague Humza Yousaf over long waits in A and E, he should surely condemn his Conservative counterpart in England, where the waits are longer, the situation is far more precarious in terms of patients being left without care, and investment in the NHS is being stripped out by his colleagues. Let us not forget that the nurses are on strike there today as well.

I have massive sympathy for anyone with responsibility for the NHS wherever they are in the UK. Covid is still causing staff absences and increased admissions. As our health boards warned us, recruitment is suffering because of Brexit. We need better workforce planning, including targeted immigration and action on

pensions, as I mentioned in my intervention to Paul Sweeney.

I have to say that I have a smidge of sympathy for Scottish Labour, too, which has been done no favours by its leadership in the past couple of weeks when it comes to health. Its members must have been horrified when Labour leader Keir Starmer played amateur doctor on television on Sunday—[*Interruption.*] Similarly, they must have been hiding behind the couch—

The Deputy Presiding Officer: Ms Martin.

Gillian Martin: —when Wes Streeting—

The Deputy Presiding Officer: Ms Martin! Hello! Could you sit for a second? Could we please have less chit-chat from across the front benches, which is interfering with our ability to hear the member? Please resume, Ms Martin.

Gillian Martin: Thank you very much, Presiding Officer.

Similarly, they must have been hiding behind the couch when Wes Streeting went to war with GPs, prompting Dr Philip Banfield, who is the UK BMA chair, to say that Mr Streeting

“does not understand general practice”

and that

“the Labour Party has a lot to do between now and the election”.

The Scottish NHS is under the same pressures but, my goodness, our cabinet secretary is working with the sector, negotiating to avoid strike action, providing extra care beds to ease pressures and listening to the professionals.

Across the chamber and across the health and care sector, we are united on one thing, and that is that a great many of the issues in A and E and wards have been caused by poor patient flow, both through and out of hospital. The social care system in its current state needs reform. The Scottish Government is working now to secure more places in care settings for those who are ready to leave hospital. However, radical structural reform is needed in the form of a national care service—a service that, I might add, has the support of Unison and many of the service users we have spoken to in our deliberations.

Alex Cole-Hamilton rose—

Paul O’ Kane (West Scotland) (Lab) rose—

The Deputy Presiding Officer: The member is just about to conclude.

Gillian Martin: This is a chance for us all to come together with ideas on how we achieve that service and eradicate the major cause of the issue that is before us. Let us work together to shape the national care service and make it our whole

Parliament's defining achievement of the sixth session.

15:38

Sue Webber (Lothian) (Con): Our NHS is on its knees. Waiting times for A and E and cancer treatment are at their worst-ever levels, yet more parliamentary time was set aside last week to discuss independence than was spent on our failing health service. As Jackie Baillie stated, it is only in Opposition debate time that we get to discuss the issues in detail.

Today, as one in seven people languishes on a waiting list, I want to focus on waiting times. The real-time impact of pausing and restarting elective surgery is that we never really know the accuracy of median waiting times. All that patients are asking for is clear and accurate data on approximate waits.

Public health data as it is presented shows average waits of 19 weeks. However, that data uses the average median and does not count urgent cases. As Dr Gulhane mentioned, some health boards are not doing any elective surgeries, so it is impossible to deliver a four-week wait.

Patients get angry and distressed when they deal with moving medical goalposts. They have this unrealistic ideal of their waiting time, so they have increased phone contact with their GP and make more calls to hospital secretaries as they wonder where they are on the waiting list. All of that adds to the daily pressures that our front-line staff are facing.

Lauren Bennie, Scotland head of Versus Arthritis, said:

"People need clear and regular communication about when they can expect to receive surgery and what information and support is available while waiting. Many fear being forgotten or feel abandoned to manage their pain alone."

Alex Cole-Hamilton: Sue Webber has outlined eloquently the reality that many of our constituents face. They are given letters that say that their treatment will begin in 12 weeks when there is not a hope in hell that they will be seen within 50 weeks. People make life plans based on those letters; they agree to attend weddings overseas or put off holidays in the hope that they will be seen. We need to make sure that patients are seen in real time. Does the member agree?

Sue Webber: Yes, I agree.

I will continue to quote Lauren Bennie, who said:

"The difference between a 33-week wait and a 19-week wait can be devastating for people",

as Alex Cole-Hamilton just outlined, especially those

"with arthritis whose physical and mental health are worsening by the day, slowly eroding their independence. Edinburgh University researchers found that people's quality of life significantly deteriorates after each six-month period of waiting."

People with arthritis who are waiting for hip and knee replacements live with severe pain, struggle to move around and are often unable to work. In terms of healthcare economics, those operations are some of the most effective treatments that the NHS offers, so it is unacceptable that people face long waits or financial instability to access them.

We increasingly hear from people who feel that they have no choice but to use savings or borrow to pay for surgery privately. The financial hit is especially devastating when living costs are soaring. Before I get any interventions, yes, that risks widening health inequalities further and thus has to change.

We must remember that pain is crippling and debilitating. People have little or no confidence in any practical steps to reduce the impact of their pain on their daily life. Reliance on pain medication is very high, and a lot of self-management resources have been suspended due to the pandemic. Medication options, from prescription to over the counter, take a toll, too—from fatigue to nausea and, dare I say, constipation. They, too, impact on the ability to work and have a normal life. We call on the SNP Government to introduce prehab for people awaiting treatment, so that people can live well while waiting. Reliance on pain medication is very high and impacts the quality of many people's lives.

The cabinet secretary told us that all would be well when he brandished his NHS recovery plan in August 2021. He then claimed that everything was under control when presenting the winter resilience plan in October. Now he has been forced to concede that everything is far from well.

Rather than work collaboratively with other politicians who have plenty to offer in what is undoubtedly a national emergency, on Tuesday of last week, Mr Yousaf was utterly dismissive of the Conservative NHS action plan, which was produced by someone who knows what they are talking about. The Scottish Conservative's 14-point recovery plan includes streamlined specialist super Saturdays, the expansion of same-day operations and more off-peak scanning.

My colleague Dr Gulhane is a practising doctor and a former orthopaedic registrar. As he said, he spent the holiday touring practices to get a genuine feel for what is happening across the country. I have spent more than 25 years working with healthcare providers in Scotland, England and Northern Ireland.

The SNP has spent years hollowing out our local councils. With savage funding cuts on the horizon, its plans for a national care service would scrap local accountability and impose total ministerial control.

Kaukab Stewart (Glasgow Kelvin) (SNP): Will the member take an intervention?

The Deputy Presiding Officer: The member will be concluding shortly.

Sue Webber: I am in my concluding remarks.

Last week in his statement, Mr Yousaf admitted that

“it is right for health boards to retain decision-making at local level so that they can determine how best to flex their services”.—[*Official Report*, 10 January 2023; c 37.]

Perhaps his Government should heed his own advice when it considers wasting £1.7 billion on ripping social care from local authorities.

15:44

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I, too, put on record my gratitude to all who work across our NHS and care sector in whatever capacity.

I now address the Labour motion. It would have more heft if it at least mentioned, if only in passing, the devastating impact of Covid and the years to follow when the NHS throughout the UK and healthcare throughout Europe and the wider world dealt with a raging pandemic and adapted procedures in the face of the virus, which brought what I might term the usual provision of healthcare to a standstill.

The motion also does not recognise that it will take years for recovery. To this day, sanitation is high, mask protection continues and ambulances have to be sanitised after every patient. All that adds to delays, and Covid still stalks hospital corridors. Add to that the pressures of influenza—not mentioned by Labour—which can be very serious and, despite vaccination, is possibly proving more so to some groups of people, including me, because we have reduced resistance after years of wearing masks and sanitising our hands.

Then there is the welcome but extra pressure of the demographic shift, which also went unsaid in the Labour motion. We all live longer, which is a good thing, but age naturally brings additional demands on our health services and care sector. Wherever we look in the UK, the issues remain the same. Indeed, the situation is worse in Wales—where Labour is in government—than it is in England under the Conservatives. I do not say that with even a slight degree of satisfaction—not in

the least—but do so simply to put today’s debate into context.

Also for context, I say that, in my 24 years as an MSP—during the Labour-Liberal Democrat coalition and to date—much of the attention has been on firefighting the increased demands on the NHS. Some good progress was made, and I welcome free personal care under the Labour-Liberal Democrats, and, of course, free prescriptions, free school meals for those in primary 1 to primary 5 and the child payment, all of which are interventions made under the SNP Government that are aimed at reducing NHS pressures. In England, it costs more than £9 per item prescribed, and therefore some people who live south of the border are rationing their medication to the endangerment of their lives let alone their health.

The problem is, as it always has been, how to move from the immediate demands, which are exacerbated as I have narrated, to a medium to long-term solution. I therefore welcome this suggestion by the British Medical Association:

“BMA Scotland is calling for a National Conversation with all stakeholders, to take a long-term approach to what we want and expect from our NHS. Only when we fully understand what we need and want from the NHS can proper consideration be given on how we resource it.

The National Conversation, commissioned by but independent of the Scottish Government, would act as a facilitator for a dialogue between the public, health and care stakeholders, Scottish Government and political parties; its purpose is to inform the reform, it must have practical outcomes that are part of a long-term vision for NHS Scotland.

Now is the time to seriously consider what the NHS provides within the resources we provide it with, and ask the difficult questions around what we as a society want from a National Health Service free at the point of need, what we can afford to deliver and how we deliver it. There are no easy answers.”

I agree.

Covid was a wake-up call for all of us to the growing needs of those who receive care at home or in care homes and the varying standard of that care; integrating health and social care; the standardisation of care provision; recruitment and retention; and the expanding use of pharmacies and allied health professional services so that the right treatment is provided at the right time by the right health professional. All of that is not easy, as the BMA stated.

Paul Sweeney: Does the member agree with me that, although care is critical, resourcing it also essential? The disproportionate cuts that have been imposed by the Government on local government have only exacerbated the delayed discharge problem.

Christine Grahame: I will come on to resourcing.

During this thoughtful discussion, we should consider the following questions: what is the role of health boards? What should the relationship between GP practices and health board areas be? Should more GPs be directly employed by the NHS rather than in private practice? How much more can technology be used? What should the state provide in the care sector? What kind of workforce do we need and where do we get it when some options are closed because of Brexit? What will be required as our ageing population increases? How does our society afford expensive treatment and drugs? What price do we put on all that, and how do we fund it?

This is the only party-political thing that I will say: as a result of the disastrous and costly funding of public buildings, including in the NHS, using the private finance initiative under Labour, the cost each year to the Scottish Government in repayments to the private sector on NHS buildings alone runs at £250 million, which could have been better spent on services.

It is the job of the Opposition to hold the Government to account, but too often that is with press headlines in mind. Opposition members must offer solutions and, most importantly, credible funding sources from what is virtually a fixed budget, now reduced in value by £1.4 billion due to inflation.

I say to members in the chamber: less heat and more light, please. Turn down the volume on theatrical rhetoric; turn up thoughtful and responsible debate. That is what the Scottish public want.

15:50

Sarah Boyack (Lothian) (Lab): Our NHS is in crisis, and we urgently need an NHS recovery plan, as Jackie Baillie has said. I agree that Covid has had a massive impact right across public life, including on the NHS, but we cannot pretend that the problems in our NHS are not long term and deep seated.

In Lothian, up until the first lockdown, the Scottish Government's target to have 95 per cent of patients admitted, discharged or transferred for A and E treatment within four hours from arrival was last met in October 2017. This is an on-going challenge and we need to look at the issue of staff investment in terms of doctors and nurses and, critically, in terms of care staff, who will not be attracted to a profession where not only is the salary lower than many in other jobs but the job is significantly more stressful. It can often require people to pay for their own travel costs to support clients, and carers are not getting the career

development opportunities that we should be giving them. That is why we need the national terms and conditions and decent career opportunities that Jackie Baillie talked about—not a bureaucratic, centralising organisation that will strip yet more investment from our cash-strapped local authorities, which are on the front line, trying to provide care for our communities.

When we look at NHS staff, we need to focus not just on this year's pay negotiations, although those are critical to making sure that staff get a decent reward for their work. We also need to ask what more can be done to support staff retention. The pressures in the NHS in terms of understaffing and the stress that many staff are facing need to be addressed now.

The eye-watering length of time that people have to wait for treatment is not just affecting members of the public; it is also affecting those staff who cannot continue working for the NHS because they are waiting for an NHS operation or treatment.

When I recently met NHS Lothian staff members, it was heartbreaking to hear about their personal situations and to pick up on their anger about the use of agency staff when they would rather have full-time, permanent NHS staff doing that work. There are key challenges that we need to address.

I want to say something about the long-standing backlog of challenges. In NHS Lothian, a lot of our problems are due to systemic underfunding. The national resource allocation formula has not been delivering sufficient investment for years and, in Lothian, we have a growing population and we will continue to see more people needing support in the future. Our projected net population growth is 84 per cent of Scotland's projected net growth. We need a discussion about that now, because we will get more young people, but we are already getting an ageing society, as Christine Grahame has just mentioned.

NHS Lothian needs that support now because, as I understand it from the helpful briefings that we get from the staff who are running those services, the services in Lothian are already at capacity. That is before that population increase, so we urgently need investment in staff to keep the services going. We also need new buildings, such as the eye pavilion, but there are other key investments that we need and which need to be factored into an NHS recovery plan to create the investment, to tackle the projections and to make sure that we can provide services now and that we have confidence for the future.

A particular issue that Jackie Baillie rightly finished on is the need to focus on preventative care, because access to our GPs and to

community healthcare services is critical but, last year, our GPs saw significant cuts from the Scottish Government. That does not help because, in Lothian, we need capacity increased not just in our hospitals but in our communities.

Day after day, people phone my office who are struggling to get GP appointments and there are lengthy phone waits. They have to phone day after day, because there are simply not enough appointments available. That means that underlying health problems go untreated, which is a disaster for people as potentially dangerous symptoms do not get picked up. For example, symptoms of cancer do not get treated. As we know, swift treatments, with the fantastic services that we have in the NHS, can save people's lives and give them different outcomes. That is why people are going to A and E, because they are desperate to get help when they need it, especially when they have experienced pain day after day and have waited weeks to get access to support.

We need more information. Last week's briefing on the survival of cancers was impactful. Making sure that people get access to our GPs is critical; we can then get them access to operations and the treatment that they urgently need.

In his summing up, I want to hear from the cabinet secretary what action he is taking to prioritise additional investment in GP services across the country, particularly community access, with a focus on Lothian, not forgetting the current crisis in that region that is getting worse. Day after day, people are frustrated and upset; they are stuck in hospital waiting for operations that they urgently need. This week, someone approached me who needs to go to another health board for an operation. However, they are stuck in a bed in NHS Lothian, which is not what they want. They do not just want the operation; they also want not to be blocking someone else from getting access to their bed. People cannot go home, because the care that they need is not available, and there is not enough step-down care in care homes either. We urgently need action. Investment in preventative care is critical.

I would push back on the SNP members' comments when they say, "We are not being party political." The SNP has been in power for 15 years. The crisis in our NHS is of long standing and is due not only to a lack of investment but to a lack of correct priorities. Prevention is better than cure, but we are getting the opposite of that. We do not need social prescribing in three or four years' time when we do not have the cultural organisations—

The Deputy Presiding Officer: Ms Boyack, you need to come to a close, please.

Sarah Boyack: We need action and investment now.

15:57

Emma Roddick (Highlands and Islands) (SNP): It is an inescapable fact that the pandemic is, as it has been for healthcare systems across the world, the greatest challenge that our NHS has faced since it was created 75 years ago. I am not sure how Labour has managed to square the circle in its motion, in which it claims that the pressure on the NHS in Scotland is not caused by "short-term" issues, but also claims that those issues must be addressed by a recovery plan. There is, of course, an on-going recovery plan that has been funded with £1 billion, because our NHS needs to recover from what the Labour Party calls "short-term" issues.

Labour has its fingers in its ears, but the current issues that we are facing are enormous, so it is inevitable that there will be some effect on the NHS and its workers. Those issues include Brexit, which has seen us lose so many of our staff who no longer feel welcome in the UK, thanks to decisions that were made down south. They include the Covid pandemic, in which—even putting aside the current high number of cases—thousands of people who would otherwise have been well have been admitted to hospital, struck with long Covid, or otherwise made weaker as a result of catching the virus. They also include, of course, the Tory-made cost of living crisis, which is pushing people into poverty-related health issues and putting pressure such as I have never seen on budgets, thanks to overwhelming inflation.

