OFFICIAL REPORT
AITHISG OIFIGEIL

Meeting of the Parliament

Thursday 13 March 2025

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 13 March 2025

CONTENTS

Scottish Parliament

Thursday 13 March 2025

[The Presiding Officer opened the meeting at 11:40]

General Question Time

The Presiding Officer (Alison Johnstone): Good morning. The first item of business is general question time.

Food Waste

1. **Maurice Golden (North East Scotland) (Con):** To ask the Scottish Government for what reason it will reportedly not meet the target to reduce Scotland's food waste by 33 per cent by 2025. (S6O-04426)

The Acting Minister for Climate Action (Alasdair Allan): I am disappointed that, based on the latest estimates, we look unlikely to meet our target to reduce food waste by 33 per cent by 2025. The reasons behind that are complex, and they partly reflect changed consumer behaviour since the pandemic. Scotland is not alone in facing that challenge; higher food waste levels have been observed across the United Kingdom.

However, I am taking action to reset the Government's approach. The circular economy and waste route map sets out how we will deliver more targeted action to support households and businesses.

Maurice Golden: Missing the target to reduce food waste is bad enough, but it gets worse: the amount of food waste has increased by 5 per cent from the baseline. Given that, does the minister agree that it would be sensible to include a feedstock mapping exercise for organic waste in the waste reprocessing infrastructure report that the Scottish Government agreed to at stage 3 of the Circular Economy (Scotland) Bill?

Alasdair Allan: I am happy to get back to the member on that detailed point, but it is significant that we are prioritising action to tackle food waste and, in particular, waste that is going to landfill. We are making progress on that.

As I have said, I am happy to write to the member about the specific point that he is making, but it is worth saying that in the past decade, we have halved the amount of waste going to landfill, so we are making progress on the wider issue. I freely acknowledge the member's point, though, for the reasons that I have given with regard to the challenge in meeting this year's target.

Mercedes Villalba (North East Scotland) (Lab): Public diners are places where the public can eat and socialise, and they are open to all so that everyone can access good food as a public service. As part of its cash-first approach to tackling food insecurity, the Scottish Government says that it will take action to support food initiatives that are based in communities. What consideration has the Scottish Government given to public diners as a means of reducing food waste and improving access to food?

Alasdair Allan: The member makes an important point. Twenty-seven per cent of food waste is created by businesses, and 2021 data from the Waste and Resources Action Programme—WRAP—on the UK suggests that hospitality outlets could save up to £10,000 per year per outlet by reducing such waste. If any innovative solutions of the type that the member has mentioned are particularly efficient in that regard, I am very happy to look at them.

Democratic Engagement

2. **Evelyn Tweed (Stirling) (SNP):** To ask the Scottish Government what steps it is taking to increase democratic engagement, in line with the powers outlined in the Scottish Elections (Representation and Reform) Act 2025. (S6O-04427)

The Minister for Parliamentary Business (Jamie Hepburn): The Government is currently working on commencement of the 2025 act. That includes its provisions on training for the access to elected office fund, enabling electoral innovation pilots and empowering the setting up of democratic engagement funding. I will keep Parliament updated on our plans.

Evelyn Tweed: Democracy should be representative, but toxic rhetoric, transphobia, sexism and racism have become rife in political institutions globally. Each of us has the power to shape the political discourse. How can the Scottish Government encourage members to consider the impact of their words, especially on the democratic engagement of underrepresented groups?

Jamie Hepburn: I agree fundamentally with the point that Ms Tweed makes about democracy having to be representative. However robust our debates might be in here—and it is right that they should be—they should also be based on reality, facts and, fundamentally, on respect for differing points of view. In this place, we have a leadership role in guiding public discourse.

In that regard, Ms Tweed and other members will be aware of the summit that the First Minister is holding to try to bring together political leaders

and civic society. I know that he is looking forward to all parties accepting that invite.

Public Inquiries (Budgets)

3. **John Mason (Glasgow Shettleston) (Ind):** To ask the Scottish Government how it controls budgets relating to public inquiries. (S6O-04428)

The Deputy First Minister and Cabinet Secretary for Economy and Gaelic (Kate Forbes): The cost of a public inquiry varies and is very much determined by the complexity of the issues to be investigated, the number of witnesses and the amount of technical expertise that might be required.

Public inquiries that are established under the Inquiries Act 2005 are independent of Government. Given their function of carrying out an investigation into matters or events that are causing widespread public concern and learning lessons for the future, it is essential that that independence is maintained.

John Mason: We all support independence, but auditors have independence, too. The Deputy First Minister will know, as I do, that auditors must work within tight timescales and on a fixed budget, as do teachers, cleaners and people in every other job that I know. Yet, it seems that lawyers who get involved in a public inquiry have a licence to print money for themselves. Does she agree?

Kate Forbes: The Inquiries Act 2005 sets out a statutory duty on the chair of the inquiry, who is appointed by ministers, to act

"with regard ... to the need to avoid any unnecessary cost."

We are keen to support the cost-efficient operation of public inquiries. To that end, Scottish Government officials produced guidance for ministers and sponsor teams on the establishment of an inquiry and how it can be supported, and laid it before Parliament in 2024. All of us have a duty to operate within fixed budgets.

School Support Staff

4. **Pam Duncan-Glancy (Glasgow) (Lab):** To ask the Scottish Government what plans it has to review the experience of support staff in schools. (S6O-04429)

The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey): School support staff across Scotland play an incredibly important role, and I am keen to put on record our thanks to them for all that they do.

Our behaviour in Scottish schools research includes the experience of support staff. In 2023, we also commissioned Education Scotland to lead the pupil support staff engagement programme, which gathered the views of 2,500 support staff on issues including workforce development and deployment. We have committed to undertaking the next wave of BISSR before the end of the action plan period in 2027, and the experiences of support staff will absolutely be included in that.

Pam Duncan-Glancy: I hosted a round table with support staff in Parliament last month, and their experience was shocking; some had lifelong scars, some experienced misogynistic abuse and others were going to work wearing panic alarms. For most, it has become part of the job to expect violence. However, they do not get the support or information that they need to address the issue or help their young people. That is completely unacceptable.

According to the Government's additional support for learning action plan, a review of how teachers and support staff roles interact and complement each other is complete. That is not reflected in reality—support staff say that they do not get access to the same information that all staff get—nor is it reflected in the conclusion that Audit Scotland came to. Does the minister really think that the work on support staff is done?

Graeme Dey: When we look at the seriousness of the findings of the GMB and Unison in that area, we see that self-evidently it is not. When that work is linked to our own research, it shows that there remain issues of unacceptable behaviour to which support staff are exposed. That is one reason why the first priority of the Cabinet Secretary for Education and Skills in responding to BISSR was to provide £900,000 of funding to local authorities to procure and provide professional learning for the support staff workforce to improve skill levels and respond to distressed behaviour in school.

Pam Duncan-Glancy is correct that there is an unacceptable problem here, and the Government, in conjunction with the Convention of Scottish Local Authorities, is committed to working on it.

Clare Haughey (Rutherglen) (SNP): Can the minister set out the importance of the work that support staff undertake in our schools and how the recently passed budget is allowing local authorities to ensure that they are adequately resourced with support staff, whose experience can help schools meet the needs of our young people? It was, of course, a budget that Pam Duncan-Glancy and her Labour colleagues failed to vote for.

Graeme Dey: As I said a moment ago, we absolutely recognise the value of the role that support staff play in supporting learners, particularly the most vulnerable. That is why, in the budget, we have prioritised an additional £29 million for local and national programmes to support the recruitment and retention of the additional support needs workforce, with £28 million going directly to local government and £1

million retained for national work. That builds on the record high spending on additional support for learning by local authorities of more than £1 billion in 2023-24.

Supporting those with additional support needs in schools will continue to be a joint endeavour with local authorities, which retain the statutory responsibility for the delivery of education in Scotland. That will enable us to build on the work that is being delivered through the additional support for learning action plan.

The Presiding Officer: Question 5 was not lodged.

Education (Participation in Sport)

6. **Brian Whittle (South Scotland) (Con):** To ask the Scottish Government, in light of its reported positive impact on educational attainment, how it ensures that the education system provides pupils with a wide range of opportunities to participate in sport. (S6O-04431)

The Minister for Higher and Further Education; and Minister for Veterans (Graeme Dey): Schools offer a wide range of opportunities for pupils to engage in physical activities, both in and beyond the school environment. For example, the daily mile is an excellent way in which schools incorporate physical activity into the day, outwith specific physical education lessons. It encourages pupils to run, jog, wheel or walk daily. The active schools programmes, which are also free to schools, create opportunities for young people to get involved—and stay involved—in sport. In 2023-24, 4.9 million visits were recorded over the 262,000 active school sessions that were delivered. That is a 3.5 per cent increase on the previous year.

Brian Whittle: The erosion of opportunities for our children to participate in sport is directly related to poor physical and mental health, as well as declining behavioural standards. Sport gives children another way to express themselves and to achieve, and it engenders confidence, resilience and self-worth. Reducing those opportunities has consequences—like the 43 per cent reduction in PE specialists in primary schools in the past 10 years. Would the minister rather invest in those positive activities and help to prevent poor outcomes, or does he prefer paying for that lack of investment in poor physical and mental health outcomes, reduced attainment and poor behaviour in class?

Graeme Dey: As Brian Whittle has alluded to, we ought to focus on outcomes. He refers to a 43 per cent drop in PE specialists in primary schools. Primary school teachers are generalists who deliver the totality of their curriculum, including PE. Specialist PE teachers are predominantly based in secondary schools, and, over the period to which he referred, the number of PE teachers in secondary schools has increased by 20 per cent. That has helped to ensure that almost every school in Scotland now meets the target for the provision of physical education in schools. The reason why I refer to secondary schools is that, in some local authority areas, secondary PE teachers deliver PE in their primary school clusters, and those numbers are recorded differently. If we focus on outcomes, we see that 99.6 per cent of primary schools were meeting the target of two hours of PE per week in July 2024, compared with 10 per cent in 2004-05. Although I do not disagree with Brian Whittle about the importance of the subject, progress is being made, and the facts bear that out.

Liam McArthur (Orkney Islands) (LD): I may come to regret saying this, but Brian Whittle is absolutely right—

Brian Whittle: Now, now.

Liam McArthur: I am regretting it already. He is right in drawing the link between educational attainment and physical and sporting activity, as well as the link between good mental health and good physical health. Does the minister accept that it is about not just the availability of sport and physical activity during the school day but the facilities that schools have that are accessed by young people and those of all ages in the community? Does he accept that more can be done to support local authorities in opening up access and removing obstacles to facilities that are used by sports clubs in communities such as Orkney?

Graeme Dey: I may regret saying this, but I do not disagree with much of what Liam McArthur said. It is a fair point. It is not my area of specialism, but if he can identify particular barriers and impediments to that happening, I am sure that the cabinet secretary would be interested to hear about them.

Grangemouth Refinery

7. **Michelle Thomson (Falkirk East) (SNP):** To ask the Scottish Government what further engagement it has had with Ineos, in light of recent reports of additional redundancies related to the closure of the Grangemouth refinery. (S6O-04432)

The Acting Minister for Climate Action (Alasdair Allan): Ministers and officials engage with the Ineos businesses at Grangemouth regularly, recognising their role as important employers of highly skilled people within Grangemouth. The news that Ineos Olefins & Polymers UK is considering redundancies as a result of the closure of the refinery is concerning,

and we stand ready to support workers who are impacted by that decision. I appeal to the business to explore all possible opportunities for redeployment of any workers who are at risk of redundancy, and I commit to exploring, with the business, all routes to mitigate any further loss of industrial activity or employment across the industrial cluster.

Michelle Thomson: The minister will be aware—I have raised this point many times in our exchanges—that the closure of the refinery is significant not just for those who are directly employed there but for the wider supply chain, particularly within the Grangemouth chemical cluster.

Project willow is a vital piece of work that should give direction to investment and reassurance to workers on a foundation for the future. I know that the project willow report has been signed off by both the United Kingdom and Scottish Governments, but is the minister able to give a definitive date for its publication?

Alasdair Allan: Michelle Thomson has been diligent in raising the matter, which affects many of her constituents. The project willow conclusions and recommendations will be made available via a public information document, which we hope will be published next week. We are working closely with the UK Government and other partners to finalise the details of that. I look forward to members from across the chamber engaging constructively with the project willow outputs when they become available.

Stephen Kerr (Central Scotland) (Con): The minister says that the report will published next week, but I remind him that we were told in the chamber several weeks ago that it would be published at the end of February. In responding to a similar question to the one that Michelle Thomson has just posed about the date of publication, the Acting Cabinet Secretary for Net Zero and Energy said that the report was subject to "final checks and changes" and that Petroineos is among the parties that are reviewing the report. Will the minister explain why Petroineos is seeing the report? The report is being paid for by taxpayers' money, so why is Petroineos seeing it? What other members of the Grangemouth future industry board are also seeing it so that it can be checked and changed?

Alasdair Allan: First, by "next week", I mean next week. Secondly, on Stephen Kerr's point about Petroineos, I think that he would be the very first person in the chamber to complain, not without some justification, if the Scottish Government had not been speaking to Petroineos and other companies that are involved directly in the matter. As he says, the report is a Scottish Government report, but it is entirely legitimate for us to speak to the companies that are involved.

Sarah Boyack (Lothian) (Lab): Given that we now have a financial commitment to invest from the Scottish Government and £200 million from the UK Government's National Wealth Fund, what is the timescale for getting new projects over the line, so that we see the new jobs that we need being created using the infrastructure in Grangemouth?

Alasdair Allan: As Sarah Boyack has said, there has been investment by both Governments. On 18 February, the First Minister announced to the Parliament that the Scottish Government would lodge a stage 3 amendment to the budget bill for

"£25 million to establish a Grangemouth just transition fund",—[*Official Report*, 18 February 2025; c 32.]

which will expedite near-term propositions in the here and now.

The Prime Minister announced that, as part of a major intervention, the National Wealth Fund will provide £200 million of investment for new, future opportunities for Grangemouth. We understand that the funds from the National Wealth Fund will consider only investable propositions and that moneys will be provided on a co-investment basis. Timescales will be determined by those factors.

I hope that Sarah Boyack accepts that both Governments take seriously the task of finding solutions for the future and for the here and now.

The Presiding Officer: Question 8 has been withdrawn.

There will be a brief suspension before we move to the next item of business.

11:58

Meeting suspended.

12:00

On resuming—

First Minister's Question Time

Nicola Sturgeon

1. **Russell Findlay (West Scotland) (Con):** What was Nicola Sturgeon's biggest failure in office?

The First Minister (John Swinney): Nicola Sturgeon gave very strong leadership to Scotland during some really difficult times. She took forward a large number of policy innovations that have made Scotland a better country than we have been in the past. I noticed that, yesterday, there was a gracefulness—I suspect that this will be the tone of today's exchanges—in the responses of Mr Sarwar, Mr Cole-Hamilton, Mr Harvie and Ms Slater to the service of Scotland's first female First Minister and the longest-serving First Minister. I notice that that graceful tone has been jeopardised by Russell Findlay.

Russell Findlay: John Swinney appears to have misheard my first question—or maybe he just finds it impossible to pick from Nicola Sturgeon's vast back catalogue of failures—so let me help him.

I will start with Scotland's once world-leading education system, which is now more interested in teaching pupils about pronouns and feelings than about literacy and numeracy. Nicola Sturgeon is responsible for Scotland's place in league tables plummeting and for failing Scotland's poorest pupils. She said that she would eliminate the attainment gap, but it remains as wide as the Clyde. Will Nicola Sturgeon's education secretary, John Swinney, admit that, together, they have failed a generation of young people?

The First Minister: No, I will not, because that is not the case. The poverty-related attainment gap has reduced by 67 per cent since 2009-10 under the leadership of this Government. Indeed, we see clear signs about the future performance of the education system: we have a record-low poverty-related attainment gap in primary school literacy and in secondary 3 literacy and numeracy.

While Mr Findlay works his way through different aspects of the record of the Government of which I have been proud to be a member—and in which I was proud to serve as Nicola Sturgeon's education secretary and Deputy First Minister—he should remember that there has been a 44 per cent increase in the number of 18-year-olds from deprived backgrounds going to university in this country. I am proud that we have widened access to Scottish education.

Russell Findlay: There we have it—a First Minister who stands there and declares that he is proud of failure. If there is a single word that defines Nicola Sturgeon and her politics, it is "division". She pitted Scot against Scot in her obsessive attempts to break up our great country—[*Interruption*.]

The Presiding Officer (Alison Johnstone): Let us hear one another.

Russell Findlay: —but her fixation on gender has become just as divisive as her nationalism. The first-ever female First Minister trampled on women's rights. She could not even bring herself to admit that a double rapist was a man. For years, the Scottish National Party Government was distracted by that fringe obsession. Nicola Sturgeon focused on "they/them" instead of improving public services for everyone.

Nicola Sturgeon is heading for the exit, but John Swinney is sticking with her toxic agenda. Now that she is quitting, should the SNP's gender obsession not follow her out the door?

The First Minister: During Nicola Sturgeon's term in office as the first female First Minister of Scotland—which I think is a moment of enormous significance for the country to have experienced—she led a Government that introduced the Domestic Abuse (Scotland) Act 2018, which makes psychological domestic abuse and controlling behaviour a crime. I am proud that this Government took that action to bring that legislation to the Parliament.

We also took action to provide access to free period products in public spaces. Nicola Sturgeon introduced—[*Interruption*.]

I do not know why Conservative members are laughing about all that. [*Interruption*.]

The Presiding Officer: Let us hear the First Minister. [*Interruption*.] Colleagues, I remind all members of the need to abide by our standing orders.

The First Minister: We also introduced legislation to ensure that 50 per cent of non-executive members of boards of public bodies would be women. Nicola Sturgeon appointed the first-ever gender-balanced Cabinet. One of the other things that she did that I think was particularly important is that she led the campaign against the despicable rape clause that was presided over by the Conservative Government in London.

Russell Findlay: John Swinney is scraping the barrel so much that he nicked Monica Lennon's period products policy.

It is because of Nicola Sturgeon that people in the real world have never felt more disconnected

from this place and so disillusioned with it. By any honest assessment, Nicola Sturgeon has failed Scotland. She divided our country, betrayed women, broke her promises to pupils, launched a ferry with painted-on windows, raised taxes, alienated business and allowed drug deaths to spiral to the worst in Europe. Even on her life's mission, she failed. Nicola Sturgeon tried to break up her great country, but we, the Scottish Conservatives, stopped her.

Nicola Sturgeon will leave—[*Interruption*.]

The Presiding Officer: Let us hear Mr Findlay.

Russell Findlay: Nicola Sturgeon will leave amid an on-going police investigation into the SNP's finances, while John Swinney still backs her toxic politics to the hilt. Yesterday's man is standing by yesterday's woman. How can he ever change Scotland for the better when he has been at the heart of the problem for two decades?

The First Minister: Russell Findlay used the term "scraping the bottom of the barrel". That is exactly what Russell Findlay has just done—[*Interruption*.]

The Presiding Officer: Mr Hoy, you seem to be having particular difficulty in adhering to the standing orders of this Parliament. I will not ask again that you adhere to those standing orders.

The First Minister: Russell Findlay has just scraped the bottom of the barrel with the type of toxic personality politics that has become the character of the Conservative Party in Scotland. There was not a single suggestion in that question or a single example of how Scotland could be improved. The Conservatives inflicted 14 years of austerity on this country and busted the public finances with the stupid and reckless budget that Liz Truss presided over, which Russell Findlay wanted me to emulate, but he could not make a single suggestion about how to improve Scotland for the better.

The more the people of Scotland look at the Scottish Conservatives, the more they will see a party that is toxic in everything that it says, that is interested only in running down this institution and that is a direct threat to Scottish self-government. I will be proud to lead a Government that addresses the real concerns of the people of Scotland and provides hope for the future for the people of Scotland as we trample past the Conservative Party in the years to come.

National Security (Skills)

2. **Anas Sarwar (Glasgow) (Lab):** Global events are reshaping the world before our eyes. This is a generation-defining moment, and all political parties and both of Scotland's Governments must adjust to the new reality and rethink previous red lines.

That means having a renewed focus on national security—that is, defence, energy and economic security. I support the United Kingdom Labour Government's decision to increase defence spending, which will not only help to keep us safe, but will deliver more investment and jobs in Scotland. Scotland's proud history and present-day strengths in shipbuilding, engineering and manufacturing mean that the increase in defence spending can disproportionately benefit us.

However, our outdated skills system holds Scotland back, with businesses warning of workforce shortages and modern apprenticeships being at their lowest level in a decade. Does the First Minister accept that we need to build a skills system that is fit for the future, so that we can take full advantage of the investment that is coming to Scotland?

The First Minister (John Swinney): I do believe that, and that system is what the Government is determined to ensure is in place.

We work closely with employers to ensure that our skills approach—particularly regarding the reforms to apprenticeships that we have undertaken in recent years to create foundation and graduate apprenticeships and to expand the range of possibilities that are in place for young people in the education system, coupled with the very close work between the business community and colleges around the country—will ensure that we have the skills that are necessary for the 21st century.

Anas Sarwar: I welcome the First Minister's constructive approach, but the facts do not match his stated position. The reality is that much of the skilled labour in Scotland's defence industry is coming from abroad on temporary contracts because we are not equipping Scots with the skills that they need.

Grown-up serious politicians must rise to this generation-defining moment and be willing to re-examine previous red lines. Our defence industry is worth £3.2 billion to the Scottish economy every year and directly supports 33,000 jobs, but this Scottish National Party Government's approach to Scotland's defence sector has been at best uncomfortable and at times hostile.

My fear is that the world has changed, but the SNP has not. We must all rise to this moment and ensure that we are never at the mercy of dictators such as Putin. So, will John Swinney re-examine his red lines, support our defence sector, ensure our energy security and back our nuclear deterrent?

The First Minister: There were a number of points made there. Mr Sarwar knows my position on the nuclear deterrent—I do not believe that nuclear weapons should form part of the defence approach that we take forward.

Mr Sarwar asked me a number of substantive questions about skills. The Government invests heavily in a number of elements to enhance manufacturing capability in Scotland. The National Manufacturing Institute Scotland, which is on the outskirts of Glasgow airport, makes an important contribution to creating opportunities for investment in advanced manufacturing.

On dialogue with the defence industry, the Deputy First Minister yesterday met the delivery board on the national strategy for economic transformation. Sir Simon Lister of BAE Systems is a member of that board, which is discussing the very issues that Mr Sarwar has put to me regarding the importance of enhancing the skills offering for the defence sector. The Government is engaging in those discussions. Part of our duty is to ensure that the country is secure and safe.

The Cabinet Secretary for Justice and Home Affairs is also bringing to Cabinet proposals that will expand the extent of our involvement in resilience—in particular, in cyberresilience, in which the country faces enormous threats. The Cabinet will regularly engage in updating our approach to ensure that we are safe in every respect.

Anas Sarwar: Last week, the SNP's former Westminster leader, Ian Blackford, urged John Swinney and his party to reconsider their position on the Trident nuclear deterrent. Mr Blackford said:

"When the facts change, careful consideration of our response is appropriate."

However, rather than taking on that point, John Swinney dismissed it. At a time when there is a war on our continent and the world is growing increasingly dangerous, the SNP's position is that we should give up our nuclear deterrent now while countries such as Russia hold on to theirs. This is not a time for rigid ideologies but for serious and pragmatic leadership.

Keeping our country safe should be the first priority for any Government, but is it not the case that, whether on economic security, energy security or national security, the SNP's policies would make our country less safe and less secure?

The First Minister: First, I welcome the fact that we are in a better position today regarding resolution of the war in Europe than we were when we met seven days ago. That is helpful and comes as a consequence of the engagement that has been undertaken and that was the subject of a discussion I had on Tuesday with the Foreign Secretary at the Foreign, Commonwealth and Development Office in London to consider the steps that are being taken. I place that point on the record.

Secondly, it is important that we have the defence forces and requirements that are necessary for our times. I simply point out to Mr Sarwar that nuclear weapons are held by a number of countries just now, but that has not stopped the conflict that is taking place in Ukraine at this very moment.

What we need in order to ensure that we can repel Russian aggression is effective conventional forces. On the conventional forces of the United Kingdom, the previous Government promised in 2014 to increase the number of Scotland-based personnel in the regular armed forces to 12,500 by 2020. That was not met, so I am not going to stand here and take lectures from Mr Sarwar about the actions of the United—[*Interruption*.]

Neil Bibby (West Scotland) (Lab): That was the Conservatives.

The First Minister: I know that it was the Conservatives. I am well aware that it was them: I am across the factual detail that it was them. I am simply pointing out that I am not going to take lectures about the actions of a United Kingdom Government when that is the record of the United Kingdom Government.

