The rest of this Official Report will be published progressively as soon as the text is available.

Scottish Parliament

Thursday 26 November 2026

[The Presiding Officer opened the meeting at 13:30]

General Question Time

The Presiding Officer (Kenneth Gibson): Good afternoon, colleagues. The first item of business is general question time.

Gaelic Learner Education

1. **Kate Campbell (Edinburgh Eastern, Musselburgh and Tranent) (SNP):** To ask the Scottish Government what action it is taking to increase the provision of Gaelic learner teaching in schools. (S7O-00600)

The Minister for Innovation, Technology and Tertiary Education (Alyn Smith): The Scottish Government recognises the importance of Gaelic learner education in schools and is taking action to increase its provision. We will build on the important initiatives that are in place for Gaelic learner education, including support for teachers and resource provision. There will be further action and support from the provisions of the Scottish Languages Act 2025 and from the work of Education Scotland. With that package of measures, we will continue to support and take action to increase the provision of Gaelic learner education in our schools.

Kate Campbell: Will the minister join me in congratulating my constituent and recently re-elected member of the Scottish Youth Parliament, Summer Ramsay, on her campaign to expand the provision of Gaelic learner education in all Scottish local authorities? She has created a petition, which has had 223 signatures to date. Does the minister recognise the appetite among our children and young people to learn Gaelic, and does he agree that we should aspire to every child in Scotland being able to learn Gaelic if they want to?

Alyn Smith: I absolutely agree. I commend Summer Ramsay for her campaign and her work to take the matter forward.

The Government has provided support to increase Gaelic learner education in schools. Gaelic learner education support is provided by the Government programme for Gaelic language in the primary school—GLPS—which is co-ordinated by Argyll and Bute Council. E-Sgoil also has a contribution to make in all secondary schools where Gaelic for learners is available. There is also support from Fèisean nan Gàidheal, which provides support for Gaelic learner education in primary schools in a number of authorities.

Along with those providers, Stòrlann Nàiseanta na Gàidhlig, the Gaelic resource centre, supports GLE with good-quality resources. Stòrlann also provides Gaelic in Scotland resources that focus on learning about the history of Gaelic in Scotland, its stories, its culture and its key developments.

Along with Stòrlann's resources for secondary GLE, Qualifications Scotland provides learner qualifications.

The Presiding Officer: The Campbells are coming. The next one is Michelle.

Michelle Campbell (Renfrewshire North and Cardonald) (SNP): I am sure that my office manager will make reference to that at some point.

I note my entry in the register of members' interests, which shows that I am a councillor in Renfrewshire.

The growth of Gaelic education in Renfrewshire demonstrates the benefits of partnership working between local authorities, the Scottish Government, parents and organisations such as Bòrd na Gàidhlig. Further to the comments that the minister has already made, will he outline how that partnership working is being built on, so that more local authorities develop and expand the existing opportunities for young people to learn about Gaelic?

Alyn Smith: Michelle Campbell makes an important point. I congratulate Renfrewshire Council on establishing and supporting Gaelic-medium education, and I note the good growth in the council area because of it. The Government is committed to supporting parents who wish to access Gaelic-medium education for their children. Legislation entitles parents to request Gaelic-medium primary education, and an authority must assess such a request. That provision has been strengthened and simplified by measures in the Scottish Languages Act 2025. The provision of Gaelic education is the responsibility of the local authority, and the Government will always consider whether additional funding support can be provided.

Jamie Langan (South Scotland) (Reform): Gaelic is an incredibly important part of Scotland's cultural heritage, particularly in the Highlands and the Western Isles. However, in the Scottish Borders, where fewer

than 500 people, or 0.35 per cent of the population, can speak, read and write the language, and where it has historically had limited presence, the council is pushing for the opening of a new Gaelic primary school, with the support of the Scottish Government, at an initial cost of £190,000 and an annual cost thereafter of £210,000. Does the minister agree that there is a risk of limited educational resources being misdirected, rather than addressing the more immediate and acute needs of pupils in the Scottish Borders?

Alyn Smith: No, I do not agree at all.

Patricia Gibson (Cunninghame South) (SNP): Does the minister share my view and vision that we should have a Gaelic education system such that, one day, Gaelic has parity of esteem with other modern languages, so that every child in our schools who wants to learn the language can take up that option, as available?

Alyn Smith: I strongly agree, and not just in relation to Gaelic. I am fully in favour of multilingualism in all its forms. Gaelic is a vital part of Scotland's culture, but multilingualism is a great thing for education in and of itself. I know that from my education. It is vital that we have the resources available, although not in a compulsory manner, and that we have the legislative framework in place. We need to boost our culture, our confidence and our success as a nation through multilingualism, and Gaelic is an important part of that.

Food Price Cap

2. **Finlay Carson (Galloway and West Dumfries) (Con):** To ask the Scottish Government what action it will take in response to reported concerns raised by farmers, suppliers and retailers regarding its plans for a food price cap. (S7O-00601)

The Minister for Business and Fair Work (Tom Arthur): The consultation on the proposed cap on the price of essential food items has now closed. It sought views on the principle of a price cap and the practical considerations of any future scheme. We are analysing the responses that were received alongside evidence from our wider stakeholder engagement, including views from farmers, producers, suppliers, retailers and representative organisations. We will publish the consultation analysis and provide an update on next steps in due course.

Finlay Carson: When the consultation closed, more than 400 responses had been provided. Even before ministers have published their analysis, the verdict from across the supply chain is clear. NFU Scotland says that 81 per cent of its members oppose the proposal, the Food and Drink Federation warns that it would push pressures down the supply chain, and the Federation of Small Businesses says that smaller retailers would be put at a competitive disadvantage. With farmers, manufacturers and retailers all warning that the policy could do more harm than good, will the minister now listen and scrap the proposed food price cap?

Tom Arthur: As I set out in my previous answer, we have consulted and engaged extensively, and I am grateful to those who have taken the time to meet me. We will carefully consider all the representations that have been made through the consultation and the engagement process that was undertaken. I am grateful to everyone who has participated in that process.

Electricity Grid (Constraint Costs)

3. **Dawn Black (Angus North and Mearns) (SNP):** To ask the Scottish Government, in light of reports that network bottlenecks are increasing costs for households and businesses and limiting the efficient use of renewable energy generation, how it will work with the United Kingdom Government and energy network operators to reduce electricity grid constraint costs in Scotland. (S7O-00602)

The Minister for Parliamentary Business and Veterans (Jamie Hepburn): The Scottish Government regularly engages with network operators to support the significant investment that is required in our electricity grid. Electricity networks are reserved to Westminster, but we continue to engage with the UK Government, the Office of Gas and Electricity Markets and the National Energy System Operator to ensure the delivery of timely connections to reduce constraint costs, realise our full renewables potential and create economic growth.

We will continue to do everything that we can, within our devolved powers, to support delivery of the network, including through our planning and consenting process. It is critical that everything that is possible is done to reduce constraint costs, support investment, create jobs and ensure that communities see meaningful long-term benefits.

Dawn Black: Does the minister believe that current investment and consenting arrangements for transmission infrastructure are sufficient to address rising grid constraint costs, which are estimated to be adding about £32 to the average household electricity bill and are expected to increase further without network upgrades?

The Presiding Officer: I call Paul Sweeney to ask a supplementary—[*Interruption*.] My apologies. I call the minister.

Jamie Hepburn: That is very kind of you, Presiding Officer. Thank you. [*Laughter*.]

I agree with the inherent point in Dawn Black's question. The National Audit Office report on the electricity transmission network highlighted historical underinvestment in the grid that led constraint costs to increase from £0.6 billion in 2018-19 to £1.9 billion in 2025-26.

This is a long-standing issue. As I set out, the key levers are reserved to Westminster, but we now have some powers over consenting. We still require applications to be made, but we will shortly consult on our proposals to use new regulation-making powers to improve the process for all stakeholders. We welcome the unprecedented level of planned investment in the transmission network across Scotland over the next five years, the figure for which is about £40 billion.

Paul Sweeney (Glasgow) (Lab): Does the minister agree that reducing the total system cost of electricity is the only way to bring down bills for households and industry?

Jamie Hepburn: There are a number of ways in which we could do that. Continued investment in our infrastructure is required, as is Government action. I would have thought that that was a bold question for a Labour member to ask in a week when Ofgem announced that the energy price cap will increase by 26 per cent in January, hitting £2,166, which will be £1,000 higher than when the Labour Party came into government and promised that it would reduce bills by £300.

The Presiding Officer: The member who lodged question 4 was late in arriving to the chamber, so we move to question 5.

School Buildings (Asbestos)

5. **Marie McNair (Clydebank and Milngavie) (SNP):** To ask the Scottish Government whether it will provide an update on its discussions with NASUWT and other campaigners regarding the issue of asbestos in school buildings. (S7O-00604)

The Minister for Innovation, Technology and Tertiary Education (Alyn Smith): We engage with a range of stakeholders on issues relating to school buildings, including asbestos. Local authorities have clear statutory responsibility for the safe management of asbestos in schools, while enforcement of asbestos regulations is a matter for the Health and Safety Executive. We are abreast of the issues and will, of course, continue to listen to the views of teaching unions and other stakeholders, with the safety and wellbeing of pupils, teachers and other staff at school remaining paramount.

Marie McNair: I know that health and safety matters are reserved, but the complexities of responsibilities cannot be allowed to stand in the way of action on a known health risk. The Scottish Government can, if it wants to, provide leadership and direction. Schoolchildren and staff have the right to a safe learning and working environment, and a compelling case has been made for a long-term strategy to remove asbestos from our public buildings. Will the minister agree to meet the Clydebank Asbestos Group, me and other campaigners to set out what leadership the Scottish Government will provide to accelerate progress on the issue?

Alyn Smith: I commend Marie McNair for her advocacy on the issue, on which she has been a long-time campaigner. I would be willing to meet any stakeholders, but the legislative framework is clear that primary responsibility rests with local authorities. If there is a situation that would benefit from Government attention, I am very open to discussing it.

Young People (Employment, Training and Further Education)

6. **Gary Bouse (Falkirk West) (SNP):** To ask the Scottish Government what steps it is taking to ensure that young people have a broad range of employment, training, and further education options. (S7O-00605)

The Minister for Innovation, Technology and Tertiary Education (Alyn Smith): I thank Gary Bouse for his question—we share an enthusiasm for apprenticeships. As a Government, we are committed to ensuring that every young person can access a broad range of high-quality pathways into education, training and employment. We are strengthening vocational and work-based learning through school-college partnerships, foundation, modern and degree apprenticeships, and Developing the Young Workforce—a great organisation—alongside our commitment to fund at least 150,000 apprenticeship opportunities over the parliamentary session. For young people who need additional support, the no one left behind programme provides tailored and person-centred employability support across every local authority area. Our approach is delivering strong outcomes, and I am very committed to boosting apprenticeships. I know that the member shares my enthusiasm.

Gary Bouse: The minister will be aware of the Milburn report, which was published last week, and the United Kingdom Government's initial response. Many of the proposed measures are likely to take years to deliver. Our young people need support now, as they have to contend with a challenging economy, the rise of artificial intelligence and Labour's national insurance job tax, which has already stifled employment opportunities. Given that, what is the Scottish Government doing to create immediate opportunities for young people? What work is ongoing to ensure that there are accessible pathways in skilled trades, such as plumbing, bricklaying and joinery, which Scotland needs now and for the future?

Alyn Smith: Gary Bouse makes some really important points, with which I am in full agreement. We want to massively boost apprenticeships. He will be aware that the Scottish Funding Council is taking on new responsibilities with regard to apprenticeships from the new year. The intention is not that we do the same thing in a different place; rather, I want to see apprenticeships boosted massively and workplace learning become the norm. A focus on skills is particularly vital, which is why the new national skills planning model and framework are coming forward soon. DYW is a great organisation that can boost a lot of those efforts. I am glad of the member's support.

Julie MacDougall (Mid Scotland and Fife) (Reform): In my members' business debate yesterday, there was much discussion about making sure that all pathways to work are held in equal esteem, whether that pathway is university, college, an apprenticeship, or even learning on the job, as the minister mentioned. Can the minister provide any specific detail on how the Government will better integrate strategies on the routes to work into Scotland's high schools, regardless of how our young people wish to start their careers?

Alyn Smith: I commend Julie MacDougall for her interest in and good sense on the issue. We agree on a lot—I want to boost apprenticeships and workplace learning, be that tied to school, college or university.

We are going to look at the Scottish Funding Council's incentives to ensure that workplace learning is rewarded and recompensed, because a lot of good stuff is happening in that space. When I was at City of Glasgow College just this morning, I saw its brilliant apprenticeship plans. The member is right that that whole approach needs to be viewed across the senior phase of school and the college and university sectors. We are very seized of that.

Willie Rennie (Fife North East) (LD): Since 2019, the number of 16 to 24-year-olds claiming disability benefits has doubled. I would gently point out that when my colleague Duncan Dunlop asked the minister a question about this yesterday—[*Interruption*.]