Those issues have widespread and long-lasting effects that cannot be ignored, and they certainly cannot be separated from the significant pressure that exists, as Labour highlights, in the NHS.

Paul O'Kane: Emma Roddick is seeking to outline a number of the challenges. However, does she accept that clinicians are saying that the current situation has been 15 years in the making, and that the issues that the member is relaying to the chamber are exacerbating a situation that was already extremely difficult because of decisions of the Scottish Government?

Emma Roddick: I am not sure which "clinicians" the member is referring to, but there is certainly work going on.

In looking at the Scottish Government's amendment to the motion, I see no denial that there are problems within the NHS. I will come on to the difference between how those problems have been dealt with in Scotland and what has been done down south, because the context and issues that I have outlined exist in the rest of the UK, too, so what matters most is how the relevant

Government chooses to react and how the issues are dealt with.

In Scotland, the SNP Government has eased delayed discharge by purchasing additional care beds and providing additional support to NHS 24. It has got round the table with unions and made the offer of a 7.5 per cent pay rise for agenda for change staff. We can compare that to what the UK Government has done, which is to disrespect unions and table legislation to prevent folk from going on strike.

Perhaps the different tack that is being taken in Scotland is why we have the best-performing A and E service in any of the four UK nations, and perhaps the fact that we have the best-paid staff in the UK and make the time to sit and talk and negotiate with them is a big part of why we are avoiding strike action here today, unlike other parts of the UK.

Perhaps Labour could look at the bigger picture and think about the contrast between the two systems that are on offer and the positive change that has been made here, and, rather than coming here and making claims about the NHS being on the point of total collapse, make actual costed and reasonable suggestions, and back us when we demand more freedom with the budget, which would allow us to make even more progress even more quickly.

Pam Duncan-Glancy (Glasgow) (Lab): Will the member take an intervention?

Emma Roddick: No—I am sorry.

I used to be a carer. My wee sister is still one—and a far better one. I would love to see more support for carers, and I know that the incredibly ambitious national care service will make the massive changes to their experience that are needed. Labour seems to be both demanding that we spend money that we do not have and complaining about the money that it is planned will be spent on the national care service. It wants us to spend more money, but not on that, even though the service is backed enormously by the public.

The increase in adult social care pay this year to £10.90 an hour is part of a 14.7 per cent increase in the past two years, and is the same as the Labour Government in Wales is offering. To offer more “overnight”, as Jackie Baillie asked for earlier, would require greater fiscal powers and/or the cutting of budgets elsewhere. Even increasing pay for care staff to £12 an hour would cost the Scottish Government hundreds of millions of pounds.

Jackie Baillie: We have been asking for that for some time now. It is not an overnight request.

Does the member agree that £10.90 represents only a 3.8 per cent pay rise during what is an incredible cost of living crisis, and that band 3 NHS workers have got significantly more. Does the member not think that they should get the same?

Emma Roddick: I was quoting Jackie Baillie’s earlier contribution when I used the word “overnight”. I do not think that anything that she has just said is in conflict with how I presented it.

It is a real shame that we lack access to the levers of power that are required to address the issue fairly, and that Labour—even after the Tories tanked the economy last year with their irresponsible UK governance—is still failing to back calls for greater power. We should not be tied to public spending decisions that are made by a Conservative Government in another country. We should be able to borrow where we see fit in order to react to events and fund our NHS properly, because the Government here in Scotland wants to protect the NHS. It does not want to let privatisation in and it is not focused on cost cutting more than on good public service.

We cannot keep relying on the promises of an irresponsible flip-flopping Government elsewhere, given that last year showed us that we cannot rely on its block grant figures from one month to the next. If we had employment powers here, we could defend workers against the attack that is being made on their rights through the introduction of the most restrictive anti-trade-union laws anywhere in Europe.

I wish that we could be debating today a greater vision from Labour—one that involves protecting and strengthening employment rights, rather than merely hearing that we should put more money in and do it quickly, without any indication of where in the fixed budget that money would be taken from.

The Scottish Government funds the NHS to a proportionally higher level than other Governments across the UK fund it; it will continue to do so, all the while keeping that public service in public hands, with public accountability.

16:03

Edward Mountain (Highlands and Islands) (Con): I start by thanking Labour for giving us the opportunity to discuss the national health service. I do not agree with everything in its motion, but I am grateful that it, like us, wants to concentrate on this subject, which is—dare I say it?—close to my heart and has become very personal to me over the past year.

Let us consider some of the problems that we are facing across Scotland, and let us turn the spotlight on the Highlands.

We know that, in December, across Scotland just more than 50 per cent of A and E patients were seen within a four-hour waiting time. That is the lowest figure ever recorded. The crisis in A and E has extended outside that department and on to the ambulance park. For the first time in the Highlands, we have seen ambulances that are carrying patients who are in need of treatment waiting outside hospitals. Furthermore, some ambulances have been deployed with only one member of the crew in them. The First Minister admitted that there were about 1,400 instances of single-crewed ambulances being deployed.

Humza Yousaf: Obviously, we do not want any instances of single-crewed ambulances, but will Edward Mountain accept the Scottish Ambulance Service figure that well over 90 per cent of ambulance call-outs are double crewed? Although it should not happen, single crewing happens in a minority of call-outs. The overwhelming majority of call-outs are double crewed.

Edward Mountain: I absolutely accept that point, but if the cabinet secretary was stuck on the A9 in a car, and a single-crewed ambulance turned up to collect him, I bet that he would wish that there were two people in that ambulance, so that he could not only be treated but taken to the hospital.

Let us look at other issues, such as the pre-hospital immediate care and trauma—PICT—team, which was going to be disbanded. That was a group of doctors who were working seven days a week, on the ground, to deliver care outside the hospitals. They were the only ones who were capable of dealing with patients who were stuck in ambulances on the forecourt because, according to convention, A and E doctors do not go out to ambulances. The PICT team doctors could go out, but it looked as though the team was going to be cut.

What about the other people whom we really want to see—our GPs? There has been a big fall in the number of GPs and an increase in demands on them. Miles Mack, who is one of the GPs in the Highlands, has warned about the challenges of recruiting GPs across the Highlands. It is really difficult. I know of at least three GP practices in the Highlands that have only one GP. What happens when that GP is sick? The other day, I met a constituent who has waited 12 weeks for a telephone appointment. They said to me that they are desperate for the telephone appointment because they want to get on another waiting list. They told me—these are their exact words—that they felt that

“it would be easier to get a face-to-face appointment with the Pope”

than it would be to get one with their GP. We should not be in that situation.

Let us look at Caithness. In 2016, there were 250 births in Caithness general hospital. The cabinet secretary’s Government centralised the maternity service so that, apart from very few, all births now take place in Raigmore hospital. Last year, 180 births took place in Inverness and only 10 in Caithness. Of those 180 births, more than half were induced. Is that how we want to go forward? Is it down to the shortage of staff or the fact that we are not providing what we need?

If we look at the orthopaedic figures, we see that 2,569 patients are waiting for orthopaedic surgery. Research from Aberdeen suggests that those patients might have to wait seven years for treatment. That will not be solved by the national treatment centre, which the cabinet secretary mentions in his motion and is delivering two years late and over budget. It is still not fully staffed—20 per cent of staff are still to be found. He said that, when the centre is working at full capacity, it will deal with approximately 2,000 cases a year. We have that many cases in the Highlands, but that is a national treatment centre. We should never forget that the national treatment centre will deal only with the easy orthopaedic cases—not with the difficult ones that have been waiting for four years and whose hips and joints are damaged because they have waited so long.

Therefore, the national treatment centre is not all that it promises to be. According to the figures that I have worked out, 868 patients will have to travel outwith the Highlands, either to Aberdeen or the Golden Jubilee hospital, in order to get the treatment that they need. Of those, 184 patients have been waiting in excess of three years. That is the state that we are in, and it is completely unacceptable.

The Presiding Officer will be tight with my time, so let us look very briefly at another area. There are more than 700 children on the waiting list for neurological development assessment. The maximum waiting time for treatment is meant to be 36 weeks, but that is just in the cabinet secretary’s mind—the staff estimate that it will take two years. Unacceptable pressure is being placed on them by mismanagement. I think that that is unacceptable and will, without doubt, result in bullying, because people are being set unrealistic targets that they cannot achieve.

I believe that this Government has a lot to answer for when it comes to the state of our national health service, which I am really proud of and passionate about protecting.

Cabinet secretary, I have said to your two predecessors—

The Deputy Presiding Officer: Mr Mountain, you need to conclude.

Edward Mountain: I told Shona Robison and Jeane Freeman that it was time for them to go if we wanted to protect the health service, and I say the same to you. Your time is up, cabinet secretary—you have failed us and you are a disgrace.

The Deputy Presiding Officer: I remind members that they should address remarks through the chair. References to “you” are, in fact, references to me. I am sure that that is not what the member was trying to say.

16:10

John Mason (Glasgow Shettleston) (SNP): I will give a summary of my most recent personal—*[Interruption.]*

The Deputy Presiding Officer: Mr Mason, please sit down for a second.

Could we have less sedentary commentary from across the chamber? We need to hear the speaker who has the floor, and that is Mr Mason.

John Mason: Thank you. I will give a summary of my most recent personal experience of the NHS. On Saturday afternoon, I went to visit my very elderly aunt in hospital, which happens to be in the Ayrshire and Arran health board area. I was there for only a short time, but the whole experience was welcoming, friendly and relaxed. Someone came and let me into the ward even before I had had the chance to press the buzzer, I was directed to my aunt’s ward, and a seat was brought beside her bed for me to sit in.

It was a lovely bright ward with lots of daylight, and it had just six patients in it. I could see the staff chatting to other visitors as well as to the six ladies who were staying there. When it was time for tea for the patients, the staff sought to interact with my aunt, helped her to drink it, went and got more milk when she said that it was too hot, and did all that I would have expected and hoped for, and in a warm, friendly and relaxed way. What a good advert for the NHS and, in this case, for Ayrshire and Arran.

No one is denying that A and E is facing challenges; no one is denying that elective surgery has been suspended in some cases; and no one is denying that GPs are under extreme pressure. However, let us not make sweeping and false declarations that the whole of the NHS is on its knees and that the whole of the NHS is broken—that is most certainly not the case. Many parts of the NHS are working extremely well and are fulfilling the roles that they were designed to do.

Paul O’Kane (West Scotland) (Lab): I note the member’s comment about sweeping generalisations and his previous comment during an intervention about exaggeration. Will he clarify whether he agrees with the clinicians who are saying that the NHS is struggling and suffering and is on its knees?

John Mason: I thought that I had been clear, but my point is that some parts of the NHS are clearly struggling and some parts are doing incredibly well. It is a mixture; it is not one picture.

I do not think that exaggeration and bringing up the most extreme individual cases serve Opposition politicians at all well. We will do ourselves and the country a better service if we discuss these challenges in a serious and sensible way, especially if we focus on what practical steps can be taken.

The Labour motion says that the crisis in parts of the NHS

“has not been caused by short-term problems”.

In fact, it has been caused by a number of things, both longer-term and shorter-term. In the short term, we have had Covid, which has been like a major injury or accident to our health system. When a person has a serious accident or operation, it can take them a long time to recover and fully regain their strength. In the same way, Covid was a major blow to all of our health systems, and it is taking all countries time to recover.

I fully accept that there are longer-term problems, including, for example, overall UK funding for the NHS. The UK is spending 39 per cent less per person on healthcare than Germany is, and 21 per cent less per person than France is. Those figures were highlighted in the *New Statesman* last week, and I understand that they are based on the Organisation for Economic Co-operation and Development figures.

That UK underspend on health is the result of Conservative and some Labour Administrations at Westminster peddling the idea that we can have high-quality public services while reducing the amount of tax that everyone pays. I am afraid that that is just not possible, so now the chickens have come home to roost. Lower taxes mean poorer health and other public services.

Health is devolved in Scotland, and we can vary income and other taxes to some extent in order to gain more funds for the NHS; however, we are constantly warned that we must not stray too far from UK tax rates in case every better-off person moves south, so we can only really vary health investment to a limited extent.

There is certainly no way that Scotland can make up the 21 per cent funding gap with France or the 39 per cent funding gap with Germany.

Jackie Baillie: Will the member take an intervention?

John Mason: I am sorry, but I have taken an intervention already and I do not think that I have time.

We are looking at a UK funding problem here, not a Scottish one—it is certainly not only, or even primarily, a Scottish problem.

Let us remember that, in recent years, Labour has repeatedly told us in budget discussions that we should be funding local government better. Broadly, that means giving the NHS less, because those are our two main areas of expenditure in Scotland. Therefore, Labour cannot have it both ways.

Jackie Baillie: Will the member take an intervention on that point?

John Mason: I am sorry, but I do not have time; I have one minute left and I have a huge number of important things to say.

Either we have been giving the NHS too much funding and local government too little in recent years, or we have been giving local government too much and the NHS too little.

We see in Labour's motion the idea that we should focus more on preventative healthcare. Absolutely—I think that everyone here agrees that we should do that. However, the problem is that no one here has come up with a workable plan as to how we would do that in practice. Again, it is a question of choices and where we disinvest to find the funds to invest more in areas of prevention.

We have seen the tragedy of the air crash in Nepal this week. Members might know that I lived and worked in Nepal for three years. When I think of the health services in that country in comparison with what we have here in Scotland, it is like night and day.

We tend to forget how fortunate we are in comparison with most other countries in the world. If we want to maintain and improve that position, and the UK wants to match countries such as Germany and France, we must have a serious adult debate about what we want and how we will pay for it. That should not be just among ourselves as politicians; we must engage the wider population of Scotland. Do we want to be a low-tax country with a declining NHS, or are we prepared to pay more for the quality NHS that I want to see?

16:16

Gillian Mackay (Central Scotland) (Green): Before Christmas recess, we all noted in the chamber the strain that could be brought on the NHS over winter. Sadly, we are now seeing the reality of that played out in our hospitals across the country.

We need to tackle the current issues and ensure that we build in future resilience. We must plan services by anticipating demographic change. In addition, we must do the work now on preventative care and public health, to help people avoid becoming sick in the first place and to stay as well as possible if they have a health condition.

In the current period, the on-going work on recruitment and retention needs to gather pace to ensure that services are fully staffed and that patients are seen in a timely manner.

Some of that is undoubtedly about pay and I am pleased to see the progress that the cabinet secretary has made with unions. I hope that talks can be resolved in a way that is acceptable to all.

Paul O'Kane: The member mentioned pay. We know that pay in the social care sector is an extremely important issue, as my colleague Jackie Baillie outlined. In the Green manifesto, the party was committed to paying £15 an hour for social care workers. Why did that disappear in the vaunted Bute house agreement?

Gillian Mackay: That commitment has never disappeared from our work in government. *[Interruption.]* The difference between the Greens and Labour is that we are in government, working as hard as we can to push for uplifts, of which there have been several in the past year. *[Interruption.]* While Labour continues to shout from the sidelines, we will continue to do the work in government.

As well as hearing about pay, I regularly hear about working conditions in meetings with unions and NHS workers. Some of the issues and pressures are health board and, sometimes, hospital specific; others indicate wider issues.

Many in the chamber will be aware of a story that broke in NHS Forth Valley in my region, where one nurse was left to support 37 patients on their own. The scale of that is, I hope, an extreme example.

The implementation of safe staffing legislation is essential to ensure patient and staff wellbeing. The cabinet secretary has previously set out to Parliament steps that were under way and I ask that whichever minister sums up gives an update on the situation.

To boost retention and ease pressure, recruitment is, as I said, essential. We need to

allow staff the time to take breaks, to go home on time and to ensure that they do not have to take on extra shifts when they are already tired.

I hope that the UK Government will listen to the suggestion that I put to the cabinet secretary last week on fast tracking visas for international workers coming to the Scottish NHS. That could allow faster access and provide a more attractive option to those workers who were put off by Brexit.

Work in the Health, Social Care and Sport Committee has highlighted that people do not understand all the pathways that are available to them. We have to be explicit with patients as to what treatment options are available. Changing the way that people view their healthcare is not always a quick process, but we need to advertise all the different routes well.