Clean Heating

3. **Patrick Harvie (Glasgow) (Green):** After months of uncertainty, the Government has finally confirmed that it is dropping the plan to help people to switch to clean and affordable heating. Just as bills are about to rise again, the First Minister wants to keep people locked into expensive and polluting fossil fuels for even longer.

Scotland has already lost out on manufacturing jobs in building heat pumps. It is an industry that wants to grow, to take on more people and to invest for the future. People need help to make the change, and the industry needs clarity to make it happen. Both are urgently needed if we are to catch up with the missed climate targets, cut people's bills and create green jobs.

As the SNP slows down on climate action, why does the First Minister think that any clean heat business would bother investing in Scotland now?

The First Minister (John Swinney): I appreciate that there are strongly held views on the issue, and I want to provide some reassurance to the Parliament today. The Government will introduce a heat in buildings bill when we are

satisfied that the interventions in it will be able to decrease fuel poverty at the same time as they decarbonise houses. That is the commitment that the Acting Cabinet Secretary for Net Zero and Energy gave to Parliament on Tuesday, and I reiterate it today.

One thing that has changed—Mr Harvie is absolutely right on this—is that, since the original discussions about the proposed heat in buildings bill, the cost of energy has increased very significantly indeed. As a consequence of that, we have increased levels of fuel poverty. We need to take action that will decarbonise homes at the same time as it will reduce fuel poverty, and that commitment will be at the heart of the Government's agenda, as part of our sustained efforts to fulfil our commitments on climate action.

Lastly, Mr Harvie asked me about investors. I want to make it clear to investors that the Scottish Government is absolutely committed to our agenda on climate action and will support and bring forward measures to enable that agenda.

Patrick Harvie: That is the opposite of the message that investors and businesses are getting at the moment.

The First Minister knows that the Green plan was always for financial support for households and for clear regulations. Both are essential, but we now know that the Government is not going to do either. If people get the help that they need to make the change, they can save as much as half of their heating bills, which is something that most people would jump at.

However, at the same time as the First Minister is talking about fuel poverty, he is also going to be hammering everyone who rents from a private landlord. From 1 April, at the same time as energy bills are about to rise again, the First Minister is about to permit uncontrolled rent increases on top of that, and he is proposing new rules to make sure that even the highest rents are going to keep on rising even faster than inflation.

People cannot cope with today's bills, and many will not cope with the benefit cuts that Labour has in store for them. Is it not also becoming increasingly clear that they cannot rely on the Scottish Government to protect them from energy bills or rent hikes?

The First Minister: What I hope individuals hear is that the Government, in its budget, which Mr Harvie supported, is committing to delivering more than £300 million of investment in the heat in buildings programme. That is a huge amount of public money being invested in lowering the costs of domestic heating for individuals, and that financial support is available as part of our financial programme.

In relation to housing, the Government has committed to bringing in rent controls and we will do that. The proposed legislation is currently being scrutinised in the Parliament. It will provide protection for individuals through rent controls. Measures and mechanisms are available to individuals to challenge rent increases that they experience as a consequence of the existing legislative framework, but the Government is going further by introducing rent controls, and I look forward to the Parliament scrutinising and supporting the legislation.

Power Infrastructure (Discounts)

4. **Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** To ask the First Minister, regarding any potential impact on planning legislation in Scotland, what the Scottish Government's response is to reports that the United Kingdom Government has proposed giving people living near power infrastructure hundreds of pounds off their bills each year. (S6F-03892)

The First Minister (John Swinney): The Scottish Government does not anticipate any potential impact on planning legislation arising from the UK Government's proposal to provide bill discounts to people who live near electricity infrastructure. The UK Government's figures suggest that fewer than 1 per cent of households will be eligible for a discount under the planned scheme.

The Scottish Government believes that it is absolutely essential that communities see a positive, lasting legacy from the infrastructure that they host. Scotland has made good progress on that already through our voluntary approach to community benefits.

Christine Grahame: I think that most people who were offered up to £250—because it is only up to £250—off their energy bill to agree to having a pylon in their back garden would consider it a cheap and insulting bribe. Could the Scottish Government make it a condition of any planning consent that those affected by where pylons are to be located should at least benefit from local energy pricing?

The First Minister: The specific issue that Christine Grahame puts to me relates to energy pricing, which is a reserved matter, so an interaction would have to take place with the UK Government and be resolved. We expect any transmission owner to fully consult local communities and the relevant statutory and local bodies regarding proposals for development before submitting applications, including for pylons, and we expect all of the dialogue to take place to ensure that the voice of the community is heard in every respect.

Douglas Lumsden (North East Scotland) (Con): I have been in contact with many of the campaigners who want fairer ways to transmit energy to hear their views on the £250 amount. One constituent, June, told me:

"I think it's disgusting, and another bribe for some people."

She also said:

"It won't make a dent in the drop in property prices."

Another constituent, Vince, told me:

"Offering a householder £250 per annum is derisory, to say the least."

Does the First Minister agree with June and Vince that the amount offered is a drop in the ocean compared with the tens of thousands of pounds that people have seen wiped off their property value, and will he do something that his ministers have all refused to do and come with me to meet the campaign groups that are feeling ignored by both of their Governments?

The First Minister: Douglas Lumsden raises an issue related to a policy proposal of the United Kingdom Government; it is not a policy proposal of the Scottish Government. Douglas Lumsden is at the front of the queue to complain when this Government raises any issues with the UK Government's actions, so I gently point out the complete hypocrisy that is lying at the heart of his question. The Government engages in a wide degree of consultation and dialogue with interested parties on issues related to energy transmission, and that will continue under my leadership.

Katy Clark (West Scotland) (Lab): The First Minister will also be aware of the concerns raised by those who live near wind turbines. Does he agree with me that the regulations on them need to be updated? What more does he believe could be done so that those who live near wind turbines get more benefits?

The First Minister: I favour the suggestion that people who are in close proximity to wind turbines should get economic and community benefits, and that has been built into the schemes that the Government has taken forward. If there are specific points that Katy Clark is worried about on the existing regulations on wind turbines, I would be happy for ministers to consider those proposals if she wished to submit them to the Government.

Universities (Support)

5. **Jamie Greene (West Scotland) (Con):** To ask the First Minister what steps the Scottish Government is considering to further support Scotland's universities, in light of reports that the University of the West of Scotland reported a multimillion pound deficit in the last financial year, with other universities across Scotland in a similar financial position. (S6F-03906)

The First Minister (John Swinney): The University of the West of Scotland wrote to the Minister for Higher and Further Education in January regarding its organisational change project and multiyear recovery plan, which are seeking to return the university to reporting a surplus in 2026-27. The Scottish Funding Council, on behalf of the Government, will continue to work closely with the university as it pursues that plan.

I greatly value the contribution made by our universities. That is why we are investing, in the budget, more than £1.1 billion in university teaching and research, and it is why we announced an additional £15 million of financial transactions for the Scottish Funding Council in February to support the sector.

Jamie Greene: I give credit to the staff at the UWS, but I also give credit to the 40,000 staff right across the higher education sector in Scotland. The reality is that the shocking news from the University of Dundee this week came as a bitter blow to staff, but it is really no surprise to anyone, because the current state of university finances has been a long time coming. Eight out of Scotland's 18 universities are currently reporting deficits, which total more than £220 million.

This week, Chris Deerin of the think tank Reform Scotland described recent events as "a wake-up call". He is right. He perfectly sums up what now needs to happen. Politicians, the Government and the Opposition need to come together and accept some fundamental truths. Their inaction will result in more jobs, courses and even institutions going under.

Given that a quarter of university funding comes from public funding, is it time to grab the bull by the horns? Will the First Minister agree to calls from right across the sector that now is the time for an urgent, grown-up, cross-party and level-headed conversation about the current funding model? Our world-leading universities want it, need it and deserve it.

The First Minister: Mr Greene knows that I take very seriously the issues around university funding. I also take seriously the points put by him with, as always, courtesy and respect. However, I have to point out that the Conservatives voted against the Government's recent budget and the £1.1 billion that we are investing in the university sector and called for tax cuts that would have reduced the available public funding by £1 billion.

With the greatest of respect, I do not think that the Conservatives have been demonstrating in any way, shape or form a grown-up contribution to the discussion that is taking place—[*Interruption*.] I know that the Conservatives do not like me

pointing out such home truths, but I will continue to point out the home truths, because the Conservatives are absolutely riddled— [*Interruption*.]

The Presiding Officer: This is no way to conduct our business. Several members are interested in asking supplementary questions, and I will simply not be able to take everyone if we have this disturbance.

The First Minister: The Government will engage constructively in discussions about university finances. We do that on all such issues. The Government is immersed in discussions about the University of Dundee. I have put on record the discussions that we are having about the University of West of Scotland, which will continue in the period ahead.

Joe FitzPatrick (Dundee City West) (SNP): I know that the First Minister shares the concern across the chamber about the situation at the University of Dundee and the proposed job losses. It would be good if the First Minister were to put on the record that, like the rest of us, he considers the proposals from the university to compulsorily sack more than 600 people—20 to 25 per cent of the workforce—to be absolutely unacceptable; that the Government will use all its efforts to ensure that that does not happen; and that we will get a new plan that works for the staff, the students and the city of Dundee.

The First Minister: I give Joe FitzPatrick the absolute assurance that the Government is engaged deeply in the issues that affect the future of the University of Dundee. We do that through the proper channels required by law, which is through the Scottish Funding Council. However, that should not be mistaken for anything other than the fact that the Government is deeply involved in discussions to ensure that the future of the University of Dundee is secure.

I represent a parliamentary constituency that adjoins Mr FitzPatrick's constituency of Dundee City West, and I acknowledge that many of my constituents are affected by the concerns that he has put on the record. I find the university's proposed plan deeply troubling. The Government is engaged closely in finding a way forward that will ensure that we secure the university's future so that it can continue the formidable work that it has always done on behalf of the people of the city and of Scotland.

Michael Marra (North East Scotland) (Lab): The First Minister has known for weeks about the scale of potential job losses at the University of Dundee. He has not been blindsided, and he cannot say that he is shocked. The question now is: when he will act? Today, Dundee's newspaper, *The Courier*, says:

"The Scottish Government's response thus far has been slow, evasive and utterly inadequate."

With every day that goes by, the pain for families in Dundee will only get worse. What will the First Minister's Government do, in the next seven days, to take action to save jobs and protect livelihoods in Dundee?

The First Minister: The Government will do exactly what I have just told Mr FitzPatrick: it will continue its deep and serious involvement in working with the Scottish Funding Council to support the University of Dundee. That is what the Government is doing, and will continue to do, to ensure that we secure the future of Dundee.

I know that Mr Marra wants to have all the details of what that might involve. However, a huge number of factors are relevant here, not least of which are the role of independent financial institutions, such as banks, and the fact that the University of Dundee is an independent self-governing institution. I do not run the university, and I have to respect what the law requires me to do in respecting its independence, which the Parliament has required to be the case. None of that should be interpreted as saying anything other than that this issue is right at the top of my agenda. I want to see that the future of the University of Dundee is secured, and I will do everything that I can to ensure that that is the case.

Willie Rennie (North East Fife) (LD): I hope that the First Minister will provide more financial support for Dundee. However, irrespective of whatever short-term support for institutions might be available, I ask him to look again at the substance of Jamie Greene's question. There needs to be cross-party discussion about a long-term financial model. Right now, the student profile is changing, there are global pressures and there are also longer-term financial pressures. I plead with the First Minister to have cross-party discussion so that our universities can have a strong future.

The First Minister: Mr Rennie is in a stronger position to argue for that, because he was prepared to do the tough thing of voting for the Government's budget earlier this year. [*Interruption*.]

The Presiding Officer: Let us hear one another.

The First Minister: I will not tire of pointing out to the Conservatives the complete and utter hypocrisy of their demanding that we spend more money when, at the same time, they want us to cut the budget. They are beyond credibility in this Parliament. I say to Mr Rennie that we are happy to engage on issues concerning the operation and the future of the university sector in Scotland, and

the Government is already engaged in on-going discussions with the sector. However, all such discussions require us to have a mature conversation about priorities. I acknowledge that Mr Rennie and his party have been prepared to do that, and I invite others in the Parliament to step up to the plate.

Healthy Life Expectancy

6. **Carol Mochan (South Scotland) (Lab):** To ask the First Minister whether he will provide an update on how the Scottish Government is working to improve healthy life expectancy. (S6F-03900)

The First Minister (John Swinney): The Government is committed to improving healthy life expectancy and addressing the underlying inequalities that contribute to health disparities. Tackling poverty and inequality remains the best way to improve population health outcomes and life expectancy, and the eradication of child poverty is my Government's number 1 priority. The budget that was recently passed prioritises action to address inequality at its roots, including investment in breakfast clubs and employability initiatives, and by developing systems that will effectively remove the two-child limit.

Carol Mochan: Scotland has the highest obesity rates in the United Kingdom, which disproportionately affects our most deprived communities and harms the physical and mental wellbeing of millions of people. That hinders economic activity and costs the national health service millions of pounds each year.

The Government consulted on restricting promotions of food and drink that is high in fat, sugar and salt. The consultation closed in May 2024, yet the Parliament is still waiting for the independent analysis of the consultation responses. When will the Government publish the analysis and introduce vital regulation to stop Scotland falling even further behind?

The First Minister: The research analysis will be published shortly, and we are happy to explore the issues that it raises with Parliament.

Carol Mochan alights on an issue where we need to be prepared to have a mature discussion about the issues and the questions that are raised. She will observe the debate as much as I do and will see that when such proposals are brought forward, they are sometimes met with ferocious resistance.

I am happy to encourage a mature dialogue in Parliament about how we can take action to address the legitimate point that Carol Mochan raises, which fuels inequality in our country. It is essential that we address the issue to improve outcomes for individuals in our society.

Kevin Stewart (Aberdeen Central) (SNP): Last month, Aberdeen City Council, North Ayrshire Council and South Lanarkshire Council teamed up with Public Health Scotland and the Institute of Health Equity for a collaboration for health equity in Scotland to introduce positive changes at a local level in health, life expectancy and quality of life. Will the First Minister outline how the Scottish Government will follow the progress of the collaboration, and will he join me in encouraging a similar roll-out to local authorities across Scotland?

The First Minister: We are pleased to be working with Professor Sir Michael Marmot and Public Health Scotland through the collaboration for health equity in Scotland. As part of the collaboration, Aberdeen City Council, North Ayrshire Council and South Lanarkshire Council will work with us over the next two years to share learning from all parts of the system and test approaches that strengthen and accelerate action to improve health and reduce health inequalities.

That valuable work will link into our upcoming population health framework, which will focus on prevention and early intervention, targeting action in the areas and communities that are most in need.

The Presiding Officer: We move to general and constituency supplementary questions. Concise questions and responses will be appreciated.

NHS Grampian (Funding)

Liam Kerr (North East Scotland) (Con): Earlier this week, it was announced that the UCAN swift urological response and evaluation—SURE—unit cancer facility at Aberdeen Royal infirmary is facing more than a year's delay before opening. Meanwhile, NHS Grampian has the lowest number of beds per head and the worst cancer rates in Scotland, it has lost its proposed national treatment centre, and the Baird family hospital and the Aberdeen and north centre for haematology, oncology and radiotherapy—ANCHOR—centre units are massively delayed. All that is compounded by grave underfunding from this Government. Will the First Minister personally step in to address his Government's abandonment of NHS Grampian and provide it with the funds and resources required to get the UCAN SURE unit open?

The First Minister (John Swinney): The UCAN SURE unit has been designed to provide rapid diagnosis for patients. It is intended that the unit will be taken forward within the existing resources of NHS Grampian. I am keen to make sure that there is progress in that respect at the earliest opportunity.

I also point out to Mr Kerr that if he wants more money spent on NHS Grampian, he should have voted for the Government's budget, which he failed to do. This is just another example of how the Conservatives come to Parliament and plead for something but are not prepared to vote for it.

Energy Prices (Infrastructure Investment)

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): Scotland's north-east is now home, in Blackhillock, to Europe's largest battery, which is significantly reducing the amount of wasted clean energy from the Viking, Moray east and Beatrice offshore wind farms and will provide an estimated saving to consumers of £170 million over the next 15 years.

Meanwhile, Age Scotland research has found that three in four Scottish pensioners have lived in cold homes over the winter. Rising energy bills are continuing to heap pressure on households, and Labour's surprise cut to the winter fuel payment has added to the difficulties that many older people in Scotland face.

Given Scotland's huge energy potential, and further to Christine Grahame's question on the issue, does the First Minister agree that people in Scotland should have lower bills for the energy that we generate?

The First Minister (John Swinney): There has been an increase in energy prices since the election, when people were promised that there would be reductions in energy prices. That is a matter of deep regret. High energy prices are the single greatest driver of fuel poverty in Scotland. Those are the realities that people are wrestling with.

That is why it is important that we invest in our energy infrastructure and that what comes from that energy infrastructure is assistance in reducing the cost of energy for individuals in Scotland, so that the cost is not the burden that it is today, as Audrey Nicoll set out.

Jagtar Singh Johal

Jackie Baillie (Dumbarton) (Lab): The First Minister will be aware of the case of my constituent Jagtar Singh Johal, who has been arbitrarily detained in India for more than seven years. He was acquitted of one of the charges at the district and sessions court in the Punjab, giving the family hope. What discussions has the First Minister had with Foreign Secretary David Lammy to bring Jagtar home?

The First Minister (John Swinney): We have had discussions with the Foreign Secretary on this question. I personally raised the issue with the Indian Government when I was in India in previous years. As Jackie Baillie correctly says, the matter has been on-going for many years. Without prejudging proceedings in any way, I acknowledge that the initial court case must be providing welcome hope to the family. I send them my warmest wishes in the hope that that can be sustained.

Access Rights (Protection of Livestock)

Emma Harper (South Scotland) (SNP): Ahead of lambing season this year, what is the Scottish Government doing to raise awareness, including in Dumfries and Galloway and in the Borders, of the consequences for owners whose out-of-control dogs chase, attack and kill—or worry—livestock when accessing the countryside, given the Dogs (Protection of Livestock) (Amendment) (Scotland) Act 2021, which updated and strengthened the previous law?

The First Minister (John Swinney): The work that Emma Harper has undertaken on the issue is important and helps the situation. There are other steps. The Scottish outdoor access code sets out how to exercise access rights responsibly when walking dogs in the countryside. The Government and NatureScot will continue to promote responsible dog ownership across radio and social media platforms as part of the on-going communication campaigns on the issue. I hope that that will help in the situation that Emma Harper puts to me today.

Maternity Services (NHS Dumfries and Galloway)

Finlay Carson (Galloway and West Dumfries) (Con): This week, a cross-party group of MSPs met the Galloway community hospital action group to further discuss the real concerns surrounding maternity services in Dumfries and Galloway. Despite the warm, but empty, words from health ministers, action still has not been taken to ensure that women do not have to travel 70 miles to give birth. Will the First Minister and the Cabinet Secretary for Health and Social Care join me and the other MSPs in the cross-party group in visiting Stranraer to hear the concerns of constituents there?

The First Minister (John Swinney): I am familiar with the issues that Mr Carson raises with me. There will be dialogue and engagement with health ministers on that question. Many of the points are related to judgments that are made about clinical safety. I hope that the Parliament accepts that the Government must take seriously the advice that we receive on clinical safety around the number of births that take place in particular areas and the degree of specialism that will be provided. I assure Mr Carson that the Government will always consider very carefully the clinical advice that we are given in that respect.

Trauma and Orthopaedic Surgery Waiting Times (NHS Dumfries and Galloway)

Colin Smyth (South Scotland) (Lab): My constituent John Small has been on the waiting list for knee replacement surgery in NHS Dumfries and Galloway for 14 months. John is 87 years old. Last week, he learned that he will be on that list for at least another four months. The First Minister keeps saying that things are getting better, but since April 2024, when he announced action to tackle waiting times, waits of more than 52 weeks for trauma and orthopaedic surgery in NHS Dumfries and Galloway have gone up every month.

To keep himself fit, John set up a thriving walking football group in Stranraer, working with the charity Versus Arthritis through his son, Gary, but he has had to give that up. John is playing his part by trying to keep active, and he deserves a lot better. When will the Scottish Government play its part and tackle those appalling and rising waiting times for surgery?

The First Minister (John Swinney): I am grateful to Colin Smyth's constituent for the efforts that he has made to keep himself fit and healthy. That is a good example to set.

The Government has put in place additional funding to national health service boards to deliver more procedures during this financial year. The target was to deliver 64,000 procedures, and we have delivered more than 75,500 surgeries and procedures to the end of January 2025, which means that we have exceeded the original plans on delivery.

As a consequence of the Government's budget and the work that is under way through the NHS improvement plan, we are expanding the capacity that is available in the health service, we are expanding the volume of procedures that are being undertaken and we are taking action to reduce the waiting times that Colin Smyth has asked me about today.

Isaac Tocher

Roz McCall (Mid Scotland and Fife) (Con): The First Minister will remember that I have previously raised the case of my constituent Isaac Tocher, a seven-year-old child who has a brain disorder and autism, which has left him with the developmental age of a one-year-old. At school, Isaac was segregated and became distressed. He was left alone for so long that he banged his head off a wall to the point of injury. The injuries that Isaac sustained during that incident have left him with severe headaches and on constant pain medication, which he takes at school and at home.

It has been a year, and Isaac is still unable to get an appointment with a paediatrician. He has been let down at school and is now being let down by the health service. Will the First Minister agree to meet me and the Tocher family to see whether we can get positive outcomes for Isaac?

The First Minister (John Swinney): I am concerned to hear the details that Roz McCall puts to me. I will ask the Cabinet Secretary for Health and Social Care to meet her to discuss what more can be done to address that particular case.

The Presiding Officer: That concludes First Minister's question time. There will now be a short suspension to allow those leaving the chamber and the gallery to do so.

12:46

Meeting suspended.

12:49

On resuming—

Young Carers Action Day 2025

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a members' business debate on motion S6M-16302, in the name of Paul O'Kane, on young carers action day 2025. The debate will be concluded without any question being put.

Motion debated,

That the Parliament acknowledges that 12 March 2025 marks Young Carers Action Day; welcomes the annual campaign initiative, led by Carers Trust, which is encouraging as many organisations, communities and individuals as possible to take part in the day by taking action, and supporting and raising awareness of young carers; recognises the 2025 theme, Give Us a Break, which will focus on ensuring that young carers are able to access timely and restful breaks to avoid burnout from their caring role, and the need for education professionals and employers to give them a break in life by supporting them in school and at work, and creating better life opportunities; commends what it sees as the immense contribution that young carers make to society, including in the West Scotland region, by caring for their family or friends who are ill, frail, disabled or have mental health or addiction problems; believes that caring for someone should not be a barrier to having an equal opportunity in learning, earning or being able to participate and get on in life; recognises that young carers' responsibilities at home can mean that they often feel overwhelmed at having to juggle their caring responsibilities with their school work and social life; notes Carers Trust's research, which found that 52% of young carers surveyed said that they always or usually feel stressed because of being a young carer or young adult carer; acknowledges what it considers is the importance of events such as the Scottish Young Carers Festival, which provide an opportunity for young carers to have a break from their caring role, meet other young carers and have fun; understands that young carers want lasting meaningful change to take place to ensure that young carers now, and in the future, remain at the forefront of policy development and have access to the support and breaks that they are entitled to and deserve; recognises what it sees as the importance of rest and respite for young carers in Scotland; notes the view that all young carers deserve a break, and wishes all involved in this year's #YoungCarersActionDay the very best of luck in their endeavours.

12:50

Paul O'Kane (West Scotland) (Lab): I am very pleased to bring this motion to allow the Parliament to recognise young carers action day 2025 and to pay tribute to the many thousands of young unpaid carers across Scotland. I am delighted, as I am sure everyone across the chamber is, that we are joined in the gallery by so many young carers from across Scotland. [*Applause*.] Our Thursday sessions are always long because of First Minister's question time, so I appreciate that some folk might have popped out for a comfort break and will join us again, but it is great to see the gallery so full.

I also offer huge thanks to all those at Carers Trust Scotland for co-ordinating this young carers action day and getting all the young people here today, and for all the work that they do year round to support young carers. I know that many young carers have often said that they feel invisible; they feel that they are not seen, heard or talked to, particularly by politicians. That is why it is important that so many young carers are here today, in their Parliament, to hear their representatives fronting up to the challenges that they face, listening to their views and saying what we can do about it.

The Scottish Government estimates that, across Scotland, there are at least 30,000 carers under the age of 18. That is probably a significant underestimate, as other studies have suggested that there could be as many as 100,000 young carers in Scotland. In today's debate, there will be a number of asks for the minister to respond to, and I know that she will be listening acutely to the many views that will be expressed by colleagues across the chamber and by the young people themselves.