Presiding Officer, do you want me to stop?

The Presiding Officer: I was not going to suspend the meeting at this point. I might suspend if the situation gets more disruptive.

Willie Rennie: Shall I carry on?

The Presiding Officer: Just continue.

Willie Rennie: I say gently to the minister that when my colleague Duncan Dunlop asked him yesterday what, precisely, he was going to do—[*Interruption*.]

The Presiding Officer: Excuse me, Mr Rennie. There is a medical incident, so I will suspend proceedings until further notice.

13:45

Meeting suspended.

13:54

On resuming—

Willie Rennie: I hope that the member of the public in the gallery who was taken ill is okay. I thank the parliamentary staff for responding so quickly to that emergency. [*Applause*.]

As I said to the minister, the number of 16 to 24-year-olds who are claiming disability benefits has increased dramatically—it has doubled since 2019. My colleague Duncan Dunlop asked him this question yesterday but we did not get a precise answer: what is he doing to get that figure down and ensure that those young people can get a job that they can be proud of for their whole life? Will he give us more detail?

Alyn Smith: Very happily. I stress again that the in-work benefits are a supplement to the income of a disabled person; they are not an alternative to work. They are provided on top of a disabled person's salary to help them to deal with additional costs that they might encounter because of their disability.

I think that more could be done through the no one left behind strategy to tailor support to ensure that people who cannot access the workplace or who are struggling to maintain their position in it are better supported. I will be happy to liaise with the member in due course as we take forward that work.

Meghan Gallacher (Central Scotland and Lothians West) (Con): I echo Willie Rennie's words on the incident earlier.

One area in which we are data poor is that of positive destinations. In my view, the current measurement methodology is not sufficient to enable us to truly understand what happens when a young person leaves school, whether with regard to drop-offs or changes in education or profession, and the data that it provides is time limited.

In this session of Parliament, we have an opportunity to look at positive destinations, so will the minister meet me—this is a genuine offer—to discuss the issue further, with a view to helping to improve outcomes for young people?

Alyn Smith: We had a debate on the subject just the other week, in which there was great agreement around the chamber. If the current statistics are not allowing us to target support, I am game for looking at other statistics. I will happily meet the member on that basis.

Communal Building Repairs (Local Authority Guidance)

7. **Mark Simpson (North East Scotland) (Reform):** I echo Willie Rennie's sentiments—I hope that the member of the public in the gallery who took unwell will be fine.

To ask the Scottish Government what guidance it provides to local authorities to ensure that private home owners in mixed-tenure buildings are treated fairly, adequately consulted, and can be confident of transparency in the tendering process when they are required to make a contribution towards communal building repairs. (S7O-00606)

The Cabinet Secretary for Social Justice and Housing (Shirley-Anne Somerville): I begin by apologising to the Presiding Officer and members for my late arrival for question time.

Owners of tenement properties have a shared responsibility to maintain the tenement. Decision-making arrangements will usually be set out in the title deeds or, where the title deeds do not make adequate provision, through the tenement management scheme. The Scottish Government publication, "Common Repair, Common Sense: A short guide to the management of tenements in Scotland", provides advice on owners' rights and responsibilities, while further impartial advice and practical information are available from Under One Roof.

Mark Simpson: I have been contacted by a number of constituents in Dundee—in particular, people who live on Maitland Street, as well as others—who are deeply concerned that Dundee City Council has imposed on them, as private home owners in mixed-tenure properties, roof repair bills of more than £20,000. Those demands have had a serious impact on residents, including a disabled constituent who I met, who described her inability to sleep and the effect that the situation is having on her mental health. There are significant concerns about the absence of a proper tendering process.

The Presiding Officer: Can we have a question, please?

Mark Simpson: Will the minister explain why private home owners should be expected to meet those substantial costs when they have not been properly informed or consulted from the outset? What responsibility does the Scottish Government believe that local authorities should take when owners are left facing large bills without transparency or meaningful engagement?

Shirley-Anne Somerville: As I mentioned during my original answer, all home owners have certain responsibilities, although I recognise that meeting those responsibilities—especially when that involves footing a very substantial bill—can be exceptionally difficult. That is exactly why, particularly in the case of mixed-tenure buildings where the council is involved, there is an obligation on the council to have good communication with the home owners. We would expect that of every council.

Ben Macpherson (Edinburgh North Eastern and Leith) (SNP): The situation that has been raised re-emphasises the need for all of us, collectively, as we go into the new year, to look at the Tenements (Scotland) Act 2004 and the Property Factors (Scotland) Act 2011 and at what reforms are required for the benefit of

urban Scotland. In particular, I ask the Scottish Government whether, if I bring a case regarding the gas district heating system in the Engine Yard in my constituency, it will give that its attention.

Shirley-Anne Somerville: I will be very happy to receive further correspondence from Ben Macpherson on the situation that he mentioned at the end of his question.

We have previously spoken about the Government's determination to take on work in relation to repairs in tenement buildings. I will be happy to keep the member—and, indeed, other members who are interested in the issue—updated on progress in the new year.

Planning Conditions (Enforcement)

8. **Katie Hagmann (Carrick, Cumnock and Doon Valley) (SNP):** To ask the Scottish Government what action it can take to strengthen the enforcement of planning conditions. (S7O-00607)

The Minister for Public Finance (Hannah Mary Goodlad): Planning authorities already have a wide range of enforcement powers available to them, which can be used to address any breach of planning conditions. Use of those powers in any particular circumstance is a discretionary matter for the relevant planning authority. Any such action should be in proportion to the scale of the particular breach.

Katie Hagmann: Does the minister recognise the significant frustrations that are experienced by residents when private developers leave housing sites incomplete, particularly when roads and drainage infrastructure have not been finished to an adoptable standard, leaving local authorities and agencies unable to take responsibility for their maintenance? What consideration has the Scottish Government given to strengthening enforcement powers or developer obligations?

Hannah Mary Goodlad: I thank Ms Hagmann for her interest in and dedication to the subject. I absolutely recognise the frustration of local communities when that happens.

National planning framework 4 promotes an infrastructure-first approach, which places infrastructure planning and delivery at the heart of placemaking. We encourage planning authorities to use their existing powers to enforce conditions and planning obligations, including powers to enter any land and carry out required works, recovering the cost from the responsible person.

UK Immigration Policies (Impact on Universities)

9. **Heather Anderson (Dundee City West) (SNP):** To ask the Scottish Government what assessment it has made of the impact of the United Kingdom Government's immigration policies on Scottish universities and their research programmes. (S7O-00608)

The Minister for Innovation, Technology and Tertiary Education (Alyn Smith): I thank Heather Anderson for raising a really important issue, because it is causing problems across the tertiary sector.

Scottish universities benefit significantly from international talent, but we must realise that restrictive UK immigration policies, including limits on student dependants, risk weakening the ability of our universities and colleges to recruit globally and sustain internationally competitive research.

These are big numbers. In 2024-25, 41 per cent of research-active academic staff in Scottish universities were international. Although the global talent visa remains an important route for universities to recruit international researchers, increasing visa fees and the immigration health surcharge have raised the up-front costs for researchers and their families. That has created additional financial barriers for our universities in seeking talent, to the detriment of Scotland and the UK.

Heather Anderson: Earlier this month, I joined Scottish parliamentary colleagues on an inspiring visit to the life sciences department at the University of Dundee, where we heard at first hand about its groundbreaking research into Parkinson's. The research is truly world leading, and on that visit, we met researchers of 30 different nationalities.

As the minister explained, the barriers are very frustrating. Does he agree that the UK Government's hostile approach towards students and researchers is damaging for the sector? Will he outline what representations he has made to the UK Government about the impact that it is having on our universities?

Alyn Smith: We have been active on this issue. Pending independence, when we would have powers in Scotland over this, we have made representations to the UK Government on having a post-study work visa. It frustrates me terribly that big chunks of public money are being put into promoting Scotland and the UK as destinations, while the Home Office is implementing a policy that is utterly detrimental to that effort. It is boneheaded and ruinous, and it is being carried through for the worst reasons. We want to see it stop. We want to see powers over immigration in this Parliament, where we will design a system that works for Scotland, our universities and our society.

The rest of this Official Report will be published progressively as soon as the text is available.

Local Governance (Community Consultation)

10. **Colm Merrick (Glasgow Anniesland) (SNP):** To ask the Scottish Government whether, alongside its discussions with local authorities, the Convention of Scottish Local Authorities and trade unions, it will hold formal discussions with community councils and community organisations regarding how local governance can be reshaped to support improved public services, in light of its view that new community-level structures will be required to give communities a greater voice. (S7O-00609)

The Cabinet Secretary for Public Service Reform (Ivan McKee): The Scottish Government is working with partners, communities and the public to shape reforms that will deliver better outcomes, strengthen local decision making and ensure that services remain sustainable. We have already held two sessions with more than 300 community councillors, and a round table with members of the democracy matters steering group, which includes community organisations. We are organising a session in December with members of the Scottish Communities Alliance to seek a range of views. Those sessions will be important to help to understand how reforms can support community participation and empowerment.

Colm Merrick: The current public consultation on local government reform is available online only, leading to concerns that those who might be digitally excluded will not have the opportunity to contribute. What steps will the cabinet secretary take to address those concerns?

Ivan McKee: I thank Colm Merrick for bringing attention to the consultation portal, which is now open. I encourage everyone to take part in that process. However, I recognise that not everyone will be able to respond to the engagement online. Responses can therefore be accepted by email or by post, too. In addition, officials are meeting representatives from disabled people's organisations to hear directly from them what we can do to ensure that people can contribute to the ongoing dialogue in a range of ways, including options that do not rely on access to the internet.

The Presiding Officer: That concludes general question time. I am pleased to say that we were able to take all the supplementary questions that were requested.

First Minister's Question Time

Party Leaders

14:05

The Presiding Officer (Kenneth Gibson): The next item of business is First Minister's question time. To kick us off, we have Michael Marra, who has seven minutes for questions and answers.

NHS Grampian

Michael Marra (North East Scotland) (Lab): There are vast and increasing numbers of urgent questions on the NHS Grampian scandal. I have seven such questions that I need to get through, which I will keep very short. I would be grateful to the First Minister for short, clear answers and to you, Presiding Officer, for facilitating that.

In the past hour, the Government's chief medical officer has resigned. Did he make that decision himself, or did the First Minister ask for his resignation as this scandal at the heart of the Government has unfolded?

The First Minister (John Swinney): The chief medical officer took his own decision to leave office. He has explained his reasons for doing so. I pay tribute to Sir Gregor Smith for the service that he has given in the role of chief medical officer, recognising that he took that on in the midst of Covid and has served Scotland since then.

Michael Marra: We will all have sympathy for the pressures of such positions. Two weeks ago, the First Minister erroneously claimed that personnel changes at NHS Grampian meant that the situation was on the road to recovery. There must be accountability. Will Gregor Smith be held accountable for his part in the scandal?

The First Minister: The former chief medical officer made clear in his statement his intention to comply with the review that the Cabinet Secretary for Health and Care and I took the decision to instigate at the weekend, which was announced on Saturday morning.

Michael Marra: Why did the now former chief medical officer not tell ministers about the buried 2022 report when surgery was again stopped in 2024 and when it was, once again, stopped earlier this year?

The First Minister: This is where I will have to give a more detailed answer to the point that Mr Marra raises, because it goes into the context of the announcement that we made at the weekend that an independent review into the handling of hepatopancreatobiliary—HPB—cases in NHS Grampian will be carried out. We did that because of the gravity of the issues that are involved and the importance of establishing a full and transparent account of how those have been handled by NHS Grampian and the Government.

The Parliament will have the opportunity on Tuesday to discuss the approach to that review, because I want the Parliament to be confident that the review is able to provide the assurances that are required. Some of the issues, such as the one that Mr Marra has just raised, can be addressed only in that independent process. I do not want to prejudge the review, but I recognise the need to respond to any questions put to me by the Parliament. Indeed, the ministerial code requires me to provide information to the Parliament to the best of my knowledge at the time. I will, therefore, address the issues that are put to me on that basis.

In October 2022, a report by Professor Stephen Wigmore regarding HPB surgery at Aberdeen royal infirmary was received. The contents of that report are deeply concerning. It is clear that a series of actions took place thereafter. Surgery was stopped. NHS Grampian has stated that it fulfilled its duty of candour with affected patients' families. Professor Wigmore put in place various supports over a period of six months, including witnessing surgeries in particular operating theatres. On 3 May 2023, Professor Wigmore noted in a letter that he was

"confident to endorse a resumption of normal activity",

and, in NHS Grampian, low-risk surgeries in that discipline resumed after that time.

Many issues about the sequence of events in the intervening period have been addressed. However, I continue to remain dissatisfied with some of the answers that I have received, which is why the cabinet secretary and I have ordered a full and independent King's counsel-led review. The Government has committed to publishing that review in full, and the Cabinet Secretary for Health and Care will report back to Parliament.