At the moment, it is essential that the diversity of urgent care in particular is well understood. I hope that we can collectively support services such as GP out-of-hours services, which are staffed by passionate people who often have other commitments, too. With the strain that we are seeing across the health service, there is a real danger that we will rely on a dedicated few or risk seeing the service eroded.

I hope that in the future we can also see more digital offerings from NHS 24. Not everyone is comfortable speaking on the phone, and some cannot. Some people find waiting in long queues on the phone difficult—for example, if they have multiple caring responsibilities. A chat function might be more suitable for some, and I hope that that can be explored.

In the medium term, the treatment backlog that has resulted from the pandemic will continue to need to be addressed, even after the peak of winter pressure. Across the chamber, we are all aware that three health boards have taken the decision to pause elective surgeries, and I hope that that can be for as short a time as possible.

Many people have also seen their conditions progress more quickly because of restrictions and not being able to access services that had to be shut for public health reasons. We need to make sure that those who have had their operations or treatments postponed are well informed.

I hope that the capacity that has been brought in by national treatment centres can also help with waiting lists. I am always grateful for information from the cabinet secretary on progress and the details of that.

For the long term, we also have to consider what services will look like in the future and to plan for that now. There is a danger that, in the midst of increased pressure, we recruit to plug gaps without forward thought. Patients want to have

more services delivered locally. We have seen a move towards that through the development of the hospital at home programme, and statistics show that more people want to die at home. Given our ageing population, that means that more palliative and end-of-life care is delivered in people's homes instead of in hospital. That presents its own challenges for the primary care and social care workforces, where district nurses, social care workers and GPs are often on the front line. The need for recruitment across the health service now is clear, and we need to ensure that the mix is the right fit for what we would like to see from healthcare.

We should be making the move towards preventative health spending and keeping people well from the outset. That is not to say that all ill-health can be prevented—that would be too simplistic a viewpoint—but preventative spend saves time in hospital and saves costs at the acute end. I say to Mr Mason that it does pay for itself eventually. Preventative spend should also cover mental and physical health and be appropriate for whatever impairment or health condition a person already has. I recently met some amazing school nurses in Falkirk who are carrying out preventative work. I encourage everyone to speak to school nurses in their area.

I will end, as others have, by thanking all those across health and social care who have worked relentlessly, not just this winter but over the past number of years, to ensure that those who need care can get it.

16:23

David Torrance (Kirkcaldy) (SNP): The public health challenge that Scotland faces as a result of the global Covid-19 pandemic is unprecedented. Over the past two and a half years, the pandemic has had a significant impact on the health and wellbeing of individuals, families and entire communities across the country. That cannot be ignored. It increased the demand for social care services, shone a light on the health inequalities that exist across the population and changed the way that every person lives their life.

Covid recovery will take years—it is naive to think otherwise. The coronavirus pandemic has impacted our health both directly and indirectly. It has caused direct and tragic harm to people's health, affected our broader way of living and our society, impacted on our economy and had a hugely damaging effect in terms of poverty and inequality. Our energies have been focused on how to adapt to the changing needs of our healthcare system. Although national and local government, NHS boards and other partners have worked tirelessly to address those problems, it would be delusional to suggest that the impact of

the pandemic is not still a factor in the problems that our NHS faces.

I have said this before in this chamber, and I will say it again: although it suits Labour's narrative to stand here and criticise Scotland's NHS, it is not just in Scotland that healthcare staff and services are under strain. The NHS in every part of the United Kingdom faces significant pressures. Although our performance can be improved upon, our accident and emergency departments continue to perform better than those in England, Wales and Northern Ireland. Dr Gulhane mentioned the November figures. Scotland's core A and E units were 9.2 percentage points better than those in England, where the Tories are in power, and 6.3 percentage points better than those in Wales, where Labour is in power. Despite what Labour would like us to believe, the reality is that the entire country is still reeling from the shockwaves of the pandemic.

Carol Mochan (South Scotland) (Lab): Will the member take an intervention?

David Torrance: I will not take any interventions from Labour Party members. They should listen to my comments on the legacy of their time in power, which is still affecting the NHS.

The cabinet secretary and the First Minister have set out the action that the Scottish Government is taking to improve A and E waiting times. The £50 million urgent and unscheduled care collaborative will help to implement a range of measures to drive down A and E waiting times. That will include offering alternatives to hospitals such as hospital at home, directing people to more appropriate urgent care settings and scheduling urgent appointments to avoid long waits in A and E. The £600 million health and care winter plan will support the recruitment of 1,000 additional staff. The Government is delivering £45 million for the Scottish Ambulance Service to support ongoing recruitment and service development, and there is £124 million to assist health and social care partnerships to expand care-at-home capacity. Those measures do not sound like a lack of action to me.

In December, it was announced that the health and social care services would receive their highest-ever budget settlement in the next year. That is paving the way for sustainable public services in Scotland with a £19 billion package that helps to tackle the immediate pressures caused by the pandemic and the tough winter while supporting the delivery of health and care services that are fit for the future. Once again, that commitment does not seem to show that the Scottish Government is not fully aware of the importance of supporting our health service and its staff.

There is another pressure that health boards face—one that is inflicting a great deal of damage across the country—but somehow I do not think that we will hear about it from any of the Labour members today. Maybe that is because they have very short memories when it comes to public finance initiative and public-private partnership contracts. People in Scotland are still paying the price for Labour's shameful PFI and PPP contracts for NHS buildings, with the Scottish Government paying more than £250 million every year for contracts that were agreed under previous Administrations. That is a staggering amount. Just imagine what that money could do to support our NHS services.

I have seen the effect of those damaging agreements locally at Victoria hospital, in my constituency. The hospital was built at a capital cost of £170 million but, by the end of the 31-year contract, NHS Fife will have had to pay £887 million for it. I will say that again for my Labour colleagues: the cost is £887 million for that hospital, which is a disgrace. Labour's PFI legacy will long be remembered by the people of Fife and beyond. Labour's ill-advised PFI deals have left the Scottish Government paying enormous sums that are above the odds for our hospitals and schools. That money would be much better spent on front-line healthcare than on paying the cost of Labour's mismanagement.

The consequences of Mr Brown's only-game-in-town public sector borrowing fiasco could almost be forgiven if lessons had been learned, but the Labour Party has learned absolutely nothing from its toxic legacy and wants to keep the door open to the Tories increasing private sector input in our precious NHS. It is really no surprise that the people of Scotland do not trust Labour any more than they trust the Tories. Rather than stand here and have an honest debate about Scotland's NHS while acknowledging that these important issues are being faced by every health service across the UK, Labour members ignore the inconvenient facts that do not fit with their rhetoric and seek soundbites with which to attack the Scottish Government.

There are problems that must be tackled and challenges that require long-term solutions—no one denies that—but I, for one, am thankful that the Scottish Government is determined to continue to take real action to address the problems that are faced by our NHS and its staff and to alleviate the pressures that are being felt by our services. A whole-system approach is the right way forward as we progress through this critical period and look towards the future—a future in which health and care services ensure that everyone gets the care that they need, when and where they need it.

16:29

Roz McCall (Mid Scotland and Fife) (Con): I will come at the issue from a slightly different angle. I will never forget that it is thanks to our NHS that my husband is alive. The care and attention that he received were fantastic, and I will be eternally grateful to the surgeon and all the staff who worked to ensure that my husband could come home.

That is what everyone wants, isn't it? People want to get on with their lives as best they can, safe in the knowledge that, when they need professional medical help, it will be there for them. They want the stress, strain, pain and trauma of the experience to be minimised and they want to know that they or their loved ones will be treated in a safe, speedy and sympathetic manner so that they can return to their lives as soon as is humanly possible. I know that my husband received that care, but I also know that we were lucky. I know it because I was told it. I was told it on four separate occasions, by four different medical professionals, for four different reasons.

First, the emergency services telephone operator told me that because we had an ambulance with us within 20 minutes instead of having to wait more than eight hours. The paramedics told me that because they had just finished a local call and had not gone anywhere else when the request came in. The emergency doctor told me that because the Covid lockdown meant that there were reduced numbers of patients in A and E. The psychologist who helped my husband over his depression told me that because a psychologist would not usually be assigned but was assigned because our family could not visit the hospital. That is not the case for many, who do not have luck on their side.

My husband was a grown man who was experiencing a mental health issue that was brought on by a stroke. Imagine being a child who is battling with a mental health issue such as living with anxiety. Imagine worry so deep that it consumes every moment and sleep is no release. Imagine being permanently vulnerable. Imagine worry so encompassing that it changes your physical state, with pain and nausea taking over. It is debilitating. Imagine having that day in, day out.

What are the chances of getting support? Young people are meant to be seen within 18 weeks of referral. Imagine being one of 28,000 people referred to CAMHS, a third of whom will not be seen. That is 8,988 children in Scotland right now who are not being seen within 18 weeks of referral. Now imagine being one of the 6,553 children who are refused CAMHS treatment and who find out that, having waited more than four months—it is more than a year in some cases—they have been rejected from the service, although

their GP referred them, which in itself took months, and that, although they are years on, they are no further forward.

As Alex Cole-Hamilton stated, this Government has its own NHS recovery plan and set targets to clear CAMHS and psychological therapies waiting lists by March this year. That is in 10 weeks' time, and, with 8,331 children and young people on the list waiting to start treatment at the end of September, I think that it is safe to say that that target will not be met.

The fact is that, when it comes to health, targets set by this Government are rarely met. The target of 90 per cent of children and young people starting treatment with CAHMS within 18 weeks of referral is not being met. The target of 95 per cent of A and E patients being seen within four hours is not being met. The target of 95 per cent of patients beginning cancer treatment within 62 days of referral is not being met. That worries me, because no-one is setting these targets for the Scottish Government—it is setting them for itself, and it seems that they are setting up the NHS to fail. The British Medical Association has highlighted that very point by stating that,

“for too long the debate on the health service has focussed on quick fixes, or short-term performance against waiting times targets that are widely accepted as completely unrealistic”.

Let us look at staffing issues. The fact is that NHS managers have been predicting a massive shortfall in staff. It has been on the cards for years. They all knew that this day would come. If we want an example, we do not need to look any further than when the First Minister was health secretary, which was at a far easier time—that is self-confessed—than we are in now. She was slated for sowing the seeds of a hiring crisis in the Scottish nursing sector through the controversial decision to slash the number of student nurses between 2007 and 2012, which has led to a decade-long staffing shortage. At the time, the Royal College of Nursing strongly criticised the move by the Scottish Government to slash the number of training places for nurses and midwives by nearly 300 back in 2012-13. Announcing the cut to student nursing places in 2012, Ms Sturgeon said that the reduction was a “sensible way forward” to minimise the risk of oversupply—so that aged well.

Again, the BMA highlights that and asks us to take

“serious steps to make working as a doctor an appealing career choice”.

That is needed because

“there is less GPs capacity available to care for the people of Scotland than at any point since 2009”.

Tess White (North East Scotland) (Con): On a point of order, Presiding Officer. I am finding it difficult to hear my colleague because of the conversations that are going on in the chamber.

The Deputy Presiding Officer: Thank you, Ms White. I ask all members to please note what Ms White said. We must obviously listen to the speaker who has the floor. Ms McCall, please resume your speech.

Roz McCall: We have to cut through the political fog, because, when all is said and done, the people of Scotland are not getting the healthcare that they should be getting. People need the NHS to be there when they need it. Our job is to focus on fixing the problems, not to blame others or highlight how much better off people in Scotland are.

Believe me, people just need to feel that they are being taken care of. In a scary, stressful time, when they are ill and do not know what is going to happen next, and when our amazing NHS staff come forward time and again to help and treat the sick and the dying, they want our politicians to step up, be realistic and just make it better. So, can we agree to get Scotland's NHS off life support and ready for the people who need it to be there when they need it?

16:35

Colin Smyth (South Scotland) (Lab): The crisis in our health and social care services has engulfed every part of our NHS in every part of the country, but, in rural areas, where services are especially precarious, the impact has been profound. A day rarely goes by when my inbox does not contain another heartbreaking case that exposes how utterly broken services are.

Today, a third of beds in Dumfries and Galloway royal infirmary are occupied by patients whose discharge is delayed by the lack of carers and care home places. More than 3,000 hours of assessed care are not being covered. I will share just one such case.

I was contacted by a constituent whose mum, Pat, was receiving palliative care after a cancer diagnosis. Pat's wish was to spend what time she had left at home. Her care needs were, of course, increasing, but that wish was not too much to ask. An assessment was made and a care package agreed, but there were no carers to deliver it. Marie Curie did what it could, as did the family, but the growing burden on Pat's husband became too much and he was admitted to hospital, utterly broken. What was the solution? There were still no carers, so Pat was also admitted to hospital, even although she was not receiving any medical treatment. Pat sadly died several days later. The only saving grace was that, because she was in

hospital and her husband had also been admitted, he was by her side in her final moments.

That is not an isolated case. The lack of carers and the problem of delayed discharge have not suddenly appeared because of Covid or the flu. They were there in 2015 when the SNP promised to eradicate delayed discharge. However, eight years on, we have never been so far away from achieving that.

The cabinet secretary consistently says that we cannot afford to pay our care workers the bit more that could help to recruit the carers who are needed to avoid more cases like Pat's. Delayed discharge last year cost NHS Dumfries and Galloway alone more than £6 million. We cannot afford not to give our care workers a decent pay rise. Until we do, there is no route to ending delayed discharge and no way to avoid more cases like Pat's.

Two years ago, community hospitals in Kirkcudbright, Newton Stewart, Langholm and Moffat were closed, which removed nearly 60 beds. Post Covid, they remain closed because nurses from those hospitals are in the community and, in many cases, having to carry out the role of care workers because we cannot recruit those workers.

The health secretary's sticking plaster is to pay health boards to discharge patients not back home where they want to be but into care homes where they do not want to be—and, in rural areas, those care homes are often miles from their family. That will not work: although many boards are already buying up beds in care homes, there are not enough because those homes also cannot recruit care staff.

In the past year alone, two care homes in Dumfries and Galloway have closed and, just this week, they were joined by another in East Ayrshire. We now have diktats from health and social care partnerships such as the one in Dumfries and Galloway—diktats that, this week, sanctioned the discharge of patients from hospital even if they have not had suitable re-enablement, and the discharge of patients not when their care package starts but when a date has been given for that care to begin at some point in the future, with all the risks that that brings.

Social care recruitment is not the only area in which Government inaction has led to a crisis. In 2018, the maternity unit at the Galloway community hospital in Stranraer was shut. We were told that it was shut temporarily because of a shortage of midwives.

One of my constituents, Claire Fleming, lives in Glenluce, which is 15 miles from Stranraer. Her first pregnancy was with Abbey, who was sadly stillborn. Despite the heartbreaking end to that

pregnancy, she had to drive herself to the hospital in Dumfries to deliver Abbey—that is 60 miles away. Since then, she has had three children—Molly, Andrew and James—and, along with her husband, Richard, has clocked up more than 7,500 miles between her home and the hospital in Dumfries for maternity appointments because, even before the maternity unit in Stranraer was closed, services had been scaled back.

Claire suffered from hyperemesis during pregnancy, which meant that she had to stop every 15 minutes on the journeys to Dumfries in order to be sick. Claire told me that she is aware of women in Wigtownshire who decided not to get pregnant because they were so scared of having to make that journey in a rush if they went into labour, for fear that they would have to give birth in a lay-by at the side of the road.

Claire said:

“I would have as many children as I could. I absolutely loved having children. But I got sterilised the last time I was in the hospital ... because I couldn't face doing that journey again with hyper-emesis.”

There is still no sign of the Stranraer maternity unit—

Emma Harper (South Scotland) (SNP): Will Colin Smyth take an intervention?

Colin Smyth: I will—provided that I can have the time back. Can I, Presiding Officer?

The Deputy Presiding Officer (Liam McArthur): Not really, I am afraid. You would have to accommodate it within your time.

Colin Smyth: I am sure that Emma Harper will cover her point in her own speech.

That maternity unit, which is the eighth-largest of Scotland's 22 community midwifery units, has still not reopened for in-hospital births, and there has been a 60 per cent increase in the already high level of nursing and midwifery vacancies in the region since it closed.