I will kick off by asking how confident the Scottish Government is in its estimates, what the barriers are to getting an accurate understanding of the number of young carers in Scotland and what has been done to address the challenges that exist in the data. The first step in providing all the support that young carers need and deserve is to have an accurate picture of who they are and where they are, so it is critical that we get identification data correct.

Young carers who provide support for their family, friends and other members of their extended network due to illness, disability, mental health problems, addiction or any other number of challenges have to deal with so much additional responsibility over and above the education, training or work that they might be in. They also need time to simply enjoy being a young person and doing all the things that young people should do. Often, they take on burdens that no young person should have to take on at their age, with consequences for their own health, both mental and physical, and for their ability to get the most out of the opportunities that are afforded to young people, most notably education and training.

That is why the theme of this year's young carers action day is "geezabreak". Young carers have so much responsibility on their shoulders that they often have little time for themselves and are at serious risk of burnout. They need a break, and we know that young carers are significantly more likely to report severe psychological distress than their peers without a caring role. The need for time out from their caring responsibilities to rest, recharge and focus on themselves, be it through a

hobby or just spending time with friends or other people their own age, is so important.

The “give me a break” theme also speaks to young carers’ need for education professionals and employers to recognise their caring responsibilities and to give them a break in life. That could be by offering young carers more support at school, in recognition of the fact they often feel overwhelmed from having to juggle their caring responsibilities at home with coursework, exams or just being present on school days. In that vein, just yesterday, I was contacted by a constituent in my village of Neilston, who asked about the support available to young carers in schools. I think that that constituent is in the gallery today, so I am glad to be able to raise the issue.

The evidence from young carers on their struggles at school is clear and compelling. Forty-seven per cent of student carers said that attending classes was challenging; 49 per cent said that they are never, or not often, getting help at school, college or university to balance caring with their education; and 87 per cent said that concentration on assignments and work at home was challenging. Support in education is vital not just for lightening the load of caring duties in that moment, but also for the young person’s longer-term future and ensuring that life opportunities are not permanently stunted during a critical phase of any young person’s life.

In closing, the minister could perhaps say something about support in schools and putting in place training for teachers to be able to properly identify and deal with young carers in a safe and comforting way. She might also mention what guidance is available to schools and teachers on how to engage with young carers to ensure that they are not inadvertently adding to the weight on their shoulders. I know that the minister is answering today, but I appreciate, too, that it will take a cross-Government response. Indeed, I am keen to see such engagement across Government, because it is vital that everyone takes responsibility for supporting young carers.

Beyond education, young carers in general need respite, as I have said. Again, the evidence on the pressure that they are under is clear from the 2023 Carers Trust survey. Fifty-two per cent always or usually feel stressed because of being a young carer or a young adult carer; 25 per cent either never or do not often feel that they are getting enough sleep; 43 per cent of young carers or young adult carers have said that caring always or usually affects how much time they spend with their friends; and more than half of young carers or young adult carers always or usually feel worried about their future. It is very clear from those stark statistics on the views of young carers that they need a break. They need time to enjoy hobbies; they need to spend time with friends and take time for themselves for their own health and wellbeing.

I want to sum up by recognising the work done by Carers Trust and the myriad other organisations in Scotland to provide opportunities for young people for that break. The young carers festival in Scotland, for example, has been so beneficial to so many carers over the past 18 years. I know that many colleagues in the chamber will have attended it, engaged with young people there and seen all the fun activities that go on.

As I have said, there are examples of organisations and projects across all our regions and constituencies that are providing support to young carers so that they can have that break. It could be as simple as having a protected evening for young people to come together, to share time with other young carers or friends to talk about their similar experiences, or even to switch off. In East Renfrewshire, having a pizza, being able to watch a film with friends or just hanging out is very valuable. It might seem very simple to all of us, but it is all about the added thought process that must go into that sort of thing when someone is a young carer.

I thank all the young carers in the gallery today and the young carers across Scotland for all the effort that they put into supporting family members, friends and those whom they care for, and for playing a vital role in ensuring that we have more resilient and stronger communities. We must all resolve to do all that we can, across the chamber and across party political lines, to support young carers. I hope that that is what we will hear in this debate.

The Deputy Presiding Officer: Thank you, Mr O’Kane. We now move to the open debate, with back-bench speeches of up to four minutes.

12:58

Evelyn Tweed (Stirling) (SNP): I thank my colleague Paul O’Kane for introducing his members’ business debate. I am absolutely delighted to speak in praise of our young carers and their support staff across Scotland, and I warmly welcome the young carers in the gallery, including those from my constituency.

Ahead of the debate, I was reflecting on last year’s members’ business debate, which Karen Adam led and in which we talked about the important role that schools play in supporting young carers. Olivia and Sara are here today from Braehead primary school, along with young carer co-ordinators Mrs Lawrie and Miss Light. When I recently visited them at school, they gave an excellent presentation on what it means to them to

be a young carer. The school is an exemplar and one of only six schools in Stirling to have achieved the “We recognise” and “We develop” levels of the we care award.

It was amazing to see what has been embedded in the school. Being a young carer is celebrated and achievements are shared with the whole school; there is no stigma; and the co-ordinators are always actively looking for young carers to ensure that they are supported. Young carers can access breakout spaces and sensory rooms when they need a break from their classes. There is a “problems shared, problems halved” box where young carers can submit concerns to be discussed with co-ordinators. They also spend one afternoon a week together doing fun activities such as cooking and crafts, or sometimes just chatting and playing board games.

The theme of this year’s action day is, as we have heard, “give me a break”. The ability to take time out within the school day is important, as are the relationships built in young carers groups. Local young carers have said that

"my young carers group is kind and supportive and has helped me come a long way. I now feel less alone and mentally happier. I feel like I am coping better because I have met others who are also going through it."

Along with breaks in the school day, longer residential breaks are important, too, because having the time to switch off, to be themselves and to have fun is invaluable to young carers. Esther Keane, the young carers officer at Stirling Carers Centre, told me that, in schools, particularly high schools, young carer co-ordinators often no longer have dedicated time in their timetables to run support groups. Demand for residential breaks is high and there are often waiting lists. She pointed out that those incredible young people take on the responsibilities that are normally expected of adults. We must recognise the toll that that can take and ensure that support is in place, including through access to breaks.

Looking at Braehead primary school, we can clearly see the positive impacts of embedded access to breaks. Mrs Lawrie and Miss Light told me that

“the resources and spaces we have available allow our children to thrive in an environment where they might not necessarily have done before. We have children now approaching us to advocate for themselves and seek support that they think they need. Breaks, and relationships built during them, are vital.”

I call on the Government to set out how it will engage with local authorities and work to ensure that breaks, both within the school week and in the form of longer residentials, are widely available.

Lastly, I want to give a quick shout-out to Robert Cairney for all his work in the area. He, too, is in the gallery today.

13:02

Jeremy Balfour (Lothian) (Con): It is a real privilege to take part in the debate, and I thank the member for lodging the motion. I, too, welcome all the people in the public gallery. They have brought the average age of this Parliament down dramatically in the past half an hour.

I will just make one negative point at the start: it is disappointing that not all parties are in the chamber for this debate. If we truly respect young carers, there should be total cross-party support.

I, along with other members, have had the privilege of attending the Scottish young carers festival on a number of occasions. For me, it has been interesting to listen to their experiences and hear what happens in their part of Scotland. It is important that we give people a break, whether it be through weekends away, a summer holiday or a pizza on a Tuesday night. However, we have to go further and recognise that school is often a difficult place for carers.

On my last visit to the carers festival, I was struck most by the different practices in different local authorities. There does not seem to be a co-ordinated approach to how children who care for another sibling, a parent or someone else in the family are treated. I appreciate that this goes beyond the minister’s portfolio, but I think that it would be helpful to get guidance on what should be in a school statement. Are we putting enough emphasis on this sort of thing in job applications? Young carers often do have empathy, compassion and resilience beyond their years, but it comes with challenges that are not often recognised by schools, employers or society in general.

I want to briefly reflect on two points from my personal experience. When people provide care or are being cared for, it has an effect on the whole family. Whether it be a sibling or a parent, the effect does not just stop with them. Having spoken to my siblings, I know that, because of the time that my parents had to give me, they sometimes felt short-changed or that they could not have the same experiences. They are fairly resilient and have come through that, but we must look at this in a holistic way and recognise that caring for somebody in a family affects the whole family.

Secondly, we must recognise the number of unpaid carers who are simply not recognised. It brings us back to the point made in the opening speech in the debate that we do not really know how many unpaid carers there are in Scotland. Indeed, I suspect that we will never find out that number.

This morning, at breakfast, I told my two daughters that I would be speaking in this debate and that I might mention them. When they asked, “Why are you mentioning us?”, I said, “Well, you

go far beyond what your colleagues at school do, whether that's helping me untie my laces, putting on my coat or doing other things." They do not recognise themselves as young carers, and I suspect that there are lots of people in our communities who provide care but who perhaps do not appreciate what they are doing and are not looking for recognition.

Finally, I thank all young unpaid carers for what they do. Without them, our society would not function. We in the Parliament and across Scotland need to respect them, not just with words on a Thursday afternoon but with action that makes a difference for them.

13:07

Martin Whitfield (South Scotland) (Lab): It is a privilege to take part in this members' business debate, and I extend my congratulations to Paul O'Kane for securing it. As other members have done, I welcome all the young people who are here or, as I know from a text that I have just received, are watching online, which is very worrying.

I would like to pick up on something that the previous contributor talked about—I thank Jeremy Balfour for giving a very personal insight into the experiences of those being cared for and those around them who are affected by that. The quote that is so often used is that

"being a young carer is not a choice; it's just what we do".

However, I think that it goes beyond that. They do it for the love of the individual whom they care for. That is an incredibly important emotion and article of faith to explain why our young carers do what they do. They do it because of love. They do not choose the situation that they are in but, in most cases—in my experience, certainly—they would not change the situation for anything. It is a very powerful part of their identity and their family's identity.

I echo the point that a number of speakers have raised about the data, and I do so because I have a bizarre ask of the minister. I love finding the small and perhaps insignificant detail, which can be indicative of value. I am sure that the minister can take this on board and find a conclusion to it.

The Scottish Government recognises some 30,000 young carers but, as we have heard, it is believed that there are more than 100,000. The authority for the 30,000 figure is the "Embedding Children's Rights in Scotland: Scottish Position Statement", which was published on 18 November 2022. I have no problem with that. However, it was fascinating that, when I tried to find the original authority for the 30,000 figure—as many young people know, we must reference facts—I found that, interestingly, the Government referred to section 16(4) of the Standards in Scotland's Schools etc Act 2000. I am not sure why the issue relates to corporal punishment and when physical intervention can protect a child. That is an interesting example.

That is slightly mirthful, but my serious position is that we need to find the authority for that number of 30,000, because it is clearly far lower than the number in reality. The previous speaker talked about people who do not identify themselves as carers. The number of carers who are identified in our school system is pitifully low, and yet those young people have to face up to enormous experiences.

I also want to mention the young carers covenant and to remind colleagues, friends and others that they can sign up to the covenant and commit to go beyond words on a Thursday and take action. The covenant aims to ensure that young carers

"Are identified at the earliest opportunity ... Can access and succeed in employment/training opportunities ... Are safe and secure ... Feel that they have choice in their lives ... Can access and benefit from the rights they have ... Are able to thrive in education"

and

"Have time for themselves",

which relates to the "geezabreak" theme. The covenant also aims to ensure that young carers

"Can access support for them and their families ... Have good physical and mental health"

and

"Live free from poverty".

Those ideals are important to everyone in Scotland. Showing support for that covenant for our young carers is a heroic first step forward that we can carry on into action beyond words here on a Thursday.

13:11

Willie Rennie (North East Fife) (LD): I pay tribute to Carers Trust for bringing so many young people to the Parliament today. It makes a difference; this is not just a series of speeches. We take the issues away with us and such debates have an impact on the policies that we develop for our parties and on the scrutiny through which we hold the Government to account.

I pay tribute to Paul O'Kane for leading the debate and, in advance of the minister's final contribution, I give credit to her for the work that she has done in the area. I hope that it encourages her to give an even more positive response in her conclusion.

I have a memory of going to the Broomlee centre, when the Scottish young carers festival was held there. There was face painting, and Christine Grahame, who had come along with me that day, decided that, of all the things to give me, she would paint a black eye on my face, which I carried for the rest of the day. I am sure that that reflected a more permanent physical feature that she would like to put on my face—nevertheless, it was a joyful day and we had great fun.

There are two sides to the personal impact on young people. Jeremy Balfour made the point that young carers grow up quickly and talked about the skills that they gather, the empathy that they develop, the resilience that they have and the multitasking ability that they develop. Those things are a huge upside to what is a very challenging set of circumstances, and they will see the young people well for the rest of their lives, for future job opportunities and for education.

Young carers are under a lot of pressure: I cannot imagine the pressures of growing up, which itself is difficult, but with that extra responsibility. As Martin Whitfield rightly says, young carers do it for the sake of love. Nevertheless, it is quite a sacrifice to make, which is why the Government needs to take extra steps to ensure that we provide the infrastructure and make support available to them. That is why I support all the measures that have been set out today, including on breaks.

We also need to develop understanding across all public services—not just the education system, but every part of our public services. In fact, all of us need to fully understand what it means to be a carer and what we can do to help. We need to have that understanding, as well as making services and extra support available.

My final remark is that this matter is quite personal to the Liberal Democrats. Many will have seen the story about Ed Davey, my party leader, caring for his young son, John, who has been disabled from birth. It is a moving story, and it clearly involves deep feelings. Ed Davey has made it a personal mission to try to change the system on behalf of all carers, whether they are older or young carers. My colleague in North East Fife, Wendy Chamberlain, managed to deliver the Carer's Leave Act 2023, which entitles workers to leave from work to look after their loved ones.

Those are two small measures, but they are important steps that we all need to engage in to make life a little bit better for those who care for those we love.

13:14

Colin Beattie (Midlothian North and Musselburgh) (SNP): It is a privilege to be here to mark young carers action day, which recognises and celebrates the incredible contributions of young carers across Scotland. This afternoon's debate is an opportunity to shine a light on the experiences of young carers, who balance their lives with the immense responsibility of caring for a loved one. I thank Paul O'Kane for securing the debate.

Too often, young carers' dedication goes unnoticed. Many young carers are juggling their education, their social life, their caring responsibilities and their own wellbeing. Their strength and resilience are inspiring, but we must recognise that they cannot do this alone. Together, we can ensure that the tens of thousands of young carers across Scotland have all the support that they need.

This year's theme, "give me a break", is a crucial reminder that young carers deserve time to rest, recharge and simply be young. However, it is challenging for them to balance their responsibilities. Caring for someone can be rewarding, but it can also be physically and emotionally demanding. Many young carers sacrifice their time, their education and their social lives to support family members.

That is why I am pleased that the Government has committed an extra £5 million in the 2025-26 budget to help unpaid carers to take short breaks. That essential funding will offer young carers a chance to step away from their responsibilities and focus on their own wellbeing, which is to their benefit and that of the relatives for whom they care.

The need for such breaks is clear. Carers Trust Scotland found that 52 per cent of young carers felt stressed and that 47 per cent found it difficult to attend classes because of their caring role. Without the right support, too many young carers risk burnout, which puts their education and aspirations in jeopardy. Many are already exhausted from a morning of caring duties when they arrive at school, or they might have to leave school early, which results in them missing out on their lessons. Over time, that can impact on their grades and their confidence.

That is why we must do more to ensure that every young carer gets the support that they need to enable them to stay in school, achieve their goals and thrive. Flexible learning arrangements or additional time to complete assignments can make a real difference. It is essential that we ensure that staff are equipped to recognise and understand the pressures that young carers are under and that they are able to offer tailored support, whether through counselling or mentoring, or simply by taking an understanding approach.

No young person should have to choose between caring for a loved one and securing their own future. By removing the barriers, we can ensure that they have every opportunity to achieve their potential.

Although it is clear that there is still work to be done to improve support for young carers, we can be proud of some of the efforts that the Scottish Government has made. The young carer grant is a unique payment that is available only in Scotland. That financial support helps young carers aged 16 to 18 to manage the pressures that they face, but it is reported that up to 25 per cent of eligible young carers have not applied for it. I urge the Scottish Government to ensure that all young carers are made aware of that support, to which they are entitled.

Today, on young carers action day, let us do more than simply celebrate our country's young carers and the sacrifices that they make. Let us commit to act to give them the real break that they all deserve, and let us ensure that they are supported to balance their education and their caring responsibilities.

To the young carers who join us in the public gallery and every young carer out there, I say thank you for what you do. Your hard work and dedication inspire me and my colleagues. Let us work together to ensure that you get the support, the recognition and the breaks that you deserve.

13:18

Brian Whittle (South Scotland) (Con): It is a privilege to speak in this debate, and I thank my colleague Paul O'Kane for bringing it to the chamber. I have to say that we are not used to speaking in the chamber when the gallery is so full, especially when there are young people up there saying things like, "Come on—impress me then, big man." That is not usually what we do.

The Scottish Government has estimated that there are at least 30,000 young carers under the age of 18 in Scotland, although it is thought that that is an underrepresentation. As Jeremy Balfour eloquently put it, many young carers do not realise that they are young carers, and studies have indicated that there could be as many as 100,000 young carers in Scotland.

The theme of this year's young carers action day is "give me a break"—or in Scottish parlance, "geezabreak". Survey data in Scotland has consistently shown that only 3 or 4 per cent of carers are having a break. From my conversations with Carers Trust and the coalition of carers in Scotland, I know that breaks look different for each individual. Sometimes, breaks can involve simply having the chance to do everyday activities that people who are not carers take for granted, such as doing the shopping or attending a hospital appointment, having a coffee with a friend or even participating in everyday activities or interacting with friends.

We also know that young carers face barriers in accessing support and that those in rural areas, in particular, face challenges in accessing their right to a break because of the lack of available support and the right options for them.

For the past 18 years, Carers Trust has organised the Scottish young carers festival, which allows young carers to have a break away. That festival is a highlight of my year, as it is for many of my colleagues in the chamber. As MSPs, we have days that are better than others, and that day is one of the best. We get the opportunity to watch the young carers in carefree abandonment, doing things like strapping old men into harnesses and pushing them down zip lines in the hope of making them squeal. On top of that, we get the opportunity to sit around a table with young carers while they express their views to us, question us and tell us what their lives are like and how we, in this chamber, can make their lives better. I always hear about things that I would never imagine. For example, I hear about the potential barriers for carers at school, including—potentially—a lack of understanding among teachers. We need to ensure that all teachers are properly aligned with, and understand, the needs of carers, including why homework is sometimes late and why pupils may sometimes come into school tired and unable to give their best work.

Breaks such as the young carers festival play an important role in the preventative health agenda by allowing carers time away to help them to manage their stress and cope better. There is mounting evidence that caring is a social determinant of health and contributes to health inequalities. For example, we know that 91 per cent of young carers experience a detrimental impact on their mental health and emotional wellbeing as a result of their caring role.

I had so much to say, Deputy Presiding Officer, but I realise that time is short. However, I will highlight that there is now an opportunity to correct the situation, as legislation is currently passing through Parliament and is at stage 3. I believe that measures could have been brought forward in secondary legislation before now, but we are where we are. It is incumbent on us, in this place, to give that bill all the support that we can. We must continue to recognise the huge contribution that young carers make, to support them and their families and to ensure that they get all the help that they possibly can.

13:23

Carol Mochan (South Scotland) (Lab): I, too, thank all the young carers in the public gallery. It is a delight to have them with us today. I give a special shout-out to the South Ayrshire young carers I met outside. They were really kind to spend some time with me—it was much appreciated.

I thank my colleague Paul O'Kane for bringing the debate to the chamber. It is absolutely right that we make time in this place to discuss such an important issue. Paul O'Kane has been a champion for carers in the current session of Parliament, bringing the issue to the chamber and working cross-party and outwith the Parliament in the way that other members, including Willie Rennie, have spoken about, as well as working with many organisations and charities to raise the voices of carers and ensure that we see lasting change. Again, I thank Paul O'Kane for giving us the opportunity to talk specifically about young carers today.

Other members have mentioned the data and statistics, so I will not go over those again. I simply highlight that, with more than 30,000 young carers under the age of 18, it is incumbent on us to support them. I thank Carers Trust for the work that it does in gathering all the information. As others have said, it is important that we have that information, to ensure that we understand the issues, and that we use it to guide us on the solutions that we need in order to provide adequate support to all our invaluable carers, particularly our young carers.

The debate is in response to young carers action day, and I commend young carers for the contribution that they make to our society when they are caring for their loved ones. As we know, young carers often do not recognise themselves as carers, and many do not think twice about what they do. We owe them a great deal of gratitude.

Dumfries and Galloway Carers Centre, in my region, wrote to me to ask for my support for young carers action day 2025, which I am delighted to give. The theme, "geezabreak", focuses on the importance of providing breaks and respite for young carers and, as others have said, the need for schools and employers to better support them in school and work.

From previous debates and my meetings with young carers, I am aware that the reality for many young carers in Scotland is that caring responsibilities can dominate their lives. Young carers often do not realise that and continue without support. Sara Jackson, the young carers manager at the Dumfries and Galloway Carers Centre, works directly with young carers and explained in correspondence with me that the damaging impact of a lack of support and burnout means that many young carers are often at breaking point and their reality can be quite difficult. What stood out for me in her correspondence was the suggestion that, although young people need a break through getting straightforward respite from their caring responsibilities, they also need a break in that they must be given equal opportunities to thrive, as others have touched on. That is why Carers Trust Scotland is urging schools, trusts, colleges and universities to step up. It would be great to hear about that from other members, as well as getting a commitment from the minister to work across Government on that.

As politicians, it is our responsibility to work together to ensure that that happens, so that young carers feel confident in the support that is available to them and their loved ones. I commit to doing that. I hope that the debate spurs us all on to do more together in response to the needs of our young carers in Scotland. It is incumbent on us to do that.

I thank everyone who has spoken or is about to speak in the debate.

The Deputy Presiding Officer: Before I call the next speaker, I advise members that, due to the number of members who wish to speak in the debate, I am minded to accept a motion without notice, under rule 8.14.3 of standing orders, to extend the debate by up to 30 minutes. I invite Paul O'Kane to move such a motion.

Motion moved,

That, under Rule 8.14.3, the debate be extended by up to 30 minutes.—[*Paul O'Kane*]

Motion agreed to.

13:27

Karen Adam (Banffshire and Buchan Coast) (SNP): I thank Paul O'Kane, my colleague on the Equalities, Human Rights and Civil Justice Committee, for securing this important debate. I know that the subject is close to his heart and that he is passionate about promoting the voices of young carers in the Parliament. I extend a very warm welcome to the young carers who have joined us in the gallery. It is truly an honour for us to have them here.

It was a privilege for me to secure the debate on young carers action day last year, as my colleague Evelyn Tweed noted. I was prompted to do so by young carers in my constituency, and their courage, resilience and determination have left a lasting impression on me. It is because of them and the thousands of young carers across Scotland that we are here again today, ensuring that their voices are heard.

Jeremy Balfour spoke about his lived experience at home, which prompted me to score out some of the lines in my speech and to speak from the heart. I have children with additional support needs. As my other children grew up, they had to support them and me in the home. Often, we wonder what it is like to be a carer. If we were to ask someone what that looks like, we might imagine a carer physically helping someone by feeding them, changing them and caring for them, but, a lot of the time, caring might not be like that at all.

A young carer or sibling carer might need to quickly vacuum the living room after some kind of messy explosion while the parent nips out to clean up and fix up the child who has the additional support needs. Sometimes, the sibling might need to run to grab a pair of socks, because the child needs to be dressed, or to do other wee errands around the house.

We do not often acknowledge that that is what caring can be or look like. A young carer might have to stay up through the night, because their sibling is restless and making noise, and then go to school very tired. They might have to miss out on days out and trips, because their sibling has additional needs, but still find patience and kindness at home. It can mean that their parents' time is shared unevenly. Being a carer, specifically a young carer, means a lot.

This year's young carers action day theme—"give me a break" or "geezabreak"—could not be more fitting. It highlights two critical areas of support that young carers desperately need: time for themselves to rest and greater understanding and flexibility from schools, colleges, universities and workplaces.

I am here today in the chamber because the young carers who supported me in caring for their siblings when they were growing up are now, as adults, keeping things ticking over at home. Young carers do not stop caring; they grow into adult carers. That is what usually happens. It is up to all of us to ensure that their voices are heard.

Young carers in my constituency hold me to account. This week, one emailed me to make sure that I was doing something for young carers action day. I say to my constituent: I am here and I am keeping your voice going. I say to the young carers in the gallery and to those who could not be here today: we see you, we value you and we recognise everything that you do. What you do matters more than you will ever know.