Regarding the issue that Mr Marra put to me in his specific question, I am grateful to have had the opportunity to set out the detail that I have, but I simply do not have the answer to that question. That is why we need the independent review to provide public satisfaction and confidence, and I am committed to ensuring that that is the case.

Michael Marra: I trust that that question will be directly addressed in the review.

It is beyond doubt that the chief medical officer knew about the deaths, and the claim is that he did not tell ministers. Can the First Minister give us an assurance that there are no more official reports into avoidable deaths buried anywhere else in Scotland's national health service?

The First Minister: There are not to my knowledge. I am, obviously, carefully and closely scrutinising all that is happening in these areas.

I take the opportunity to make it clear that, when there are issues to be addressed, I expect them to be addressed by ministers and shared openly with the public and with Parliament. That is my expectation and the culture, and it is why the health secretary and I took the decision that we took on Saturday morning. I accept that there are legitimate questions, and we decided that the only way to address all the issues is to make all the information available to public scrutiny, which is what we are committed to doing.

I use this platform of First Minister's questions to make it clear to everyone who is operating in the health service or in other public services that that is the approach that I expect to see taken and that is what I will insist upon.

Michael Marra: Can the First Minister confirm that all 19 bereaved families of patients identified in the 2022 report have been explicitly told that their loved ones died an avoidable death?

The First Minister: My understanding is that NHS Grampian was able to contact all but two families. My understanding, based on the information that I have, is that NHS Grampian endeavoured to engage with every family involved but was unable to contact two families.

Michael Marra: The buried report investigated 45 cases. Last night, the whistleblower, Dr Habib, told me of 62 cases involving patient harm. Is the First Minister confident that the number will not rise further?

The First Minister: I do not know what time period is covered by Mr Marra's observation about the information shared by Dr Habib, but it is a matter of public record—indeed, the health secretary said this in her statement to Parliament on Tuesday—that concerns about the HPB service at Aberdeen royal infirmary were first raised in 2012 as a consequence of the HPB network audit of 2010.

On a number of occasions in the intervening years since 2012, there has been intervention to address the issues and concerns. I acknowledge that there has been on-going concern about the quality and safety of what are a very isolated number of procedures undertaken by NHS Grampian. Once again, I do not want to prejudge the review, but my reading of what I am looking at is that the pattern identified here demonstrates that complex HPB surgery should be undertaken only where there is a sufficiently large case load to enable surgeon expertise to be delivered.

That raises issues for us about the delineation of services around the country. Those concerns have been aired and addressed over a number of years, and I hope that I am satisfactorily indicating to Parliament that the Government is determined to take an open-book approach to all those issues.

The Presiding Officer: This is your final question, Mr Marra.

Michael Marra: All those cases must be investigated, and that investigation must be comprehensive. The Patient Safety Commissioner this morning expressed deep concerns about the scope and detail of the investigation as set out so far by the Government. The Government is clearly implicated heavily in all of this and cannot have oversight of the review. Labour has secured a debate next week on this vital issue. Will the First Minister now concede that Parliament should have a vote to agree the review's terms of reference?

The First Minister: The health secretary had an extensive discussion with the Patient Safety Commissioner this morning, and I met the commissioner some weeks ago—I am pretty sure that it was before the HIS report had been published, or maybe it was around that time. I welcome the Patient Safety Commissioner's engagement. She has raised a number of issues with the health secretary, who is working closely to make sure that the commissioner's perspective is integral to the approach that the Government takes in the review.

On the issue of a parliamentary vote on the terms of reference, I want to be as collaborative as I possibly can be. I would actually prefer that it did not come down to a vote. I would rather that Parliament was, in the words that I used earlier—if members will excuse me for a moment—confident that the review is able to provide the assurances that are required.

One slightly technical point, which is very much the kind of technical detail with which I have to occupy myself, is that, if it is to be an independent review, the reviewer has to be able to stipulate elements of the terms of reference. I am all for gathering the opinion of Parliament and making sure that we embrace the opinions of Parliament—I am signalling that to Parliament today—but I have to reserve the position of the reviewer, to make sure that they are satisfied with the terms of the review.

I very much welcome the fact that the Minister for Parliamentary Business and Veterans has taken the initiative, at Jackie Baillie's suggestion, to have the debate on Tuesday. We will have that debate, but I would be keen to get to a position where we can, as a Parliament, agree on the issues that have to be addressed.

I want nothing but openness on this issue, so that we can provide satisfaction to patients and families and make our contribution to strengthening public confidence in our national health service. One of the things that I am worried about in all of this is that it concerns a particularly complex type of surgery that has been undertaken in NHS Grampian. Every day, there are, on average, 5,500 procedures undertaken in our health service, and the overwhelming majority of those procedures are carried out absolutely satisfactorily. I totally understand the public interest and concern, and the legitimate scrutiny of the situation in Aberdeen, but I also have to be mindful of the need to maintain public confidence, because our people need to access our healthcare services. I view it as part of my duty to build the public confidence to enable people to do that, and Tuesday's debate is an opportunity to start that process.

The Presiding Officer: I allowed a lot of leeway with those questions today, but I am sure that members will understand that this is a very serious and prescient issue.

United Kingdom-European Union Agreement

Malcolm Offord (West Scotland) (Reform): The European Union debate has returned to these shores with Breturn, Andy Burnham's sell-out deal preparing for a return to the EU. Can the First Minister promise that, whatever grubby deal is eventually agreed with the EU on migration and student fees, the number of Scottish students at Scottish universities will not be reduced? Will he ensure that working-class Scots are not excluded from their own universities by the middle-class children of EU bureaucrats?

The First Minister (John Swinney): Presiding Officer, I begin by expressing my thanks to you for the leniency that you showed in relation to the previous question. I appreciate that it is important that I am able to communicate directly with Parliament and with the public.

In response to Mr Offord's question, I want to establish that there is quite a contrast between it and the manner of Mr Marra's approach to an incredibly sensitive issue to try to make progress in the public interest in Scotland.

We wonder why we have a problem with discourse in our country when the leader of the third-largest party in the Parliament talks about a "sell-out" and a "grubby deal". The language is just awful, and it is awful every single week. No wonder we have a problem with the discourse in our country, given the discourse that we get here.

On the substance of the question about the EU, I make it clear, first of all, that I welcome the steps that the Prime Minister has taken. I think that Brexit has been a disaster. At long last somebody else is beginning to accept the position that my party has taken since 2016: that it has been a calamitous disaster.

On the specific question about Scottish students, my Government has enabled more working-class children from Scotland to get to university than any other Government in all of time. That is something that I am very proud of—but the idea that I have got to explain myself to Malcolm Offord, who is here to spread all this division within our society! We have done our bit to get more working-class kids into Scottish universities, and I want to make sure that that is the case for the years to come.

Malcolm Offord: Despite the slurs thrown in our direction, we will continue to ask the questions that the public want to hear answers to, and we will continue to stand up for Scottish young people.

We also want to continue to stand up for Scottish researchers. Does the First Minister understand that the James Hutton Institute in Invergowrie and the Roslin institute in Edinburgh are leading the world in agriscience through pioneering gene editing to breed disease-resistant crops and animals, which will improve agricultural yields and reduce food prices? However, that work will be stopped by the imposition of EU regulations. Why does the First Minister allow other countries to benefit from world-leading Scottish agriscience but not Scotland?

The First Minister: I would have thought that Mr Offord might have done his homework a little bit better than he has obviously done today. I have the enormous privilege of being the constituency member of Parliament for the James Hutton Institute in Invergowrie. It is a world-class institution. It has contributed phenomenally to the development of the agricultural sector in Scotland, with new product varieties being developed and significant enhancement of seed potatoes, soft fruits and barley. My goodness—the International Barley Hub developments that have been taken forward as a consequence of the Tay cities deal have hugely enhanced the reputation and the strength of the James Hutton Institute.

What I would say about the James Hutton Institute is that, whenever I go in there—I go in frequently, and I am a great admirer of the leadership of Professor Colin Campbell—it is like going into the United Nations. I see a gathering of researchers from around the world who have come together to work, to collaborate and to share their minds and their intellect so that the agricultural sector in Scotland can develop. What has been the biggest threat to that? Brexit, Reform and all the stupidity of Malcolm Offord's ideas.

Malcolm Offord: I have to thank the First Minister for making my point for me. He just gave us a list of all the world-class science that is being done in the James Hutton Institute at Invergowrie, which will now no longer be allowed to progress because of the deal that has been done on EU regulations. Not only that, but that new EU reset deal will pile costs on the 90 per cent of Scottish food manufacturers that do not export, and it will add costs to one third of food imports that come here from outside the EU.

Does the First Minister understand that even the smallest cafe in Scotland will now have to operate under onerous EU rules on packaging, labelling, ingredients and marketing? Why does the First Minister wish to make life even harder for small businesses in Scotland?

The First Minister: The National Institute of Economic and Social Research estimates that, in 2025, the UK economy was 3.2 per cent smaller than it would have been if we had maintained EU membership, a reduction that is expected to increase to 5.7 per cent by 2035. Malcolm Offord never comes here and honestly defends the implications of that shocking Brexit deal.

I have no worries about the science base of Scotland being able to work with people from other countries and to reach out and create new developments, because Scotland has always been an outward-looking country. We have always had researchers who are interested in making connections, developing new ideas and ensuring that they co-operate, given our intellectual capability. That is what is offered by co-operation with Europe, not the small-mindedness of Reform. That is what has made Scotland the outward-looking country that we are today and I am determined to make sure that that remains the case.

Malcolm Offord: Let me explain to the First Minister that the OBR projections were projections, and they did not happen, because they did not happen the world over—that was la-la land. In the real world, the UK has increased its gross domestic product more than any other European country.

When it comes to international outlook and international waters, let us talk about fishing. Does the First Minister support access to Scottish waters by EU fishing boats for another 12 years, to 2038, with an estimated loss of £300 million per annum? Is that a price worth paying for a silly EU reset deal?

The First Minister: Arrangements were put in place as a consequence of the Brexit deal that, if my memory serves me rightly, was negotiated by the Conservative Government. I have not forgotten that, have I? No. The current access to Scottish waters that European countries enjoy for fishing purposes was actually agreed by the Conservative Government of which, if I am not mistaken, Malcolm Offord was a member. It is completely preposterous for Malcolm Offord to come in here and blame me for the stupidity of Conservative Party deals of which he was a part. That is the absurdity of Reform in Scotland today.

Shivat Zion

Ross Greer (West Scotland) (Green): On Sunday, an organisation called Shivat Zion held an event in Glasgow. That organisation encourages people in the United Kingdom to move to illegal Israeli settlements in occupied Palestine. Palestinians are being dragged from their homes, beaten and murdered by Israeli settlers, and that group is urging people in Scotland to take part in the occupation. If the organisation were promoting Russia's illegal occupation of Ukraine, that clearly would not be allowed. Amnesty International has pointed out that

"Israeli settlements are central to Israel's violent theft of Palestinian land"

and has called on the UK Government to ban Shivat Zion from promoting the settlements. Members of the Jewish community organised a protest against the event, making clear that it was not taking place in their name.

Does the First Minister agree with my constituents that encouraging people in Scotland to take part in an illegal occupation is completely unacceptable?

The First Minister (John Swinney): I agree with that point, because my party and Government advance important principles on the issue of pursuing a two-state solution in the middle east, which involves the enforcing of the legitimacy of the Palestinian territory, and that is undermined by the presence of illegal settlements. I remain committed to the two-state solution.

I understand that Jewish community members arranged demonstrations to make their views heard, but I want to make clear that the right to peaceful protest must be expressed on all occasions, and that approach will be taken to the handling of any of these matters.

Ross Greer: I thank the First Minister for that answer, because it is important to hear leadership from the Scottish Government when it comes to upholding international law, especially when such violations are being encouraged from here in Scotland.

Turning to another matter, our energy bills are about to go up by an average of about £440 in January, but analysis by the Scottish Greens has shown that, if every hyperscale data centre application in this country gets the go-ahead, that could push up electricity bills by an additional £317 a year.

The First Minister has stated that it is his Government's aim to attract more data centres to Scotland but, when Scots are already being hammered by rocketing fuel bills, we should not have to pay another £300 a year to line the pockets of big tech firms. How much is the Scottish Government willing to make people pay in order to build hyperscale data centres?

The First Minister: Mr Greer will not be surprised to hear that, with regard to his characterisation of the issue, I do not quite see it that way. Many data centre applications are being mooted or suggested in Scotland. If I heard him properly, Mr Greer said that all of those data centres would go ahead. Mr Greer will know and appreciate that there is absolutely no question that all of those data centres can go ahead. That is just not conceivable.

As I set out to the Parliament last week, the Government has committed to introducing the necessary planning guidance on artificial intelligence data centres, which will address all those issues around energy demand and the use of our natural environment and water resources. We must make careful judgments about AI data centres, the energy that they use and the impact that they have on the environment. The work that ministers are taking forward will be set out fully to the Parliament.