I could talk about so many other services in the region that are on their knees. On dentistry, for example, in the past few months alone, dental practices in Dumfries, Castle Douglas and Gretna have closed, which has affected 15,000 patients. At the moment, it is not possible to register with an NHS dentist in Dumfries and Galloway.

On GP surgeries, residents in Lockerbie, Moffat and Stranraer have had their surgeries brought under direct control by the NHS because there are simply not enough GPs.

The legacy of 15 years of SNP government for the NHS in Dumfries and Galloway is that delayed discharge has risen by 56 per cent in a year; people cannot get an NHS dentist; GP surgeries are closing; and women fear for their health when

pregnant. Our NHS and social care services desperately need a proper long-term plan. As we have heard today, it is clear that the cabinet secretary and the Government are utterly incapable of delivering such a plan.

The Deputy Presiding Officer: I call Emma Harper, who will be the final speaker in the open debate.

16:42

Emma Harper (South Scotland) (SNP): As a former NHS employee in education and in the perioperative environment, I regularly hear from fantastic colleagues about what is happening on the ground. I am acutely aware of the challenges that our health and social care system faces, and I know the lengths to which staff are going to meet the unprecedented demands that they face.

I want to address the issues that Colin Smyth raised in relation to maternity services in Stranraer and dentistry. I know that he would have taken an intervention if there had been time. I raised the issue of maternity services directly with the cabinet secretary at Tuesday's meeting of the Health, Social Care and Sport Committee. The cabinet secretary is aware that Maree Todd, the Minister for Public Health, Women's Health and Sport, is addressing maternity issues and supporting the work of the action group, which includes Colin Smyth. The cabinet secretary has given a commitment to get back to me on some of the issues that I raised in committee on Tuesday. I am sure that, when I get those responses, we will be able to work together to support what works best for our constituents in the south of Scotland.

Edward Mountain made a comment about the national treatment centre only doing the easy cases. In my experience of orthopaedic surgery, it is sometimes easier to do five total joints in one day, as those are planned, predictable and manageable cases, than it is to do one very long and difficult loss-of-blood surgery that would take up the whole orthopaedic session. I make that point off the top of my head, but I might pursue the issue further down the line.

This is the most challenging winter that the Scottish NHS has ever faced. Immediate pressure will continue in the coming weeks. Christine Grahame talked about the fact that Covid is still stalking the corridors. I make a plea to people to get their Covid vaccine, if it is due and they are avoiding it, and to get their flu vaccine as well, because, ultimately, that will help to keep folk out of the acute care beds. I think that many members across the chamber would agree with me on that.

The Labour Party might not like to hear this, but our NHS in Scotland is consistently performing

better than the NHS in any other part of the UK, and our staff are paid a bit more.

The Labour motion talks about properly funding our Scottish health and care service. The Scottish Government is ensuring that all actions are being taken to support services, and additional measures outlined just this month are already having an impact in Dumfries and Galloway. The measures will help the NHS and the social care sector with on-going extreme winter pressure. Health and social care partnerships have received a share of £8 million to procure around 300 additional care home beds to help alleviate pressure—

Jackie Baillie: Will the member take an intervention?

Emma Harper: Just let me finish this one wee point, then I will.

The pressure that we are trying to alleviate with 300 additional care home beds is caused by delayed discharge. That funding will allow health and social care partnerships to pay more than the national care home rate for beds, which is £719.50. That is in addition to the 600 interim care beds already in operation in the country.

I will give way to Jackie Baillie before I come on to what is working in Dumfries and Galloway.

Jackie Baillie: Does Emma Harper recognise that when Nicola Sturgeon was health secretary, she failed to pass on to the NHS funding for it that would have meant that we would be £1 billion better off today?

Emma Harper: What is being passed on to the NHS in Scotland is more than the consequentials that are being given to us. It is oor taxpayers' money that is being divvied up by folk that we didnae even vote for. It is probably good that Jackie Baillie made that intervention.

In Dumfries and Galloway, thanks in no small part to the work of the health and social care partnership's chief operating officer, Julie White, that support has enabled the board to discharge from hospital 25 people who were medically fit for discharge but whose discharge had been delayed. That was achieved in one week, and I congratulate Julie White and the teams on that success. I understand that the approach taken by Dumfries and Galloway health and social care partnership is being shared with other boards. I look forward to the update from Julie and the teams at NHS Dumfries and Galloway and the health and social care partnership and to hearing how that was achieved. If some boards can make it work, let us share the good practice and get it done.

In addition, NHS 24 is taking forward plans to recruit around 200 new starts before the end of

March. In the run-up to Christmas, more than 40 whole-time equivalent call operators, call handlers and clinical supervisors were recruited, allowing for more people to be directed to the most appropriate care setting for them.

On funding more generally, the Scottish Government has committed in the budget more than £18 billion for health and social care. That is around 52 per cent of the overall budget for the Scottish Government. Again, we dinnae have control over what comes our way. I want to pick up on Emma Roddick's points about employment law. It is really hard to manage what we would like to do when we constantly have a ball and chain round the neck of this place.

I would like Labour to be a bit more realistic.

Sue Webber: Will the member take an intervention?

The Deputy Presiding Officer: The member is concluding.

Emma Harper: The £600 million health and care winter plan is supporting the recruitment of 1,000 additional multidisciplinary staff and delivering £45 million for the Ambulance Service to support on-going recruitment and services.

I realise that I am out of time, Presiding Officer. I welcome the steps that the Scottish Government continues to take to help to support our fantastically valuable national health service in Scotland.

The Deputy Presiding Officer: We move to closing speeches.

16:48

Tess White (North East Scotland) (Con): As I have listened to this afternoon's debate, it has been painfully clear that this SNP-Green Government has run out of ideas and has run out of road. The cabinet secretary says that the NHS is facing challenges. The fact is that under Humza Yousaf, Scotland's NHS is not just on life support—

Gillian Martin: Will the member take an intervention?

Tess White: Presiding Officer, I have only just begun. I might look keen, but I would like to continue.

As we have heard today, we are seeing patients stuck in ambulances on the hospital forecourt, week after week of record waiting times in A and E, moving medical goal posts, a delayed-discharge crisis, non-elective surgery paused and massive backlogs in potentially life-saving treatments, diagnostic tests and operations. There are so many people in pain.

Dr Sandesh Gulhane said that the SNP Government will blame Covid: true to form, Emma Roddick and Humza Yousaf blamed Covid.

The majority of speakers in today's debate have exposed the fact that the underlying problems are long in the making. I ask Emma Roddick, who talked about fingers in ears, to listen to what has been said today. Paul Sweeney shared harrowing stories and Sarah Boyack talked about preventative care being stopped. We have heard so many stories of people who are frustrated, upset, forgotten or abandoned.

NHS front-line workers are telling us time and again that patient safety is at risk every day. Dedicated staff in our NHS are exhausted, disheartened and in disbelief. Not surprisingly, as Michael Marra has flagged, clinicians are thinking of chucking it in.

Alex Cole-Hamilton exposed the shocking story of a refugee who had to go back to war-torn Kiev for her medical treatment. However, John Mason had the temerity to accuse Jackie Baillie of exaggerating the crisis. He should pause on that and try telling it to the patient in Inverness who has been waiting 12 weeks for a GP telephone appointment, to the patient who has been waiting four years for a hip replacement, or to someone who has been waiting for life-changing cancer treatment. I ask Gillian Martin who it is that is "hiding behind the couch."

Imagine how those patients felt on Monday, when the First Minister used a press conference on the crisis in our NHS to grandstand on the constitutional wrangling over the Gender Recognition Reform (Scotland) Bill on the same day that it emerged that one patient in my region, under NHS Grampian, had waited five years for a simple computed tomography—CT—scan.

As we have witnessed today, all the SNP does is sing from the same songbook. It deflects, distracts and—as we have heard again and again today—it blames the UK Government or, as David Torrance did, blames Labour for what it did more than 15 years ago. Really? Emma Roddick, who obviously does not understand employment legislation, has blamed the UK Government for the ball and chain on that legislation. Poppycock!

However, the question remains: how can the NHS come back from the brink after 15 years of mismanagement under the SNP Government? We have sensible policy proposals. The cabinet secretary asked earlier where our ideas are. He has run out of ideas; he is asking us for them. We have published ideas on crisis maximum waiting times, an electronic repeat prescription system, an app for live hospital waiting times; and "prehab"—*[Interruption.]*

The cabinet secretary, from a sedentary position, said, "Do it tomorrow"—I say to him that we have been waiting 15 years.

Our published proposals could make a real and defining difference, not just to how the NHS works and the pressures that it faces, but to patients' experience of the system. If the cabinet secretary would like some ideas because he has run out of them, we will gladly meet him to share ours.

On the wider health system, we know that delayed discharge is a massive issue that prevents the flow of patients through the NHS from A and E on to other wards. More often than not, bed blocking is caused by a lack of social care packages at home or in the community, thanks in part to savage funding cuts to local authorities by the SNP Government.

However, instead of going full throttle to address the problem now, the SNP, in its wisdom, has decided to introduce legislation to set up a centralising national care service three years down the road with soaring cost implications for the public purse. The reality is that the 300 additional care home beds that the health secretary announced will not cut it when more than 1,700 people in hospital are clinically safe to leave but cannot do so.

On staffing, we know that the NHS workforce is massively understaffed with high vacancy rates. In fact, figures from the BMA suggest that consultant vacancies are more than double the Scottish Government's official figures. There is still no proper workforce plan. The NHS will continue to haemorrhage staff if working conditions do not improve. That is not the exception; it is the norm, so we must urgently find ways to address the situation.

16:54

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): We are all aware of the pressures that our NHS and social care settings face during this very challenging winter. I do not seek to lessen the extent of those challenges nor the very real impacts that they have on people across Scotland, whether they are the hard-working front-line clinicians who work day and night to deal with unprecedented demand or the people who are waiting for treatment or facing delays when visiting hospital.

This is a moment of significant challenge, and we are determined to support all of healthcare and social care through it.

Presiding Officer, as the cabinet secretary remarked, there is no mention in Ms Baillie's motion of the impacts of Covid-19, Strep A or flu, all of which are placing significant pressures on

hospitals and wider services. This is not the first time that that has been pointed out to Scottish Labour when we are responding to such motions.

In his response, the cabinet secretary set out the detail on the numbers of people affected by Covid-19 alone who are now receiving care in hospitals and clinical settings across Scotland. To ignore that critical clinical picture is to ignore one of the key underlying causes of the pressures that health and social care settings face. It also misunderstands the solutions that are needed to help to reduce pressures on hospitals, and the steps that we can all collectively take to mitigate the pressures.

There is also no mention in the motion of the impact of Brexit or the UK Government's mishandling of the cost of living crisis. Brexit continues to have an effect on health and social care staffing. The Nuffield Trust recently highlighted the impact of Brexit on the health workforce, and outlined the decrease of 28 per cent in the numbers of EU and European Free Trade Association nurses and health visitors on the UK register between September 2016 and September 2021. That is a potential decrease of more than 10,000 people working in health settings across the UK. Although not all of them would be working in Scotland, it is undeniable that Brexit, which Scotland did not vote for, has had a significant impact on recruitment of health and social care staff.

Finally, we know that the impact of the UK Government's mishandling of the economy has made things worse, and has put more pressure on households, thereby exacerbating mental and physical health challenges. We have seen folk turning up at our hospitals suffering from extreme cold because they are afraid to put their heating on. That is the type of thing that people face because of the cost of living crisis, and which our health and social care services have to deal with.

We have done what we can to mitigate the challenges. We have introduced the Scottish child payment in addition to wide-ranging support measures to assist families who urgently need support through the cost of living crisis.

The Scottish Government values immensely the contribution of people from across Europe and the world who work in the NHS and have chosen to make Scotland their home. That is why, in our amendment to the motion, we mention our belief that freedom of movement within Europe would help us to address some of our recruitment challenges.

We have taken sensible and ethical approaches to staffing, including investing in training places, creating new roles and routes into NHS Scotland and publishing "National Workforce Strategy for

Health and Social Care in Scotland". We have also announced measures to deal with hospital discharges and the surge in cases that we are experiencing as a result of winter pressures, including Covid-19, flu, Strep A, and other infections.

Paul Sweeney: I mentioned in my speech the £430 ambulance cost to transfer a 95-year-old constituent from one health board area's hospital to a care home in another health board area. Does the minister recognise that we should not tolerate such incidents in the NHS?

Kevin Stewart: I was going to come to that point. I would be interested to get further detail about that case from Mr Sweeney, because a transfer between one health board and another should not be charged for by the Scottish Ambulance Service. There is no doubt that we will investigate that.

As I was saying, we announced those measures to ease the pressures, including Covid-19, Strep A, flu and other infections. The cabinet secretary outlined the actions that we are taking, which include not only increased capacity for interim care beds and the scale up in NHS 24 that were announced last week, but the investment—through the NHS recovery plan—to support national treatment centres; additional investment to increase adult social care workers and put in place the national care service, which will deliver the long-term reform that is needed to provide fair work; and national sectoral bargaining for social care workers.

We also highlighted that Scotland is the only part of the UK not to experience strike action from health staff this winter. That is because the cabinet secretary has continued to talk with and listen to staff, and to negotiate properly—unlike what is happening south of the border. He is right to highlight our profound respect for the workforce and the Government's commitment to positive and meaningful engagement with trade unions. We will continue to negotiate in good faith to achieve an outcome that avoids industrial action and rewards our workforce with the support that it deserves.

I recognise the strength of feeling on all sides of the debate, but in some cases there has been more heat than light. The cabinet secretary and I have been consistently clear that this will be one of the most challenging winters that the NHS in Scotland has ever faced, but the picture that is presented by the motion ignores critical context, such as the impact of Covid-19, flu, Strep A and other infectious diseases on the health service. It also ignores the impacts of Brexit and of the cost of living crisis—which are exacerbating those pressures—and it ignores the steps that the Government has taken to support patients and

professionals and to put in place the long-term reform that is required in health and social care.

I urge members to back the amendment in the name of the cabinet secretary.

17:02

Paul O’Kane (West Scotland) (Lab): As we meet to debate this issue in this place, outside our NHS continues to face a huge crisis. Yet again, it is Scottish Labour, during Opposition business time, that has had to bring the issues that Jackie Baillie outlined in her opening speech to the chamber to ensure that the Government can be held to account.

Our thoughts are with all our dedicated and hard-working staff who are on the front line of our NHS. Never before have our accident and emergency departments had so many patients waiting more than 12 hours to be assessed. Never before have we experienced such a level of delayed discharge, with record numbers of patients stuck in hospital because they cannot secure an appropriate care package.

Tragically, as we have seen many times before, there is also declining performance in cancer treatment. The Scottish Government has failed to meet its own 62-day cancer treatment standard since 2012. All the statistics that we see week in, week out are not just box-ticking exercises; they are more fundamental than that. This is about people’s lives and about improving outcomes by ensuring that people have a higher likelihood of being treated before their condition worsens. In many cases, treatment can be the difference between surviving and recovering, and dying.

Indeed, waits of more than eight hours in accident and emergency departments have already led to avoidable deaths in our hospitals.

“Patients who need to be in intensive care or high dependency units are sitting in A and E departments for hours waiting, it is just not safe ... Patient safety is at risk every day in our A and Es across Scotland. You just can’t give the care you want to give to patients.”

Those are not my words; they are the words of Dr Lailah Peel, the deputy chair of the BMA in Scotland, another of those front-line voices that we have heard throughout the debate and which, sadly, have been characterised as exaggerated by members on the SNP benches.

However, that is the reality. It is the reality that I have heard; it is the reality that we have heard from colleagues across the chamber. In response, the cabinet secretary has sought—as he always does—to absolve himself of responsibility by lining up excuse after excuse. I have to say to the cabinet secretary that I found his weaponising of Covid in his remarks most unedifying, because the reality is that clinicians and those on the front line

are saying that the cause of the current crisis is not about Covid; it is not about Strep A, the flu or winter pressures. It is about years of mismanagement and decline.

Humza Yousaf: Who said that?

Paul O’Kane: Dr Peel, who I just mentioned, said—

Humza Yousaf: It has nothing to do with Covid?

Paul O’Kane: I am going to quote her:

“The word unprecedented is being used a lot to describe the ... crisis ... It makes it sound like the current situation wasn’t entirely predictable or preventable ... Like this isn’t a crisis years in the making.”