13:32

Meghan Gallacher (Central Scotland) (Con): I am pleased to speak in this debate on young carers action day 2025, and I congratulate Paul O'Kane on securing it.

The reason why I want to speak in this debate is that, on Tuesday, I received an email from a young adult carer development worker at Falkirk and Clackmannanshire carers centre. The centre sent through a letter from young adult carers in Falkirk and Clackmannanshire to make sure that we, as MSPs, raise the point of the action day in relation to "geezabreak" and that we address the need for universities, colleges and employers to provide better support in education and work for young carers. Those points have been raised throughout the debate by Martin Whitfield, Jeremy Balfour and other members.

Young adult carers' caring responsibilities mean that they do not always have time to see their friends, enjoy hobbies or focus on education or work. Their minds are usually elsewhere—on their families and on the people they care for—because that is what they feel is important and they want to make sure that they provide the best possible care to the people they love so much.

However, because young carers are thinking about the people they care for, it can be hard for them to take a break or a moment to enjoy whatever it is that they want to do. It is important that we raise these issues in the chamber today to ensure that their voices are heard and that the Parliament and the Scottish Government continue to improve the lives of young carers right across Scotland.

Paul O'Kane raised an important point about the need for accurate data so that we have know the number of young carers. I hope that the minister will address that point in her summing-up speech.

Many members reflected on their attendance at the young carers festival, which I visited back in 2023. It was a fantastic day. I remember the photo booth, the inflatable bouncy castles—I was really disappointed that I did not get a shot on them—the activities, the sports and the hair and make-up. The queue for the hair and make-up went on for miles, but I can understand why that was so popular, particularly among the young girls and women who were there.

When we sat down to speak to the young carers, they rightly challenged us on what more we, as parliamentarians, could be doing to improve their lives. They then told me that they were off to a disco, which shows how good those festivals are. However, it also stresses the importance of the theme of young carers action day, which is "geezabreak", because that was an occasion when young carers were able to enjoy a break, which is so important.

I reiterate how MSPs can show their support, particularly this week, given that young carers

action day was yesterday. We can share information and content on social media using the hashtags #youngcarersactionday, #ycad2025 and #geezabreak.

As Martin Whitfield highlighted, we can sign up to the young carers covenant, which is a commitment to support outcomes that will improve the lives of young adult carers.

We can also speak to our councillor colleagues and ask them to lodge motions to make sure that our councils are going as far as they can to ensure that our young carers are supported across all our local authority areas.

I wish all our young carers in the gallery a very happy and successful young carers action day. I reiterate the words of Karen Adam: we appreciate you more than you will ever know.

13:36

The Minister for Social Care, Mental Wellbeing and Sport (Maree Todd): I thank Paul O'Kane for initiating this really important debate regarding young carers action day, and I thank all the members for being here to discuss young carers and the absolutely vital contribution that they make to society.

I value young carers action day because it not only puts a spotlight on the important issues that young carers face but allows us to hear directly from them. I am so delighted that more than 150 young carers are here in the Parliament today. It was an absolute pleasure to chat with many of them outside at the photo opportunity this morning. I am really pleased that they are speaking about what they need from us as decision makers, and that they are listening and learning about how they can create change.

On the point that Mr Balfour raised, I know that my colleague Gillian Mackay from the Green Party will be very well known to many people in the carer community. She will undoubtedly be very sorry that she is unable to attend the Parliament today because of unexpected personal circumstances.

I am absolutely delighted that the Parliament has been given the opportunity to acknowledge the positive role that young carers play in their families and in our society. However, it is important that we also take time to reflect on some of the pressures that they face.

This year's young carers action day theme is "geezabreak"—that is my very best Scots, which is not bad for a Highlander. The contributions of young carers in Scotland are absolutely vital and are deeply appreciated, so it is really important that they receive the support that they need to take a break from their caring role, and it is equally important that they feel supported to pursue their educational and work aspirations.

Like many members in the chamber, I have been honoured to hear at first hand from young carers, this morning and at last year's Scottish young carers festival, just how important rest and respite are for them—not only for their wellbeing, but to enable them to be children, first and foremost.

In a similar debate marking last year's young carers action day, I welcomed the launch of Carers Trust's young carers covenant. At that time, I committed to engaging with my ministerial colleagues about the possibility of the Scottish Government signing up to it. Over the past year, consideration has been given to making that commitment in order to understand what it would mean for the wide range of policies across Government that are relevant to young carers. I am absolutely delighted to confirm today that the Scottish Government will be formally committing to the young carers covenant and the 10 outcomes that are contained within it. Doing that will make us the first Government in the UK to do so, and we hope that it will serve as an example to other organisations to do the same.

The outcomes within the covenant align with our policies and actions, including those in our national carers strategy. Work is already under way in many areas, including those that are linked to this year's young carers action day's theme and to the motion. Those outcomes are that young carers have time for themselves, are able to thrive in education and can access and succeed in employment or training opportunities.

I am grateful for this opportunity to mention some of the work that we are undertaking to achieve those outcomes and to support young carers. The Scottish Government recognises the demand on young carers and is working to support their access to breaks, hobbies and opportunities for time for themselves. I have been very grateful for the cross-party support for our proposed legislation to establish a right to breaks for carers in what is now the Care Reform (Scotland) Bill. I will not split hairs with my colleague Brian Whittle, but primary legislation is absolutely necessary to give carers that right, rather than just to fund their breaks.

Ahead of that legislation, we are increasing the voluntary sector short breaks funding in 2025-26 by a further £5 million, to a total of £13 million. That is expected to support up to 15,000 additional people, including young carers, in taking short breaks away from their caring responsibilities. As part of that, we are increasing funding for the Young Scot young carers package to £400,000 in 2025-26. That means that the package can provide more opportunities for more young carers

to access some form of respite and to enjoy time with family and friends. I absolutely echo my colleague Colin Beattie's point: we need more young people to be aware of that package, and if the uptake was 100 per cent, that would be great.

Alongside those measures, we continue to fund the annual Scottish young carers festival. It is an amazing and important event to help young carers to have a break, to pursue new opportunities and to have fun.

All those initiatives are highlighted in our national carers strategy. Now into its third year of implementation, the strategy sets out our approach to addressing issues facing carers, and our long-term vision for building a sustainable future for young carers. We recognise in the strategy that young carers' education and their future prospects are incredibly important. That is why we fully fund an education officer at Carers Trust Scotland and will continue to work with education colleagues to ensure that young carers are seen and supported in school.

Through that collaborative work, the Scottish Government, Carers Trust Scotland and Education Scotland produce an e-learning module for all education staff to help them to better understand how they can identify and support young carers. The module is fully accredited by Education Scotland. I would be more than happy to write to the member with more details of what we are doing to support the outcome of that collaboration.

It would be remiss of me not to mention school nurses, because they play a vital role in the health and wellbeing of school-age children and families in our communities. We have completely transformed their role over the past few years to address health needs in school-age children at an early stage. Their work centres around 10 priority areas, one of which is young carers.

We have been working with Skills Development Scotland and employers on projects such as carer positive to ensure that, when young carers are ready to join the world of work, there continues to be flexibility and support for them.

All the work that I have just mentioned has been guided by young carers telling us what they need. That is why it is so important that they are here in the Parliament today, making sure that their voices are heard. We will continue to listen to young carers in shaping our work.

On the issue of data, the carer population surveys, including for young carers, are published annually, based on the Scottish health survey. Those data are based on about four years of survey results—I am sorry: they are based on four years of results, not "about four years", so I had better be accurate when we are talking about data—to improve accuracy. The results rely on people recognising themselves as carers, which is amplified for young carers, because the surveys are completed by adults. We are including questions on caring in the schools health and wellbeing census, and we are working to raise awareness among teachers of the importance of noting whether a student is a young carer in the SEEMiS Group's survey.

One of the big contributors to the underestimate in the data is the fact that many of our young people do not identify as carers. As was quoted by Martin Whitfield, they say that

"it's just what we do."

I also love that Martin Whitfield mentioned love, as it is very appropriate for today's debate. I am grateful that he highlighted that people care with love.

In closing, I acknowledge members' powerful contributions. Some spoke directly for their constituents and some brought caring to life by reflecting on their own experiences.

Most important is that I acknowledge the huge contribution that is made by young carers right across Scotland. I reiterate the Scottish Government's commitment to doing what we can to make sure that young carers have access to the support that they deserve when they need it.

13:45

Meeting suspended.

14:30

On resuming—

Portfolio Question Time

Social Justice

The Deputy Presiding Officer (Liam McArthur): Good afternoon. The next item of business is portfolio questions on social justice. I remind members who wish to ask a supplementary question to press their request-to-speak buttons during the relevant question.

Temporary Accommodation Standards Framework

1. **Willie Rennie (North East Fife) (LD):** To ask the Scottish Government what its position is on the implementation of its temporary accommodation standards framework, in light of reports that children are living in properties affected by mould, vermin and overcrowding. (S6O-04434)

The Minister for Housing (Paul McLennan): A new temporary accommodation standards framework, which built on the 2019 advisory standards, was published and shared by the Scottish Government in 2023. Local authorities and social landlords are expected to work towards meeting the framework before it becomes legally enforceable. We need to formally consult on the standards before they can be legally enforced. In the meantime, social housing providers have time to make improvements to their temporary accommodation supply, provide the necessary training for staff and ensure that new procedures are in place to meet the framework.

Willie Rennie: There is clearly an issue, because the Shelter report was so stark. Does the minister understand what the baseline is? How many properties and how many local authorities are already meeting the standard? If we do not understand what the baseline is, how will we know whether progress has been made?

Paul McLennan: I am happy to come back to the member on that specific point. We meet local authorities on a regular basis regarding the temporary accommodation framework. As he knows, we have also taken action to try to improve the situation through the funding that we have put towards acquisitions, and we are seeing reductions in voids in most of the areas that are under the most pressure. However, I am happy to come back to the member on that.

Conversion Practices

2. **Mark Ruskell (Mid Scotland and Fife) (Green):** To ask the Scottish Government whether it can provide an update on the work to end conversion practices in light of the resignation of the United Kingdom Minister for International Development and for Women and Equalities and the inevitable delays that that will bring to the joint work that is required under the chosen four-nations approach.

The Deputy Presiding Officer: That is not the question that is in the *Business Bulletin*, Mr Ruskell.

Mark Ruskell: Apologies, Deputy Presiding Officer. That was a previous edit.

To ask the Scottish Government whether it can provide an update on its work to end conversion practices, including whether it anticipates any delay to its joint work with the United Kingdom Government on this as a result of recent ministerial changes. (S6O-04435)

The Cabinet Secretary for Social Justice (Shirley-Anne Somerville): Conversion practices that seek to change or suppress a person's sexual orientation or gender identity are harmful and abusive. Both the Scottish and UK Governments have committed to ending harmful conversion practices, and it is right that we explore complementary approaches. That could bring consistency and demonstrate cross-Government and cross-party leadership, and I hope that it sends a clear statement that conversion practices are unacceptable right across the UK. Engagement is on-going, both with ministers and at official level, while we consider the options, but we continue to prepare legislation for introduction to the Scottish Parliament should that be necessary.

Mark Ruskell: I appreciate the sentiment of that response from the cabinet secretary, but the LGBTQ+ community in Scotland feels really let down and frustrated. We have had no new human rights bill, minimal progress on the non-binary action plan, gender recognition reform being blocked at Westminster and slow progress on the misogyny bill, and it now looks as if the proposed law to end conversion practices has stalled in this Parliament.

That inaction sits against a backdrop of rising prejudice, particularly against trans people, both in our society and in this building. For me, the recent debates have marked an absolute low point in the 25-year history of this Parliament.

I urge the cabinet secretary to listen to the LGBTQ+ community and give people the support that they need to live their lives with dignity and respect. Will she ensure that progress is made to end conversion practices by March 2026?

Shirley-Anne Somerville: I thank Mark Ruskell for lodging his question, because it gives me an opportunity to once again reaffirm the Scottish

Government's firm commitment to ending conversion practices in Scotland. I think that it would be helpful if my colleague Kaukab Stewart writes to him to update him on the work that is being undertaken on the non-binary action plan and so on.

Work on the proposed bill is absolutely continuing. The situation is complex, and we need to ensure that we take into account the right to practise religion and the right to family life. As we balance that delicate approach, I hope that Mark Ruskell is reassured by my personal commitment, and by the Government's full commitment, to ending conversion practices in Scotland.

The Deputy Presiding Officer: Question 3 is from Graham Simpson, who joins us remotely.

Landlords

3. **Graham Simpson (Central Scotland) (Con):** To ask the Scottish Government what its response is to data from the most recent Scottish landlord register, which shows that the number of landlords has decreased by 2,650 in three years. (S6O-04436)

The Minister for Housing (Paul McLennan): The published statistics show that, during the past three years, the number of registered landlords decreased by 1.1 per cent—there are 2,655 fewer registered landlords. However, the statistics also show that the number of registered properties increased by 3.3 per cent during that period, which means that 11,047 more registered properties are available to rent. Although the evidence may point to some landlords choosing to leave the sector, that suggests that their properties are remaining in the sector or that new properties are being offered for rent.

It should be noted that there are some limitations to the administrative data from the landlord register, including the time lag when landlords deregister properties that are no longer available to rent. The statistics should therefore be treated with some caution.

Graham Simpson: I do not know whether the minister is aware of a survey that was done by the Scottish Association of Landlords, in which more than 50 per cent of people who responded said that they plan to cut the size of their portfolios in the next five years, and only 10 per cent said that they are planning any investment in the sector. Part of the reason for that is rent controls. Stage 2 of the Housing (Scotland) Bill is coming up, and the minister knows that I have lodged sensible amendments on exemptions to rent controls. Is he prepared to commit to having sensible exemptions, either in the bill or in regulations?

Paul McLennan: I thank the member for his question. Scotland needs a thriving private rented sector, by which I mean a sector that offers good-quality affordable housing options and the value that investment in rented property delivers. As he knows, we have had discussions about the consultation that is coming up on exemptions, and I am happy to continue to have those discussions. I have also met the Scottish Association of Landlords about that.

We will continue to have discussions with the member as we develop the bill.

Housing Emergency

4. **Foysol Choudhury (Lothian) (Lab):** To ask the Scottish Government what progress it has made in tackling the housing emergency. (S6O-04437)

The Minister for Housing (Paul McLennan): We are delivering a range of actions in response to the housing emergency. To support rapid action, we have targeted an additional £40 million at the local authorities that face the most sustained homelessness pressures. We have also announced an additional £1 million from this year's budget to go directly towards sustaining tenancies.

In 2025-26, we will deliver an increased affordable housing supply programme budget of £768 million, along with £4 million in homelessness prevention funding and additional funding to bring more privately owned empty homes back into use.

Foysol Choudhury: Recent statistics show the scale of Scotland's housing emergency under the Scottish National Party. There are 250,000 people waiting for social housing, more children are trapped in temporary accommodation in Edinburgh than in all of Wales and housing starts have started to slow down. With those figures in mind, what are the Scottish Government's specific outcomes or benchmarks when it comes to ending the housing emergency?

Paul McLennan: I will highlight some of the actions that we have been taking since the housing emergency was declared. Twelve local authorities are reducing homelessness and 20 local authorities are reducing homelessness in relation to children. There has also been a 55 per cent reduction in the number of void properties in Edinburgh, which is the member's local authority, a 23 per cent reduction in South Lanarkshire, a 25 per cent reduction in West Lothian, and a 20 per cent reduction in Fife. As I mentioned, there is also a £768 million budget.

This is about a partnership approach, too, and one of the key issues is the local housing allowance, which was referred to in a publication by Crisis. I will be looking for the member's support for increasing the local housing allowance as part of tackling the housing emergency.

Pensioner Poverty Strategy

5. **Colin Smyth (South Scotland) (Lab):** To ask the Scottish Government what its response is to calls from Independent Age for a pensioner poverty strategy for Scotland. (S6O-04438)

The Cabinet Secretary for Social Justice (Shirley-Anne Somerville): The Scottish Government's "A Fairer Scotland for Older People: A Framework for Action" contains a dedicated strand focused on activity that we are undertaking to ensure that people are financially secure and supported as they age. Independent Age is a valued member of the older people's strategic action forum. We engage regularly with the group on actions that we take to support the needs of older people in Scotland.

In addition, we provide funding of £2.2 million, through the equality and human rights fund, to older people's organisations and age equality projects. That funding is delivering a range of initiatives that tackle poverty among older people.

Colin Smyth: Despite the framework that the cabinet secretary referred to, one in six pensioners in Scotland are living in poverty, and that number is on the increase. It is little wonder that polling by Independent Age shows that more than 90 per cent of older people back calls for a long-term strategy from the Scottish Government to reduce that poverty.

Will the cabinet secretary give a clear commitment that, when the Government sets out the refreshed "A Fairer Scotland for Older People" framework, it will contain new, comprehensive measures across all Government departments that will increase older people's incomes and cut their costs? Will it contain a clear commitment to reducing the level of pensioner poverty?

Shirley-Anne Somerville: Colin Smyth raises an important point, which is that this involves work right across Government and not just in social justice. I gently say to him that it also involves work right across all Governments. What does not help pensioner poverty is the United Kingdom Government refusing to compensate WASPI women—women against state pension inequality—or taking away winter fuel payments.

Nonetheless, despite those strong headwinds from the UK Government, we are keen to do what we can, within our mainly fixed budget, to support older people. We absolutely appreciate that there is a cost of living crisis for many older people. That is exactly why the Government is committed to free bus travel for everyone aged 60 and over. It is why we have investment in income maximisation support, why we are helping with energy efficiency and heating, and why we are looking at crisis interventions. We will continue that work—it is exceptionally important that we do that.

Another part of the work is around the social tariff, which will help many older people. I hope that the UK Government will take up the recommendations that will come from the working group in due course.

Kenneth Gibson (Cunninghame North) (SNP): It is astonishing that Labour has the brass neck to talk about rising pensioner poverty after taking away up to £300 a year in winter fuel payments; failing to deliver £300 cuts to household energy bills and presiding over another nearly £300 rise in those bills; and after its betrayal of WASPI women, who are seeking pension justice. Does the cabinet secretary agree that, if Labour is serious about tackling pensioner poverty, it must reverse its cuts to winter fuel payments and honour its manifesto commitments to pensioners?

Shirley-Anne Somerville: Mr Gibson raises an important point. Even though the Scottish Government has stepped in and will reinstate a universal winter fuel payment for pensioner households in Scotland, it would still be advantageous if the UK Government did so in the rest of the UK, because that would allow block grant adjustments. We are mitigating many UK measures, and this is a new one.

Mr Gibson is also right to point out the further increase in fuel bills. He points correctly to the fact that it takes all Governments to work to alleviate pensioner poverty. The Scottish Government will do what it can. It will mitigate where it can, but we need the UK Government to do similar things.

Housing to 2040 (Kilmarnock and Irvine Valley)

6. **Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** To ask the Scottish Government how the housing to 2040 strategy will aim to benefit Kilmarnock and Irvine Valley. (S6O-04439)

The Minister for Housing (Paul McLennan): Housing to 2040 is our long-term strategy to ensure that everyone in Scotland has a safe, good-quality and affordable home by 2040. We are also deploying a number of priority actions to respond to the housing emergency. Since April 2016, we have supported the delivery of 920 affordable homes in East Ayrshire, the majority of which are for social rent. In 2024-25, we also made available £9.852 million to support the delivery of affordable housing across East Ayrshire.

The Scottish Government is reviewing East Ayrshire's recent strategic housing investment plan, which outlines its priorities for new housing investment.

Willie Coffey: The minister will be well aware of East Ayrshire Council's good performance on housing during this parliamentary session, which has seen 353 affordable homes being built, 169 of

them by the council. Just this week, the Scottish National Party administration there opened 48 such homes in Kilmarnock. Many of those houses are already net zero compliant and are adapted and accessible to fully meet local people's needs.

Will the minister join me in congratulating East Ayrshire on its impressive record? Is he confident that the investment to be delivered by the Scottish Government through the recent budget will further enhance the housing programme for local people in the period that lies ahead?

Paul McLennan: I am aware of the social rented housing project in Kilmarnock that Mr Coffey mentioned, which I am delighted to hear has recently been completed. It meets a range of housing needs, and the council is working to deliver much-needed homes in that constituency. The member mentioned the increased budget as part of our investment of £768 million. Local staff will work closely with the local authority on that, and I am confident that we will see other such houses being completed in the near future.

Brian Whittle (South Scotland) (Con): Scotland's 2032 affordable housing target is at very real risk of being missed. It is clear that we need to do more to consistently increase the number of new homes being built. In East Ayrshire, the number of new builds started last year was fewer than half as many as were started in the year ending September 2023. Does the minister accept that we need to facilitate the building of more homes? Does he also recognise the importance of working with schools, colleges and universities to ensure that the construction sector has the workforce that it needs in that process?

Paul McLennan: Mr Whittle makes a good point. Skills interaction is very important. There is no doubt that there was an impact when Brexit occurred, because we lost many construction staff across Scotland. I know that work is already happening with schools and colleges in that sector. I am delighted that we will be working with skills agencies to ensure that we grow construction skills and encourage growth across the whole sector.

Affordable Housing (Glasgow)

7. **Paul Sweeney (Glasgow) (Lab):** To ask the Scottish Government what discussions the housing secretary has had with ministerial colleagues regarding what work can be done to repurpose empty commercial and other proprieties for affordable housing in Glasgow. (S6O-04440)

The Minister for Housing (Paul McLennan): In 2025-26, we will invest £2 million to bring more privately owned empty homes in Glasgow back into use. The city has a very good record in that area. The affordable housing supply programme supports the conversion of non-residential property where such projects are considered a strategic priority. Glasgow City Council has supported several conversions of non-residential properties in the city through the programme. To date, those have mostly involved short-term conversions. Only last week, I met the Minister for Employment and Investment to discuss how we can collectively explore the conversion of empty commercial properties as part of our regeneration efforts.

Paul Sweeney: Progress has certainly been good, but so much more could be done. Some recent changes might militate against effective reuse of listed buildings, such as those on empty property relief, administration of which was devolved to Glasgow City Council a couple of years ago. A charge is now being made, without any exemption, on vacant listed buildings. Because that process has been handled in a blanket way it is gumming up the market and preventing restoring purchasers from taking on listed buildings.

I also highlight the opportunity that Lar Housing Trust has identified through its project to restore the Inn on the Green, which is a grade B listed property in Bridgeton. The trust says that it could have the building ready in time for the Commonwealth games next summer, so that it could house 150 athletes before it is first let on the market. It has just been told that the Scottish Government has knocked back its application for further funding. Perhaps the minister could consider that opportunity to be a demonstrator of sustainable reuse of Glasgow's buildings, as part of the Commonwealth games project.

Paul McLennan: I am aware of the importance that Glasgow City Council places on commercial properties coming back into use. We have regular discussions on that. I will be happy to consider the member's point on Lar Housing Trust and come back to him on it.

Clare Haughey (Rutherglen) (SNP): Will the minister advise Parliament of the continued importance of the Scottish empty homes partnership in ensuring that unoccupied and void properties are brought back into use in the greater Glasgow area and across Scotland?

Paul McLennan: The success of the Scottish empty homes partnership, which works closely with private home owners, local authorities and third sector partners, was recognised by a 2023 independent audit as delivering value for money, and it has cross-party support. Since 2010, more than 11,000 empty homes have been returned to use, including many across the greater Glasgow area. In 2025-26, we will invest a further £2 million through the partnership to support local authorities

in accelerating the pace of that work. Through our working together with private owners and communities, homes are being reoccupied in the places where they are needed most.

Cladding Remediation

8. **Sandesh Gulhane (Glasgow) (Con):** To ask the Scottish Government whether it will provide an update on the progress with the cladding remediation programme. (S6O-04441)

The Minister for Housing (Paul McLennan): On 6 January, I outlined, in my statement in response to a written question, the Government's strategic priorities for action on cladding this year. Those include: continuing with our current programme of work; increasing the pace and breadth of action on cladding; and developing a national endeavour to collectively address the risks associated with it. We have committed to publishing a plan of action for cladding remediation to set out how and when we will deliver on those priorities. I will make a further statement in Parliament on 25 March, when I will introduce the plan.

Sandesh Gulhane: Nine months ago, I met the minister's officials on behalf of my constituents who have faced numerous challenges and delays in the cladding remuneration process. Progress has been painfully slow. The building owners are in debt, their insurance costs are sky high and they cannot sell their properties, but they live in a Grenfell tower-equivalent building, and they are not alone. None of those buildings in Scotland has had works completed and signed off, and that is not including the thousands of people who were not identified in the pilot.