Let me say this about energy costs: I am appalled by the scale of the projected increase in energy costs in January. A 26 per cent increase in energy costs, on top of all the issues that people are facing with the cost

of living, is a hammer blow to families in our country. That is a rise of £440 in one year as a consequence of rising energy bills. In an energy-rich country such as Scotland, it is absurd that we are paying those energy bills. That projected increase demonstrates why Scotland's energy should be in Scotland's hands. That will happen when Scotland is independent.

Ross Greer: The First Minister is right that it is absurd for people in Scotland to be paying that much for our energy bills. However, I asked him about his Government's stated intention to build more hyperscale data centres in Scotland—something that will increase those energy bills. He said that he does not see it that way, but we can see with our own eyes the evidence just across the water in Ireland, where it has already happened. Because of data centres, people in Ireland are paying more than €300 a year extra for their electricity bills.

I am glad that the First Minister said that not all the applications that are currently in the pipeline will go ahead. If not all of them will go ahead, causing a £317 increase in our energy bills, how much of an increase in people's energy bills is the Scottish Government willing to tolerate to have data centres built?

The First Minister: Quite a few carts got before the horse in that question. The Government will set out to the Parliament planning guidance, which will be subject to scrutiny and will explore all those issues around the use of resources, the cost implications and the impact on the natural environment. The Parliament will have the opportunity to scrutinise that. As I confirmed to Gillian Mackay last week, that will happen before the Christmas recess, and there will be an opportunity for members of the Parliament to engage on that issue.

NHS Grampian (Helen Fotheringham)

Russell Findlay (West Scotland) (Con): Helen Fotheringham should be alive today, but she is dead, due to a series of failures by NHS Grampian. A formal review found that, over six years, opportunities to detect and cure her cancer of the oesophagus were repeatedly missed. Helen's husband, John, has spent four years fighting for answers. He told me:

"My wife, Helen, was killed by these people. I want them held to account, individually and institutionally."

Does John Swinney support his calls?

The First Minister (John Swinney): First, I want to express my sympathies to Mr Fotheringham on the loss of his wife. It will be heartbreaking for him and I am sorry that he has lost his wife. I do not know the details of the case; if Mr Findlay were to write to me about it, I will have it examined.

I hope that, in the Parliament today, I have made it absolutely crystal clear that I want us to be open with members of the public about issues whereby healthcare does not deliver the outcomes that we all want to see. I am looking in closer detail at lots of issues about healthcare and I have spent a huge amount of my time as First Minister engaging on such questions. There are processes that do not work out, complications that arise and issues that emerge. We cannot be guaranteed about the healthcare outcomes that we want to see, but we must assure members of the public that they will get good, open, transparent explanations about what has happened.

If Mr Findlay would like to write to me about the details of Mrs Fotheringham's case, I will examine those issues and give him a full response.

Russell Findlay: Thank you.

There is shocking evidence of a cover-up following Helen's death. NHS Grampian should have automatically ordered a significant adverse event review, but it did so only after John, her husband, threatened to commission his own.

NHS Grampian should also have automatically notified the Crown Office, but it did not, which forced John to do so instead. John said:

"NHS Grampian is sick from top to bottom, and that infects the entire organisation. There are good people, but they are also being failed by this corrosive culture."

This tragic case confirms that problems go beyond avoidable deaths in one surgical unit, so does John Swinney agree that the remit of his Government's review is too narrow and that it must be widened?

The First Minister: I understand the strength of the opinion that was put forward by Mr Findlay on this case. He is representing the interests of Mr Fotheringham, and I understand that. However, I have to come back to one of the points that I made in response to Michael Marra, which is that there is a need for us to be conscious of the responsibility to maintain public confidence in our healthcare services.

I am not going to stand here—I never have done this—as the First Minister and say that everything will be perfect in our national health service. I want it to meet the highest standards. I want patient safety to be

absolutely at the core of everything that is achieved. When things go wrong, I want us to be open and transparent about these issues. That is my expectation. That is what the health secretary is telling chairs of boards that she wants to see in place, on my behalf and at my direction. I want to ensure that that is the case.

Where I can help Mr Fotheringham, I will try to. I will respond to Russell Findlay when he writes to me about that case.

However, on the independent review that we have initiated, as I explained to Mr Marra, we are going to have a parliamentary debate on that on Tuesday. I do not want us to have to have divisions on that. I do not think that it is healthy for us to have amendments here and amendments there and to put in this bit and that bit and all the rest of it. I would rather that the Parliament reaches a point of satisfaction at which we all say, "Right, that's it. That is good. That is what will give us the scope that we need to address these issues."

That is the offer that I make to Mr Findlay. I know that he feels strongly about these issues. That is why I am trying to create the space for Parliament to come to an agreement and commission an independent review. Let us get to the bottom of this and learn the lessons of it, then Scotland's health service will be stronger for it.

Russell Findlay: Any lack of confidence in the health service is not due to the concerns of grieving families or the questions of Opposition politicians. I want to leave the final words to John Fotheringham, who said:

"It's not only about the death of Helen; it is about the board's lies, obstruction and suppression of evidence. I would characterise their behaviour as evil. Ultimately, this is the fault of the Government, because they allow Scotland's NHS boards to act with impunity."

In NHS Grampian, NHS Tayside, NHS Lothian and NHS Greater Glasgow and Clyde, it is the same pattern: patients dying and families lied to. When will John Swinney accept that his Scottish National Party Government bears responsibility for every single one of these scandals?

The First Minister: I want to make it absolutely clear that there is no way that I act in a fashion that allows NHS boards to act with impunity. I know that those were Mr Fotheringham's words.

Russell Findlay: They are.

The First Minister: I know, and I know that they have been repeated by Russell Findlay and I know that he is shouting at me in Parliament, as usual, but I want to make it absolutely clear to Parliament and to NHS boards the length and breadth of the country that the First Minister of Scotland does not believe that NHS boards can act with impunity. They are accountable, and my Government will hold them to account, because I am not going to tolerate a situation—

Russell Findlay: It is too late.

Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con): It is too late.

The First Minister: Well, let us see what progress we can all make when we discuss the review on Tuesday. Let us see whether, in the public interest of Scotland, we can actually do the job that puts boards under scrutiny. Where we see situations that have happened, let us tackle that.

I accept that there are issues in the health service, but my Government has approved the holding of public inquiries on the Queen Elizabeth university hospital and in relation to the Eljamel scandal. When things go wrong, the Government is prepared to confront those issues, and that is exactly what I will do as the First Minister.

NHS Grampian

Alex Cole-Hamilton (Edinburgh North Western) (LD): We will engage with the review, but the First Minister and his Government need to be open about everything. The tragedy at NHS Grampian goes much further than the role of the chief medical officer. Nineteen people died. The Government knew about it, but said nothing. Why do ministers always seem so surprised about what is going on in the national health service that they claim to run? Can the First Minister guarantee right now that the valid concerns of other NHS staff are not being overlooked, as they were in NHS Grampian?

The First Minister (John Swinney): As the Cabinet Secretary for Health and Care set out on Saturday, and as she made clear in her statement to Parliament on Tuesday, the Government has committed itself to complying fully and openly with all the issues in relation to the review that we have instituted. We will co-operate and make available all the documentation and necessary personnel to participate in that review. We can have that discussion on Tuesday so as to come to some conclusions.

In relation to concerns by members of staff, there are established and operational whistleblowing arrangements in place for members of staff to raise concerns, and I would encourage them to do so.

Alex Cole-Hamilton: Those arrangements are certainly in place, but the problem is that the First Minister's ministers do not seem to listen to the warnings that they get from NHS staff. It is happening right now with Vision, the bug-riddled information technology system that the Government is forcing on general practitioner practices across Scotland. Today, I can reveal that the cost of that system has skyrocketed to £90 million. Yet GPs are telling us, for example, that this has been one of the most damaging operational changes that they have seen in 25 years. Another GP said that Vision looks like Windows 95 and moves just as slowly. The system is so absurd that the user has to click on an icon of a bow tie to refer someone to a consultant, as if all consultants are men.

It is costing £90 million for what looks and feels like 90s tech. Once again, the Government is not listening to the warnings. What do GPs have to do to get the First Minister's attention?

The First Minister: I have engaged on this subject in response to questions from Mr Cole-Hamilton, and I think I have also answered a question on the matter from Mr Harley. I am fully engaged on the issue, as is the health secretary.

Work is being taken forward between Scottish Government officials and Public Services Delivery Scotland, with a range of stakeholders and the company responsible for the Vision GP IT system that has been procured. The existing GP system, the EMIS system, will come to the end of its life in June 2027, so a replacement must be put in place.

We have provided additional funding support to Public Services Delivery Scotland and health board teams to support GP practices through the use of the new system. The idea that we are not engaging on the matter is just not correct.

I want to make progress and I want people to be able to access their GP services. I will arrange for the health secretary to engage with all relevant parties about how that can be addressed.

Alex Cole-Hamilton: We have heard nothing new there. The issue does not just concern GPs; prescriptions are being delayed and duplicated because of Vision. *The Courier* revealed how a woman could not get vital chest infection medication. A Highland GP said that tasks are taking three to four minutes that previously took 10 seconds. A GP in Glasgow said that the Scottish Government has overseen the greatest net loss in GP appointments in memory. We can now reveal that another 300 GP surgeries will shortly have Vision forced upon them. Why will the First Minister not listen, oppose the roll-out and actually get a grip on this emerging crisis?

The First Minister: I am very happy to engage on this question. The last thing that I want is GP practices having difficulties. I do not know quite what Mr Cole-Hamilton is gesticulating to me about, but I am happy to engage on it. We have put in more money to provide more support to Public Services Delivery Scotland to support the roll-out, and I understand that many practices are operating effectively with the system.

As I have told Parliament, the existing system is going to reach the end of its life. I hear the language that Mr Cole-Hamilton uses about forcing the system on GPs, but the existing system will come to the end of its life in June 2027. It would be completely irresponsible of the Government not to act to try to ensure that these issues are addressed and that a good and effective system is in place.

If Mr Cole-Hamilton wants to have a discussion with the relevant officials and the health secretary, we will arrange for that to be the case.

Alex Cole-Hamilton *rose—*

The Presiding Officer: Mr Cole-Hamilton, I am afraid that you have exceeded your time on this occasion. Nae luck. That concludes questions to the First Minister from party leaders.

World AIDS Day 2026

The Presiding Officer (Kenneth Gibson): The next item of business is a debate on motion S7M-02216, in the name of Alison Thewliss, on world AIDS day 2026. Members who wish to speak in the debate should press their request-to-speak button now.

The Deputy Presiding Officer (Katy Clark): It would be helpful if those who are leaving the public gallery could do so quietly, to enable proceedings to continue.

14:48

The Minister for Community Care (Alison Thewliss): I am pleased to open this debate to mark world AIDS day 2026, which falls on 1 December. [*Interruption*.]

The rest of this Official Report will be published progressively as soon as the text is available.

The Deputy Presiding Officer (Katy Clark): I apologise for stopping you, minister.

I ask those who are leaving the public gallery to refrain from speaking, to enable chamber business to continue.

Alison Thewliss: I am pleased to open this debate to mark world AIDS day 2026, which falls on 1 December. I am particularly proud to speak to the Scottish Government motion in my name, and I note that we will accept the amendments.

World AIDS day offers a moment of remembrance and a reminder of what sustained action can achieve. In my remarks, I will focus on three things: remembrance; recognising the progress that we have made; and our shared determination for the work ahead.

World AIDS day is first and foremost a time to remember. We remember those who have lost their lives to HIV and AIDS in Scotland and around the world, and we offer our deepest sympathies to those who loved and miss them.

Recently, I had the privilege of visiting the United Kingdom AIDS memorial quilt at Tramway in Glasgow, where it was displayed in full in Scotland for the first time. Each of the quilt's panels tells the story of a person's life and the people who loved and remember them. The quilt is both a powerful memorial and a reminder of the activism that demanded recognition, dignity and action at a time of profound loss and stigma. For me, the most powerful panels are those on which people's names remain hidden until such time as stigma has gone. They remind us all that there is still much more to do.

Today, we also recognise the extraordinary contributions of activists, people with lived or living experience, community groups, clinicians, researchers and others who, over decades, have transformed our response to HIV.

Advances achieved since the height of the AIDS crisis have been remarkable. With effective treatment, people living with HIV can enjoy long, healthy lives. Someone taking effective treatment who has an undetectable level of HIV in their blood cannot transmit HIV through sex. We now have highly effective ways of preventing HIV, including medications for pre-exposure prophylaxis, or PrEP.

However, science alone does not end an epidemic. People need access to prevention, testing, treatment and care without fear of stigma or discrimination.

The transformation that we have seen did not simply happen—it was driven by decades of activism, research, advocacy and determination, not least from people who were living with HIV themselves. The American activist and co-founder of the US quilt project, Cleve Jones, powerfully implored younger generations at the unveiling of the quilt to continue the fight. That message was important, not least considering the impact that cuts to US aid will have on progress against AIDS across the world.