Front-line workers are sick and tired of not being listened to by the Government and they are appalled by moves, as they see it, to blame patients for the appalling situation in our NHS.

Presiding Officer, our national health service is battling for survival in this, the gravest of moments that it has faced since its establishment by the Labour Party. The gravity of the situation demands a response from the Scottish Government of a proportionate magnitude. It needs more than the reactive sticking-plaster proposals from the First Minister and the health secretary.

Bob Doris: In December, the Nuffield Trust said:

“The health and care sector is still reeling from the effects of a global pandemic and is now grappling with rising cost pressures.”

Is it weaponising Covid?

Paul O’Kane: If the member had listened to what I said, he would have heard me quote a front-line clinician, who pointed out that Covid, Strep A and flu—all the issues that we have heard about—are exacerbating an issue that has been 15 years in the making. This crisis has been building year on year and this Government has not sought to address it appropriately, because its recovery plan does not even come close to addressing the scale of the problem that is facing our health service.

This is a twin crisis—it is a twin failure of Government in both healthcare and social care. That is why we need a joined-up approach to deal with the problem, because we will not be able to deal with the issues that are facing our health service if we do not address social care.

This morning, along with Jackie Baillie and Anas Sarwar, I met a range of stakeholders, including people on the front line of delivering social care. Their testimony on the scale of the challenge being faced in social care was powerful and they were clear in stating that the Scottish Government is not doing enough to address the key problems in social care.

Humza Yousaf: If we look at the budget for 2023-24, where every single penny is allocated, can the member tell me where he would find the money, or where he would cut money, in order to fund social care wages to £15 an hour, or even £12 an hour? *[Interruption.]* He should not say from the national care service, because it would not even remotely, in 2023-24, cover any wage rise. *[Interruption.]*

Paul O’Kane: I am not going to take a lecture from the cabinet secretary about what I should—*[Interruption.]* The cabinet secretary is obviously quite upset by my response. *[Interruption.]* There needs to be a conversation about his national care service plans because they are where we could take money from in order to put it into the front line on social care—*[Interruption.]* We will make our budget proposals, as we always do, and we will provide that information to the cabinet secretary.

I go back now to my point—*[Interruption.]*

The cabinet secretary does not want to listen.

The Deputy Presiding Officer: Mr O’Kane, can you resume your seat?

I spoke about this at the beginning of the debate—I do not know what has happened in the interim, but it appears to be reigniting at the end of the debate. Again, members on the front benches and some back benchers are hurling comments at each other while a member is on his feet trying to speak. I would encourage people to treat those who are speaking with respect and I invite Paul O’Kane to start to conclude his remarks.

Paul O’Kane: I am very grateful, Presiding Officer.

Perhaps the cabinet secretary does not want to listen to what I heard from social care workers today, which is that they have grave concerns about the situation in social care, that the National Care Service (Scotland) Bill is ill thought out and should be stopped, and that we should come back around the table to get it right.

I heard Gillian Martin quote Unison saying that it is in support of the bill—that is certainly not the conversation that I had with the union this morning.

Kevin Stewart: Will the member give way?

Paul O’Kane: I do not believe that I have time to take an intervention from the minister.

Unison is calling for the process of the creation of a national care service to be paused and for us to think again about the detail.

I will conclude, Presiding Officer. I plead with the health secretary to show some humility and to listen to the experience of staff who are on the front line and of patients who have witnessed the

crumbling foundations of our NHS with their own eyes. Our doctors, nurses and support and social care staff deserve so much better than hollow words. Patients across Scotland deserve better than the underwhelming action of the SNP Government. We on these benches will always fight to protect our NHS. Will the cabinet secretary?

The Deputy Presiding Officer: That concludes the debate on addressing the crisis in the NHS and social care. It is time to move on to the next item of business. There will be a brief pause to allow members on the front benches to change position.

Green Freeports

The Deputy Presiding Officer (Liam McArthur): The next item of business is a statement by John Swinney on the Scottish and United Kingdom Governments' selection of green freeports. The cabinet secretary will take questions at the end of his statement, so there should be no interventions or interruptions.

17:11

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Scotland is living through unprecedented and difficult economic times. Our households, businesses and communities all face continuing challenges arising from the combined shocks of Brexit, the Covid-19 pandemic and its aftermath, the war in Ukraine and its impacts on both our economy and our energy security, and the acute cost of living crisis that is confronting us all.

Now more than ever, we must use every tool at our disposal to maximise the opportunities that we have in Scotland's different regions, and, in doing so, we must support the regeneration of disadvantaged communities, promote the creation of high-quality jobs, advance our fair work agenda and accelerate Scotland's just transition to net zero. That sits at the heart of our plans for Scotland's future economy.

The announcement on green freeports that we made jointly with the UK Government last Friday should therefore be seen in the twin contexts of our national strategy for economic transformation, which was published last March, and the draft energy strategy and just transition plan, which was published last week. The economic strategy sets out our overarching vision for a transition to a stronger wellbeing economy that will build our future resilience to shocks—be they economic, social or environmental—and will support Scotland's people to thrive and prosper. It describes how a wellbeing economy will drive a green recovery that will meet our climate and nature targets while ensuring that the transition to a net zero future will be a just one, as well as how we will build world-beating clusters of manufacturing excellence in Scotland's globally competitive high-technology sectors of the future.

In that global context, the energy strategy and just transition plan maps out the future of the energy sector and sets out an ambitious plan of action to realise that bright future. It includes actions for the Scottish Government, industry, regulators and—vitality—the UK Government. That is the backdrop for Scotland's green freeports. When the Minister for Business, Trade, Tourism and Enterprise announced our co-operation with

the UK Government on green freeports to the Parliament last February, he explained how we had negotiated a distinctively Scottish approach, building on our own green ports model to modify the English freeports to suit Scotland's needs and priorities. In particular, he emphasised how the approach would give top priority to regeneration and high-quality job creation, how it would support our journey to net zero, and how it would embed our fair work agenda at its heart.

The competition that we launched jointly last March, on the basis of a detailed prospectus, embodied that approach, and the outcome of the competition amply justified it. Taken together, the two winning bids from the Firth of Forth and Inverness and Cromarty Firth aspire to create some 75,000 new, high-skilled, well-paid jobs; bring forward nearly £11 billion in private and public investment; deliver a significant enhancement of our offshore wind manufacturing capacity; advance alternative fuel production, including green hydrogen; and promote innovation and trade across multiple sectors.

I will speak in a moment about the next steps in this process but, first, it is important that I set out the assessment and selection process.

We were clear from the outset that the process needed to be rigorous, fair and transparent. It also had to be a balanced one in which both the Scottish and United Kingdom Governments had an equal say. Therefore, the applications were assessed in parallel by Scottish and UK Government officials, looking at all the different aspects of the bids against the policy and delivery criteria that were published in the prospectus and using a common assessment framework.

The results of that assessment process were then subjected to independent moderation by senior officials from both Governments and validated by a joint programme board before an information pack was submitted jointly to Scottish and UK ministers with the assessment outcome and a list of the appointable bids. I then held several discussions with the Secretary of State for Levelling Up, Housing and Communities and the Secretary of State for Scotland, to consider the outcome and decide on the two winners.

The decision was not an easy one. It was a very strong field, and I express our thanks to all those who were involved in submitting the bids. It was a choice between five high-quality applications. However, on the basis of the joint assessment, which was thorough and robust, UK and Scottish ministers were agreed that the Firth of Forth and the Inverness and Cromarty Firth bids were the strongest ones.

Officials from the Scottish and UK Governments will now work closely and at pace with

representatives of the two winning consortia to set up robust governance structures, develop detailed business cases to unlock start-up funding and move towards delivery on the ground. We hope that the two green freeports will be operational before the end of this year. Ministers will keep Parliament informed of progress.

While acknowledging the success of the two ambitious bids from Inverness and Cromarty and the Firth of Forth, which could be genuinely transformational, I would like to say a few words about the unsuccessful bidders. Officials from both Governments have written to each of the unsuccessful bidders, offering feedback, and we will publish more information on the process in due course in order to provide further transparency on the decision-making process. As I have said, the field was a strong one and there were some very promising proposals in each of the applications. I am conscious of the investment of time, resource and expertise behind each of the bids, and, beyond that, I am acutely aware both of the economic opportunities across the different regions covered by the applications and of the challenges that they are currently facing.

Therefore, officials from both Governments stand ready to work with each of the unsuccessful bidders to consider whether and how it might be possible to build on aspects of their plans outside the green freeports programme, to deliver jobs and growth in their regions. They will engage with the local authorities and their partners in the north-east, Clyde and Orkney, particularly through the regional economic partnerships, to discuss how targeted propositions could be developed in the context of the economic strategies that are in place and under development for the regions, and they will review whether specific sectoral elements of the bidders' plans could be progressed through other relevant cross-Government programmes, taking a team Scotland approach. For example, they will look for opportunities to build on the themes and actions in each of the relevant growth deals. Further, given the unique potential of the north-east in the field of carbon capture, utilisation and storage, we continue to press the UK Government, as we have for some time, to set out a timeline for track 2 of the CCUS process that will ensure swift delivery of the Scottish cluster, including the Acorn project. That would be transformational for the region, and it would represent a critical step in Scotland's journey to net zero.

Finally, I want to acknowledge and address some of the concerns that have previously been expressed by some members about freeports more generally. As my ministerial colleagues and I have said before in the chamber, we are well aware of the mixed views on, and the reputation of, some freeports elsewhere in the world. We

understand the critical importance of protecting workers' conditions and rights, we understand worries about potential displacement of economic activity from elsewhere, and we understand concerns about deregulation and potential illicit activity. Therefore, we have sought to address those issues in the approach that we have negotiated with the UK Government.

First, we required bidders to commit to the principles of fair work, including payment of the real living wage and the enabling of an effective workers' voice, and to outline how they proposed to embed them across the green freeports. Both of the winning bidders offered firm commitments on that. We will pursue those commitments with them in more detail as we move from initial decisions to the business case phase and onwards to funding and delivery, and we will hold them to their commitments as we monitor progress on the ground.

Secondly, we will require the successful bidders to develop and report on their plans to monitor, mitigate and report any potential displacement of economic activity.

Finally, the green freeports will be required to adhere to the Organisation for Economic Co-operation and Development's code of conduct for clean free trade zones, to comply with tough UK regulations to prevent money laundering, and to establish—and share with enforcement agencies—a register of all businesses that operate within the tax sites. The operators of any customs sites will require prior authorisation by His Majesty's Revenue and Customs. All the activities of the green freeports will be subject to close monitoring and evaluation, so I am confident that the significant economic potential of the two green freeports will be accompanied by high standards of governance, transparency and enforcement.

The announcement last Friday marked an important milestone. The creation of the two green freeports will support businesses to create large numbers of good green jobs, will promote growth and regeneration, and will make a significant contribution to our transition to net zero. They will help us to create internationally competitive clusters of manufacturing excellence, which will build on specific areas of sectoral strength and be able to compete on an equal footing with ports in the rest of the United Kingdom and internationally. Over time, they should yield real and lasting benefits to Scotland's local, regional and national economies. The hard work to deliver on that promise starts now, but I am very optimistic about the potential.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues that have been raised in his statement. I intend to allow around 20 minutes for questions, after which

it will be time to move on to the next item of business. Members who wish to ask a question should press their request-to-speak buttons now.

Jamie Halcro Johnston (Highlands and Islands) (Con): I thank the cabinet secretary for advance sight of his statement.

I very much welcome the announcement last week that the Opportunity Cromarty Firth and Forth Ports bids were successful. They will be major boosts to their local and regional economies.

I was also pleased to see and meet the Prime Minister, Rishi Sunak, as he visited the Highlands ahead of the announcement. However, I admit to being a little disappointed that the Scottish Government's welcome seemed to be a little muted, and that the First Minister, who was in the Highlands, was not able to join the Prime Minister at Cromarty Firth.

The announcement was—except by the usual suspects—widely accepted as good news, and it was a chance to highlight what can be achieved when the UK and Scottish Governments work positively together to deliver for our communities. The cabinet secretary highlighted in his statement that, working collaboratively with UK colleagues, both Governments were able to deliver a solution that met Scotland's needs. That should be welcomed, and I suggest that the public and Scotland's business sector will want to see more of it.

However, as an Orcadian, I am obviously disappointed that my islands' bid, which I also backed, was not successful. Can the cabinet secretary give a bit more detail, including potential actions and timescales, on how—as he mentioned in his statement—the Scottish Government will ensure that the projects that missed out this time are able to take advantage of the new opportunities that the green freeports offer, or to explore and exploit new opportunities?

In relation to the winning bids, can the cabinet secretary tell me how the Scottish Government will ensure that local and regional infrastructure is adequate to meet the opportunities that the freeports should deliver? For example, in relation to the Cromarty Firth bid, how will the Government ensure that the Scottish National Party's commitment to dual the A9 is completed in full, as promised, and that the dualling of the A96 is not kicked even further into the long grass?

Finally, will the Scottish Government commit to continue engagement with the UK Government on similar joint projects and ensure that both Scotland's Governments work together to improve economic opportunities and growth?

John Swinney: Although the First Minister changed her diary in order to meet the Prime Minister the evening before the announcement, she was not at Cromarty Firth because she was involved in some of the work to manage and address the pressures in the national health service. Those pre-arranged commitments on the Friday morning included discussions to avoid industrial action in the national health service. I am sure that Mr Halcro Johnston will be as pleased as I am that this Government—unlike the United Kingdom Government—has successfully avoided that. The First Minister changed her arrangements to make it possible to meet the Prime Minister, which I am sure that he welcomed.

Obviously, I empathise with the bids that were unsuccessful. Mr Halcro Johnston asked me specifically about the Orkney bid. The Minister for Business, Trade, Tourism and Enterprise will be in Orkney tomorrow and Friday to sign the islands growth deal, which Orkney will benefit from. Some elements of the proposal are emerging in relation to Scapa Flow, which contains some interesting possibilities for further development, and we will continue our dialogue with Orkney Islands Council in that respect.

I am very confident that the local and regional infrastructure will be available to support the winning bids, and Mr Halcro Johnston will be aware of the Government's continued commitments on the A9 and the A96.

Finally, I will reflect on Mr Halcro Johnston's point about the Scottish and UK Governments working together. There were some interesting lessons in the process, which was a process of joint decision making. There was equal involvement, and we both had to agree. It was not a case of one Government—the UK Government—setting out its will over the will of the Scottish Government. It was about joint decision making. Perhaps the Conservative Government in London could reflect on the importance of that approach in how we take such matters forward in the future.

Colin Smyth (South Scotland) (Lab): I thank the Deputy First Minister for advance sight of his statement.

The eventual agreement between the UK and Scottish Governments on freeports is a drop in the ocean when it comes to what is needed to stimulate Scotland's flagging economy. There was no commitment from the Deputy First Minister of new Government resources for the ports that missed out on freeport status, such as the Clyde green freeport bid, which was from a community that was already reeling from more devastating news on jobs in recent days.

There was no guarantee that freeports will not lead to the dilution of workers' rights. Does the agreement between the UK and Scottish Governments mean that every worker in a freeport will be guaranteed the same rights as every other worker in other workplaces? Does the agreement guarantee that trade unions will be able to access and organise workers who are operating in freeports to bargain with employers over pay and terms and conditions?

John Swinney: Unfortunately, it is characteristic of Mr Smyth's approach to most of these things that there is not much of a welcome from him for anything. I say to him that—

Colin Smyth: Answer the question.

John Swinney: I am not sure that the running commentary helps the discussion of such matters.

The two Governments have set out the approach taken to making a difficult set of decisions about very strong bids. I sympathise with those who have been unsuccessful and, as I said in my statement, the Governments will engage with the unsuccessful bidders to identify how we can take forward some of those strong propositions.

In relation to Mr Smyth's comments about the position of workers, in my statement, I went to great lengths to address the fact that the construct of green freeports in Scotland was deliberately designed to protect workers' rights. That was an essential prerequisite to the Scottish Government's participation in the exercise. We were not prepared to participate on the basis that was proposed by the UK Government for the English freeports. We did not think that protections were in place for workers' rights, which were successfully negotiated as part of the process.

I am confident that those rights can be assured, but as I said in my statement, I also give Parliament the assurance that governance will be in place, there will be accountability and we will be able to monitor how the agreements and commitments are fulfilled by the delivery of green freeport status.