Almost eight years on from the Grenfell tragedy, with almost £100 million to spend, what reassurance can the minister, who is solely responsible, give us that he is demanding that progress is made as quickly as possible? Will he set out a firm timetable in the statement that he alluded to?

Paul McLennan: We have taken action during that period. The Housing (Cladding Remediation) (Scotland) Act 2024 was passed, which gave us powers to enforce action against developers. It also gave us the ability to act when there was not an agreement between all residents. One of the key points of the act was the single building assessment. We had extensive engagement with developers to make sure that we had agreement on that point.

As I mentioned, I will deliver a statement on 25 March to introduce the plan, and I refer to my points about increasing the breadth and pace of action on the issue. I am happy to engage with Mr Gulhane once I have made the statement.

Willie Rennie (North East Fife) (LD): I have received this letter from a resident in Edinburgh. It is from the Scottish Government, and it says:

> "due to issues encountered during the procurement process, the completion and drafting of the refreshed SBA has encountered a delay, as the supplier selected has not been able to deliver as set out in our initial programme. Unfortunately this means that we require further advice to address the issues encountered and to progress with the SBA process."

Will the minister set out how many properties are affected by that delay and when the issues will be resolved?

Paul McLennan: I am happy to engage with Mr Rennie on that point. He did not mention the building or the resident, but I am happy to engage with Mr Rennie and the resident on the issue.

The Deputy Presiding Officer: That concludes portfolio questions. Before we move to the next item, there will be a brief pause to allow front benches to change.

Scottish Hospitals Inquiry (Interim Report)

The Deputy Presiding Officer (Liam McArthur): The next item of business is a statement by Neil Gray on the Scottish hospitals inquiry's report on the Royal hospital for children and young people and the department of clinical neurosciences in Edinburgh. As the cabinet secretary will take questions at the end of his statement, there should be no interruptions or interventions.

14:53

The Cabinet Secretary for Health and Social Care (Neil Gray): I am pleased to receive, and I welcome, the interim report from the Scottish hospitals inquiry on the Royal hospital for children and young people and the department of clinical neurosciences, both in Edinburgh.

The inquiry's overarching aim is to consider the planning, design, construction, commissioning and, where appropriate, maintenance of the Queen Elizabeth university hospital campus in Glasgow and the Royal hospital for children and young people and the department of clinical neurosciences in Edinburgh.

I extend my thanks to Lord Brodie and his team for their hard work and dedication in producing the interim report, and I am grateful for the progress that the inquiry has made thus far. I am also deeply grateful to the many witnesses, especially parents, patients and their families, who have fully committed to the inquiry process and have provided the necessary evidence, reflecting their own experiences and that of their children. It has allowed the inquiry to produce the findings contained in the report and the 11 specific recommendations. I also extend my thanks to the staff at the Royal hospital for children and young people and the department of clinical neurosciences in Edinburgh for their continued hard work and dedication.

On 4 July 2019, the then Cabinet Secretary for Health and Sport announced that the opening of the new Royal hospital for children and young people and the department of clinical neurosciences in Edinburgh would be postponed due to serious concerns about patient safety and wellbeing. A public inquiry was announced on 17 September 2019, with Lord Brodie appointed as chair soon thereafter, and the inquiry's setting-up date was 3 August 2020.

The inquiry's purpose is to determine how vital issues relating to the built environment of the hospitals, such as water supply, drainage, ventilation and other key building systems, gave rise to concerns about patient safety and welfare; how they occurred; and what steps were taken and can be taken to prevent them from being repeated in future projects. The Scottish hospitals inquiry chaired by Lord Brodie is, rightly, independent of the Scottish Government.

As we consider the interim report, the work of the inquiry continues so that parents, patients and families, and all those affected, have the answers that they deserve, and so that when lessons are identified, we take steps to implement the necessary improvements to ensure that we maintain the highest standards of patient safety throughout.

All of us, whether for ourselves or through our families and friends, will have interactions with the national health service in Scotland, and there is nothing more important to me than ensuring that Scotland's NHS is safe and effective and that all patients receive the high standard of care that we would all expect in fit-for-purpose buildings.

Turning to the interim report findings, I note that the remit of the Scottish hospitals inquiry requires it to determine

"how issues relating to adequacy of ventilation, water contamination and other matters adversely impacting on patient safety and care occurred; if these issues could have been prevented; the impacts of these issues on patients and their families; and whether the buildings provide a suitable environment for the delivery of safe, effective person-centred care."

The remit further requires the inquiry

"to make recommendations to ensure that any past mistakes are not repeated in future NHS infrastructure projects."

Without a doubt, patient safety is of the utmost importance, and the findings in the interim report will significantly contribute towards ensuring that lessons can be learned.

The evidence before the inquiry and the interim report make it clear that safety is not a binary issue. There is a sliding scale of risk from safe to unsafe, which can be influenced by many factors that the Scottish Government and senior health board leaders must consider. Although it is right for the Scottish Government to take the time to reflect on the report's findings and recommendations before responding more fully, I want to take the opportunity today to talk briefly about some of those findings.

A full response from the Scottish Government to the interim report will be provided in the coming months, but the report confirms that the decision taken by the then cabinet secretary to postpone the opening of the hospital was the right one. That decision understood the risks associated with the introduction of patients into a facility that had not met the required safety standards. Only through

that direct intervention by the then cabinet secretary were we able to act and deliver the necessary changes to the built environment.

The issue that led to the decision to delay related principally to the design of the ventilation system of the paediatric critical care department of the new hospital. The significant remedial works that were carried out to the ventilation system to remedy the non-compliance involved extensive work to replace the system in the relevant areas. The results of independent testing and the expert evidence heard by the inquiry indicate that the remedial works have been successful.

The inquiry has stated that the environment of the Royal hospital for children and young people and department of clinical neurosciences in Edinburgh is

"suitable ... for the delivery of safe, effective person-centred care",

and that it has been since the facilities opened in March 2021. No evidence is available to the inquiry that indicates any contrary position, and I am confident that that will provide assurance to patients, parents and families who are accessing the hospital's vital services.

However, it is clear from the inquiry report that communications fell below the standard that we would expect. The interim report talks in detail about some of the difficulties faced by parents, patients and families. The impact of unclear or poor communication on the wellbeing of parents, patients and their families during a very difficult, emotional and uncertain period in their lives is not to be underestimated, and the interim report sets out that

"Health boards must ensure that in the event of any adverse situation that could affect the wellbeing of patients and their families, there is a communication strategy in place to liaise with this crucially important group."

It also says:

"The Scottish Government should ensure that this liaison is supported in any overarching communication strategy it may wish to introduce."

To those who rely on the hospital, and those who should have been able to rely on information about what was happening, I make the commitment that the Scottish Government will improve, and I will work with the health boards to ensure that we all learn lessons that put parents, patients and families at the heart of the decisions that are taken and their impacts.

The report also raises concerns about a number of instances where a governance process or aspects of operational management were ineffectively implemented. I expect health board managers to address those concerns appropriately, with support from relevant national health service bodies, such as NHS Scotland assure, to ensure that their governance processes are robust, open, transparent and fit for purpose.

We continue to make improvements to policy and practices, alongside our NHS partners, including the establishment of NHS Scotland assure to provide a co-ordinated approach to the improvement of risk management in new buildings and infrastructure projects across the Scottish NHS. NHS Scotland assure provides assurance that the healthcare built environment is safe and fit for purpose, and it has improved support to health boards on technical matters. Its work also includes a programme of learning intended to enable health boards to assist NHS Scotland assure in better supporting those boards that are about to go through the same process.

NHS National Services Scotland is also in the early stages of developing and improving the existing standard contract for major capital projects, which will have clearer roles and responsibilities for those involved in the process to support governance, assurance and risk management.

We have introduced a national infrastructure board to provide strategic leadership and expertise in driving forward a national strategy for infrastructure change. The board will ensure that infrastructure continues to support health and care service needs, will seek opportunities for doing better and will provide national oversight of the continued safe and effective operation of the retained estate.

NHS National Services Scotland has also updated the Scottish health technical memorandum guidance on ventilation to include the role of design supervision given to the ventilation safety group. That multidisciplinary group, which includes authorising engineers, expert technical consultants and clinicians, is responsible for overseeing the management of the ventilation systems of a healthcare provider and is expected to assess all aspects of ventilation safety and resilience that are required for the safe development and on-going operation of healthcare premises.

Improvements have been made, but I recognise that Lord Brodie and the inquiry team have rightly drawn attention to areas that require further focus and improvement. The Scottish Government is committed to working with the health boards and other NHS bodies to consider and address each of the 11 recommendations made in the interim report.

I stress that the interim report does not represent the conclusion of the inquiry's work, and that its investigations into the Queen Elizabeth university hospital and the Royal hospital for

children in Glasgow continue. We recognise the progress that has been made by the inquiry in relation to this report, and that further hearings are planned to run throughout 2025.

We must continue to fully scrutinise what has happened in the past in order to maintain public confidence in our healthcare provision and to ensure that vital learning is applied, so that we can prevent similar circumstances from occurring again.

I will continue to update the Parliament as the work progresses.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues arising in his statement. I intend to allow around 20 minutes for questions, after which we will need to move to the next item of business. Members who wish to ask a question should press their request-to-speak button.

Sandesh Gulhane (Glasgow) (Con): I declare an interest, as a practising general practitioner.

The hospitals were given the go-ahead in 2012 and were initially scheduled to open in 2019. However, catastrophic ventilation system failures were found, and the hospitals eventually opened some two years later than planned, which caused more than 2,000 appointments to be disrupted. The inquiry's findings are deeply concerning. From catastrophic ventilation design flaws to a complete failure of communication with patients and families, this is a stark example of utter incompetence.

The Scottish National Party Government has form when it comes to secrecy, brushing problems under the carpet and poor financial oversight. I say to the cabinet secretary that the hospital is a children's hospital for the children of Scotland. Patients suffered and families had to watch their children suffering and, as always, not one manager or board member was sacked or held accountable. Senior NHS staff members have sauntered off into the sunset with their fat-cat pensions.

Given the serious failings that were highlighted in the inquiry, including ventilation design flaws and communication breakdowns, will the Scottish Government take full responsibility for the mismanagement of the project, and can the cabinet secretary say what specific actions will be taken to hold accountable those who are responsible?

Neil Gray: It is critically important that we have processes that are transparent, and that we learn lessons where issues have arisen, as Sandesh Gulhane has set out. That is why I am responding today to the interim report of a public inquiry that was established under this Government to see what lessons needed to be learned from the issues that he has raised.

There are areas where we can already see improvement. The implementation of NHS Scotland assure in all stages of our health infrastructure capital project will ensure that we are able to learn lessons from what happened previously.

Of course, it is an interim report, so there will be further work to be considered. We will respond in due course to the inquiry on its interim findings and, of course, we will seek to implement them and make sure that improvements happen in commissioning of our health infrastructure.

Jackie Baillie (Dumbarton) (Lab): I thank the cabinet secretary for his statement and Lord Brodie for the interim report.

However, the cabinet secretary will recognise that this is just one half of the story. In the case of the Edinburgh sick kids hospital, unfortunate though the delay and the uncertainty were for families, thankfully no child lost their life. I believe that Jeane Freeman was right to put patient safety first.

In contrast, the Queen Elizabeth university hospital—Nicola Sturgeon's flagship hospital—was rushed through when it clearly was not safe, and children died as a consequence.

We await the findings of Lord Brodie's final report, but what lessons have been learned to avoid taking such a reckless approach again, as appears to have happened with the Queen Elizabeth university hospital?

Neil Gray: I appreciate Jackie Baillie's comments on the issues around the hospitals in Edinburgh and Jeane Freeman's decision. I agree with her that Jeane Freeman took the right decision, which is borne out in the interim report's findings.

I caution Jackie Baillie about arriving at conclusions on the Glasgow side of the inquiry. That inquiry is on-going and much evidence is still to be led in it. I certainly cannot prejudge, or seek to cut across in any way, the work of a public inquiry.

On Jackie Baillie's question about lessons being learned, I have already mentioned, in my statement and in my response to Sandesh Gulhane, the implementation of NHS Scotland assure. That service is about ensuring that, at every stage of the commissioning of a health infrastructure programme, we have assurance on the safety and practicality of health projects. I believe that that is giving us much greater assurance of the safety that Jackie Baillie is looking for.

Clare Haughey (Rutherglen) (SNP): I welcome the Scottish Government's commitment to learning lessons. Although I appreciate that time will be required to fully consider the recommendations, can the cabinet secretary advise how he will look to improve communication in the future?

I remind members of my entry in the register of members' interests: I hold a bank nurse contract with NHS Greater Glasgow and Clyde.

Neil Gray: I thank Clare Haughey for her question. Obviously, it is critically important to me, as it is to the public, that NHS boards acknowledge not only that their services exist to treat patients, but that patients and their families should always be given clear information about those services and their care. Where boards fail in that duty, we need to ensure that that is rectified.

We regularly meet our NHS boards' communications teams to provide leadership, to collaborate and to agree common approaches to communicating information among NHS health boards and across NHS Scotland.

We will continue to listen carefully to patients and families who are involved in the inquiry, and to others further afield. I will work with the health boards to ensure that we all learn lessons and put them at the heart of the decisions that are taken on patients and their families.

Miles Briggs (Lothian) (Con): I remember the period well, because I served as shadow health secretary. I agree with Jackie Baillie about the actions that Jeane Freeman took and with the establishment of NHS Scotland assure, which we, on the Conservative benches, called for.

I pay tribute to the whistleblowers who have raised many of the concerns. I also record my concern about some of the evidence that has been taken in private during the public inquiry. Patient safety must be paramount.

How will the communication strategy that the cabinet secretary referred to provide the independence that is required for transparency? Too often, health boards go into lockdown when there is a problem. We need to ensure that, when concerns are raised, they are taken to the top—to the cabinet secretary's desk. What work will be taken forward to make the process truly independent?

Neil Gray: There are a number of issues in Miles Briggs's question, for which I am grateful, and I am grateful to him for his recognition of the role that whistleblowers play.

I have been absolutely clear—as, I believe, my predecessors were—on the culture that I expect within the health service around supporting people who come forward with concerns before the matter gets to the point of whistleblower status. There are very clear processes and protocols in place to support whistleblowers who come forward with their concerns, and I have a very clear expectation of how those are handled, both regarding the seriousness that is applied in ensuring that systems are safe, and regarding transparency in the public communications that Mr Briggs mentioned. As I have set out, we are working with our boards to ensure that that can be realised.

Rona Mackay (Strathkelvin and Bearsden) (SNP): Page iv of the report clearly sets out that it is "an interim report" that does not represent the conclusion of the inquiry, the investigations of which into the Queen Elizabeth university hospital will continue. Does the cabinet secretary agree that the on-going work of the inquiry is of the utmost importance, so that families and patients can get the answers that they deserve?

Neil Gray: Yes, I absolutely agree with Rona Mackay. Inquiries are set up by ministers to examine matters of public concern about a particular event or set of events. They operate independently of Scottish ministers, and they have a crucial role in scrutinising the past to inform lessons for the future. While the Scottish Government considers the interim report, the work of the inquiry continues, so that patients, families and all those who have been affected will have the answers that they deserve. We need to respect that process.

I am incredibly grateful to all the participants, for the work of Lord Brodie and the inquiry team and for the time, effort and energy that have gone into the inquiry from so many dedicated people. The findings in the interim report will contribute significantly to ensuring that lessons can be learned, so that we can take steps to implement the necessary improvements to maintain the highest standards of patient safety across the health service.

Sarah Boyack (Lothian) (Lab): What lessons will be learned from the experience at the sick kids hospital? The cabinet secretary said that the impact of unclear or poor communication on the wellbeing of parents, patients and their families during a difficult, emotional and uncertain period in their lives is not to be underestimated. I am thinking, in particular, about the design of the new eye pavilion in Lothian. It has been approved, but the existing eye pavilion is shut and it will be years before it is replaced.

What lessons will need to be learned on patient support and communications, and then on the design of the new hospital, so that it is built on time and is safe for patients, staff and families from the day that it is ready?

Neil Gray: That is critical. The experience of the necessary closure of the eye pavilion is an

example of where there has been better communication, both through the Government and through the health board, to patients and to MSPs. I was involved in the site visit to the eye pavilion with Sarah Boyack and others so that there was transparency as to the necessity of that decision having to be taken.

It is not just me saying that we should not underestimate the impact that poor communication can have on patients and their families; that is what the interim inquiry report says. We must take that seriously. Where there are improvements to be made, we will continue to look at them, including by learning lessons from live cases such as the one that Sarah Boyack raises.

Emma Harper (South Scotland) (SNP): It is welcome that the Scottish Government acted quickly and established NHS Scotland assure to improve how we manage risk in the healthcare built environment across Scotland. Can the cabinet secretary expand on how NHS Scotland assure works with boards to provide a co-ordinated approach to risk management across the NHS estate, as set out in his statement?

Neil Gray: NHS Scotland assure plays a critical role in ensuring the safety and effectiveness of new built-environment facilities in Scotland. The principal way in which that is achieved is through a key-stage assurance review—KSAR—which occurs at every stage in the capital investment process, from business case development all the way through to the construction and commissioning of the new building. I therefore believe that lessons have been learned around the design process that was of concern in the case of the Edinburgh hospitals.

By focusing on crucial areas such as infection prevention and control, water safety, ventilation, electrical systems and medical gases, the KSAR process provides independent assurance that healthcare building projects are being delivered in line with relevant standards and that they minimise risk to patients, families, staff and visitors.

Lorna Slater (Lothian) (Green): What mechanisms are in place to track and report on the implementation of the inquiry's recommendations and any further recommendations that it may bring as the inquiry progresses? How will patients and the public be kept informed of the progress of that implementation?

Neil Gray: We will respond formally to the inquiry's 11 recommendations in due course. In that response, we will set out some of the progress that will already have been made against some of the recommendations—some of that will be wrapped up in the work of NHS Scotland assure. As Lorna Slater asked for, we will be able to track progress against the recommendations and anything else that comes in from the remainder of the inquiry in relation to the sites in Edinburgh and in Glasgow.

Alex Cole-Hamilton (Edinburgh Western) (LD): Lord Brodie's interim report provides us with an important opportunity to reflect on the lessons learned. I am pleased that we now have a clearer understanding of what happened at the Royal hospital for children and young people. At the time, many of my constituents were deeply concerned by the delays and confusion relating to the opening of that new facility in Edinburgh. For those who were affected, all that was unnecessary and added an extra layer of stress at already difficult times.

As the cabinet secretary will be aware, a number of hospitals will require renewal and replacement in the coming years, including the Belford hospital in Fort William and the Gilbert Bain hospital in Shetland. Looking towards those projects, will the cabinet secretary outline what lessons have been learned from the Scottish hospitals inquiry, so that we do not find ourselves in a similar position further down the line?

Neil Gray: There are two elements to Alex Cole-Hamilton's question. First, he makes the point that the feeling at the time was that the delays were unnecessary. The interim findings demonstrate that the delays were necessary and that it was the right decision to delay the opening of the hospital. The difficulties experienced at that time due to the poor communications may have led to the feeling that the delays were unnecessary, and I recognise Alex Cole-Hamilton's reflections on that.

The second point is about our confidence in new hospitals. Alex Cole-Hamilton named some projects. I have an interest in a hospital project that my constituents will want to have confidence in, which is the new Monklands hospital in my constituency. I believe that the process that we have established through NHS Scotland assure, without waiting for the conclusion of the inquiries, gives me, Parliament and the public greater assurance that lessons have been learned from the Edinburgh and Glasgow situations and that we can ensure that buildings will come forward in a timeous, safe and effective way.

Stuart McMillan (Greenock and Inverclyde) (SNP): In his statement, the cabinet secretary mentioned the national infrastructure board. Will he provide more information on how the board provides national oversight and supports health and care service needs?

Neil Gray: The NHS Scotland national infrastructure board plays a vital role in guiding the strategic development and investment in NHS

Scotland's infrastructure, ensuring that it can effectively support the delivery of healthcare services. A key function of the board is to provide advice and direction on long-term whole-system strategic planning for NHS Scotland's infrastructure. The board considers how best to ensure that current infrastructure remains safe, resilient and fit for purpose. It also looks ahead, 20 to 30 years hence, to anticipate future needs and helps to shape NHS Scotland's future infrastructure investment programme.

Roz McCall (Mid Scotland and Fife) (Con): The cabinet secretary's statement highlighted that the report raises concerns that there were a number of instances in which the governance process or aspects of operational management were ineffectively implemented. We now know that that resulted in 1,586 appointments in paediatrics being affected. It is very worrying that children experienced a reduction in care due to operational management inadequacies. What work has been done to assess the impact of that issue on the children in regard to their treatment at the time and since then?

Neil Gray: Roz McCall makes a fair point. I will need to come back to her on the impact of the delay in opening, which was some time ago now. As I said in response to Alex Cole-Hamilton and in my statement, I believe that the delay was necessary, but it will have had an impact on the children and their families. I recognise that, so I will endeavour to respond more formally to Roz McCall's question.

Ben Macpherson (Edinburgh Northern and Leith) (SNP): The cabinet secretary talked about the significant remedial works that were required and the fact that the inquiry's remit required it to make recommendations to ensure that any past mistakes are not repeated in future NHS infrastructure projects.

The cabinet secretary has spoken about this at some length in response to other members. Is there anything more that he would like to say about how the Scottish Government plans to ensure that lessons are learned, particularly with regard to NHS Lothian and my constituents, and about how it will keep Parliament informed about the inquiry and the implementation of its recommendations?

Neil Gray: I think that I have set out where the process can be improved to avoid such issues arising in the first place. The process involving the infrastructure board and NHS Scotland assure improves that position. We are obviously interacting with boards, including NHS Lothian, to make sure that the recommendations are understood and the lessons about communications and process are learned so that the issues that Ben Macpherson has raised in relation to infrastructure and the impact on his constituents can be properly addressed, and so that we have a better process in future for the people whom he represents.

Health and Social Care Innovation

The Deputy Presiding Officer (Liam McArthur): The next item of business is a debate on motion S6M-16777, in the name of Neil Gray, on the adoption of innovation in health and social care.

15:22

The Cabinet Secretary for Health and Social Care (Neil Gray): In January, at the National Robotarium in Edinburgh, the First Minister set out our priorities for national health service recovery and renewal, which are to reduce the immediate pressures across the NHS; to shift the balance of care from hospital to the community; to take a long-term focus on prevention to tackle the root causes of ill health and disease; and—the subject of this debate—to use innovation, both digital and technological, to improve access to care.

We all know the tremendous pressures on our health and social care services in recent years. Those services face Covid-related backlogs and delayed discharges, and they are working hard to meet the increasing needs and demands of an ageing population.

The NHS requires reform to ensure that we can address changing needs and have a sustainable health service now and into the future. Later this month, the Scottish Government will publish an operational improvement plan, which will detail how we will deliver immediate improvement. That will be followed later in the spring by our population health framework, which will set out a long-term approach to primary prevention. Our medium-term approach to health and social care reform will then be published before the summer recess. Those three key documents will build on the health and social care vision that I set out to the Parliament last June and will demonstrate how we will plan services for our whole population over the short, medium and longer terms.

Adopting innovation will be central to delivery, and that is what this debate will focus on. We know that a scientific revolution is under way that has the power to transform healthcare. It offers genuine cause for optimism about the future. We are seeing rapid advances in the use of precision medicine, robotics and diagnostics and in the application of artificial intelligence to diagnose and treat disease, as well as to keep people healthier for longer.

Scotland's life sciences and technology businesses, our universities and the NHS are driving that scientific revolution. A few weeks ago, Miles Briggs hosted Cancer Research UK at an event in the Parliament's garden lobby. I had the privilege of speaking to a range of incredible cancer innovators who are partnered with phenomenal universities across Scotland. This is the embodiment of the triple helix that we want to thrive for the benefit of our people—industry, academia and the NHS working together. That night, Dr Iain Foulkes, the executive director of research and innovation at Cancer Research UK, described the potential for rivalling the golden triangle with our own platinum triangle in Scotland, such is the level of world-leading research, innovation and human talent that we have.

I saw that for myself on a recent visit to the Edinburgh BioQuarter. With funding from the Multiple Sclerosis Society, it is using robots to screen thousands of possible drug treatments to help researchers to prioritise those with the best chance of success in clinical trials. Such partnerships can also support economic growth through increased investment, business spin-outs and the creation of high-value jobs. When he closes the debate, Richard Lochhead will touch on our cutting-edge companies and the economic benefits in that space.

Brian Whittle (South Scotland) (Con): I agree with the cabinet secretary that we have a fantastic tech and innovation sector in Scotland, but we have always had that. The problem has been about taking that embryo of an idea or that small company and developing it and embedding it in the NHS. Even with the Digital Health and Care Innovation Centre, we have still struggled. How will we make sure that innovation is available to the healthcare service?