The theme chosen by the United Nations programme on HIV/AIDS—UNAIDS—for this year's world AIDS day is particularly fitting: ending AIDS starts with access. We in Scotland have made that start. The latest figures from Public Health Scotland show just how much progress has been made in recent years. In 2019, 85 people were diagnosed with HIV who were thought to have acquired the infection in Scotland. By 2025, that number had more than halved. The estimated number of people diagnosed with recently acquired HIV has also more than halved, from 42 in 2019 to just 20 in 2025.

Prevention is reaching more people. In 2025, almost 2,400 people accessed PrEP through the national health service for the first time. That progress reflects years of work across prevention, testing, treatment and care, and the commitment of our NHS, third sector, researchers and people living with HIV. PrEP has played a crucial role. The current HIV transmission elimination delivery plan has explored how access to it can be made easier and more equitable, including through online provision, primary care and targeted outreach models. The latest data shows increased PrEP uptake among women and trans and non-binary people, although we know that there is further to go to ensure that everybody who could benefit from PrEP can access it.

We have taken important steps to make HIV testing more routine. Following earlier pilots, emergency department opt-out testing for HIV, hepatitis B and hepatitis C began at NHS Grampian in 2025, and was launched in NHS Greater Glasgow and Clyde and NHS Lothian this year. Its impact will be carefully evaluated to inform our future decisions and approach. Today, a new HIV indicator condition toolkit is being launched to support clinicians across primary and secondary care to make HIV testing a more routine part of care when people present with conditions that are associated with undiagnosed HIV.

Sadly, HIV stigma has not disappeared as quickly as medicine has advanced. That is why the Scottish Government funded Waverley Care's launch of its HIV informed learning hub on world AIDS day last year. Its

free learning resources support people who provide health and social care to understand the reality of HIV today and to provide informed, stigma-free care. Earlier today, training on that was being delivered by Emma McAnally, an inspirational woman who shares her experiences on Instagram as a positive mum of two. Emma's openness, advocacy and work with Waverley Care have helped to challenge outdated assumptions and bring that learning to life. Her work is a powerful reminder that that learning matters not only in specialist HIV or healthcare services but right across social care. Work is under way to embed that learning more widely across health, social care and professional education, because everyone living with HIV should be able to access care while feeling confident that those supporting them understand the reality of HIV today.

We should also recognise how much has been achieved through Scotland's HIV transmission elimination delivery plan. The plan set out 34 actions, the majority of which have been completed. It put national HIV co-ordinators in place, to work alongside local HIV transmission elimination champions, in every territorial health board.

There has been progress on workforce education, PrEP, emergency department and indicator condition testing, surveillance and understanding of missed opportunities for earlier diagnosis. Through Public Health Scotland's HIV re-engagement initiative—THRIVE—work has begun to confirm the care status of people who may no longer be attending specialist HIV services, and to support them to reconnect with services where needed. Following the successful pilot, THRIVE will be rolled out across Scotland next year.

All that progress has been possible only through the strong partnerships that we have. I place on record my thanks to Public Health Scotland, national health service boards, third sector partners including Waverley Care, the Terrence Higgins Trust and the many clinicians, researchers, community organisations and advocates who have contributed. Above all, I thank those people with lived experience of HIV who have shared their expertise and challenged Government and services to do better.

We have the tools; the challenge is now to ensure that they reach everybody who needs them. That means giving those people access to prevention, texting and effective treatment support, without stigma or discrimination. That is what will ultimately determine whether we achieve our ambition of ending HIV transmission in Scotland by 2030. Patterns around diagnosis are changing; as we move closer to 2030, our response must evolve to reflect those changes and to ensure that our interventions reach everybody who could benefit from them.

We must maintain the approaches that have been successful, including the progress that has been made in reducing HIV transmission among gay and bisexual men and other men who have sex with men. At the same time, we need to reach people in communities who might not consider themselves to be at risk of HIV, who do not routinely use sexual health services or who have barriers to accessing healthcare. That includes people who inject drugs and who might experience overlapping challenges, including stigma, homelessness, poverty and complex health needs.

Ending HIV transmission cannot be the limit of our ambition. Around 6,700 people are estimated to be living with HIV in Scotland; of those who were diagnosed and recorded as receiving treatment in 2025, 98 per cent had a suppressed viral load, which represents remarkable progress. However, living well with HIV is about much more than a lab result; it means having access to high-quality, person-centred healthcare, being supported to stay engaged with treatment and care and being treated with dignity and respect, both at our health and social care services and in wider society, where we know that there is still so much to do.

As the current delivery plan comes to an end, our focus turns to the next phase. The Scottish Government will develop a new dedicated HIV plan for 2027 to 2032, alongside the next sexual health and blood-borne virus action plan. That new plan will build on what has worked, respond to the changing picture of HIV in Scotland and maintain momentum towards ending transmission. As we move towards 2030, our ambition must be to prevent HIV wherever we can, to diagnose it earlier, to ensure rapid access to effective treatment and care, and to support people with HIV to live and age well, free from stigma.

We have come a remarkable distance. On world AIDS day, we remember those whom we have lost, recognise the progress that has been fought for and look ahead to the work still to come. We have the ability not only to enable people with HIV to live long and healthy lives but to achieve something that once seemed impossible when we think back to the stories on that quilt: ending HIV transmission in Scotland.

We must maintain the momentum, reach the people we are not yet reaching and ensure that progress towards 2030 leaves no community behind. We need to commit ourselves to a Scotland where HIV is no barrier to living a long and healthy life, where nobody experiences stigma because of their HIV status and where new HIV transmissions become a thing of the past.

I look forward to hearing members' contributions to the debate.

I move,

That the Parliament recognises World AIDS Day, on 1 December 2026, as a day to remember those who have lost their lives to HIV and AIDS and to stand in solidarity with people living with HIV in Scotland and around the world; acknowledges the vital contribution of people living with HIV, communities, NHS services and third sector organisations to Scotland's response; celebrates the advances that mean that people living with HIV who are on effective treatment can live long, healthy lives without passing the virus on; recognises the UNAIDS 2026 theme, "Ending AIDS starts with access", and the importance of equitable access to HIV prevention, testing, treatment and support, free from stigma and discrimination; welcomes the significant progress made towards ending HIV transmission in Scotland, but recognises the continued importance of addressing inequalities and tackling HIV-related stigma, and reaffirms the Parliament's support for ending HIV transmission in Scotland by 2030.

14:58

Irshad Ahmed (Edinburgh and Lothians East) (Lab): I thank Alison Thewliss for bringing the debate to the chamber, and I welcome the chance to speak in anticipation of world AIDS day on 1 December.

Many people will recall the HIV/AIDS epidemic in Scotland in the 1980s. At that time, Edinburgh became known as the AIDS capital of Europe. So many lives were lost, and people were stigmatised and marginalised. We should never forget the grief and sadness, and the lives that were cut short.

HIV/AIDS has often been accompanied by hatred, homophobia and a callous attitude towards drug users. In the city of Edinburgh, two doctors, Dr Ray Brettle and Dr Roy Robertson, bravely campaigned for a change in policy to overcome stigma, which led to the clean needle exchange for drug users. I thank Dr Brettle, Dr Robertson and all the campaigners and activists who campaigned for compassion, empathy and good policies for laying the groundwork for the progress that we see today.

A generation on, we have a clear target to end new HIV transmissions in Scotland. When transmission was at its height, that would hardly have seemed possible. For all of us, the goal must be to stop HIV transmission in Scotland. That is something on which everyone in the chamber can agree.

The medical progress in treating HIV has been remarkable. Indeed, life expectancy for someone with HIV is now above the national average. Prevention is available. That is real progress but there is more to be done. We need only go back to 2015 to see the threat from new cases.

I notice a real dip in testing figures, which were published last month. There are still people who are undiagnosed or not accessing treatment. For that reason, I want opt-out testing to be more widely available in our accident and emergency departments. I am concerned that people will be left behind, especially when so much third sector funding could face cuts. We must give the issue our full attention. Stakeholders are already on standby for the next phase of the HIV action plan, so let us publish it.

In Scotland, we have set some ambitious targets. We have an opportunity to be the first country in the world to eliminate new transmissions. Let us lead the pack so that, in three years, we can celebrate that success. For people who are living with HIV and those who have lost loved ones to AIDS, there is surely no more fitting message than that.

I move amendment S7M-02216.1, to insert at end:

"; calls on the Scottish Government to publish its promised HIV Action Plan without delay, setting out how it will speed-up the roll-out of opt-out testing in A&E departments, expand access to pre-exposure prophylaxis (PrEP) and overcome HIV-related stigma."

15:02

Miles Briggs (Edinburgh and Lothians East) (Con): I thank the many organisations that provided helpful briefings ahead of the debate, and I endorse what the minister said. For many people who watch our world AIDS day debates, they are about recognising family members and loved ones whom they have lost. It is important that we recognise that, for many people, the issue is not historical but about their loved ones and family members. We need to pay tribute to them as part of the debate.

I was shocked by some of the recent data, which is provided annually. We need to use the debate as an opportunity to tackle stigma that still exists among people who might not watch it or engage in the issue. Only 35 per cent of people in Scotland would be happy to kiss someone who is living with HIV, just a third of Scots are aware that people living with HIV and who are on effective treatment cannot pass it on, and almost half would be ashamed to tell other people that they are HIV positive. We need to continuously address that stigma, but we also need to look towards what we are now up against, which is that we have one more parliamentary session left to achieve the national target to end HIV transmission by 2030.

I want to highlight a few things that relate to rural and island health services. As an Edinburgh and Lothians East member, that might sound strange. NHS Lothian is leading the way in the delivery of our sexual health

services, but that does not mean that I do not want to poke my nose into other parts of the country that are not.

I spoke to someone who does not live in my constituency and asked them to email me their concerns. They live in Lanarkshire, only half an hour's drive from Edinburgh, and are receiving a completely different service. We need to tackle that head on. Most of my speech is their words. Their email basically said that, in rural areas, those without private transport, elderly residents, disabled individuals and people on lower incomes face additional barriers when trying to attend appointments.

We know that. However, for residents in the eastern and southern parts of South Lanarkshire, the nearest sexual health clinic is in Lanark, and that operates only a Monday afternoon session. The next nearest clinics are in Hamilton, Motherwell, East Kilbride, Coatbridge, Airdrie and Wishaw, where services with morning, afternoon and evening sessions are generally available at least once a week. That means that patients who cannot drive must undertake lengthy and often complex journeys involving multiple bus services to attend clinics. That can be a significant barrier for disabled people and individuals with long-term health conditions, caring responsibilities or limited financial means.

The current appointments system makes it difficult to provide continuity of care. Patients are unable to book future appointments at the conclusion of a review or appointment, which means that they often cannot be assured that they will be seen at a time that they can make or by the healthcare professionals in whom they have built trust.

Therefore, the ask that I make in my amendment is for the Government to look specifically at how rural and island sexual health services can be improved. We need to do that if we are to ensure that meeting the target is actively embedded in future plans. I do not know whether the Government will support the amendments—perhaps the minister will clarify that—but I hope that active efforts will be made to meet the needs of those who are furthest removed from our health service on this issue. We must look to include those who live in island and rural communities.

In the time that I have left, I will touch on an issue that is a really important aspect of any plan—how to reach people who are not engaging with services. That is also a specific ask of the organisations that were involved in producing "One Parliament Left: A manifesto for ending HIV transmission in Scotland by 2030". Looking at the report, I was concerned about the number of people who are HIV positive but who are not engaging with services. In 2024, 7 per cent of those who had been diagnosed with HIV in Scotland were not engaging with specialist treatment and care services. That meant that they had not attended HIV specialist services in the previous 18 months. Nearly 1,000 of our fellow Scots are now lost to follow-up services, by which I mean that they have not attended services for 36 months. Those people are at risk of becoming seriously ill or of passing on the virus to others.

The seek-and-treat model is working effectively in many other parts of our health service, and I am interested in finding out what the vision for that is. Engagement with services is absolutely key, and I hope that, in her closing speech, the minister will update Parliament on that.

We have a great opportunity to achieve the goal of ending HIV transmission by 2030, but hepatitis C, on which we have done world-leading work, is an area in which progress needs to be made, and I hope that ministers will hold a debate on the work that needs to be done to catch up in relation to the target to eliminate hep C.

I move amendment S7M-02216.2, to insert at end:

"; notes the report, *One Parliament Left: A manifesto for ending HIV transmission in Scotland by 2030*, published by leading organisations, and its key recommendations, including for the Scottish Government to publish a new HIV action plan setting out a funded framework with the introduction of a national online HIV prevention service, at-home HIV testing and online access to pre-exposure prophylaxis (PrEP); further notes concerns regarding the variation in access to services, especially in rural and island communities, and calls on the Scottish Government to include in the plan specific improvements to address the challenges associated with the provision of sexual health services in rural and island areas as part of the development of future sexual health policy, including the next Sexual Health and Blood Borne Virus Action Plan."

15:08

Helen McDade (Mid Scotland and Fife) (Reform): I thank Alison Thewliss for securing the debate and for her speech, and I indicate my formal support for the motion and the amendments.