The Deputy Presiding Officer: I am conscious of the number of members who wish to ask questions, so we will need to have fairly succinct questions and answers.

Emma Roddick (Highlands and Islands) (SNP): Growing up in Alness, I got to see at first hand the perfect illustration of the just transition that is the port of Cromarty Firth. From rigs to turbines, I am sure that its clear commitment to supporting green energy and providing quality jobs for Ross-shire and the inner Moray Firth played a part in the success of its bid last week. However, many of my constituents are still worried about the

agreements that the Scottish Government secured on fair work and environmental protections and how those will be monitored and ensured.

Will the Deputy First Minister expand on where accountability lies in such matters and reassure the people of the Highlands that the green freeport will deliver without harming the area or workers' rights?

John Swinney: I will try to reassure Emma Roddick on both those points on environmental protection and workers' rights.

The Scottish Government would not sign up to arrangements that would dilute any of the existing commitments. Indeed, from a wider policy perspective, some of our concerns about the United Kingdom Government's Retained EU Law (Revocation and Reform) Bill reflect our concerns that those very rights for workers or controls on environmental protection might be diminished.

We have a governance structure to put in place. Those are essential commitments at the heart of green freeport status, so we will ensure that mandatory arrangements are taken forward through the successful propositions.

Liz Smith (Mid Scotland and Fife) (Con): I very much welcome the statement and the cabinet secretary's upbeat remarks, particularly those in the last paragraph of the statement. It is good to hear his comments about joint working.

Can I assume that the cabinet secretary does not agree with Ross Greer's view? Last Friday, Ross Greer said:

"There is nothing green about so-called green freeports. They are a failed and dated Tory gimmick which hands public cash over to multinational corporations"

and

"will only benefit the super-rich and the big corporations who have pushed hardest for them."

John Swinney: I think that that quote perhaps illustrates why the concept of green freeports is an excluded area in the Bute house agreement, which allows Mr Greer and me to respectfully take slightly different views on that question, if I can put it as delicately as that.

It is much better if I allow Mr Greer to speak for himself rather than speak on his behalf.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): I very much congratulate the Cromarty and Forth green freeport bids on their success, but I am very disappointed that the north-east bid, where my constituency is located, was not successful.

In addition to the update that he provided in his statement, will the Deputy First Minister give a reassurance that the Scottish Government will

ensure that the north-east receives the long-term support that is required to help achieve the Government's net zero and just transition targets, and that it will further help to maximise the opportunities that have been granted to the north-east to secure it as a future global energy hub?

John Swinney: I quite understand the disappointment that Audrey Nicoll is expressing on behalf of her constituents. I will reassure her in two respects.

First, the Scottish and United Kingdom Governments are taking a number of measures to support the north-east, whether that is the £500 million 10-year north-east of Scotland and Moray just transition plan, or the work that the UK Government is progressing on the—I think that this is the correct term—net zero zone that Sir Ian Wood is progressing. Those represent existing commitments.

Secondly, the First Minister and I have used every available opportunity to impress on United Kingdom ministers at the most senior level the importance of the Acorn project, which is crucial for carbon capture and storage in the north-east.

That project is uniquely placed to advance carbon capture technology. We have pressed that argument, the UK Government has heard our strong views on the importance of making early progress on that development, and I am optimistic that that will be the case.

Daniel Johnson (Edinburgh Southern) (Lab): On a number of occasions in this statement, John Swinney has expressed his sympathy and empathy towards the unsuccessful bids. When I speak to Scottish renewables firms, they are clear that we need to upgrade not just two of our ports but our port infrastructure up and down Scotland if we are to make good on the 17 ScotWind projects and the 10GW of energy that they will produce. Surely, he should have produced today an investment plan and a strategy for all our ports, not a rebranding of a pretty dubious Conservative proposal on freeports.

John Swinney: The Labour Party is really excelling itself in its lack of cheerfulness today. I do not know what is in the water. Any cheerfulness has certainly not reached Mr Smyth or Mr Johnson.

The Government has made a statement today to transparently explain a decision-making process that we have been involved in with the United Kingdom Government.

In addition to that, the Scottish Government is investing in a variety of propositions around the country, whether that is the Aberdeen city region deal, the Tay cities deal, the islands growth deal that I mentioned, the Ayrshire growth deal or the

Glasgow and Clyde valley city deal. All those include elements that will address exactly the issue that Mr Johnson has raised.

Those are 10, 15 and sometimes 20-year sustained policy commitments that are in addition to the investment that the Government is making in the country's infrastructure. We are determined to make sure that we realise the benefits of renewable energy production, which is Scotland's great opportunity in the years to come.

Michelle Thomson (Falkirk East) (SNP): I was pleased to hear the news of the success of the Cromarty and Firth of Forth green freeport bids. I am hopeful that the latter brings economic benefits to my constituency of Falkirk East.

In the Deputy First Minister's statement, he recognised concerns that they could, however, have an economic displacement effect, reducing the actual impact of Government investment. Can he furnish us with more details as to how that specific concern has been taken into account in the design of Scotland's green freeports?

John Swinney: First, I very much understand the concerns that Michelle Thomson puts to me. The risk of displacement is one of the fundamental issues with the green freeport concept. We will be putting measures into the governance and reporting framework to ensure that there is transparency in relation to those questions so that we can effectively scrutinise the effect of green freeports. We will also ensure that we have the necessary steps available to us to ensure that any displacement of activity is addressed as part of the process of monitoring the effectiveness of the concept.

Ross Greer (West Scotland) (Green): There is nothing green about freeports. Many are tax havens. The European Union found that they attract money laundering, smuggling and other criminal activities. The last time the UK tried them, it only increased regional inequality. Although there are lots of warm words about fair work and net zero, I cannot yet see any hard legal requirements binding these freeports to the grand promises that they have made.

I acknowledge that the Government has tried to address the concerns that the Scottish Greens have. However, will the Scottish Government act to remove freeport status from either operator if it breaks the commitments that it has made on workers' rights and environmental protection?

John Swinney: Yes, the Government will act in that fashion. We are serious about the points that have been advanced. I will try hard over the period ahead to persuade Mr Greer of the merits of the steps that we are taking, but I assure him that we will act to protect the commitments that have been built into the green freeport concept.

Gillian Martin (Aberdeenshire East) (SNP): As Audrey Nicoll has already set out, we need to ensure that the north-east is not disadvantaged by this decision, particularly because, as everyone who has spoken about the north-east has stated, it should be at the heart of the just transition and remain the energy capital of a net zero Scotland.

Therefore I am pleased to hear the Deputy First Minister commit to working with the unsuccessful bidders. I am pretty sure that quite a lot in the bid does not need green freeport status in order to progress. Can he provide any information about when that engagement will begin and what form it might take?

John Swinney: That engagement will start very soon. As I indicated in my answer to Audrey Nicoll, we have used the engagement and dialogue around the decision-making process for green freeports to advance the arguments and the case for the Acorn project, for example.

That engagement will start soon and it will include those who have been involved in the bid in the north-east. We will work to ensure that as much of the bid as can be taken forward sustainably is taken forward.

Alex Cole-Hamilton (Edinburgh Western) (LD): I warmly welcome the introduction of the freeport in the Forth estuary. On behalf of my colleagues in the far north, I congratulate the Cromarty Firth on the decision on that bid.

The cabinet secretary is right to reference in his remarks the concerns that people have about the displacement of economic activity from around and about freeports into freeports, and the loss of tax revenue and work opportunities from the areas that have lost out. I was gratified to hear him give some consideration to that in his remarks, but would he consider coming back to Parliament, perhaps in a year's time or a year after the introduction of the freeports, to talk about the impact on economic activity in surrounding areas?

John Swinney: I think that that is an entirely reasonable request. Ministers would be happy to do so.

Douglas Lumsden (North East Scotland) (Con): Obviously, I was disappointed that the north-east bid was not successful. It highlights, however, that connectivity between Aberdeen and Inverness is more vital than ever. The dualling of the A96 is now key. Can I ask the Deputy First Minister whether the commitment to dual the A96 by 2030 will be met?

John Swinney: Mr Lumsden should be familiar with the contents of the Bute house agreement, which set out the Government's approach to the A96 dualling project. In that agreement, we set out specific commitments and the process of

evaluation of the wider issues in relation to the routes. Those commitments have not changed from the Bute house agreement.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): Does the Deputy First Minister recognise the economic disparity that already exists between the north and east of Scotland and the south-west of Scotland, and does he think that this announcement might exacerbate that divide? Does the Scottish Government see any merit in exploring the potential of developing the port infrastructure in Ayrshire to boost economic activity there, particularly looking towards Ireland and the European Union via Dublin port?

John Swinney: Obviously, I am very familiar with the economic challenges that are faced in Mr Coffey's constituency and in Ayrshire more widely. Those challenges are the reason why the Government has been so engaged in, for example, the Ayrshire growth deal, and why huge amounts of time and energy were spent on securing the Mangata Networks investment at Prestwick airport. That is a huge strategic development, albeit that it is not in Mr Coffey's constituency but in his neighbour Siobhian Brown's constituency of Ayr. I recognise the economic disparities, which is why we concentrate on that investment.

On the development of connectivity to Ireland from Ayrshire ports, obviously ministers would be happy to engage with Mr Coffey and his colleagues from Ayrshire to see what can be done to advance that agenda.

The Deputy Presiding Officer: That concludes this item of business. There will be a brief pause before we move on to the next item of business.

Business Motion

17:41

The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-07557, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 24 January 2023

2.00 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Topical Questions (if selected)
followed by Stage 3 Proceedings: Hunting with Dogs (Scotland) Bill
followed by Committee Announcements
followed by Business Motions
followed by Parliamentary Bureau Motions
 7.00 pm Decision Time
followed by Members' Business

Wednesday 25 January 2023

2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions: Rural Affairs and Islands; Health and Social Care
followed by Scottish Conservative and Unionist Party Business
followed by Business Motions
followed by Parliamentary Bureau Motions
followed by Approval of SSIs (if required)
 5.10 pm Decision Time
followed by Members' Business

Thursday 26 January 2023

11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
followed by Members' Business
 2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions: Social Justice, Housing and Local Government
followed by Ministerial Statement: Strategic Transport Projects Review 2
followed by Finance and Public Administration Committee Debate: Scottish Budget 2023-24
followed by Business Motions

followed by Parliamentary Bureau Motions
 5.30 pm Decision Time

Tuesday 31 January 2023

2.00 pm Time for Reflection
followed by Parliamentary Bureau Motions
followed by Topical Questions (if selected)
followed by Scottish Government Business
followed by Committee Announcements
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time
followed by Members' Business

Wednesday 1 February 2023

2.00 pm Parliamentary Bureau Motions
 2.00 pm Portfolio Questions: Constitution, External Affairs and Culture; Justice and Veterans
followed by Scottish Government Business
followed by Business Motions
followed by Parliamentary Bureau Motions
followed by Approval of SSIs (if required)
 5.00 pm Decision Time
followed by Members' Business

Thursday 2 February 2023

11.40 am Parliamentary Bureau Motions
 11.40 am General Questions
 12.00 pm First Minister's Questions
followed by Members' Business
 2.30 pm Parliamentary Bureau Motions
 2.30 pm Portfolio Questions: Education and Skills
followed by Stage 1 Debate: Scottish Budget 2023-24
followed by Business Motions
followed by Parliamentary Bureau Motions
 5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 23 January 2023, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[George Adam]

Motion agreed to.

Decision Time

17:42

The Presiding Officer (Alison Johnstone):

There are up to three questions to be put as a result of today's business. I remind members that, if the amendment in the name of Humza Yousaf is agreed to, the amendment in the name of Sandesh Gulhane will fall.

The first question is, that amendment S6M-07538.2, in the name of Humza Yousaf, which seeks to amend motion S6M-07538, in the name of Jackie Baillie, on addressing the crisis in the national health service and social care, be agreed to. Are we agreed?

Members: No.

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

17:42

Meeting suspended.

17:45

On resuming—

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

The question is, that amendment SM6-07538.2, in the name of Humza Yousaf, be agreed to. Members should cast their votes now.

Before I close the vote, I call Kaukab Stewart to cast a proxy vote on behalf of Stuart McMillan.

Kaukab Stewart (Glasgow Kelvin) (SNP): On behalf of Stuart McMillan, I vote yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

The vote is closed.

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): On a point of order, Presiding Officer. I am not sure whether my vote will have been recorded. I would have voted yes, but there is something very strange going on with the platform.

The Presiding Officer: I can assure you that your vote was recorded, Mr Stewart.

For

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)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 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)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (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)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 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)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Collette (East Kilbride) (SNP)
 Stewart, Kaukab (Glasgow Kelvin) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Thomson, Michelle (Falkirk East) (SNP)
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)

Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Sweeney, Paul (Glasgow) (Lab)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)
 Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on amendment SM6-07538.2, in the name of Humza Yousaf, is: For 65, Against 55, Abstentions 0.

Amendment agreed to.

The Presiding Officer: Amendment S6M-07538.1, in the name of Sandesh Gulhane, has therefore fallen.

The next question is, that motion S6M-07538, in the name of Jackie Baillie, on addressing the crisis in the NHS and social care, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

Before I close the vote, I call Kaukab Stewart to cast a proxy vote on behalf of Stuart McMillan.

Kaukab Stewart: On behalf of Stuart McMillan, I vote yes.

The Presiding Officer: Thank you. We will ensure that that is recorded.

The vote is closed.

Carol Mochan (South Scotland) (Lab): On a point of order, Presiding Officer. I would have voted no.

The Presiding Officer: I can confirm that your vote has been recorded, Ms Mochan.

For

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)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 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)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (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)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Gray, Neil (Airdrie and Shotts) (SNP)
 Greer, Ross (West Scotland) (Green)
 Harper, Emma (South Scotland) (SNP)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 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)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAllan, Màiri (Clydesdale) (SNP)
 McKee, Ivan (Glasgow Provan) (SNP)
 McLennan, Paul (East Lothian) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 McNair, Marie (Clydebank and Milngavie) (SNP)
 Minto, Jenni (Argyll and Bute) (SNP)
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)
 Regan, Ash (Edinburgh Eastern) (SNP)
 Robertson, Angus (Edinburgh Central) (SNP)

Robison, Shona (Dundee City East) (SNP)
 Roddick, Emma (Highlands and Islands) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Slater, Lorna (Lothian) (Green)
 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)
 Torrance, David (Kirkcaldy) (SNP)
 Tweed, Evelyn (Stirling) (SNP)
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Choudhury, Foyso (Lothian) (Lab)
 Clark, Katy (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dowey, Sharon (South Scotland) (Con)
 Duncan-Glancy, Pam (Glasgow) (Lab)
 Findlay, Russell (West Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gallacher, Meghan (Central Scotland) (Con)
 Gosal, Pam (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Griffin, Mark (Central Scotland) (Lab)
 Gulhane, Sandesh (Glasgow) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Hoy, Craig (South Scotland) (Con)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Kerr, Liam (North East Scotland) (Con)
 Kerr, Stephen (Central Scotland) (Con)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lumsden, Douglas (North East Scotland) (Con)
 Marra, Michael (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCall, Roz (Mid Scotland and Fife) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mochan, Carol (South Scotland) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Mundell, Oliver (Dumfriesshire) (Con)
 O'Kane, Paul (West Scotland) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Ross, Douglas (Highlands and Islands) (Con)
 Sarwar, Anas (Glasgow) (Lab)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Villalba, Mercedes (North East Scotland) (Lab)
 Webber, Sue (Lothian) (Con)
 Wells, Annie (Glasgow) (Con)
 White, Tess (North East Scotland) (Con)
 Whitfield, Martin (South Scotland) (Lab)

Whittle, Brian (South Scotland) (Con)
 Wishart, Beatrice (Shetland Islands) (LD)

The Presiding Officer: The result of the division on motion S6M-07538, in the name of Jackie Baillie, on addressing the crisis in the NHS and social care, as amended, is: For 67, Against 54, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament recognises the unprecedented pressure that NHS and care staff have faced over the winter and thanks them for all their efforts in caring for the people of Scotland at this challenging time; notes that these are challenges that are being faced across the UK and beyond; recognises that the triple impact of Brexit, the COVID-19 pandemic and the UK Government's cost of living crisis has exacerbated the pressures faced by the health service; believes that freedom of movement within Europe would be beneficial to help addressing recruitment challenges, and that the only route to securing that is membership of the European Union; welcomes that constructive industrial relations in Scotland's health service mean that Scotland is the only part of the UK not experiencing strike action from health staff this winter; notes the ongoing £1 billion NHS Recovery Plan, which is supporting new ways of delivering care that are creating additional capacity for inpatients, day case patients and outpatients, including investment to support the four National Treatment Centres (NTC) due to open over 2023; recognises that the expanded NTC network will provide additional capacity of eight additional orthopaedic theatres, an additional inpatient/day case ward, five endoscopy rooms and two general theatres, initially providing over 12,250 additional procedures, dependent on workforce; welcomes the Scottish Government's draft Budget, which included additional investment to increase adult social care wages, and believes that, through the creation of the National Care Service, there is a real opportunity for underpinning fair work in social care and delivering national sectoral bargaining for social care workers.