Neil Gray: Brian Whittle has neatly pre-empted the paragraphs in my speech about how I want us to foster innovation to de-risk some of the investment decisions that are being taken, and how we can make sure that there is genuine partnership between industry, academia and the health service to ensure that what is being done is commercially viable and most applicable to our health and social care service. We want to get the economic benefit and, most importantly, the benefit for patients. I will speak about that in just a second.

To embed the work of the triple helix, we have established three regional innovation hubs. Together, they represent all 14 territorial NHS boards and provide support to those who want to test and develop new technologies in the NHS. The partnerships are already trialling the use of drones to deliver medications with a short shelf life and the use of artificial intelligence to improve chest X-ray screening, and they are working with CivTech to improve access to treatment for menopause.

However, we can no longer afford to have only islands of excellence in our health service; we must universalise the best service through the national adoption of proven innovations. That is why, in partnership with the NHS, we have established the accelerated national innovation adoption pathway. That brings together expertise from across our national health boards to identify proven innovations, produce robust business cases and, if those innovations are approved, support our territorial health boards to adopt them at pace across Scotland.

The pathway's first programme was the creation of a national onboarding service for closed-loop systems. Closed-loop systems are an incredible asset for people living with type 1 diabetes. They not only improve sugar control and reduce the risk of long-term complications but remove a lot of the burden that people living with type 1 diabetes face on a day-to-day basis. Last year, we committed to supporting all children living with type 1 diabetes to access that technology and to increasing the provision for adults. We are on track to deliver closed-loop systems to more than 2,000 people in this financial year.

That was followed by our £1.8 million investment in the ANIA digital dermatology programme. Too many people in Scotland are waiting for a dermatology out-patient appointment. Launched in December, the pathway enables general practitioners to take photographs of a patient's skin issues and securely attach those images to a dermatology referral. Evidence suggests that that will allow about half of those patients to be returned to their GP, with advice or reassurance, without the need for an in-person appointment with a consultant. Although some people will be fast tracked for testing based on assessment at digital triage, the programme will help to reduce waiting lists and to provide assurance to patients who are worried about their condition. For those with skin cancer, it will also reduce the time before they receive treatment and increase their chances of a positive outcome. The programme is already available to more than 400 general practices across six territorial health boards, and it will be rolled out across Scotland by the spring.

We must maintain momentum. That is why I am announcing today that the Scottish Government will commit a further £6.4 million to support the next two ANIA programmes. We will invest £4.5 million over three years to create a new national digital intensive weight management programme, which will significantly expand our weight management capacity and support 3,000 people who have recently been diagnosed with type 2 diabetes. We expect that more than a third of people will achieve remission at the end of their first year on the programme, with a majority benefiting from a clinically significant average weight loss of 10 per cent.

Reducing the number of people living with type 2 diabetes reduces pressure on the health service and has life-changing implications for those whom we can help to achieve and sustain remission. A diagnosis of type 2 diabetes at 40 lowers life expectancy by about 10 years. The first patients will be recruited on to the programme in January.

Sandesh Gulhane (Glasgow) (Con): I am glad to hear about the work that is being done on diabetes and weight management in particular. What is the cabinet secretary's position on the use of Ozempic for people who are overweight and have a body mass index of 40 or more?

Neil Gray: We are still exploring such matters. As innovations come forward and improvements are made in weight management treatment, we must explore them, but we must do that in a clinically safe way.

We will also be supporting two pharmacogenetic programmes. Pharmacogenetics looks at how an individual's genetic variation affects their response to specific drugs. About 30 per cent of people have a genetic variation that means that they do not respond to a drug that is commonly prescribed to patients who have recently suffered a stroke. The purpose of that drug is to reduce the risk of a secondary stroke, which can often be debilitating. NHS Tayside has developed a pathway to allow such patients to be tested and given the most effective treatment.

Over the next two years, we will invest £1.1 million to extend that innovation across Scotland. Once it has been fully adopted, it will impact about 20,000 patients per year, with an estimated 6,000 being moved to an alternative treatment, which will reduce pressure on our rehabilitation and social care services and the likelihood that those patients will suffer further harm. The programme will begin in October, and it will be rolled out to all territorial boards within 12 months.

We will also use genetic testing to improve care for our youngest citizens. About one in 500 babies are born with a genetic variation that could result in permanent hearing loss if they are treated with a common emergency antibiotic. Over the next two years, we will invest £800,000 to establish a pathway across Scotland that will use a point-of-care test to quickly identify whether critically ill babies have the genetic variation in question.

Once that programme has been fully adopted, more than 3,000 newborn babies a year will be tested, and those who require an alternative antibiotic will be provided with one. That will avoid such babies suffering unnecessary harm and will reduce the pressure on an NHS that will no longer need to provide them with additional care and

support. The programme will begin in October and will be rolled out to all territorial boards within 18 months.

Patient safety is and will remain of paramount importance as we look to adopt new technologies in the NHS. I recently visited NHS Lothian to see its early implementation of the NHS Scotland scan for safety programme, which uses point-of-care scanning to provide rapid electronic traceability for implantable medical devices. Such scanning enables near instantaneous tracing of devices in the event of a safety concern.

If we are to take full advantage of the innovations that are emerging through ANIA and achieve the vision that was set out in the First Minister's speech, we need to take swifter action in moving towards a digital first approach to reform.

We are already seeing the impact of that approach in the NHS. Exactly five years ago this week, we set out to the Parliament our plans to accelerate our Near Me service in support of remote video-based access to appointments. At that time, fewer than 20,000 appointments had been delivered remotely. Now, Near Me is embedded in nearly 2,000 services across more than 100 organisations and has been used for well over 2.5 million appointments.

I previously informed the Parliament of the First Minister's commitment to launch an online app from December this year, starting with a cohort of people in NHS Lanarkshire. That will be the start of a five-year development of a digital front door to Scotland's health and social care services. Health and care data will be presented digitally by connecting to a range of new and existing digital systems in primary, secondary and social care. That information will then be presented to the person who needs it in an accessible, understandable and inclusive way. Over time, the functionality of the app will be extended to include social care and community health. That is crucial to breaking down silos and delivering person-centred care. Full details of our plan to roll that out across the country will be finalised in the summer.

Now is the moment to grasp the transformational potential of scientific and technological innovation to improve our health and social care systems and the crucial services that they deliver for the people of Scotland. I am privileged to have opened this debate, and I welcome the contributions and thoughtfulness to come.

I move,

That the Parliament believes that there are significant health and economic benefits in supporting and adopting innovation in the health and social care service; recognises the urgent and critical need for health and social care recovery and renewal to meet the changing demands on the NHS whilst protecting its founding principles of remaining in the hands of the public and free at the point of need; agrees that reform can and must be accelerated by scientific and technological innovation and that rapid national adoption of research-proven innovations are essential to drive further improvements for patients, and welcomes partnership working between Scotland's world class academic institutions, life sciences and technology businesses, the public sector and the NHS to improve health outcomes and support a thriving economy.

15:35

Sandesh Gulhane (Glasgow) (Con): I remind members of my entry in the register of members' interests: I am a practising NHS GP, which means that, every week, I see at first hand the consequences of the SNP's failure to innovate in health and social care. I see patients left waiting, doctors stretched to breaking point, nurses and care staff battling with outdated systems and a healthcare system that is crying out for the very innovation that this Government claims to champion.

The Government talks about digital transformation, telehealth, artificial intelligence and electronic records, but, after 18 years of SNP rule, what do we actually have? We have a healthcare system that is running on outdated information technology, a Government that still cannot properly integrate patient records and an NHS Scotland app that was promised three years ago but that does not have even a supplier, let alone a launch date. Down south, 33 million people already use an app to book GP appointments, order prescriptions and track their health while, in Scotland, we are still waiting, still hoping and still being failed by an SNP Government that cannot bear to find solutions or to collaborate with the rest of the United Kingdom.

Instead, we are fed grand SNP announcements. For example, the now-abandoned national care service was supposed to be a flagship policy and a game changer in social care, but, after years of hype, what happened? It collapsed. The SNP promised transformation and delivered total failure. The only true innovation is to overpromise, underdeliver and then abandon ship when the mess gets too big to clean up, blaming someone else.

What about digital health? The SNP's so-called digital health and care strategy was launched in 2018, but now, six years later, what do we have? We have chaos, a slow and inconsistent roll-out, health boards struggling, doctors and nurses trying to work with outdated systems that do not communicate with each other and patients waiting longer and longer because the SNP cannot deliver even the basics of modern healthcare. This Government has had 18 years to get its act together on digital health but instead has created a

system in which even getting a GP appointment is a battle.

While patients are struggling, doctors and nurses are at breaking point. A recent British Medical Association survey found that 84 per cent of doctors believe that there are not enough staff to meet rising demand and that 86 per cent do not believe that the Government is committed to sustainable funding. It is no wonder—the SNP has overseen staff shortages, budget pressures and a growing funding crisis that has left NHS Scotland struggling to cope.

While the SNP fails to invest in real innovation, life-changing technologies are being left behind. Scotland was the first country to introduce AI in diabetes screening, back in 2011, but, in the past four years, AI adoption in our NHS has completely stagnated. Experts such as J D Blackwood from NHS Forth Valley have pleaded for stronger national leadership on AI, but what do we have instead? We have a health secretary who, until recently, was more interested in defending the chaos in his party leadership than in fixing our health service.

What about the SNP's so-called digital front door, which the cabinet secretary spoke about? That was first promised in 2022 but has still not been delivered. The front door is still waiting for its hinges and for someone to hang it, although I am sure that the SNP would be able to find a way to cut the bottom of the door off.

Emma Harper (South Scotland) (SNP): Sandesh Gulhane mentioned James Blackwood and AI. I understand that he came here to give a presentation at a briefing organised by the Scottish Parliament information centre and is now engaging with NHS Dumfries and Galloway to look at rolling out some of the techniques and sharing his knowledge, so progress is being made. Would you not agree that the fact that he is now working with NHS Dumfries and Galloway shows that progress is being made?

The Deputy Presiding Officer (Annabelle Ewing): Please always speak through the chair.

Sandesh Gulhane: Wow. The member says that some progress is being made when, as I said, we were one of the first countries to use AI, back in 2011, but we do not have any strong national leadership on AI. Why is there work in one health board? Why are we not rolling out AI across all health boards? Progress has been painfully slow. Patients were told that they would have a new and streamlined way to access NHS services, yet, as of late 2024, no supplier has been selected to build that. By the time it finally arrives—if it ever does—it will be years behind schedule, while patients elsewhere in the UK have already moved on to the next stage of digital healthcare.

This Government is failing to invest in technology that could make a real difference. AI-powered diagnostics could revolutionise waiting times.

Douglas Lumsden (North East Scotland) (Con): Sandesh Gulhane mentioned the app down in England. We do not have anything comparable up here. Is there any reason why we could not copy that app or even use the same one? Are there any technical reasons for that?

Sandesh Gulhane: In my opinion, we need to be collaborating with the rest of the UK. Why on earth would we not do that, taking the best that it has and using it ourselves? We could even look to adapt it a little bit. However, this SNP Government is absolutely hellbent on doing things differently, as we have found time and time again to the NHS's cost.

E-prescribing could transform how patients access medication, and fully integrated digital records could save lives. Just yesterday, I was at a pharmacy conference at which the Minister for Public Health and Women's Health, Jenni Minto, told delegates that that was a top priority. However, she failed to mention that it should have been delivered decades ago and failed to give a delivery timetable. Under the SNP, those innovations remain far out of reach. Why? Because the SNP does not have the competence, the leadership or the vision to deliver them. While it wastes time and money on failed projects, the real cost is felt by patients.

A £1.5 billion black hole in the Scottish budget has led to delays of up to two years in crucial new facilities such as the eye hospital in Edinburgh and replacement hospitals for Fort William and Airdrie. The reality of administration under the SNP is cutbacks, delays and broken promises. The SNP loves to talk about innovation, but its legacy is a health service that is struggling under budget cuts, digital failures and a Government that is incapable of delivering the changes that it promises.

In his speech, the Cabinet Secretary for Health and Social Care forgot that this SNP Government has not created some basic IT platforms such as a platform that would allow hospitals, GPs and pharmacies to see the notes that we create. I welcome every piece of innovation that the cabinet secretary spoke of, but, in NHS Scotland, we too often hear companies telling us that, despite being approved by one health board, they have to go through the whole process again with every other board.

Neil Gray: Will the member take an intervention?

Sandesh Gulhane: Do I have time, Presiding Officer?

The Deputy Presiding Officer: There is plenty of time in hand.

Sandesh Gulhane: I will take the intervention.

Neil Gray: I recognise the point that Sandesh Gulhane makes. When those who are innovating come forward with new ideas, medical devices or technologies, there is a need to make sure that we adopt them on a once-for-Scotland basis. Does he welcome the innovation around the ANIA programme, which is a pathway to make sure that innovation is rolled out across Scotland, rather than having to be approved 14 times by our 14 territorial boards?

Sandesh Gulhane: I would welcome any programme that pushes good innovations and good pieces of technology that could be used by all of NHS Scotland.

The cabinet secretary mentioned a triple helix, but it is actually a quadruple helix that we need, because patients need to be involved. Patients need to trust that their data and what they are asked to be involved in will make a difference for them.

The Scottish Conservatives have a vision for, and a real commitment to, digital transformation. We understand what is needed and how to deliver it. The SNP record is clear—18 years of failure, broken promises and wasted opportunities. Innovation is not just about talking about the future; it is about delivering it. On that, the SNP has failed utterly, and Scotland deserves better. Our patients, our doctors and our nurses—in fact, our entire health and social care system—deserve better.

I move amendment S6M-16777.1, to insert at end:

"; acknowledges that much of the NHS's existing IT infrastructure is outdated and suffers from interoperability issues, which harm productivity and create an additional burden on NHS staff; further acknowledges that a lack of modern, effective IT infrastructure has created challenges for GP practices and patients, including difficulties in easily booking appointments or ordering repeat prescriptions; believes that the introduction of an NHS Scotland app, a universal software architecture platform and a single shared digital patient records system to enable seamless transfer of medical information within and between NHS boards, local authorities and other care providers, would be transformational for all aspects of health and social care; understands the vast potential of artificial intelligence within health and social care to accelerate diagnosis, increase productivity and improve patient outcomes; recognises the significantly greater progress made in other parts of the UK and in European nations in developing and implementing these technologies, and considers it vital to the future of Scotland's health and social care provision that adoption and innovation of new technologies within the sector is accelerated."

15:43

Paul Sweeney (Glasgow) (Lab): I am pleased to open for the Labour Party in this debate. In an age of technological marvels—from artificial intelligence to identifying cancers earlier and advanced robotics that can turn what were once impossible surgical procedures into routine day cases—it is clear that innovation is vital for the national health service and for our wider population's long-term health and prosperity. However, when we look across the past decade or so at innovation and who is truly leading the field, I am afraid that the Scottish Government, given its leadership of the national health service, can be considered something of a laggard by international standards. For example, we are told that we can expect the full roll-out of the NHS digital front door over the next five years, yet Estonia—a European country with less than a third of Scotland's population—has already pioneered digital healthcare, embracing digitisation of its healthcare system as early as 2008.

We are told that the Government is building partnerships between itself and healthcare professionals, universities and technologists in a so-called triple helix of innovation, which the health secretary referred to, but, to an extent, that has always existed in this country. It seems that the Government is only announcing something that is already long established from when this country pioneered diagnostic ultrasound, back in the 1950s, for example. The test, truly, is how we are delivering improved at-scale patient outcomes and how we are achieving productivity enhancements across the healthcare system. There is huge unmet potential across the national health service.

Sandesh Gulhane: On the point about how we are achieving that, does Paul Sweeney back Keir Starmer's idea about scrapping NHS England, and does he think that we should do the same and scrap NHS Scotland?

Paul Sweeney: As the member knows, the healthcare system in England—which has been a separate entity from the one in Scotland since its foundation, in 1948—is broadly modelled on a trust system. Scotland experimented with the trust model in the 1990s and moved to health boards in the early 2000s. Therefore, it is not a fair comparator. Scottish Labour's policy is to rationalise the 14 current territorial boards into three, which would largely mirror the cancer pathways that are currently in existence. We feel that that is a more optimised scaling for the NHS in Scotland. With a population of 5 million or so, that seems like a more optimised balance. A direct comparator is not necessarily clear.

My point is about productivity across the system. We are not fully utilising the benefits that

the national health service provides to Scotland and the UK—such as purchasing power and scaling ability—to drive improvements in patient outcomes. At present, the accelerated national innovation adoption pathway talks mostly to Scottish Government bodies and NHS boards. That seems like a very insular ecosystem. We are in danger of creating another echo chamber—one in which the same people with the same vested interests say the same things to the same Government bodies while the nation continues to drift ever further behind.

Brian Whittle: I agree with Paul Sweeney on that point. To follow on from the point that I made to the cabinet secretary, we had the DHI, which was supposed to be there to trial innovation, but the problem was in taking any successful trials and adopting them in the health service. That is the disconnect that we need to deal with.

Paul Sweeney: There is an instinctive risk aversion about rapid prototyping and adoption, which the member rightly highlights. There could be greater achievements in that respect.

Mr Gulhane referenced the quadruple helix. He said that the key component—in addition to academia, Government and industry—is public and civic society buy-in. That was tested adequately, effectively and promisingly during the pandemic, during which we saw rapid introductions of NHS clinical interfaces that were readily accepted and adopted by the public. Who would have thought, mere months before the pandemic struck, that we would be engaging in such a national effort and unified purpose to improve national outcomes? I think back to the big public health initiatives such as the 1957 tuberculosis eradication campaign in Glasgow, during which the whole city got together to try to eradicate tuberculosis through mass X-ray campaigns. We could mobilise the population behind the agenda in a more effective way, and I encourage the health secretary to look at opportunities to do that.

Neil Gray: To bridge the gap between what Brian Whittle mentioned in his intervention and what Paul Sweeney said in his response, I point to the Techscaler network, the NHS test bed programme and the integration of ANIA.

On the point about how we mobilise innovation to support the population, I encourage Paul Sweeney to look again at the digital dermatology programme, because that has the potential to accelerate productivity massively, as I set out in my speech, but also to improve patient care. I wonder whether the member has engaged with that yet. It is a clear example of the innovation that is going on in the health service.

Paul Sweeney: It is perfectly fair that the health secretary highlighted those examples. The question is how quickly we can disseminate, integrate and rapidly roll those things out into operational improvements. That is where we could see significant improvement on a number of fronts.

One example in the NHS that is very promising but still tantalisingly underutilised is robot-assisted surgery. We have already achieved the breakthrough milestone of 10,000 robot-assisted procedures in Scotland, and, in the NHS Ayrshire and Arran health board area, more than 250 women have benefited from minimally invasive robotic surgery in the past year alone. That has transformed outcomes. They walk out the door within hours of the surgery, whereas previously it required convalescence for weeks.

That is testament to the skill of the NHS staff—the surgeons and clinicians—who are supporting those roll-outs and improvements. However, there is still underutilisation, because the bureaucratic inertia of the NHS means that it is not fully geared up to deal with such innovation and roll it out to its full potential. That is where the Government needs to push it further. Before we congratulate ourselves, we need to recognise that Scotland could be much better at that, and we should hold everyone to account for that improvement.

We need to look at international standards. It is not good enough just to meet the global standards of a decade ago and think that that is sufficient. That is why Labour's amendment recognises that, for the past 18 years—nearly two decades—Scotland has been stuck following a technological innovation pathway rather than leading that pathway. Despite our world-leading research hospitals and universities, we often fail to turn research that is developed in Scotland into action. We must follow the lead of other nations and companies that are developed in other countries.

Even when we show promise, such as in the development of Touch Bionics, which was one of the first spin-outs of the NHS in 2002 and was sold off in 2016 to an Icelandic company, we do not build it into a unicorn—a major international technology company that could be headquartered and led from Scotland rather than from Iceland. We should do more to harness the Techscaler programme and make strategic investments that benefit the nation and its prosperity.

We are exasperated to hear NHS staff talk about computer update timescales in terms of decades, not years. Even basic things such as wi-fi and mobile signals in hospitals are so bad that modern smartphones cannot be used. The Scottish National Party came to power before the iPhone was invented, and it seems that, as far as the NHS goes, it has still not been invented. That is why staff in the NHS still rely on pagers—

technology that has been scrapped, with the vendors keeping it in service purely because the NHS still needs it. The NHS would fall over otherwise. The default mode of communication is paper-based prescribing, and the goal of e-prescriptions is seemingly unachievable for a Government characterised by its satisfaction with analogue processes.

There needs to be much more improvement. We know that delays in the sharing of data between health providers are slowing down patients' diagnoses. Those delays are also leading to duplication of work and are wasting NHS staff time and slowing patients' treatment plans. The lack of an NHS app means that patients are often unaware of their own medical records. The lack of interconnectedness across the healthcare system in Scotland is not just hypothetical; it directly worsens the healthcare outcomes of many thousands of NHS patients and is acting as a drag on national productivity. We know that the equivalent of one in eight people in Scotland is on a waiting list for some sort of procedure. That is a huge national lag. The NHS workforce is equivalent to the population of one of Scotland's biggest cities, Dundee. If that workforce is not efficiently harnessed, it affects national productivity. We already know about the pressures on our social security system as a result of chronic illness and that, if people are unable to access the workplace, it affects our national finances.

We could have a virtuous circle rather than a vicious cycle. The pandemic shows that, when Scotland is serious about its national mission to adapt and innovate in healthcare, it can bring everyone with it and mobilise the country to achieve public health objectives. Now is the time to show that Scotland—the birthplace of the enlightenment and the pioneer of so many technologies, such as diagnostic ultrasound, which has transformed the world—can, once again, lead the world in healthcare innovation.

I hope that Parliament will support the amendment in my name.

I move amendment S6M-16777.2, to insert at end:

"; regrets that the Scottish National Party administration has, after almost 18 years in office, allowed Scotland's NHS to lag behind in adopting innovation, with end-to-end paperless and e-prescribing policies undelivered and dated medical diagnostics equipment still in use, and calls on the Scottish Government to move Scotland's NHS and social care sector from analogue working to the digital age, starting by creating a shared care record system and empowering patients through an NHS app."

The Deputy Presiding Officer: I call Alex Cole-Hamilton to open on behalf of the Scottish Liberal Democrats. You have a generous four minutes, Mr Cole-Hamilton.

15:53

Alex Cole-Hamilton (Edinburgh Western) (LD): Forgive me, Presiding Officer. I missed the time that you said I had.

The Deputy Presiding Officer: I said a generous four minutes. We have quite a bit of time in hand.

Alex Cole-Hamilton: A generous four minutes. That is very kind of you. Thank you.

I am pleased to speak on behalf of the Scottish Liberal Democrats in this important debate. I am grateful to Neil Gray and the Scottish Government for making time for the debate this afternoon.

Scotland has always been a nation of medical pioneers. From the discovery of penicillin to the invention of the hypodermic syringe, we have a proud history of innovation that has saved millions upon millions of lives. Although we are rightly proud of our history, we must not lose focus on where we are heading. It is clear that we need action, investment and leadership to drive the next generation of medical breakthroughs and reform a national health service that has been operating in crisis mode for years.

Scotland's medical technology sector is thriving, with more than 250 companies employing more than 9,000 people. It is growing at an impressive 8 per cent a year, against market conditions that we know all too well. However, while the industry moves forward, our NHS remains stuck in the past. It is slow to adapt and is being held back by outdated systems that do not speak to each other and a Government that is too risk averse to embrace change. We should be leading the way, but instead we are still lagging behind.

That has not been helped by the UK Government's cancellation of £500 million in AI research funding. If we want to move forward, we need to back innovation—not cut it off at the knees. AI is not just an idea for the future; it is delivering results today. For example, in Mid and South Essex NHS Foundation Trust's area, machine learning was used to cut did-not-attend rates and fill last-minute cancellation slots, thereby preventing nearly 600 wasted appointments in that small region of the country alone. Imagine what that could mean for the Scottish NHS: fewer missed appointments, shorter waiting lists, and more time spent giving patients the care that they deserve, in the time that they deserve to have it. We have already seen the potential. To give another example, the system developed through the GEMINI project—Grampian's evaluation of Mia in an innovative national breast screening initiative—has boosted breast cancer detection rates by 10 per cent. Such technologies are already making a difference, and they are saving lives. We need to embrace them if we are to shift

our NHS from being a reactive service that is constantly in crisis mode to a proactive one.