As the minister said, it is estimated that 94 per cent of people with HIV have been diagnosed and that 92 per cent of those who have been diagnosed are on treatment, 98 per cent of whom have a suppressed viral load, which means that they cannot pass on the virus. That represents a medical triumph, and clinicians, charities such as the Terrence Higgins Trust, Government and others deserve our thanks. It is really

encouraging to hear about the genuine medical breakthrough that the combination of wide access to PrEP, extensive testing and antiretroviral treatment is achieving.

Worldwide, 23 million people are on antiretroviral treatment. That is a great help in the African countries that experienced such devastation as a result of HIV and AIDS and where many children were left as orphans. It is great to know that that has been ruled out. What a wonderful advance compared with the situation in the 80s and 90s, when a diagnosis of HIV, often in young men, was an almost inevitable death sentence within less than 15 years. There was an atmosphere of fear in the most at-risk communities. I remember watching a film in the early 1990s called "And The Band Played On", which was about the gay community in San Francisco and the work to deal with HIV. That film had a big impact on me and it is still well worth watching.

We are here to celebrate a success story, but we should reflect on how important honesty, evidence and openness are when considering any new and unknown threat to wellbeing, both to individuals and to people more widely. As that film detailed, people were stigmatised and afraid, and they were afraid to seek help. Rumours were spread about the risks to the general population, and affected patients might not have had any support from health services until they were severely affected. How different things are now.

I would like to reflect on that openness and access to care, which we have heard about in the success stories. When dealing with sexually transmitted diseases—which HIV primarily is—it is important that clinics are easily accessible and that vigilance is not lost. Miles Briggs referred to accessibility. Modern HIV care increasingly happens online and by self-testing, by post and at A and E. Much of that is welcome, particularly for people who still do not feel comfortable with a face-to-face appointment.

However, a diagnosis still needs a specialist, and continuing care still needs face-to-face support. Reference was made earlier to losing people from the system. When three in 10 new diagnoses are late, we cannot afford to make it harder for people to find support. It is essential that the clinics continue to be supported and that money is given for the final push, for which, as I say, the Government is to be commended.

I highlight the group of people, who were mainly haemophiliacs, who acquired HIV through infected blood products. In Scotland, between 1974 and 1991, 78 people were infected with HIV from blood products, and 3,000 people were infected with hepatitis C, many of whom went on to have cancer—and I know one of them. Astonishingly, doctors knew at that time of the risks, but they did not inform patients. The person who I know was phoned the next day to be told that he was at risk from the blood transfusion that he had had—a shocking state of affairs. Even though not all the risks were known, it was a shocking lapse, which caused misery, illness and death to many.

I pay tribute to Bill Wright, who was a key campaigner in achieving the Penrose inquiry in Scotland. No amount of compensation can recompense victims, most notably haemophiliacs, and their families for the shadow that that event cast over their lives, despite the risks being known. In France, doctors were convicted and jailed for distributing HIV-contaminated blood products, which was a lesson in accountability.

Today, we celebrate a fantastic medical and patient story of one of the best advances. With the goal of elimination, we must keep up the impetus, and let us all give thanks.

The Deputy Presiding Officer (Katy Clark): I ask members to speak within the time that they have agreed with their business managers, because we are running quite late this afternoon.

15:13

Cara McKee (West Scotland) (Green): Today, we mark world AIDS day—a day to reflect on the tragic losses during the AIDS crisis and to look at where we are now. Scotland's HIV story has significantly transformed over the years, from Edinburgh being dubbed the AIDS capital of Europe, which Irshad Ahmed mentioned, to now being in a position in which we could be the first country in the world to end new transmissions of HIV. However, we have some work to do before we get there.

I want to talk about my good friend Neil, a person who is many things—he is dramatic, funny and thoughtful, he has excellent taste and he is also living with HIV. Neil was diagnosed, let us say, some years ago, when medication and treatment for HIV looked very different from how they look now. What remains the same as back then, though, are the misconceptions and harmful perceptions about HIV, which Miles Briggs highlighted.

Neil told me that, when he was on dating sites before he met his husband, he included in his bio the fact that he was HIV positive but it was undetectable. He received a huge number of messages telling him that he was dirty and spreading it, despite him receiving treatment and being unable to pass on the virus. Neil said:

"This doesn't just harm the person on the receiving end, but in the mind of the person saying it, they are reinforcing their own beliefs."

Today, the biggest danger to people living with HIV is not the virus but the stigma. Stigma leads people to feel isolated, make themselves small and hide away parts of themselves that make them who they are. We must overcome stigma if we are to improve the lives of people living with HIV and to end new transmissions. If we all recognised the realities of living with HIV today and how far medical advancements have come, the world would be a much kinder place.

As well as ending stigma, we have a realistic opportunity for Scotland to end new cases of HIV. Prevention is the crucial aspect in getting to zero new transmissions. We need to enable people from all walks of life to access in their communities prevention tools such as PrEP, HIV testing and condoms. That is why the Scottish Government should fund a national online prevention centre, allowing people to access crucial sexual health services from the comfort of their own home.

We all have a responsibility to end HIV stigma to improve the lives of folk such as my friend Neil, and we all need to play our part in ending new transmissions, whether by getting tested or simply talking about the realities of living with HIV today. We must make sure that everyone knows that, if you are undetectable, the virus is untransmissible. This world AIDS day, while we remember those who we have lost, let us also take the steps that are needed to get us to zero new transmissions and zero stigma.

15:17

Adam Harley (Strathkelvin and Bearsden) (LD): I am pleased to speak in support of the motion marking world AIDS day, and I thank the Government for bringing the debate to the chamber. I echo the sentiments of those who have already spoken in the debate, and I place on the record my deepest sympathies for all those who lost their lives due to AIDS, my support to those living with HIV today and my thoughts for the families, friends and communities who have been affected by it.

World AIDS day is a moment of remembrance, but it is also an opportunity to reflect on how far we have come. A line from the incredible play “Angels in America” sums that up. The central character says:

“The world only spins forward. We will be citizens. The time has come.”

We have made extraordinary progress over the decades. Within living memory, an HIV diagnosis was accompanied by real fear and the prospect of a dramatically shortened life. Too many lives were lost, with families devastated, and too many people experienced prejudice and discrimination. That history should never be forgotten, nor should we forget the role that was played by campaigners, people living with HIV, clinicians, researchers, charities and NHS staff who challenged misconceptions, fought for better treatment and transformed outcomes for countless people.

Today, thanks to those efforts and remarkable advances in medicine, people living with HIV who receive effective treatment can live long, healthy and fulfilling lives. People on effective treatment will not pass the virus on. That is one of the great public health success stories of our time. It is also why everyone in the chamber, I am sure, shares the ambition of ending HIV transmission in Scotland by 2030. The encouraging news is that that goal remains in reach. The latest data published by Public Health Scotland shows continued progress towards Scotland’s vision of zero transmissions by 2030, which deserves to be recognised and celebrated. However, the same figures contain an important warning. Although the overall direction of travel is positive, fluctuations in the numbers of new diagnoses and likely recent HIV acquisitions between 2024 and 2025 serve as a reminder that progress cannot be taken for granted.

Scotland can become one of the first nations in the world to end new transmissions of HIV. The finish line is now in sight, but that is precisely the moment when we must ensure that we are not complacent. Last year, almost one third of those who were diagnosed with HIV in Scotland received that diagnosis at a late stage, which increased the risk of serious illness. The data also shows that too many people have disengaged from specialist services and care, while the number of new prescriptions of PrEP has fallen compared with the number in recent years.

As we have heard, we must keep confronting the challenge of stigma. We have made incredible progress in medicine, but we have not always made the same progress in public understanding across the board. Too many people who are living with HIV still face misconceptions, prejudice and discrimination, as we have heard, and too many continue to encounter attitudes that are rooted in outdated assumptions rather than in modern medical reality. That really matters, because stigma can have a profound impact on people’s wellbeing and because it can become a barrier to testing, treatment and support. If people fear judgment, they might delay seeking help; if they are uncomfortable discussing HIV openly, misinformation can persist; and, if people feel excluded or discriminated against, it becomes harder to achieve the wider public health goals that we all share.

Ending HIV transmission is about more than just reducing a statistic; it is about ensuring that everyone living with HIV can live free of fear, shame, prejudice and discrimination. That is why the Scottish Government's continued commitment to emergency department opt-out HIV testing is welcome, as is the development of a new HIV action plan. Both present opportunities to build on the progress that has been made while addressing the gaps that remain.

The story of HIV in recent decades is one of incredible progress driven by scientific breakthroughs, activism and the courage of those who challenged ignorance and stigma, but it is also a reminder that progress is never inevitable and must be sustained. On this world AIDS day, let us remember those we have lost, support those living with HIV and renew our commitment to ensuring that Scotland maintains the momentum needed to achieve the ambitious target of ending new transmissions by 2030. Let us also end stigma, because that would be an equally powerful statement about the kind of Scotland that we want to be. I am pleased to support the motion.

The Deputy Presiding Officer (Katy Clark): We move to the open debate, in which the time limit for speeches is five minutes.

15:22

Katie Hagmann (Carrick, Cumnock and Doon Valley) (SNP): More than 30 years ago, I took part in my first act of activism when a friend asked me to go with her to mark world AIDS day at an event in Edinburgh organised by Stonewall Scotland. I do not remember the exact year—I think that I was 16 or 17—but I remember that it was very cold, because it was 1 December. I also remember my disbelief that this was even a thing. I struggled with the concept that we needed to raise awareness of a health issue in order to combat judgment, prejudice and, frankly, hatred. Why people could not offer kindness to one another or just see one another as fellow human beings is still a question that I ask myself far too often, even today.

The HIV pandemic devastated many lives across the world, including in Scotland. It is still very much a part of living memory for many people. In some cases, people are still living with that devastation today. Although the memory of the HIV pandemic will never be erased, the impact experienced by individuals living with HIV in the 1980s and 1990s has, thankfully, been transformed.

However, although there has been some progress in ending the stigma around HIV, there is still much work to do. As has been said, just a third of Scots are aware that people living with HIV who are on effective treatment cannot pass the virus on. I am pleased that the Scottish Government has led the way. Only three years ago, the "Stigma is more harmful than HIV" advert aired in people's homes, on our televisions. Committed to by the then minister and funded by the Scottish Government, the advert was informed by people living with HIV and was delivered by the Terrence Higgins Trust. It was the first campaign of its kind in the UK since the chilling tombstone adverts of the 1980s, which I—and, I am sure, members across the chamber—still remember to this day.

I want to share a quote from Niamh, who is living with HIV. She shared the "indescribable emotion" that she felt when the stigma campaign aired and what it meant for HIV to be acknowledged at a national level. However, she also said that this cannot be the end of the work that we undertake as a country to end HIV stigma. She said:

"We provide our stories, experiences, our pain and our hope. Tackling HIV stigma cannot wait."

In the previous session of Parliament, the Equalities, Human Rights and Civil Justice Committee led an inquiry into HIV in Scotland, in which it heard from those living with HIV. The question that was asked was, "What more could be done?" The Government listened and funded Waverley Care to deliver HIV Informed, an online learning hub that is designed to tackle HIV-related stigma. In recognition of the previous national advert, can the minister tell us whether there are any plans to develop further national campaigns to combat HIV stigma?

I welcome the minister's update, but are there any plans to embed mandatory HIV awareness training for the whole health and social care workforce?

For me, the message is clear: no one should ever be made to feel afraid or ashamed to come forward for HIV diagnosis and treatment. Like with any other illness, early diagnosis is key to accessing the treatment options and for survival. Myths and stigma must end. For Scotland to meet the goal of no new HIV cases by 2030, HIV testing must become normalised through education, by re-engaging people lost to HIV care and by funding peer support and mental health support.

I thank the Terrence Higgins Trust, Waverley Care and the National AIDS Trust for taking the time to come to the Scottish Parliament and for attending our party conferences. Their campaign to end new HIV cases by

2030 is a powerful one. In order to do that, the stigma that people feel around HIV must end. I hope that each of us in the chamber can and will support that call to action.

15:27

Emma Roddick (Inverness and Nairn) (SNP): Ever since I started doing stand-up comedy, I had a rule in my head that I never wanted to make the same speech or do the same set twice, and to date I have stuck to that. However, I think that some of the arguments that we make in debates such as this bear repeating, and, to be honest, I am starting to struggle to think of new things to say about HIV, because I try to speak up and speak about the issue on every world AIDS day.

As much as public processes might be complex, the issue really is not. We know what mistakes have been made in the past and the misconceptions that exist. We have the right goal in place: ending transmissions. We know what needs to be done, and we just need to get on and do it.

A local journalist, Andrew Henderson, does great work in the Highlands in covering issues that are important to the LGBTQ+ community, often around world AIDS day. We spoke a few weeks ago, and I told him that I was hoping to contribute to today's debate. He asked me some wide-ranging questions about things that he might want to cover locally this year that would be helpful. He asked some interesting questions about awareness of HIV among the LGBTQ+ community, which have had me reflecting ever since on the bubbles that we all live in.