The Presiding Officer: That concludes decision time.

National Robotarium

The Deputy Presiding Officer (Annabelle Ewing): The final item of business is a members' business debate on motion S6M-07286, in the name of Gordon MacDonald, on developing an economy driven by new robotic technology at Heriot-Watt University. The debate will be concluded without any question being put.

Motion debated,

That the Parliament commends the ongoing research at the newly opened National Robotarium, based at the Heriot-Watt University campus in Edinburgh and developed in partnership with the University of Edinburgh; understands that the centre is the largest and most advanced applied research facility for robotics and artificial intelligence (AI) in the UK; further understands that the National Robotarium is supported through the £1.3 billion Edinburgh and South East Scotland City Region Deal; considers that the National Robotarium has unrivalled technology and facilities, central to the development and testing of robotics and AI solutions across the three distinct areas of robotics and autonomous systems, human and robot interaction, and high-precision manufacturing; understands that the centre leverages existing research and industry expertise to address global challenges in areas such as hazardous environments, offshore energy, manufacturing, construction, healthcare, human-robot interaction, assisted living, and agritech; applauds what it sees as the ability of the National Robotarium to move innovative products and services rapidly from laboratory to market, to develop new prototypes, and support early stage product development within an incubator environment that drives productivity; thanks staff and researchers at the centre for promoting what it considers Scotland's role as a world-leading international hub for robotics, autonomous systems and AI, and notes the view that Scotland will need to develop a manufacturing base and train a qualified workforce in order to embrace new opportunities in a future economy driven by modern robotic technology.

17:51

Gordon MacDonald (Edinburgh Pentlands) (SNP): I thank all the members who supported the motion in order that it could be debated tonight. In addition, I welcome to the gallery, from the National Robotarium, Stewart Miller, the chief executive officer, and staff and researchers; I am sorry that they have had to wait so long.

Last November, I visited the new £22 million National Robotarium, which is located at Heriot-Watt University Research Park in my constituency of Edinburgh Pentlands. It is a collaboration between Heriot-Watt University and the University of Edinburgh, and it is part of the £1.3 billion Edinburgh and south-east Scotland city region deal, which is funded by the Scottish and United Kingdom Governments. It is the largest and most advanced applied research facility for robotics and artificial intelligence to be found anywhere in the UK.

The state-of-the-art facility boasts high-specification laboratories with unrivalled technology and facilities. It is the only centre of its kind in the world that features laser labs, an autonomous systems laboratory and a living lab for trialling technology in a realistic home setting. It is dedicated to the development and testing of robotics and artificial intelligence solutions in three distinct areas: robotics and autonomous systems, human and robot interaction, and high-precision manufacturing. This centre of excellence aims, through research and knowledge exchange, to address real-world challenges and industrial needs, with a focus on hazardous environments, offshore energy, manufacturing, construction, healthcare, human-robot interaction, assisted living and agritech.

Why is it necessary? According to data from the 2021 "World Robotics" report, it is estimated that there are in the region of 3 million industrial robots in the world, which is a 10 per cent increase from the preceding year. Oxford Economics estimates that the figure is expected to increase to around 20 million industrial robots by 2030.

To remain competitive and grow our economy, the UK needs to increase productivity. However, that is at a time when the exodus of European Union labour as a result of Brexit has ensured that we have the second-lowest growth in the G20, just ahead of Russia, according to a forecast by the Organisation for Economic Co-operation and Development. One way of replacing that lost labour would be to invest in robotics, but an examination of the use of robotics in the manufacturing sector highlights how far the UK has fallen behind in using that technology.

The "World Robotics" report highlights that the world average number of robots in manufacturing per 10,000 employees at that time was 126. The UK had 101, which put it in 24th position in the global league table of robot densities. In comparison with other leading G7 economies, the UK was last; both Japan and Germany had nearly four times the UK's robot density. The situation was even worse when the UK was compared with the leading countries of Korea and Singapore, as it had only 11 per cent and 17 per cent of their respective densities.

To start to address the shortfall in industrial robotic use, there needs to be a strategic policy that focuses on the ecosystem that is required to build a robotics sector in Scotland. That would highlight the way forward in education and skills; research and testing; a testing certification regime for robotics; and appropriate investment.

Another area that is facing similar challenges in recruiting and maintaining staff is social care. That is at a time when demand for the service is increasing, as people get older and health

conditions become more complex. The UK population over the age of 65 is expected to increase from 12 million today to 17 million by 2035. A parliamentary office of science and technology briefing on “Robotics in Social Care” highlighted that robotics in social care

“can provide three types of assistance: physical, social, and cognitive”.

The briefing highlights that that “can take many forms”, including robots that have

“been developed to assist with ... feeding”

and “washing”.

It also mentions robots

“that remind users when to take their medicine and those that detect and prevent falls”,

and

“robots designed to provide companionship and assist with loneliness and social engagement”.

We need focused tax breaks from the UK Government to encourage investment in robotics, and in home-grown manufacturing in particular, so that such technology can help to address labour shortages.

In other countries, a rise in the adoption of robotic vacuum cleaners was observed during Covid-19. The need for disinfection and thorough cleaning at the same time as cleaning staff were off sick or in lockdown gave rise to the increased use of such vacuum cleaners. That technology proved so ideal that it is now estimated that there are 40 million robotic vacuum cleaners in the world, and the market is expected to increase by 23 per cent by 2030.

Scotland, unlike many areas of the UK, still has a manufacturing base, and the National Robotarium is in a position to move innovative products and services rapidly from laboratory to market, and to develop new prototypes and support early-stage product development within an incubator environment that drives productivity. The National Robotarium has already been instrumental in developing affordable solutions in health and social care. Researchers at the centre devised an artificial intelligence companion for people who are living with Alzheimer’s disease and dementia that aims to aid memory recollection, boost confidence and combat depression.

Recently, a project that was supported by the National Robotarium was launched to improve robotic cancer surgery, with a probe being built to take mechanical measures of tumours and surrounding tissue, linked to software with intelligent algorithms for data collection. However, it is not just in healthcare that the National Robotarium is innovating groundbreaking

solutions. Researchers are also involved in what is considered to be the world’s first autonomous wind farm inspection. Last summer, they supported EDF Renewables UK to deploy a remotely operated vehicle to carry out an inspection of its Blyth offshore wind farm off Northumberland, as part of a project between EDF and ORCA—Offshore Robotics for Certification of Assets—Hub.

We need to support our manufacturing sector to work alongside researchers from the National Robotarium to ensure that we can tap into the growing robotics sector as manufacturers, and not assemblers, of robots. Otherwise, we will not be part of the industrial revolution that is bringing good-quality high-tech employment opportunities to those countries that are already at the forefront of robotics development.

17:59

Rona Mackay (Strathkelvin and Bearsden) (SNP): I am pleased to speak in the debate, and I congratulate my friend and colleague Gordon MacDonald on bringing it to the chamber.

I start with a confession: I am not tech-savvy in any way. Nevertheless, I marvel at the advances that we in Scotland have made in so many different fields, which will benefit us and future generations to come. The new partnership of the National Robotarium and the University of Edinburgh, based at Heriot-Watt University campus, is a fantastic example of innovation and entrepreneurship coming together. We should be shouting from the rooftops about that. The centre is the largest and most advanced applied research facility for robotics and artificial intelligence in the UK—that is awesome.

As Gordon MacDonald’s motion says, the project focuses on

“robotics and AI solutions across the three distinct areas of robotics and autonomous systems, human and robot interaction, and high-precision manufacturing”.

The motion notes that the centre complements

“existing research and industry expertise to address global challenges in areas such as hazardous environments, offshore energy, manufacturing, construction, healthcare, human-robot interaction, assisted living, and agritech.”

That is just for starters. Planning for future innovation that can be used in so many aspects of our lives never stops with that partnership, which has many more ideas in the pipeline.

The impact of such innovation as we go forward cannot be overstated. It means that technology is being used to benefit future generations, and it will improve and save lives and scale up the future challenges of growth and manufacturing. In short,

it will transform lives for the better and pave the way into the next century.

The centre, which was launched just last September, is supported by £21 million from the UK Government and £1.4 million from the Scottish Government as part of the Edinburgh and south-east Scotland city region deal.

I have great optimism for the future when I hear of advances in medical research in every area. It reassures me that my children and grandchildren may be spared from suffering from some of our most serious diseases and conditions. For example, the centre is pioneering a new robot-assisted surgery technique to help to decide how much of a patient's tissue is affected by cancer and should be removed. An AI companion—as Gordon MacDonald said—will aid memory recollection, boost confidence and combat depression in people who are living with Alzheimer's disease and other types of dementia.

Incredibly, the centre is also developing advanced machine-learning algorithms that will significantly improve the detection, intervention and prevention of online gender-based abuse. That is simply amazing.

With the help of that state-of-the-art technology, the dream of a better future for our children is so much closer. However, as the helpful briefing from the National Robotarium states,

“Robots are nothing without people”.

People need the right knowledge and skills to work with robotics technology, and those skills must be prioritised by Government agencies and funders through to colleges and universities.

In Scotland, we have a bright new generation of young people who can meet those skills needs. I believe that the planning for that should start at school, with courses and opportunities designed to prepare them to be part of our brave new world. Of course, the National Robotarium is on the case with that, too: it has launched a schools and outreach programme that is designed to drive engagement and broaden access to robotics and AI technologies.

Clare Adamson (Motherwell and Wishaw) (SNP): Would the member like to congratulate Braidhurst high school in my constituency? It has a long-standing robotics club that has won a number of national awards, and it is an exemplar of the work that is currently happening in our schools.

Rona Mackay: I thank the member for her intervention—that is fantastic news. I really do congratulate the school, because that is what we need to see happening throughout schools in Scotland.

In collaboration with industry, the National Robotarium's engagement programme is helping to upskill and reskill the UK workforce in robotic systems, technology and engineering. The National Robotarium is already a world leader in innovative technology, and all its staff who are involved in taking us there should be applauded for everything that they are doing. Scotland always punches above its weight when it comes to innovation, and we should be proud that the National Robotarium is our gold-standard champion.

18:04

Stephen Kerr (Central Scotland) (Con): I congratulate Gordon MacDonald on bringing the debate to the chamber and welcome to the public gallery staff from the National Robotarium. From reading the motion, I see that there is much to be proud of in their work, and I note the vast potential that exists in robotics.

Robots can deal with some of the most hazardous, monotonous or repetitive tasks that we ask human beings to do, so I agree with Gordon MacDonald that the United Kingdom as a whole could do much better in adopting robotic and automative technology.

One of the most remarkable experiences that I have had in the past few years was a visit Fukuoka in southern Japan. I went to—I must be careful how I say this—the Yaskawa Electric Corporation. I should have practised saying that. Since 1915, the company has been in the business of creating machines and it is now at the leading edge of creating robots. I know that we can absolutely do that here in Scotland and throughout the United Kingdom. That experience in southern Japan spurred my fascination with use of innovative new technologies, particularly in relation to their application to business.

We Scots rightly pride ourselves on how we develop, improve and apply technology. We are undoubtedly living in a world of rapid technological change, which, in turn, brings seismic change to society and the workplace. I said that I was fascinated by technological change, but I would say that it is a national fascination in Scotland, because we are acknowledged throughout the world as great engineers and adapters. The steam engine, the refrigerator, the television, the ATM and the MRI scanner are but a few of the marvels that have made the modern world and were developed and delivered in our country.

A few years ago, I was privileged to meet a company in Scotland that was behind the development of the technology that is used by frozen food manufacturers to optimise the number of chips that can be cut from a potato. Colleagues

can expect me to raise the subject of potatoes in any members' business debate from now on. The wonders of the high-tech tattie were developed here in Scotland.

We are at our best when we are at the forefront of technological innovation, bringing together theoretical work and practical applications to create real value. Scots are innovative, inventive and creative. For example, Glasgow manufactures more satellites than anywhere else in Europe. That should be celebrated and made famous. The University of Stirling is using innovative technologies coupled with a deep understanding of our environment in an unrivalled demonstration project to create the most advanced system of river monitoring in the world.

Sadly, not all of Scotland's economy, whether in the private sector or the public sector, is at the forefront of the adoption of technological innovation. According to the labour productivity statistics released by the Scottish Government last year,

"In 2021, annual labour productivity as measured by output per hour worked remained flat (0.0% growth) compared to 2020."

That is an all-too-familiar story. The figures are for one year, but there is a pattern that shows that we have some serious problems. There are sectors of the economy, including energy, the emerging green economy, pharmaceuticals and our chemical sector, that are investing heavily to grow output. However, in other parts of the economy, and particularly in small and medium-sized enterprises, growth is not present, and we risk becoming a technological backwater as a result.

The Scottish Government must be much more proactive in improving our national productivity. That requires investment, and encouraging investment, in automative technology. That is not a future technology: it is for the present—it exists and can be adopted, not least in the public sector, where digital transformation and automation lag behind what happens in many comparable countries and there is a lack of funding to invest in the future of service delivery.

Productivity will increase as we combine technologies such as AI, robotics and automation with a highly skilled and educated workforce. The key to all that, as has been said, is in our schools right now. Where are the computing and technology teachers that we need? Let us agree that we need more of them, because there were 170 fewer computing science teachers in 2021—

The Deputy Presiding Officer: Mr Kerr, you are a minute over your time. Please bring your remarks to a close.

Stephen Kerr: I am doing so.

I think I should make that point again, because it was lost.

The Deputy Presiding Officer: Mr Kerr, I ask you to bring your remarks to a close. You are well over your time.

Stephen Kerr: Let me make this point, if I might.

The Deputy Presiding Officer: Mr Kerr, please just conclude. You are well over your time and other members are seeking to speak.

Stephen Kerr: I am trying to do that. You keep interrupting me. I am concluding.

There were 170—

The Deputy Presiding Officer: Mr Kerr, you should respect the chair. I have asked you to conclude. That means conclude, please. Thank you.

Stephen Kerr: I am doing that.

There were 170 fewer computing science teachers in 2021 than in 2008. That just cannot be right.

The Deputy Presiding Officer: Thank you, Mr Kerr.

18:10

Richard Leonard (Central Scotland) (Lab): I welcome visitors to the public gallery tonight, and I thank Gordon MacDonald for providing the Parliament with the opportunity to address this important question, which is not just an economic question or a question of research and development—it is a social question and a question of ethics. It reminds us how vital it is that the Parliament does not limit itself solely to the urgent, the immediate and the short term, but attends to the transformative, the strategic and the long term.

We have been grappling with robotic technology and artificial intelligence for all of my adult life—from André Gorz's "Farewell to the Working Class" to Geoff Mulgan's recent work on the lagging of the democratic behind the scientific and the social behind the technological, in which he concludes that we need a new kind of state to go with the new kind of economy.

Last year, I was honoured to chair a Scotland's Futures Forum seminar in the Parliament on artificial intelligence and accountability. It was led by two distinguished professors from the University of Edinburgh—Shannon Vallor and Ram Ramamoorthy. I strongly urge members to review the podcast and to read the papers from that seminar, including a scrutiny toolkit that was released just last week, because it is important that we, as democratically elected representatives

of the people, scrutinise the present and decide the kind of future society that we want, rather than leaving it to the centres of economic power and wealth.

It is also important that we, as democratically elected representatives, fully comprehend the extent, scale and dimension of the application of artificial intelligence in areas of public policy that are under the direct control of the Parliament, from policing and the judicial system to health and social care, and from education and welfare to transport and infrastructure.