We also need to make NHS tech more robust across the board. Cyberattacks on our health service, particularly those carried out through ransomware, have cost the taxpayer tens of millions of pounds. A stronger, smarter electronic infrastructure would not only prevent such attacks but make the entire system more efficient and secure. I need not remind members that we live in an increasingly hostile world, where the online cyberlandscape is the new battlefield. New technologies present us with a real opportunity, and Liberal Democrats want to see us seizing that. To do so, we need real leadership.

Agreements such as those enabling the health and transformation partnership and the work of the accelerated national innovation adoption pathway are steps in the right direction. I am pleased that the Government is now considering that approach and taking it seriously.

I am also glad that, later this year, we will see the introduction of the NHS app, which we heard about earlier in the debate. Right now, our systems are outdated and rely on bits of paper. All members see that in our weekly surgeries. For example, I remember raising in the chamber the case of a woman who had been referred to the dental hospital with suspected mouth cancer. She presented me with a letter that had printed on it the date of its dictation, which was three months before the letter was typed up. We are still using technology from the 1970s. Those bits of paper are passed between patients and medical teams, getting lost on the way. Sometimes, for example, the use of a broken fax machine can mean patient care being delayed. That is right—a fax machine. The NHS must be the only arm of our public services that still uses those outdated and obsolete technologies. Patients and staff alike are fed up with the day-to-day friction that is caused by a startling lack of innovation. That is not the fault of our hard-working NHS practitioners or our care staff; it is just a constipation in the delivery of the technology.

Paul Sweeney: Mr Cole-Hamilton makes an interesting point about NHS staff. My experience of interactions with NHS clinicians is that they have plenty of ideas for continuous improvement and making innovations in the system, but they are not listened to. Often there is no culture of organisational improvement in health boards, which is a real source of frustration, burnout and demoralisation. Does Mr Cole-Hamilton agree that that is often a factor in people in the system feeling burnt out?

Alex Cole-Hamilton: As he typically does, Paul Sweeney makes a good point. He speaks to a frustration that exists right across the NHS, in every directorate and in every department. Innovation is not in short supply; there is lots of it in our health service. What we lack is the delivery and execution of such innovation. There seems to be a constipation, or a fear of delivery, which we need to break through. There is low-hanging fruit there, and relatively quick fixes can make a huge difference. Let us make use of the technology that exists and grasp the technology of tomorrow. Let us back our brightest minds, invest in cutting-edge research and embrace creative solutions to the problems that we face. The tools are there, and so is the talent. Now it is time for the political will and, more importantly, the delivery to match that will.

The Deputy Presiding Officer: We move to the open debate. I advise members that, at this point, we have a fair bit of time in hand, so there is plenty of time for interventions and for colleagues to develop their arguments.

15:59

Kevin Stewart (Aberdeen Central) (SNP): Although we have seen staggering innovation in the field of critical care in recent years, we need a real focus on earlier treatment. Central to that is early diagnosis. By detecting illnesses in their nascent stages, we can unlock a cascade of benefits.

Neil Gray: Kevin Stewart makes an important point. We have been focusing in the debate on the technical and medical device innovation, but Kevin Stewart points to the pathway innovation. I pray in aid the example of the rapid cancer diagnostic services, which are diagnosing cancers earlier, saving people's lives and giving people better outcomes.

Kevin Stewart: I will follow on from that. Treatments are often more effective when administered early, leading to better outcomes and increased survival rates, with reduced long-term complications and improved quality of life for patients. Just as important as early detection is the fact that early diagnosis can lower healthcare costs by preventing expensive advanced treatments while reducing the burden on emergency services. Being more efficient allows the health service to do more with the same resources.

Innovations in diagnostics are coming thick and fast, and it is clear that AI will play an important role in the area.

Douglas Lumsden: For once I agree with everything that Kevin Stewart has said. He talks about different pathways and improved pathways. I am sure that he is aware that, in Aberdeen, the UCAN swift urological response and evaluation—SURE—unit is now delayed by 15 months because the NHS board wants to move where the

unit will be. Will he join me in urging NHS Grampian to resolve the issue quickly, so that the unit can be set up as quickly as possible?

Kevin Stewart: I urge NHS Grampian to move quickly and to stop mucking about on the issue. UCAN is another example of the use of new technology. The robots that are used for operations in UCAN are partly there because of lobbying that I did in the past to ensure that Government money went into those new technologies. I completely agree with Douglas Lumsden, and I say to NHS Grampian: get on with it.

Innovation must also be focused on the NHS of tomorrow, including the training of new healthcare workers. At the risk of being somewhat parochial and again bringing Aberdeen into the equation, I must acknowledge the great work that is being done at the centre for healthcare education research and innovation at the University of Aberdeen. CHERI is a research-based medical education centre that focuses on theory-driven research to inform new approaches to teaching and learning throughout the continuum of healthcare education. As such, it is a great example of how we can leverage the work of our universities that goes beyond simply new devices and gadgets.

I also want to talk about hospital at home, the acute clinical service that takes staff, equipment, technologies, medication and skills that are usually provided in hospitals and delivers that hospital care to people in their own homes. That is a real game changer for people and the NHS, allowing folk to receive the best medical care in their own home rather than in a hospital ward. As that trend expands globally and new developments allow more care to be carried out at home, we in Scotland are well placed to harness progress in the area thanks to the extra funding in the budget that will extend the hospital at home programme to 2,000 virtual beds.

Homes are important. We should not lose sight of the fact that a home is not just a roof over our heads but the foundation on which we build good health and social care. The reality is that many health and social care interventions are delivered in the home, but if that home is inadequate, unstable or non-existent, those interventions are compromised. That is why I am pleased that the budget includes not only an increase in the affordable housing supply budget, but increased funding for aspects of home improvement and adaptations, which is important.

We cannot be complacent in all this, and we must build on the hard-won gains that we have already seen. However, I suggest that we have a lot to be optimistic about—although, today, we have heard more of the pessimism than the optimism.

16:05

Roz McCall (Mid Scotland and Fife) (Con): It is a privilege to contribute to the debate this afternoon on innovation in health and social care. The truth is that, in Scotland, we are at a critical juncture in how we are to deliver health and social care in the years ahead. We have a huge opportunity to transform our NHS and social care services through innovation, to ensure better outcomes for patients and alleviate the pressures on our dedicated healthcare professionals.

Innovation is not just a buzzword; it must be a commitment that is backed by action. I will add to what Mr Stewart and the cabinet secretary said, because I will throw social care into the mix and talk about the related social work sector. We know that our social workers are overstretched and overworked. There are many opportunities to utilise artificial intelligence systems to reduce their workloads, but our outdated systems do not have the capacity to ensure that we can capitalise on those developments. It is important that we broaden our spectrum away from and look beyond just medical innovation.

Neil Gray: I thank Roz McCall for drawing attention to the importance of embracing innovation in the social care sector as well. At the start of my speech, I mentioned the work of the National Robotarium, where phenomenal businesses are exploring robotics and digital technologies that allow for more efficient, productive and supportive technologies in the social care environment. Is Roz McCall familiar with that work? If not, I will make sure that I point her in its direction.

Roz McCall: I am aware of the National Robotarium, and I have visited it. It is fantastic. I cannot disagree with what the cabinet secretary says, and I thank him for his intervention.

In the past, the Scottish Government has repeatedly pledged to modernise healthcare through digital transformation and AI services, but the reality falls short of the promises that have been made. The SNP Government has been slow and inconsistent in rolling out its digital health and care strategy and, as we have already heard, Scotland has been left lagging behind. However, I note the points that the cabinet secretary made in his opening remarks. I hope that they come to fruition and are not just warm words, because Scottish patients deserve better. I also appreciate the comments that he has made regarding advancements in stroke treatment—as he knows, that is very important to me.

We also know that budget constraints and workforce shortages have further impeded progress, with 84 per cent of doctors reporting having insufficient staff to meet rising demands. Professor Mark Logan, the Scottish Government's chief entrepreneurial adviser, stated that our health and care system is failing to innovate out of choice.

As has been mentioned by my colleague Dr Gulhane, J D Blackwood, an AI lead for NHS Forth Valley, has said that an absence of strong national leadership in artificial intelligence means that Scotland's patients are not benefiting from the digital innovations that could transform their outcomes. He said:

"we must have committed leadership in government, the health sector, and social care."

We cannot afford to stand still while other nations embrace the future of healthcare.

The Scottish Conservatives believe in harnessing innovation to create a truly modern and efficient healthcare system. We are proposing a 24-hour, seven-day-a-week digital health service by introducing the my NHS Scotland app. I know that it has been stated that it does not work, but more than 33 million people in England benefit from the system, and I know many for whom it works. Here in Scotland, the SNP has failed to deliver on the long-promised digital front door initiative. The my NHS Scotland app would allow patients to book appointments, check waiting times and access personal health records with ease. It seems an excellent way to embrace modern technology and, by dealing with everyday inquiries, benefit the patients of Scotland.

We would also invest in AI and data-driven healthcare, as AI has the potential to revolutionise diagnostics and treatment. I note the cabinet secretary's comments on diabetes treatment advancements. Scotland was once a leader in AI-driven diabetes screening, but it has stalled and fallen behind in adopting further advancements. I welcome the comments, but time is of the essence.

We will bring forward a digital choice approach. Technology should be used to empower patients. We propose a permanent adoption of home healthcare technologies, including smart inhalers and remote monitoring, to reduce unnecessary hospital visits and improve the quality of life for those with chronic conditions.

The people of Scotland deserve a healthcare system that is modern, efficient and fit for purpose. We must take bold action to ensure that digital innovation is at the heart of our NHS, and the Scottish Conservatives are committed to delivering practical, patient-focused solutions to achieve that goal.

The time for excuses and warm words is at an end. It is time for action, now.

16:10

Clare Haughey (Rutherglen) (SNP): Today's debate is timely, as this evening I am sponsoring an event on behalf of the Scottish Council for Voluntary Organisations and the Digital Health and Care Innovation Centre on the Digital Lifelines Scotland project. Digital Lifelines is a cross-sector initiative that seeks to improve digital inclusion and to design digital solutions that better meet people's needs, improve health outcomes for people who use drugs and reduce the risk of harm and death. To date, the project has supported around 4,500 people who are at risk of drug harm to be digitally included, enabling access to services such as digital harm reduction information and overdose detection apps. It is a fantastic example of the powerful manner in which digital inclusion and digital services can be enabled to support individuals whose health is at risk of harm, and of the positive change that such projects can facilitate not only for individuals but for services as a whole.

I am also delighted to have the opportunity to highlight the excellent work that is under way in my Rutherglen constituency at Blantyre LIFE, which is a multimillion-pound development that was supported by Scottish Government funding. The facilities on the campus include a 20-bed intermediate transitional care unit and 20 technology-enabled homes, all equipped with state-of-the-art telecare systems that are designed to support independent living. It is a fantastic example of how digital technology can be used to provide increasingly sophisticated health and social care and help to manage system pressures while improving experiences and outcomes and helping to reduce inequalities.

Some tech solutions can be the smart consumer devices that are found in many homes, such as voice-activated lights and gadgets, smart speakers, tablets and video doorbells. Others can be more specialised, including remote alert and fall-detection systems or sensors and pressure pads that enable a prompt response from carers if required. The Near Me video consulting services and Connect Me remote health monitoring services enable people to monitor and manage their own healthcare and be well connected with their healthcare professionals. Taken together, those digital solutions can be game changers in empowering people to live independent lives for longer in the heart of their own community, interacting with health and social care services when needed, while avoiding unnecessarily prolonged hospital stays.

Blantyre LIFE also has a technology-enabled care—TEC—zone, a demonstration area that was designed and built as a first-of-its-kind partnership with the Glasgow Science Centre. Visitors to the TEC zone can test out technology and chat to a specialist team to learn about solutions to support themselves and their loved ones at home. The zone also facilitates regular technology-enabled care training sessions for staff, both online and in person. In a taste of things to come, the campus worked in partnership with the National Robotarium to welcome ARI, an early social robot prototype that aims to assist with post-injury recovery. That is cutting-edge technology, right at the heart of my community.

Last month, Blantyre LIFE celebrated supporting 200 people through re-enablement in its first year of operation. It has established a strong reputation for its pioneering work, welcoming several fact-finding missions from overseas as well as from across Scotland and the rest of the UK to see how technology is being used to make day-to-day living easier and safer.

Key components of Blantyre LIFE's on-going work are the way in which it delivers services and the dedicated staff who work there. Blantyre LIFE has embraced the use of technology in its own facilities, and it has shared its learning and championed technology use with other providers and wider communities.

In a similar way, a crucial arm of the Digital Lifelines Scotland project is dedicated to upskilling staff and volunteers and providing support and funding to other organisations to develop digital tools and support.

All of that is key to our ultimate shared goal of enabling and empowering people to live more independent, longer and healthier lives.

I remind members of my entry in the register of members' interests. I hold a bank nurse contract with NHS Greater Glasgow and Clyde.

16:15

Carol Mochan (South Scotland) (Lab): I am glad to hear from the cabinet secretary about the improvements and investments in technology that are being made. The member who spoke before me gave excellent examples of how technology can be used. There are, indeed, great examples, and we welcome how technology is being used, but the point is that we need to embed that in what we do in the NHS across Scotland.

It is fair to say that, having been in government for 18 years, the SNP has had ample opportunity to keep pace with innovation and bring forward the technological changes that our NHS has needed for many years and that it desperately needs now. That is possibly the part that was missing from the cabinet secretary's excellent speech—the recognition that we have not kept pace.

This Government debate on recognising the significant health and economic benefits of supporting and adopting innovation in our NHS is welcome. It can be seen from the Labour amendment that we support the Government in enabling that. However, on the ground, the motion must feel as though it is only warm words, because the issue is action and the implementation of the fantastic things that have been spoken about.

As we know, thousands of patients are stuck on NHS waiting lists and are waiting for tests and to be diagnosed. We need to do all that we can to embrace innovation and explore the potential of new technology not only to speed up treatment but to make best use of the accuracy in diagnosis and offer the best treatment plans.

The reality is that our NHS is stuck in what can be described only as an analogue age. We need to address the day-to-day technological challenges that are faced. We have magnetic resonance imaging and CT scanners that are decades old and theatres that lie empty due to poor scheduling. Technology could help with that. As we have heard, it is common for doctors and nurses to use pagers, despite there being much more efficient ways of communicating.

No one disputes that our NHS needs urgent action—the cabinet secretary himself is saying that. We need to keep pace with the technologies, but, at times, it is hard to imagine how we can get to that point. The basics, such as data gathering, are a challenge across the NHS. Scotland has a population of around 5.5 million, yet its 14 health boards collect data in different ways and the systems cannot speak to each other. The use of different IT systems creates administrative burdens, while issues in accessing patient records create major barriers to effective care.

Brian Whittle: The member makes an incredibly important point about the collection of data. Scotland's healthcare service has phenomenal data-gathering capability, but it does not have the ability to scrutinise and utilise that data. Does the member agree that having different platforms that do not speak to each other is the problem?

Carol Mochan: I welcome the member's intervention. That absolutely is the case. Practitioners on the ground, no matter what their profession, tell us every day that data systems being able to speak to each other would make a such a difference to patient experience and patient outcomes.

There has to be an ambition to upgrade NHS systems and equipment. That can be done only if there is leadership from the Government. I hope that the Government welcomes the Labour amendment's call for

"a shared care record system and empowering patients through an NHS app."

Clare Haughey: Does Carol Mochan recognise that quite a lot of work has already been done in the NHS to get systems to speak to each other? There is the EMIS system, whereby various clinicians can access each other's records; there are the social work systems, which now allow healthcare staff to access those records; there is also the hospital electronic prescribing and medicines administration—HEPMA—system, which allows people throughout the hospital to see what a patient has been prescribed.

Carol Mochan: The member makes my point: we can talk about systems and examples in bits and pieces, but the reality is that, at this time, we should be much further advanced. That would make an incredible difference to our practitioners. I know that the member is a practitioner, so she will hear that at times when she works within the NHS. All the staff speak to me about that.

I know that I need to conclude. We support the Government in making the changes. The opportunities are endless. However, if we want to keep up with the rest of the UK and the world, we must be honest about where we are so that we can move forward and support our staff and our patients in realising this opportunity.

16:21

Joe FitzPatrick (Dundee City West) (SNP): I am grateful for the opportunity to speak in the debate and to highlight some fantastic innovations in health and social care, particularly in Dundee. Blackwood Homes and Care operates more than 1,700 homes across 28 local authorities and is renowned for its innovative approach to accessible housing. Colleagues across the chamber will be familiar with Blackwood's groundbreaking work, which is revolutionising the way in which technology and data are integrated into independent living solutions, offering transformative benefits for individuals.

Neil Gray: I thank Joe FitzPatrick for drawing attention to Blackwood Homes and Care, which I visited in Edinburgh a couple of months ago. As he has set out in relation to its work in Dundee, Blackwood's work to integrate data and digital technology for the benefit of its service users is remarkable. A testament such as that, as was requested by Roz McCall, indicates that this is an area that we absolutely must continue to support.

Joe FitzPatrick: I was just about to mention the cabinet secretary's visit, which I know was really appreciated by Blackwood. I had the privilege of visiting 66 new homes in Charleston, in my constituency. That £17.5 million housing project uses state-of-the-art technology and design features to help people to live as independently as possible.

Members might not be aware that Margaret Blackwood was a Dundonian. A remarkable campaigner for the rights of disabled people, she spearheaded the march on wheels protest along Princes Street in Edinburgh and addressed a rally in Trafalgar Square where she publicly demanded equality and recognition for disabled people's rights. The first Blackwood home opened in Dundee in 1976, marking the beginning of a transformation in accessible housing in Scotland. I believe that Blackwood still leads the way in that innovation. The Blackwood standard is something that all housing associations should aspire to.

Shona Robison and I visited the stroke and thrombectomy team at Ninewells hospital a couple of years ago, with the Stroke Association. We saw at first hand how AI technology enables that extraordinary thrombectomy treatment. We also saw how the innovative use of workforce can be employed in its delivery.

For the record, a thrombectomy is the mechanical removal of a clot of blood from the blood vessel connecting to the brain. The Stroke Association has told me that 153 people in Scotland had a thrombectomy in 2023, which is just one in seven of those eligible. It is clear that thrombectomy needs to be normalised in Scotland's stroke pathway, and innovation is critical to its delivery. It is great that the national procurement process for the development of an AI tool for assisting stroke clinicians to perform thrombectomies has begun.

I take this opportunity to highlight the work of Professor Iris Grunwald, who won Innovate UK's women in innovation award in 2023. Professor Grunwald's achievements include developing the first AI solution for image interpretation in acute stroke and bringing the first mobile stroke unit ambulance to the UK.

I want to take a moment to talk about something that is very personal to me. In October 2022, my father had a very serious stroke. I take the opportunity to thank Professor Grunwald and her team—personally and on behalf of my family—for saving not only my dad's life but his quality of life. My dad celebrated his 89th birthday last month and is loving life. [*Applause*.] I hope that the minister is able to say something in her closing speech about the on-going work to ensure that more people who have a stroke can have the positive outcome that my dad experienced.

The final issue that I want to touch on is the huge potential of robotics to improve many aspects of health and social care provision in Scotland. Robotics can be central to transformative technology and the establishment of practical ways to bring technology into our hospitals, care homes and care at home. The expansion of NHS Tayside's robotic surgical service, which is being used in a range of disciplines, is benefiting patients in Dundee and across our region.

I highlight the work of the National Robotarium at Heriot-Watt University, which is the UK's centre for robotics and artificial intelligence and is in my colleague Gordon MacDonald's constituency. I am pleased that the cabinet secretary and other members have already mentioned that.

It is clear that there are significant health and economic benefits to the innovations that I, and colleagues from across the chamber, have set out. Crucially, those innovations are having an enormous positive impact on the lives of the people of Dundee and those across Scotland. To continue to realise the benefits of innovation, we must continue to invest in our hugely talented research institutions, in social care and, ultimately, in the future of our healthcare system.

16:26

Karen Adam (Banffshire and Buchan Coast) (SNP): Often, before I write my speeches, I like to have a discussion with people around me just to see what they think about the topic. I am very lucky to have a friend who works in research, development and innovation in the NHS: it has been helpful to get some links from her.

Overall, there was a perception among people whom I spoke to that healthcare innovation is a bit of a luxury item, that it is way off in the future and that they would only ever see it in the likes of "Star Trek". However, the opposite is true, and many great advances in healthcare technology are happening in Scotland right now.

Take the NHS Grampian's GEMINI—Grampian's evaluation of Mia in an innovative national breast screening initiative—project, which is a perfect example of such an advance. It was developed with the University of Aberdeen and Cairn Technology. It is changing how we detect breast cancer by using artificial intelligence to improve screening accuracy. Its AI tool—Mia—has helped radiologists to detect 10.4 per cent more cancers than standard screenings, while reducing their workload by 36 per cent. That is not some futuristic idea—it is a real working example of how technology is improving patient outcomes today and reducing the burden on our NHS workforce, thereby freeing it up to focus more on patient care. It is exactly the kind of technology that ensures efficiency without compromising on quality by allowing healthcare professionals to dedicate more time to patients than to processes.

The accelerated national innovation adoption pathway is making sure that, when research-backed advancements emerge, they do not get stuck in trials for years, but are adopted by our NHS fast. That is making healthcare safer, faster and more effective overall.

Although such advances are transforming many areas of healthcare, we also have to ask who is benefiting from them most. If innovation is to work for everyone, we need to make sure that it is reaching those who have historically been unserved—for example, in women's healthcare.

A few nights ago, I chaired the cross-party group on heart and circulatory diseases, and we focused on women's health. Let us be honest: we all already know the problem, and we do not need more reports telling us that women are more likely to be misdiagnosed when they have had a heart attack, or that menopause and menstrual health are still not treated as the serious medical issues they are.

This is personal for me. My mother died of heart disease when she was only 49 years old. That was 25 years ago, but women are still saying that they do not feel that they are listened to when it comes to their health. Perhaps this is where empowering patients with innovative systems to monitor and track their own health can help—not just in helping with physical health but by ensuring that women feel that they are being heard.

Sandesh Gulhane: On women's health, cervical cancer representatives came to speak with us today about how women are not able to get their cervical cancer surgery on time.

The Minister for Public Health and Women's Health (Jenni Minto): It was ovarian cancer.

Sandesh Gulhane: I apologise—we spoke to people from Target Ovarian Cancer.

We have also had people come to talk to us about how women are struggling to get their mastectomy operations done. When it comes to women's health, especially in the AI and technology fields, how can we ensure that women get the same level of treatment as men?

Karen Adam: I will come on to that later in my speech. That is why I chose this specific topic. I will get to it after a couple more paragraphs.

Technology can now track menstrual cycles, which is flagging early signs of conditions such as endometriosis and polycystic ovary syndrome. We are already spotting heart disease and cancer earlier than we were previously. Remote

monitoring services, such as the connect me programme, allow women to track their blood pressure and symptoms from home, thereby cutting down on unnecessary appointments and ensuring that intervention happens sooner, not later.

This is where I come on to the solution that I spoke about. Technology alone will not solve everything; rather, it has to be embedded in a system that actively includes women in its design. Women's symptoms do not always fit the textbook definitions for common conditions, which has real-world consequences, from delayed diagnosis to treatments that do not fully meet women's needs. We must ensure that innovation is developed with women in mind from the start—they must not be an afterthought. That means increasing their representation in clinical trials, ensuring that female-specific conditions receive the attention that they deserve and integrating women-focused research into every stage of healthcare innovation.

Let us not forget the economic case. Investment in innovation is not just about better health outcomes. It is also about future proofing the NHS workforce by reducing the strain on hospitals and freeing up staff to focus on complex cases. Innovation helps to make our healthcare system more sustainable overall.

Scotland is already advancing rapidly in health innovation. Now, while pushing forward, we must ensure that advancements reach the people who need them most. If I have a specific ask, it is that women benefit from being included from the very start, because when we design healthcare solutions for everyone, we will build a healthier and stronger Scotland for all.

16:32

Paul Sweeney: It has been a really interesting and insightful debate. There has been a degree of unity across the Parliament this afternoon on the opportunity for Scotland to harness its great strengths in healthcare—not just to advance our country's performance, but to make a global contribution to the condition of mankind. As a country, we can all aspire to achievement of that.

We have already achieved so much, but we could do so much more by harnessing the unique opportunity that the national health service gives us—internationally, it is a unique model—to rapidly achieve triple-helix effectiveness. Other countries have done so in the past, and we could learn from what other countries are achieving, particularly in creating national champions who can drive forward rapid advancement in healthcare technology.

Just last year, I was walking through Liverpool and saw the statue of Brian Epstein, the fifth Beatle, and I thought about what that represented. The Beatles were a great cultural achievement for the UK, but inadvertently, they gave birth to one of the greatest healthcare inventions of all time. What links the Beatles to the computed tomography scanner is EMI, which ran not only the EMI Records label but a massive medical technology research company as part of the industry that it developed.