I am aware that, in Holyrood, we live in a bubble and that, as politicians, we have to constantly challenge ourselves not to get stuck in it. We have to remain in contact with the people whom we represent and remember what real life, for those of us who do not spend half our lives on the Highland main line, is really like.

However, we all have other bubbles, too, and one of mine is being a member of the LGBTQ+ community. Most of my friends are queer so, when I see statistics about the majority of women being straight, I think, "Where are they?" Similarly, I hear that only 10 per cent of people play a musical instrument, but, based on my peer group, I would have guessed that the figure was about 70 per cent.

Another thing that we do well is spreading awareness of HIV. People say on their dating app profiles whether they are positive, and they know about medication preventing transmission. I was aware of such issues before entering politics, from listening to the people around me. However, it was only when I became a minister and was copied in on research and statistics that I realised how much stigma there still is. I clearly remember reading an email that contained information about a YouGov survey that revealed that almost half of the respondents would feel uncomfortable kissing someone with HIV and that only about a third would feel comfortable doing so—48 per cent and 37 per cent, respectively. That devastated me, because people are missing out on relationships, contact and love with some wonderful people who—thanks, let us face it, to failures of Governments and damaging public campaigns—have HIV.

We are making progress. When I was in an A and E department a couple of years ago, a nurse apologised for asking whether I would like to opt out of the blanket HIV testing. I gladly took that test, knowing how important that policy is. Those tests could help to detect that someone has HIV, stop them from passing it on and ensure that they get the help that they need. I asked her not to apologise, because having HIV should not be shameful.

People with HIV are living long and happy lives. They can have relationships, jobs and a state pension. That situation is a world away from the 1980s, but attitudes are too often stuck there. Culture will play as big a part as health policies in ending transmission—if not a bigger part—because, as long as folk are too ashamed to take a test, are too worried to be seen getting their treatment or have internalised too much stigma to look after themselves and accept love and kindness, transmission will continue.

We cannot accept stigma. We cannot apologise for the steps that we are taking to end transmission, and we cannot allow transmission to continue. Ending transmission is possible, and I hope that, during this session of Parliament, we see the progress that we need. However, it is not a given; we have to work towards it.

15:31

Lloyd Melville (Angus South) (SNP): As many people have said, world AIDS day is a day for all of us to remember those we have lost to HIV and AIDS and to stand with people living with HIV today.

We stand here in our national Parliament, in what was known as the AIDS capital of Europe, with the profound opportunity to ensure that Scotland is the first country in the world to end new transmissions of HIV.

That will not be easy, but we have heard today that there is consensus across the Parliament that, together, we can do it by 2030, leaving no community behind.

Helen McDade was right to call the progress to date a medical triumph. It absolutely is. What we need now is bold action, more HIV testing, better access to PrEP and an end to stigma. As a gay man myself, I feel a particular moral responsibility to play my part in ensuring that we make history in relation to this matter.

On Angus Council, I worked with my colleague Councillor Julie Bell to get the local authority signed up to the fast-track cities initiative. I have been proud to work alongside the Terence Higgins Trust, Waverley Care and Gilead Sciences to chair events bringing people living with HIV together with experts and ministers—this year, we had Alison Thewliss, and the year prior, we had Jenni Minto.

There is a great deal to welcome. In 2017, when I was just 16 years old, Scotland led the way by making PrEP free on the NHS, and in the years since we have seen further progress. Emergency department opt-out HIV testing is in place in three health boards. That approach could revolutionise how we find new cases of HIV, and I hope to see it expanded across Scotland. Further, I very much welcome the Government's commitment to a stand-alone HIV action plan. However, a plan is only as good as the delivery, and that means investment, so I urge the minister to ensure that the new plan is funded to match the scale of our ambition.

As the motion recognises, we will succeed only if people living with HIV, communities, NHS services and the third sector are all around the same table with Government, councils and industry. However, we have heard that ending transmission is only one part of the story. People living with HIV tell me again and again that stigma is more harmful than the virus. As Miles Briggs said, only a third of Scots know that someone on effective treatment cannot pass on HIV. Therefore, we must improve education in this space and I echo Katie Hagmann's call for a new national campaign around education.

That brings me to my friend Emma, whom the minister referenced in her opening remarks. A mum living with HIV, who works every day to educate people about the virus, she is one of the most inspiring people that I have ever met. At the Scottish National Party conference in October, she told us that, when she tried to book a massage at her hotel, she was asked whether she had HIV. She was told by management that that question was there for the safety of staff. The hotel management staff doubled down before they began to recognise the harm that that kind of misinformation causes.

People living with HIV face stigma every day in every possible setting, including far too often in our NHS. That is why Emma's work with Waverley Care and the Terrence Higgins Trust matters so much. She trains NHS staff in good practice, right down to the language that they use, so that no one diagnosed with HIV is made to feel shame. Public service renewal and health board reform give us a real opportunity to embed that good practice across the NHS.

The UNAIDS theme of access poses three questions that should inform our work going forward. First, can people get testing, treatment and prevention in every part of Scotland? Today, only four health boards offer at-home HIV sample testing. Bringing that together with a digital PrEP offer through a national online prevention service would end the postcode lottery for access to prevention, including for rural communities such as those in Angus and on our islands, as Miles Briggs has referenced. Secondly, is everyone with a stake in the matter at the table from the start? Thirdly, is tackling stigma at the heart of our policy and public conversation?

If we can answer yes to all three questions, we will not only end new transmissions but ensure that people living with HIV can continue to live the long, happy and fulfilling lives that they deserve.

The Deputy Presiding Officer (Katy Clark): We move to the closing speeches.

15:37

Kate Nevens (Edinburgh and Lothians East) (Green): I am really pleased that this motion has been lodged and that the Government has renewed its focus on tackling HIV and AIDS in Scotland, including through its commitment to developing an HIV action plan. Over the course of the next few years, we can end HIV transmission in Scotland by funding action on earlier diagnosis and ensuring better access to treatment, care and support for everyone.

As the Terrence Higgins Trust Scotland has said,

"This opportunity is historic: get it right and Scotland could be the first country in the world to end the HIV epidemic."

I am particularly pleased to see that today's motion mentions

"the importance of equitable access to HIV prevention, testing, treatment and support, free from stigma and discrimination".

Although medical advances have brought us to a point where we are within reach of this historic opportunity, in order to get there, it is vital that we address the inequalities that intersect with access to care and support for those living with HIV in Scotland and those needing to access testing and preventative care.

Charities have pointed to a postcode lottery when it comes to accessing testing and appropriate care and support in Scotland, particularly in rural areas, as the Conservative amendment makes reference to; we will be supporting that amendment. Currently, only four of our health boards in Scotland offer at-home HIV self-sampling services. Compare that with Wales, where the Welsh Government has introduced a national at-home HIV testing service, which now accounts for nearly 20 per cent of all people accessing HIV testing in Wales.

Geographical barriers remain for access to PrEP, and I encourage the Scottish Government to develop a national online HIV prevention service to end this postcode lottery.

Alongside these geographical issues, other barriers exist with regard to who is able to access appropriate care and preventative support. For example, women accounted for only 5 per cent of new PrEP prescriptions in the past year, despite making up 29 per cent of people living with HIV in Scotland. Across the UK, HIV disproportionately affects people from minoritised ethnicities. They are more likely to be diagnosed late, and there can be even higher levels of stigma within these communities.

We must also make sure that older people and people with long-term conditions, including mental health conditions, are accessing the most suitable care and support. It is vital that this care and support is gender informed and culturally sensitive, and that health and social care staff are equipped to offer the best possible care for people from all walks of life. To get this right, it is really important that everyone from the full range of different backgrounds and communities has a seat at the table while we are determining these next steps.

Finally, as the Greens' spokesperson for equalities and for international development, I highlight that HIV care is an issue that goes far beyond our borders. Scotland's goal of ending transmission is within reach, but we need to work together across borders to make that a global reality, too. Only this week, the UN highlighted a $4.3 billion funding gap if countries are to continue to drive progress towards ending HIV and AIDS globally. Trump's slashing of funds and dismantling of the United States Agency for International Development have had a massive impact on the support available to people around the world who are living with HIV.

As part of our action to end new HIV transmission in Scotland, I would like us to consider how we can also act globally and increase our international development funding to support HIV and AIDS prevention and care, and to support advocacy from organisations such as Global Justice Now, which challenge pharmaceutical profiteering on HIV treatments internationally.

We can, and must, end transmission of HIV in Scotland, while also making sure that all Scots who live with HIV today have access to high-quality care. We must also work with others internationally to make sure that that is the direction of travel for everyone around the world.

15:41

David Smith (West Scotland) (Reform): When this debate was secured, a member of my parliamentary staff team came to have a chat with me. We had a long conversation. What follows are his words. It is a tremendous privilege to be able to stand here and read them out on his behalf.

"Next year, I will celebrate my 50th birthday.

And 50, for me, will be a Big Deal.

I was a young man when I was diagnosed with HIV … I never think that I caught the virus.

No, the virus caught me.

I have now spent more than half my life with this disease. Sadly, at one point, I didn't expect to see 30, let alone 50.

To have such a stark reminder of mortality at such a young age can be devastating.

It was for me.

It was a different time. Even though everybody had recently seen *Philadelphia*, and was haunted by its soulful theme song, and despite the medical breakthroughs of 1996, social attitudes took a bit longer to catch up with medicine.

Some still believed that toilet seats and cutlery could transmit the virus. Hugs and handshakes were … too risky.

So, immediately after my diagnosis, came the years of pretence.

Pretending my weight loss was due to healthy lifestyle choices.

Pretending I didn't know why I couldn't shift that persistent cough.

Pretending my visits to the clinic were dentist or optician appointments.

Pretending it was frivolous irresponsibility that led me to opt out of the workplace pension scheme.

Back then, medication wasn't prescribed immediately upon diagnosis. Treatment often began only when your CD4"—

cluster of differentiation 4—

"count fell below a certain level.

Eventually, I got very sick.

No more pretence.

Facial lesions. Cellulitis. Chronic diarrhoea. Wasting syndrome. Tooth loss. Chronic bronchitis.

The disease seemed to attack every part of my body. All at once.

I was admitted to hospital when I began to lose my vision.

That was frightening.

But I am one of the luckiest people I know.

Because I got better.

Thanks to ever-improving medication, along with the care and professionalism of the multidisciplinary team at Glasgow's Brownlee Centre, I got better.

It's so nice to have the opportunity to acknowledge the Brownlee Centre in the Scottish Parliament.

It saves lives.

My own being one of them.

My vision recovered. My digestion stabilised. My skin cleared. My breathing improved.

I regained the weight I'd lost—a little too much, if I'm honest.

I got better.

Some of my friends didn't.

Like millions … around the world, they didn't get better.

And this disease was cruel.

Not only did it end lives, but many of those lives ended lonely, ostracised, misunderstood and even despised.

How lucky am I?

Times are different now.

My worries are as banal as everybody else's. My joys, irritations, habits and tastes too.

I have a life.

Thanks to medicine and better social understanding, I have a life.

I have a future too.

For that, I am eternally grateful.

But I will never forget those friends who are gone or the millions I never knew.

The story of AIDS is heartbreaking, but it is instructive too.

It shows what can be achieved through medicine, activism and proper education.

I will mark World AIDS Day for the rest of my days, as I hope everybody else does.

This is only one human experience.

Thank you for letting me share my story.

The fact that I am still here to tell my story reminds me just how lucky I am."

15:45

Joe Long (Mid Scotland and Fife) (Lab): I thank the Scottish Government for bringing this debate ahead of world AIDS day, and all the members who have taken part in it. Alison Thewliss opened by talking about remembrance, recognition and determination. That has been echoed in all the speeches in different ways this afternoon.

As a teenager, I vividly remember attending a tribute concert for Freddie Mercury at Wembley stadium. I was a big fan of Queen in those years, and I was devastated when we lost such a talented musician and performer to AIDS. We wore red ribbons like the one that I am wearing today, and it was quite something to hear a whole stadium of rock fans hushed to hear Elizabeth Taylor talk openly about tackling the stigma of AIDS and the need for safe sexual behaviour.

As memorable as that day was, and as big as that event was, most deaths from AIDS up until that point had not been met with public tributes and celebrity eulogies. Too many were hidden away, marked by stigma and shame in a world where HIV transmission was too easily associated with communities that already faced prejudice and marginalisation, whether that was the gay community or people who used drugs—to use Emma Roddick's term, people who "existed in different bubbles".

Let us also acknowledge that if AIDS had hit Europe in the way that it hit Africa at that time, we would have seen a rather more urgent response to making medical breakthroughs available and affordable at scale. The early story of AIDS is one of not only terrible illness but stigma, marginalisation and global inequality, as we have heard today.

On world AIDS day, we remember all those who have died from AIDS and ensure that their memories are not hidden or forgotten, but brought into the light. Given the world in which I grew up, it is to be celebrated that effective and available treatments can now allow those with HIV to live long lives and that we can talk realistically about ending HIV transmission in Scotland by 2030.