To be clear, the rapid expansion of AI is not abstract and futuristic science fiction; it is happening right now. Let me also be clear that the application of AI and robotics in place of human labour, for example, is a bad thing only if it does not lead to shorter hours, longer life, more leisure time and better living and working conditions for all. That is why I hope that the motion that we are debating today will be the catalyst for a serious debate in the Parliament about power, accountability, work and leisure—a debate about on whose terms AI and robotics are not just researched and developed but delivered and operated.

That is because technology has big implications for democracy. A world that is governed by big data and algorithms has big implications in a society in which the real division is not based on status or nationality but is between those who create the wealth and those who own the wealth, and there are big implications when the concentration of power over the means of production is getting ever greater. Unless that is challenged instead of courted, unless there is a change in economic relations and therefore in power relations, and unless we recognise that the market is not democratic and that we need to plan our economy and our services—that we simply cannot go on producing according to private profit instead of according to social need—AI and robotisation will do nothing other than perpetuate existing biases.

However, I am not fatalistic. I think that transformative economic, social and environmental change is within our grasp; that—with vision in politics—instead of people working for the economy, we can have an economy that works for the people; that we can stand up for democracy so that we can have science in the service of the people, not in the service of the monopolists and the masters of war; and that we can take the lead in the Parliament not only in pioneering such technology but in pioneering the democratic, ethical and collective rights and the distribution of power that needs to go with it. That has to be our priority. That is how progress will be made. In that way, rooted in the practical present,

we can build, a truly socialist, utopian and scientific future.

18:15

Kaukab Stewart (Glasgow Kelvin) (SNP): I thank my colleague Gordon MacDonald for bringing this subject to Parliament this evening and highlighting the opening of the National Robotarium at Heriot-Watt University.

I requested to speak in the debate in order to delve deeper into the subject, as members will be aware that I take a keen interest in education and research and development, and I am fortunate to have many world-renowned further and higher education institutions in my Glasgow Kelvin constituency.

In May last year, MSPs were given the opportunity to test our skills in a simulation of robotic surgery with the Da Vinci robot—I hope that my skills as a politician are somewhat greater than my skills as a surgeon, although my hand-eye co-ordination was not that bad. That remarkable technology is already in use in the Scottish national health service. As well as improving the safety, efficiency, and precision of procedures, it enables clinicians to operate remotely from anywhere in the world. Although the skill of the surgeon remains paramount, the technology enables the NHS to deal with more patients more quickly, and with safety assured. It is a great example of technological progress that we are already embracing.

Mechatronics, metrology, cobotics and many other areas of research, study, and practice will probably be as unfamiliar to other members as they are to me, yet the impact of those developing specialisms on how we learn, live and work will only increase as time goes by.

Universities and colleges in my constituency of Glasgow Kelvin are at the forefront of teaching and research and development across those new technologies. One example is the University of Glasgow, which has a world-leading reputation in research and teaching in that area that has been further enhanced by the opening last year of the state-of-the-art Mazumdar-Shaw advanced research centre, which I have had the pleasure of visiting, as I would encourage anyone to do. There, I was able to see specific areas of active research and collaboration, including remote robotics, space robotics and electronic skin that can learn from feeling pain, which could help to create a new generation of smart robots with human-like sensitivity.

The University of Strathclyde, which is also in my constituency, is home to the sensor enabled automation and robotics control hub, which is a £24 million research innovation and technology

transfer laboratory, and to the centre for ultrasonic engineering. It is the anchor university of the National Manufacturing Institute Scotland group, which will soon open its digital factory in Renfrewshire. The factory will showcase the state-of-the-art applications of robotics, cobotics and automation.

The University of Strathclyde also helps academics and students to exploit new innovations around robotics commercially through university spin-out companies and entrepreneurial support. It has become a cliché to say that we need to educate young people for jobs that do not exist yet, but that does not make it any less true.

There is also huge manufacturing potential for Scotland in this area, on which we must capitalise. Let us grasp that opportunity, while ensuring that all demographics benefit from the community wealth-building possibilities that these incredible developing technologies present.

18:19

Pam Gosal (West Scotland) (Con): I am delighted to contribute to today's debate, and I thank Gordon MacDonald for lodging a motion that recognises the important research that is being done at the National Robotarium.

As I have said before, innovative technology and the great minds that are behind it are the powerful driving force behind society's development. Our country is at a pivotal moment in the economy and labour market, and we face an important choice. We can choose either to capitalise on the tools that are at our disposal or to miss out on the technological evolution and the benefits that it can bring society.

Scotland's universities are worth £5 billion a year to the Scottish economy, but the socioeconomic benefits go much further than that and, thanks to significant investment from across the United Kingdom, the National Robotarium is leading the charge. Some of the most pressing issues that face Scotland are the struggling health and social care system, the stagnating economy and the transition to net zero. However, projects that are under way at the robotarium have the groundbreaking potential to address some of those issues. For example, the centre is developing an artificial intelligence companion that will aid memory recollection, boost confidence and combat depression in people who are living with Alzheimer's disease, and a new robot-assisted surgery technique will help to identify how much of a patient's tissue is affected by cancer and needs to be removed. The centre's work could also address growing societal issues, such as the detection, intervention and prevention of online gender-based abuse. In addition, it goes without

saying that developments at the National Robotarium will also build on Scotland's ability to transition to renewables.

However, innovation of that nature, and on such a large scale, requires people with skills and, as the National Robotarium says, robots are nothing without humans. Technological progress of that kind requires careful planning and consideration, particularly in relation to developing a workforce that can support those changes. The centre places a strong emphasis on entrepreneurship, job creation and building digital skills capacity in the workforce, and it harnesses both academic and industry collaboration. Industry partnerships will connect the know-how and talent from organisations of all sizes and will therefore join up all areas of the economy.

However, the centre alone is not enough to grow talent. As members of this Parliament, we also have a duty to make science, technology, engineering and mathematics learning appealing and accessible. Although 38 per cent of higher education students perceive a career in AI to be dull and not for people like them, 51 per cent would consider studying AI after learning more about it. The onus is now on the Scottish National Party Government to nurture that.

The time to capitalise on Scotland's technological capabilities is now. The individuals and organisations that are behind the National Robotarium are holding up their end of the bargain, and it is time for the SNP Government to do the same. The SNP Government must devise new ways of making STEM learning an attractive and accessible option because, for a healthy workforce, there must be a revolving door of new talent. In light of the SNP slashing the research excellence grant by 31 per cent in real terms since 2014, we need to see increased investment that matches the high-quality research that is being undertaken at institutions across Scotland. Such investment is vital to disrupting the stagnation and decline that plague our public and private sectors.

18:23

Michael Marra (North East Scotland) (Lab): I thank Gordon MacDonald for bringing the debate to the chamber. It has been a very useful exploration of a wide range of issues that have been provoked by the advent of the National Robotarium.

I thank Heriot-Watt University and the University of Edinburgh for the discussions in recent days, and I offer particular thanks to Louise Jack for the insights that she has provided to me around the work of the centre. We can commend the advent of the centre to the Parliament, and its funding—£1.4 million from the Scottish Government and

£21 million from the UK Government—is a real sign of co-operation between the Scottish and UK Governments.

The robotarium is a good example of how our Governments should be working together on a regular basis to make sure that we advance the causes of science, technology, innovation and our economy. I say to the minister that the Parliament needs a health check on the city and region deals that have been signed in recent years, as some of them are well behind in their delivery, partly as a result of high levels of construction inflation across the economy. However, it would be welcome for the Government to give an update at some point on how those deals are being delivered.

Done properly, excellence in our research should be amplified. I commend Heriot-Watt University for its research excellence framework results last year in physics, maths, engineering and more. Fundamental research is being done and applied in those sorts of areas, which could not be more important. Richard Leonard spoke eloquently about realising the benefits of robotics and artificial intelligence for our economy and for our society, because, after all, our economy is here to serve society.

The robotic revolution is on-going and it is happening now: it is the present, as well as the future. Recently, I met SP Automation & Robotics in Dundee, which was established as far back as 1984. The company's representatives talked to me about the challenge of explaining the benefits of robotics to businesses, including the benefits that it can have for the workforce, and of overcoming some of the prejudices that are associated with it—for example, that robotics may displace people and push them out of their jobs. Robotics can benefit people's health, wellbeing and productivity.

As other members have said, we know that productivity is important in our current economic malaise. We really need to address the low levels of business enterprise, research and development in Scotland. That has been a long-term problem not just under the current Government but since before the advent of devolution.

Paul Krugman said:

“Productivity isn't everything, but in the long run it is almost everything.”

Robotics and the application of artificial intelligence will be part of addressing that problem.

Process innovation is critical in that respect and it is vastly undervalued in comparison with issues of discovery. We need to make sure that the application of robotics can help us to enhance that; it can enhance workers' experience in that regard.

The robotarium's call for a strategic policy for the robotics sector that should be applied across all sectors is sound and reasonable. I also back its calls to encourage dialogue, imagination and discussion across society. Richard Leonard's calls for an opportunity for the Parliament to discuss that more widely would be very welcome, and perhaps the minister will reflect on that in closing. There are challenges to do with the governance of data and the application of black box algorithms in areas such as justice; we need to make sure that people have ownership and that there is transparency in the application of these technologies so that they serve the public, rather than just create profit for businesses.

The Institution of Engineering and Technology has made the case for the application of artificial intelligence to deal with the challenges and opportunities of ageing. We have heard about the confluence of a series of strategic challenges for Scotland to do with automation, artificial intelligence, ageing and a huge range of areas, and the robotarium will play a significant role in Scotland being able to address those problems. I offer my best wishes to the staff, PhD students and partners. I look forward to visiting the centre and congratulate the team on its opening.

18:28

The Minister for Business, Trade, Tourism and Enterprise (Ivan McKee): I thank Gordon MacDonald for securing the debate on a hugely important topic, and I thank members who have contributed to the debate.

As is signalled in our national strategy for economic transformation, and will be in our forthcoming innovation strategy, we are very clear that we want Scotland to be a nation of entrepreneurs and innovators, with resilient supply chains and competitive strengths in new industries, driven by technological change and scientific advances. Robotics and autonomous systems have huge potential to transform the economy and to enhance everyday life, and are identified in the forthcoming innovation strategy as one of the horizontals that supports so many verticals across our emerging economic sectors.

Over the coming years those technologies will become ubiquitous and will play an ever-increasing role at work, at home, in leisure and healthcare settings and right across society. I believe that Scotland is well positioned to be at the forefront of that revolution in advanced research and technology development, and that it can promote adoption and optimisation of the interaction between robots and people, through understanding that interface alongside the societal and ethical issues that come with it, as was

identified and highlighted by Richard Leonard, Michael Marra and others.

In relation to AI, much to do with it is already articulated in our digital strategy. However, members should rest assured that the Scottish Government not only takes seriously the wider impacts of those technologies but believes that Scotland can be at the forefront of showing the way on how best to use them for societal benefit.

Finlay Carson (Galloway and West Dumfries) (Con): The public sector is not widely regarded as a risk taker, early adopter or innovator, but there are within our health sector fantastic opportunities to use artificial intelligence to push the boundaries in improving health. What can the Scottish Government do to take away some of the risk that the public sector might try to avoid? There is a saying that nobody ever got sacked for buying IBM. What can the Scottish Government do to ensure that the public sector starts to adopt earlier and innovate?

Ivan McKee: I am delighted to take that intervention. I thank Finlay Carson for that point, which is hugely important. I am keen that Government and the wider public sector press the reset button on the risk appetite. I take that forward through a plethora of work that I am doing on digital activity more broadly in the health sector—which Finlay Carson identified in relation to the adoption of AI—and through the corporate transformation programme that we are implementing in the core Scottish Government. However, it is a two-way street: when we take more risks, we do not always succeed and it is incumbent on Opposition members not to jump forward so quickly when things do not go exactly as we plan, in that environment.

The launch last September of the National Robotarium at Heriot-Watt University's Riccarton campus highlights the partnership between the University of Edinburgh and Heriot-Watt University. The two universities have forged genuinely world-leading capabilities in robotics and AI. I acknowledge the roles that are played by Professor David Lane of Heriot-Watt University and Professor Sethu Vijayakumar of the University of Edinburgh in making it happen and creating a platform for the new National Robotarium. I remember David Lane highlighting the concept when I met him a number of years ago. It is great to see it come to fruition. The robotarium also highlights the collaboration between the Scottish Government and UK Government, as part of the £1.3 billion Edinburgh and south-east Scotland city region deal.

I had the pleasure of visiting the robotarium twice last year—in September and December. I congratulate Stewart Miller, its CEO—who is in the gallery—and the many researchers and staff on

their achievements to date and many more to come.

Robotic and autonomous systems technology has a critical role to play in addressing many of society's long-term challenges around raising productivity. Stephen Kerr raised that point and will be delighted to know that we have largely closed the productivity gap with the rest of the UK and continue to make great progress through our national strategy for economic transformation, and through other activity. There are also huge opportunities to build a manufacturing base for robotics in Scotland alongside the development and application of those technologies.

Partnership is hugely important in that regard, so I am delighted that it is hardwired into the ethos and design of the robotarium, which already supports a range of businesses. I know that the campus will become the hub for a thriving community of Scottish robotics manufacturers of various scales. I was delighted to visit a space technology business adjacent to the campus this morning.

The robotarium is only part of a larger network of support for manufacturing activity that the Scottish Government has put in place across the country. The National Manufacturing Institute Scotland has been mentioned. Kaukab Stewart highlighted Strathclyde University. The smart hub Lanarkshire was established through the Scottish Government's advancing manufacturing challenge fund to support local small and medium-sized enterprises in manufacturing to modernise and boost their productivity. I again highlight the importance of manufacturing, to which Gordon MacDonald drew attention, and the Government's commitment in that regard. As someone who previously worked in manufacturing, I am very keen to ensure that it is a huge part of what we take forward.

Those advances in industrial automation are mirrored in our public services, notably in the health and care sectors. I welcome the National Robotarium's mission to address a range of the challenges in those sectors. For example, that includes working with international robotic technology company Fourier Intelligence to support research into how robotics can be used for assisted living. The year before last, the Scottish Government invested £20 million in 10 surgical robots to help to treat cancer patients. That is already having an impact and saving lives across our health services.

Robotics also has a huge role to play in helping us to support our ambitious climate targets. The National Robotarium leads the ORCA Hub, which is the largest academic centre in the world for robotics research in offshore energy infrastructure. Through our net zero technology transition

programme, we are investing £16.5 million for the Net Zero Technology Centre to fund a range of projects that are focused on supporting energy transition.

Drone technology is similarly making great progress in the use of robotics. I have also already mentioned the space sector. It was great to hear Stephen Kerr mention that sector in a speech that managed to combine both types of chips: semiconductors and tatties. Well done to him for managing that. It is interesting to reflect that one of his Conservative predecessors in the previous session of the Parliament took to social media to ridicule Scotland's ambitions in the space sector as being far-fetched and unattainable. We have come some way in the past few short years and Scotland now leads in many aspects of the global space sector. Conservative members now recognise it, as a consequence.

Michael Marra made some valid points about Scotland's position with regard to business enterprise research and development spending. He will be delighted to know that we are making great progress and expect to far exceed our target to double BERD spending over the current period. We continue to do work to ensure that that investment continues to grow strongly in Scotland. We have almost closed the gap with the rest of the UK and we hope to overtake it in that regard in the not-too-distant future. I also hear his points on city region deals and am happy to engage on that matter more deeply.

On the point that he and Richard Leonard made, I would be delighted to bring as many debates back to the chamber as possible to talk about Scotland's strong position in emerging technology sectors. If Mr Marra can work with his colleagues on the Parliamentary Bureau, I am sure that we can try to get as many debates as possible, including one on our forthcoming innovation strategy, which will be out in the next few weeks.

I am delighted that the debate has taken place and has provided an opportunity to talk about the progress that we are making through working in partnership with others. I commit to continuing to work with Stewart Miller and the team at the robotarium, and with the wider sector, to develop strategies to ensure that Scotland's place at the forefront of development, manufacture and deployment of robotics technologies continues apace. I look forward to coming back to update members about that in the future.

Meeting closed at 18:37.

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

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