Working in concert with the NHS through the 1970s, Godfrey Hounsfield, who ran EMI's laboratories, used proceeds from the Beatles' record sales, along with a Department of Health and Social Security grant, to develop what was then known as the EMI scanner. He went on to win a Nobel prize. Not many people realise that the Beatles are indirectly responsible for his winning a Nobel prize for a global medical innovation that has saved millions of lives.

The development of CT scanners for the world is a great medical achievement, but the catch is that, despite Britain and Scotland having such great technologies, inventors, universities and creative outpourings—often because working-class people have been able to access education and improvement in a way that has not been achieved in other countries—we seem not to have a knack for turning them into industrial benefit for our society and our country. To return to my point about EMI, I note that that company has since been broken up. It is now owned by American and German companies, and most of the CT scanners in the world are made by American and German companies, so Britain does not benefit from that technology.

Similarly, diagnostic ultrasound was developed in Glasgow. In 2014, I was at a dinner to celebrate the inductees to the Scottish Engineering hall of fame. The late Tom Brown was being inducted. He had been working in Glasgow for Kelvin and Hughes Ltd, mainly in industrial radiography, and had teamed up with colleagues who were clinicians to develop the first diagnostic ultrasound machine. In his acceptance speech, he made the point that, although

"It wasn't an easy birth, nor one that was recognised at the time for the impact it would have on diagnostic medicine in general, and mothers and babies in particular ... it was the 'little acorn' out of which would grow the great oak"

of that global advancement. However, he said,

"it was the engineers who made it happen",

and

"As usual the medics tried to claim more credit than their due share"

for the invention, and that,

"through our seeming national incompetence at exploiting our own inventions, we lost out to the Americans and"

Japanese,

"and ultrasound machines are now only made abroad and imported back"

into Scotland.

We see that happening with Optos, which was another fantastic innovation company, based in Dunfermline, that was sold to Nikon in 2015. Douglas Anderson—who started that amazing company, which produced ultra-wide-field retinal imaging systems—made a great invention, but why could we not scale it in Scotland? As many members mentioned in their speeches, we have a real problem with taking companies that have fantastic potential, and keeping them anchored and owned in Scotland, and achieving benefits in concert with the national health service. I earlier mentioned Touch Bionics, which was a spin-out from the NHS that was sold to an Icelandic company in 2016.

Many members have touched on the opportunities to harness technology across our national healthcare system, and not just in hospitals. On the critical point that time is the currency of healthcare, Mr FitzPatrick told a touching story about his father's experience of having a stroke. I have heard from constituents about similar situations, in which not getting people to hospital in time and not getting rapid emergency treatment has often led to lifelong disabilities when conditions were not dealt with quickly.

Time is of the essence: ultimately, that is what we are talking about when it comes to technology. Equipping our clinicians—the people on the front line of our NHS—to act more rapidly, more accurately and more effectively to treat our population will, I hope, get better outcomes for everyone and add to our national prosperity.

That carries over from acute hospitals into the home setting. Hospital at home has been mentioned, as have housing associations. We need to ensure that such adaptations are carried through to the primary care system.

Many GPs say that they are overwhelmed. They would love to harness new technologies and to work with their community links workers. They would love to have a sophisticated interface for their patients, but they have queues out the door and are dealing with clinics every day—there is no head space to implement innovations. The cabinet secretary needs to think about how he can support our primary care practitioners to develop and deploy technologies that are industry standards elsewhere in the world. We have heard about other parts of the UK where use of those technologies can be achieved.

Carol Mochan: As I always do, I am enjoying Paul Sweeney's speech. Do we need to build confidence among our patient base, particularly in primary care, about use of technology? Would that be an advantage for the practitioners, as well?

The Deputy Presiding Officer: I will give you another minute, Mr Sweeney.

Paul Sweeney: Thank you, Deputy Presiding Officer.

The point that Dr Gulhane made earlier about the quadruple helix and the idea of buy-in from the population is critical to achieving those outcomes. The population is up for it. During the pandemic, there was a lot of doubt about whether the population would go for lockdowns or participate in mass vaccination programmes. In fact, there were huge levels of co-operation. When people see the public health benefits of such initiatives, there is wide buy-in: we could do a lot more to encourage people to buy in.

People do not want to be advised, "Unless you think that you're literally going to die, do not come to A and E—go and see your GP." We need a more sophisticated way of dealing with people who present at the NHS. Often, people are not getting the right access at the right time and, as members have mentioned, that means that they have worse outcomes.

I also think that we need to look at productivity, which is at the heart of it all. There is a huge opportunity for primary research, but if we are to incorporate that in the system of improvement in the NHS, we need to empower staff to deliver advancements on the ground. That is why our amendment encourages the Government to do more.

The Deputy Presiding Officer: I call Brian Whittle to close for the Scottish Conservatives. We have a bit of time in hand.

16:40

Brian Whittle (South Scotland) (Con): It is with an unusual degree of enthusiasm, excitement and hope that I close this debate on behalf of the Scottish Conservatives. I should note at the outset that we will support the Government motion and, indeed, the Labour amendment.

The potential exists for the debate to have a really positive outcome and to move things forward in a positive way. Debates about health and social care seem to be dominated by waiting times, missed Scottish Government targets, shortages of consultants, nurses and midwives, and record investment or the lack thereof. In the political maelstrom of blaming one another, we seldom seem to get the opportunity to take a step back and offer sustainable and effective solutions.

In other words, we do not seem to get the space to work the problem.

This debate has, in the main, given us that opportunity. I am very grateful to the cabinet secretary for using Government debating time to address innovation and technology in the health and social care service and for his pragmatic approach to the motion, none of which we disagree with. I am not sure that such collaboration will take off, but I think that it is the way forward.

We have heard a great deal about innovation. As I listened to Kevin Stewart extolling the virtues of the innovative technology that comes from his constituency, I could not help noticing that Joe FitzPatrick was sitting behind him. It was inevitable that Mr FitzPatrick would speak in the debate, because Dundee has always been a great hub for such innovation.

Key to this debate is the issue of how we ensure not only that early-stage innovation is tested properly but that it is adapted and adopted timeously, rather than—as Paul Sweeney mentioned—being snapped up and developed by foreign agencies, with the result that we do not benefit from it.

Roz McCall mentioned Mr Blackwood's comment that the lack of strong national leadership was one of the problems. I hope that this afternoon's debate signals a change in that respect. Today, the Parliament has an opportunity to instruct the Scottish Government to move more quickly on that element.

Mr Sweeney mentioned Covid. One of the things that came out of the pandemic was an ability to rapidly adopt technology when we absolutely need it. Somehow or other, that seems to have fallen away.

In my view, the problem that we are trying to solve here is one of time. Our healthcare professionals do not have the time to deliver the healthcare that they are trained to provide and which they are passionate about. That only leads to frustration and pressure on our healthcare professionals, which, in turn, can affect our ability to retain staff.

Paul Sweeney: Brian Whittle makes an important point about time. One thing that surgeons have told us is that national treatment centres might not be the panacea. The issue is not necessarily the facilities; it is more to do with their efficient utilisation. When it comes to how we treat operating theatres, perhaps we should think about Formula 1 pit stops. Maybe we should specialise theatres so that they can roll patients through. That would involve their doing only one procedure, being highly tuned in and effectively utilising the assets that we already have. That is the core of the issue, and we need to look at that more— [*Interruption*.]

Brian Whittle: I heard the cabinet secretary muttering, "That is coming."

When it comes to how we adopt technology, the issue is how effective that model can be. We need to create more time for healthcare professionals to spend on delivering healthcare. For that to happen, they need to spend less time dealing with administration and red tape. With basic AI, we could rationalise the back-office functions of the 14 health boards in one centre. That might be a bit contentious, but it is definitely something that we need to do.

We are not talking here about saving money in the health service; we are talking about being able to redeploy money much more effectively. Imagine if the cabinet secretary had that money and the ability to use it in pay negotiations with our health professionals, and picture how much easier his job would be.

What if we could speed up scanning and screening or even evaluate patient need before those tests are required? I seem to come across potential advances in technology every day that would do just that. Last Tuesday, my friend and colleague Alexander Stewart hosted an event for brain tumour awareness month at which a technology company presented its development of a blood test that takes just 15 minutes to get a response, which can, in turn, help practitioners to decide whether an MRI scan is needed. That is against the current situation, in which everyone eventually has to be sent for a costly MRI. It would save time and money, not to mention giving the patient peace of mind or, at least, an earlier diagnosis.

There are literally hundreds of innovations with the potential to deliver effective and time-saving solutions, many of them invented and developed in Scotland's academic institutions or in our life science and technology businesses.

The problem always comes from the ability to adopt and integrate that technology, much of which is bought and taken for development overseas in the early stages. If Alexander Graham Bell had gone to NHS Scotland procurement with a view to introducing the telephone we would still be waiting on the results of the consultation to decide whether we should buy a second handset.

The reality is that we need a basic architecture that allows primary and secondary care, pharmacies, social care and the third sector to integrate and collaborate nationally.

Paul Sweeney: Will the member take an intervention?

Brian Whittle: If I have time, I will happily take another intervention.

Paul Sweeney: I thank the member for indulging me in a second intervention. He makes an interesting point about silos and about harnessing the technology that Scotland is good at. For example, we have one of the biggest fintech clusters in the world. We know how advanced financial services applications are and how easy it is to access banking services by phone, but there is no such development in the healthcare system. Could we tap into some of the existing centres of excellence that the member mentioned? There is work in Dundee on the gamification of technology as well as on fintech. Could we look at more and deeper collaboration on that?

Brian Whittle: I thank the member for the intervention because I was just about to mention him. He brought up the subject of Estonia, which is the gold standard in this area because the Estonians started from scratch and had to build their technology from the base up.

Clare Haughey: Will the member accept an intervention?

Brian Whittle: If I have time. This is a good debate.

Clare Haughey: I will be brief. Does Brian Whittle realise that, by quoting developments in Estonia, he has just made the case for Scotland to be an independent country?

Brian Whittle: I do not think that we are starting from scratch. We have an NHS, but we need to do two things that have come out of this debate, which I urge the Government to consider. There is no halfway house here. We have to get things right at foundation level to allow the on-going, fundamental and transformative change needed in our healthcare system. We need a universal platform that has basic architecture to host all the fantastic software that we have discussed today and gives us the ability to share successful trials and evolve as the technology evolves. So much of our tech fails because it becomes obsolete, and that cannot be allowed to happen.

Just as important, we need a commitment to the adoption and innovation of tech on the front line, and not just by those who are early adopters. That is the number 1 reason why tech fails. We spoke about the quadruple helix and buy-in from the public, but staff buy-in is the most important thing. It will have to happen eventually so that healthcare does not collapse, so why not commit to it now? I welcome the way in which the cabinet secretary has communicated and discussed this subject with me, so perhaps we can actually have some real progress.

16:49

The Minister for Business (Richard Lochhead): I have enjoyed this debate. There was quite a lot of consensus on the importance of innovation to the future of health and social care services in Scotland. I paid particular attention to what we heard from the Conservative Party, because we are sympathetic to its amendment, in that we believe that we have to go further and faster and that there is a lot to learn from other Administrations and other countries. We are leading in some areas, but other countries are leading in other areas, and we should get to the pace that they are going at and learn from them as well. I am not quite sure that the Conservative spokesperson reflected the tone of his amendment in his opening speech, but we will support the amendment.

I point out to Brian Whittle that Alexander Graham Bell was forced to emigrate to Canada in 1870. The SNP was not in power in 1870—I think that it was the Liberals or the Tories, but it was certainly not the SNP. I know all about him and he is close to my heart because he taught in Elgin twice before he came up with the invention of the telephone and achieved other great things.

Scotland has a great pedigree in medical and health-related innovations. Examples include chloroform; the hypodermic syringe; penicillin; Dolly, the first cloned sheep; the first application of the ultrasound scanner; and beta blockers—the list goes on and on. I could fill my whole speech talking about Scotland's innovations in the healthcare and social care space over many years.

Sandesh Gulhane: Scotland punches way above its weight when it comes to innovation, and not just recently, but throughout history. The issue is not so much that we do not have innovators or people doing amazing things. The issue is that, in the NHS, we have a culture of managers saying no, not allowing innovation to occur, and making clinicians come up with management plans rather than doing it themselves.

Richard Lochhead: I do not recognise the picture that the member paints. Of course there are challenges and more barriers to be broken down. We have to be faster and go further, as many other countries are doing. However, an independent report that was published in September 2024 made exactly the same points about NHS England, so the situation is not unique to Scotland.

The pace of innovation is very fast at the moment, so we have a lot to do to keep up with it. However, Karen Adam and others spoke about the innovations that are taking place in NHS Grampian with the use of AI in breast cancer screening. In

the news this week, we have heard every hour about more innovations in this space. Today, I noticed a post from Edinburgh Innovations, about a team of 20 data scientists and clinical researchers from the Universities of Edinburgh and Dundee. They are using CT and MRI brain scans from across the Scottish population, representing 1.6 million images, with the aim of building a digital healthcare tool that radiologists can use when scanning for other conditions to determine a person's dementia risk and diagnose early stages of related diseases such as Alzheimer's. That is happening here and now. There have been a lot of references to the inability to use data in Scotland, but that is a real example, which was announced today, of what is happening using Scottish data that is available, and what that team is doing is very innovative.

Brian Whittle: I am grateful to the minister for giving way again. I cannot disagree with the minister's enthusiasm for innovation. The issue is how we collaborate on and share innovation, and how that sits in a basic architecture that will allow more and more innovation to be shared across the whole of the NHS.

Richard Lochhead: That is what ANIA is about—in his opening remarks, the cabinet secretary mentioned that initiative to accelerate innovation in the NHS. It is also why we are developing an innovation strategy that will involve introducing innovations to public services and the public sector.

Last night, I spoke to 200 members of Technology Scotland who were gathered in the Parliament's garden lobby. They were mainly from the critical technologies sectors—the semiconductor, quantum photonics and sensing sectors. The debate is therefore timely, with many members reflecting on the roles that those technologies can play and how they are being used. They do not just underpin industry or exports; they are also helping to transform the world around us and our society, and there is no better example of that than the transformation of our health services.

AI, robotics, 3D printing, virtual reality, augmented reality and nanotechnologies are transforming and will further transform our NHS and health and care in Scotland and around the world. Those technologies will provide faster and better diagnosis and deal with admin tasks to free up staff for other priorities. The list of benefits from deploying innovations in our NHS goes on and on: new cures for life-threatening diseases; easier to access services no matter where patients live in Scotland; cuts to waiting lists and waiting times; cost savings and more efficiencies; and people living longer and better lives. Many innovations are already being deployed in the NHS and the social care sector. In the years to come, the experience of our health and social care services will be very different from the experience today. There will be better outcomes for patients and people, and more lives saved.

As innovation minister, I am delighted to have the opportunity to participate in and close a debate in which the cabinet secretary announced two of the latest remarkable innovations to improve health outcomes for patients. Scotland's triple-helix approach to collaboration between the NHS, industry and academia means faster adoption of those life-changing, research-driven innovations.

Our ambition for Scotland is that we are recognised globally as a destination of choice for health science. At the same time, we can improve patient and clinical experiences and outcomes. Today's debate has provided many examples of how that is happening in Scotland as we speak.

We should also celebrate our world-class life sciences sector. A great part of my job is being able to go round many of the life sciences companies in Scotland. I have scratched the surface, as, with more than 700, there are so many of them. I am learning first hand about the incredible life sciences work that is coming out of this country. It is one of Scotland's success stories. As we can see today, by addressing some of the most pressing health challenges, improving lives and driving economic growth in Scotland, that work is making a huge difference to our country.

From groundbreaking research in biotech and pharmaceuticals to advanced manufacturing and precision medicine, companies and universities in Scotland are at the forefront of global progress in this critical field. All of them are playing a pivotal role in transforming our public services, creating high-quality jobs and providing higher wages, which bolsters our economy. The life sciences sector is identified as one of the four key growth sectors in the Government's innovation strategy.

Since its inception in 2020, the Scottish National Investment Bank has invested £27 million in life sciences businesses. I will give a few quick highlights—or maybe just a couple, because I have not got a lot of time.

EnteroBiotix is a manufacturing centre in Bellshill that has secured not only £6 million of funding from the bank but inward investment from the United States. The company's work is making breakthroughs in gut health medicines and aims to deliver less invasive treatments for patients.

Another innovation and home-grown company in Scotland is Stirling-based iGii. The bank has invested £4 million in iGii to develop a cost-effective and highly scalable means of producing a novel 3D graphene-like structure that has been marketed for use as a biosensor in point-of-care

diagnostic devices, opening up the possibility of quicker responses and removing the requirement to send tests to laboratories for processing.

I will take one more intervention.

Paul Sweeney: I appreciate the minister giving way. There are many good examples, and he has highlighted a couple, but the key fundamental structural problem is that we do that good primary research, make the early-stage investment and scale Scottish companies up, but they get to a value of £20 million to £30 million and then they are usually acquired by a large foreign multinational. How do we try to anchor more of those firms in Scotland so that they can get to FTSE 250 and FTSE 100 levels, building more headquarters in Scotland for those big companies?

Richard Lochhead: We have debated that before. How we encourage Scottish companies to scale up is important. A lot of effort is under way to attract more investment capital into the country.

I do not really like getting personal in speeches in Parliament, but I think that I have a duty to do so in this instance. On Sunday, I was out on my bike, cycling through the sunshine in the Moray countryside. I mention that in a debate on innovation in the NHS and healthcare because I was thinking about 10 months ago, when I was lying in a hospital bed, getting emergency open-heart surgery; I also had sepsis. Once I came to, I lay there—as the Scottish Government's minister for innovation—thinking about all the innovation around me that had just saved my life. From the crane that lifted me so that I could get off my bed to the electronic zimmer machine that I used once I had a bit of strength, those things were there because someone had innovated and created them. Every time that I had a side-effect after the operation, I would mention it to the doctors and nurses, who would say, "We have a special drug for that." I would get the drug and it would solve the problem. I was constantly taken away for assessments with lots of fancy machines and fancy procedures. Those are all innovations that saved my life, and they have saved lots of people's lives. Joe FitzPatrick, for example, mentioned the care that his father received.

Those innovations are deployed here and now in Scotland's NHS, and they are saving lives. Many more innovations are coming into the NHS. We have the building blocks for faster adoption of innovations: we have the companies, the ingenuity, the invention, the company entrepreneurs, the academic side and the research side. All those ingredients together will give us a much better NHS and better outcomes for patients in the years ahead.

I urge the chamber to support the Government's motion.

The Presiding Officer (Alison Johnstone): That concludes the debate on adoption of innovation in health and social care.

Decision Time

17:00

The Presiding Officer (Alison Johnstone): There are three questions to be put as a result of today's business. The first question is, that amendment S6M-16777.1, in the name of Sandesh Gulhane, which seeks to amend motion S6M-16777, in the name of Neil Gray, on adoption of innovation in health and social care, be agreed to.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S6M-16777.2, in the name of Paul Sweeney, which seeks to amend motion S6M-16777, in the name of Neil Gray, on adoption of innovation in health and social care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

There will be a short suspension to allow members to access the digital voting system.

17:01

Meeting suspended.

17:04

On resuming—

The Presiding Officer: We come to the vote on amendment S6M-16777.2, in the name of Paul Sweeney, which seeks to amend motion S6M-16777, in the name of Neil Gray, on adoption of innovation in health and social care. Members should cast their votes now.

The vote is closed.

Ben Macpherson (Edinburgh Northern and Leith) (SNP): On a point of order, Presiding Officer. I was unable to vote through the application. I would have voted no.

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

For

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)
Carlaw, Jackson (Eastwood) (Con)
Carson, Finlay (Galloway and West Dumfries) (Con)
Choudhury, Foysol (Lothian) (Lab)
Clark, Katy (West Scotland) (Lab)
Cole-Hamilton, Alex (Edinburgh Western) (LD)
Dowey, Sharon (South Scotland) (Con)
Duncan-Glancy, Pam (Glasgow) (Lab)
Eagle, Tim (Highlands and Islands) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Gallacher, Meghan (Central Scotland) (Con)
Golden, Maurice (North East Scotland) (Con)
Gosal, Pam (West Scotland) (Con)
Greene, Jamie (West Scotland) (Con)
Griffin, Mark (Central Scotland) (Lab)
Gulhane, Sandesh (Glasgow) (Con)
Halcro Johnston, Jamie (Highlands and Islands) (Con)
Hoy, Craig (South Scotland) (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)
McArthur, Liam (Orkney Islands) (LD)
McCall, Roz (Mid Scotland and Fife) (Con)
McNeill, Pauline (Glasgow) (Lab)
Mochan, Carol (South Scotland) (Lab)
Mundell, Oliver (Dumfriesshire) (Con)
O'Kane, Paul (West Scotland) (Lab)
Rennie, Willie (North East Fife) (LD)
Ross, Douglas (Highlands and Islands) (Con)
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)
White, Tess (North East Scotland) (Con)
Whitfield, Martin (South Scotland) (Lab)
Whittle, Brian (South Scotland) (Con)
Wishart, Beatrice (Shetland Islands) (LD)

Against

Adam, George (Paisley) (SNP)
Adam, Karen (Banffshire and Buchan Coast) (SNP)
Adamson, Clare (Motherwell and Wishaw) (SNP)
Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
Arthur, Tom (Renfrewshire South) (SNP)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Brown, Siobhian (Ayr) (SNP)
Burgess, Ariane (Highlands and Islands) (Green)
Chapman, Maggie (North East Scotland) (Green)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Constance, Angela (Almond Valley) (SNP)
Dey, Graeme (Angus South) (SNP)
Don-Innes, Natalie (Renfrewshire North and West) (SNP)
Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
Dornan, James (Glasgow Cathcart) (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)
Gibson, Kenneth (Cunninghame North) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Gougeon, Mairi (Angus North and Mearns) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Gray, 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)
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) [Proxy vote cast

by Ross Greer]
Mackay, Rona (Strathkelvin and Bearsden) (SNP)
Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
Maguire, Ruth (Cunninghame South) (SNP) [Proxy vote cast by Rona Mackay]
Martin, Gillian (Aberdeenshire East) (SNP)
Mason, John (Glasgow Shettleston) (Ind)
Matheson, Michael (Falkirk West) (SNP)
McAllan, Màiri (Clydesdale) (SNP) [Proxy vote cast by Jamie Hepburn]
McKee, Ivan (Glasgow Provan) (SNP)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP) [Proxy vote cast by Jamie Hepburn]
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)
Robertson, Angus (Edinburgh Central) (SNP)
Robison, Shona (Dundee City East) (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)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Thomson, Michelle (Falkirk East) (SNP)
Todd, Maree (Caithness, Sutherland and Ross) (SNP)
Tweed, Evelyn (Stirling) (SNP)
Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)
Yousaf, Humza (Glasgow Pollok) (SNP)

The Presiding Officer: The result of the division on amendment S6M-16777.2, in the name of Paul Sweeney, is: For 47, Against 63, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The final question is, that motion S6M-16777, in the name of Neil Gray, on adoption of innovation in health and social care, as amended, be agreed to.

Motion, as amended, agreed to,

That the Parliament believes that there are significant health and economic benefits in supporting and adopting innovation in the health and social care service; recognises the urgent and critical need for health and social care recovery and renewal to meet the changing demands on the NHS whilst protecting its founding principles of remaining in the hands of the public and free at the point of need; agrees that reform can and must be accelerated by scientific and technological innovation and that rapid national adoption of research-proven innovations are essential to drive further improvements for patients; welcomes partnership working between Scotland's world class academic institutions, life sciences and technology businesses, the public sector and the NHS to improve health outcomes and support a thriving economy; acknowledges that much of the NHS's existing IT infrastructure is outdated and suffers from interoperability issues, which harm productivity and create an additional burden on NHS staff; further acknowledges that a lack of modern, effective IT infrastructure has created challenges for GP practices and patients, including difficulties in easily booking appointments or ordering repeat prescriptions; believes that the introduction of an NHS Scotland app, a universal software architecture platform and a single shared digital patient records system to enable seamless transfer of medical information within and between NHS boards, local authorities and other care providers, would be transformational for all aspects of health and social care; understands the vast potential of artificial intelligence within health and social care to accelerate diagnosis, increase productivity and improve patient outcomes; recognises the significantly greater progress made in other parts of the UK and in European nations in developing and implementing these technologies, and considers it vital to the future of Scotland's health and social care provision that adoption and innovation of new technologies within the sector is accelerated.

The Presiding Officer: That concludes decision time.

Meeting closed at 17:06.

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

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@parliament.scot

The Scottish Parliament
Pàrlamaid na h-Alba