However, as we have heard, the story is not done and progress will not continue without focus and determination from the Government. We have heard about the need to roll out opt-out HIV testing in accident and emergency departments. We heard that from Emma Roddick and Irshad Ahmed and we heard from Kate Nevens about some useful examples from Wales of wider testing opportunities that might be open to us. We also heard from Miles Briggs and others about the need to track those who are lost from the health system and who are not accessing services regularly.

Running through all that is the ongoing question of stigma. I echo Adam Harley's recognition of all those who have worked for many years to tackle misinformation and stigma. I pay tribute to Lloyd Melville for bringing so many of the organisations that have done that hard work into the Parliament and into dialogue with us. However, as Miles Briggs noted, pervasive myths and misunderstandings still exist and we cannot be complacent about that.

There is also a wider story about access to health and about health inequality, which we hear about in rural areas and marginalised communities that have difficulty accessing services, and we have to think about how we support those people to come into contact with services.

Some of the personal stories that we have heard from Cara McKee, Lloyd Melville and David Smith also tell us that behind all the figures that we quote in reports and briefings are human stories, which we have to keep in view.

The opposite of stigma is, in many ways, kindness, and on Katie Hagmann's appeal for kindness, kindness should pervade many of our debates, but particularly this one, when we think about tackling stigma.

We have to keep pushing and stay focused on raising awareness, preventing HIV transmission, testing where we have the opportunity to do so, making treatments available where they are needed, supporting people who are living with HIV and AIDS with compassion and ending stigma.

To that end, we support the Scottish Government's motion and the Conservative amendment, and we add our call to bring forward the HIV action plan as soon as possible.

15:49

The Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs (Maree Todd): To be clear, we are supporting both the amendments.

I am very grateful to members from across the chamber for their thoughtful contributions to this really important debate. Miles Briggs began, and many followed, on issues around those who face barriers to accessing the care that is available. That issue of health inequality is a thread that runs through the entire debate.

My colleague Joe Long picked up on the point that we can use what we learn from this pandemic to tackle many of the issues that affect us in an unequal way in our society. This is a great opportunity for us to learn.

The issue of rurality came up a number of times. Speaking as a Highlands and Islands representative, I can absolutely assure members that the challenges faced by rural and island communities will not be missed.

We have seen a great deal of progress in access, including through outreach and satellite clinic models, expanded service provision and work to develop new routes to PrEP, but we know that access remains variable and that there is more to do. Where someone lives should not determine the prevention, care and support that is available to them.

The next HIV action plan will build on what works, support wider adoption of the effective approaches that we have and drive further improvements. On the issue of re-engagement with HIV care, which was raised by Miles Briggs, I assure members that I do not intend to leave anyone behind on this issue.

Early findings from Public Health Scotland's HIV re-engagement initiative, thrive, suggest that a number of people who were previously categorised as not in care are actually receiving care in another health board area or have left Scotland. The reported estimate of 92 per cent of people diagnosed and living with HIV in Scotland who are receiving antiretroviral therapy may well underestimate the true position. We will keep working on that so as to improve our understanding.

Irshad Ahmed made what I thought was a very powerful point: that HIV/AIDS has often been accompanied by hatred. Many of us reflected on the issue of stigma. It is worth reminding us all of the dangers of stigma. Indeed, it is the bane of my life as public health minister. It prevents people from accessing prevention and treatment. I am really grateful for the powerful personal stories that have been shared today. I am very thoughtful about how the next phase of the action plan can tackle the issues in a way that makes the greatest impact, be that through public campaigns or education for health professionals.

I have to commend Helen McDade—those may be words that she never hears again in the next five years—for reminding us about the infected blood scandal and the incredible work of campaigners in seeking justice for people with haemophilia.

What we have heard today reinforces the importance of our goal to end HIV transmission, but it also highlights the point that our ambition has to be about more than reaching a numerical target. For people living with HIV, success means having access to high-quality, person-centred care. It means being supported to remain engaged with treatment. It means being able to live well and age well, free from stigma and discrimination. It also means ensuring that the benefits of the remarkable progress that we have made reach everyone.

As we move closer to 2030, our focus on inequalities and ensuring equitable access to services will become more, not less, important. None of that can be delivered by Government or the NHS alone. Scotland's third sector HIV organisations are vital partners, bringing specialist expertise, trusted relationships and essential links into communities. Above all, people living with HIV must continue to be at the heart of the decisions that we make.

I add my thanks to those of others today: I thank everyone involved in this work, particularly the people who are living with HIV and who continue to share their experiences and expertise to help shape our response.

For me, there is something particularly significant about closing this debate. I was Minister for Public Health, Women's Health and Sport when Scotland's original HIV transmission elimination proposal was published in 2022.

It set out the deliberately bold ambition to become one of the first countries in the world to end HIV transmission. Four years later, I have the privilege of returning to this portfolio as we approach a critical period in our work towards achieving that goal and ensuring that the progress that we make can be sustained for the long term.

Much has changed in those four years. We have made substantial progress and, crucially, we have learned more about where we now need to focus our efforts. Perhaps most striking and exciting, however, is what could now be within our reach. Within the lifetime of this Parliament, Scotland has the opportunity to achieve a landmark public health goal and end HIV transmission without a vaccine or a cure by making full use of the highly effective prevention, testing and treatment that are available to us. That would be an extraordinary achievement. It is not inevitable, however, and the final stretch may in some respects be the hardest. It will require us to reach people who have not always been well served by our existing approaches, to tackle persistent inequalities and to make sure that progress is felt by every community.

I promise that we will bring forward a new HIV action plan for 2027 to 2032 that will build on what has been achieved in responding to the changing picture of HIV in Scotland. Success means having not only a Scotland where HIV transmission becomes a thing of the past, but a Scotland where everyone living with HIV is able to live and age well. We owe that ambition to those whom we remember on world AIDS day, to those who are living with HIV today and to all those who have worked for decades to bring us to this point.

We have come too far and it is too important for us to risk losing momentum now. The opportunity that is before us all is historic. Let us finish what we have started.

The Deputy Presiding Officer (Katy Clark): That concludes the debate marking world AIDS day.

St Andrew's Day 2026

The Deputy Presiding Officer (Katy Clark): The next item of business is a debate on motion S7M-02217, in the name of Jamie Hepburn, on celebrating St Andrew's day. Members who wish to speak in the debate should press their request-to-speak buttons now.

We will pause for a moment to allow members on the front benches to take their places.

15:58

The Minister for Parliamentary Business and Veterans (Jamie Hepburn): It is said that, in 345 AD, St Rule was directed by the angels to carry the remains of St Andrew to the ends of the earth. Undertaking that sacred task, he got as far as Fife, where a church was built that became the focal point of the town that bears St Andrew's name to this day. Legend holds that, before the battle of Athelstaneford, King Angus, commanding an army comprised of Picts and Gaels against the Northumbrians, saw a saltire in the sky and attributed his victory to the blessing of St Andrew. Thus our patron saint and our national flag were chosen.

Although the historical accuracy of that may be a matter of debate, we can say with certainty that the signatories to the declaration of Arbroath set out St Andrew as their first apostle by calling, and Scotland's enduring protector as our patron forever. It is clear that St Andrew's links with our country are long established and enduring, so it is right that our Parliament takes this chance to mark St Andrew's day—Scotland's national day, which is a day to recognise who we are as a nation, including our people, our culture, our heritage, our landscapes and our values.

I am delighted to see the variety of initiatives that are taking place to celebrate our national day. In St Andrews, the big hoolie will bring people together through live music, a ceilidh, a torch-lit procession and fireworks. In Dundee, the free Dundee hoolie will also feature live Scottish music, a pipe band, community performances, family activities and, just as in St Andrews, a torch-lit parade. In Glasgow, St Andrew's day will be marked with a 5k and 10k race and family running events at Kelvingrove park, while in Perth, Perth bridge and St Paul's church will be lit up in blue and white. Those are just some of the ways communities across Scotland are making St Andrew's Day their own.

Although St Andrew is Scotland's patron saint, we do not have an exclusive claim on him. He is also recognised as a patron saint in Barbados and is celebrated in other countries, including Greece, Romania and Ukraine. That international connection is a useful reminder that Scotland's national day can be both a celebration of our distinctive identity and an opportunity to look outwards to the world. After all, the qualities of outreach and connection are ones that are traditionally associated with St Andrew himself. Not only is St Andrew's day a moment to consider what Scotland means to us, it is a moment to cross seas and borders to tell the world a clear and compelling story about our country—one that demonstrates our strength, enhances our reputation and helps our economy to grow.

Murdo Fraser (Mid Scotland and Fife) (Con): As the minister is talking about things that we should celebrate in Scotland, does he agree that we should join in supporting the Quality Meat Scotland campaign to eat lamb on St Andrew's day and thus celebrate great Scottish produce?

Jamie Hepburn: It is not often that I get to agree with Mr Fraser. St Andrew's day is bringing this Parliament together. I quite agree with Mr Fraser's point.

This is also a moment that showcases Scotland as a welcoming country, which lives and shares the values of respect, equality, kindness and community. It is a chance to build on the goodwill that the tartan army generated in Boston during the world cup and that we create through our hosting of world-class major events, as we did during the Commonwealth games in the summer and as we will do when we jointly host the women's world cup in 2035. This debate also provides us time to consider how we can build on the potential of St Andrew's day, not just as a celebration here at home, but, by crossing seas and borders, as a way of promoting Scotland around the world.

It is a global moment to support our economy, to reach international audiences and to highlight Scotland as a welcoming country, while showcasing our strengths in business, research and innovation. It is a moment to celebrate the diversity of our communities and the contribution that is made by all those who call Scotland home, and to champion community cohesion. It is a moment when we can tell a clear and compelling story

about Scotland—one that demonstrates our values, strengthens our international reputation and helps grow our economy.

Scotland's story is one of history and culture, of extraordinary natural beauty, and of creativity and of innovation. Those strengths already attract people from around the world to visit, live, work and study here. Tourism is a vital part of Scotland's economy, supporting jobs, businesses and communities across the country. The Scottish Government remains committed to supporting our vibrant tourism sector, which benefits communities across the country. Events such as St Andrew's day can help extend Scotland's appeal beyond what might be felt to be the traditional visitor season, as it highlights our distinctive culture and heritage and gives people another reason to visit throughout the year.

Culture is central to that story. Scotland has an outstanding range of festivals. They are at the heart of our cultural and national life, and they support businesses, jobs and local economies. Our festivals have truly international reach. In 2025, Edinburgh's festivals delivered an estimated £558-million net impact in the city and a £852-million gross economic impact across the country. Our festivals are also held across the country, such as Celtic Connections in Glasgow, HebCelt in Stornoway and the St Magnus International Festival in Orkney.

Cultural activity brings people together while delivering tangible benefits for communities and local economies. That is why we are delivering an additional £20 million for culture in 2026-27, which is the next major step towards our commitment to provide an additional £100 million annually for culture by 2028-29.

St Andrew's day gives us an opportunity to bring together Scotland's different strengths—our culture and heritage, our tourism, our food and drink sectors and, above all, our people and communities. It also gives us a platform from which to showcase Scotland internationally and encourage people to consider Scotland as a place to live, work, visit, study and do business.

That work is already happening on the ground through Scotland's international network. Around 23 St Andrew's day events are being hosted or attended across the network this year, which creates opportunities to engage international audiences and strengthen Scotland's connections overseas. Those connections allow us to engage with established friends and partners while reaching new audiences across business, culture, and education, as well as Scotland's global diaspora. An example of that is the St Andrew's day reception and company showcase that was hosted at the British embassy in Paris last year, where 18 Scottish companies were able to introduce themselves to French buyers. Those companies reported forecast export sales of £14.6 million against event costs of £23,000—a huge return on investment.

However, the debate is an opportunity to not only reflect on what has been done well but consider what more could be done. The strongest approach will draw on the expertise, reach and creativity of our public bodies, businesses, cultural organisations, tourism and hospitality sectors, communities and international networks. Considerable activity is already taking place; our opportunity now is to make the most of that collective effort, build on what works and strengthen co-ordination both here and internationally.

The strength of St Andrew's day is that communities and organisations can celebrate in ways that reflect their own character and audiences. Although we should preserve that, there is real value in aligning our efforts around a strong, confident and outward-looking story about Scotland and ensuring that the benefits are felt as widely as possible. Our ambition should be clear: St Andrew's day celebrates the very best of Scotland at home, supports communities and businesses across the country and gives people around the world another reason to discover Scotland, engage with us and build lasting connections with our country.

I move,

That the Parliament recognises St Andrew's Day as Scotland's national day, which celebrates the heritage, traditions and culture that help to define Scotland as a proud and distinctive nation; believes that St Andrew's Day should serve not only as a celebration of Scotland's history, but as an opportunity to look confidently towards Scotland's future; acknowledges its potential to strengthen Scotland's reputation and connections overseas, to support tourism and the wider visitor economy, to promote Scottish culture, heritage and food and drink, and to celebrate Scotland's diverse communities; considers that there is an opportunity to develop a coordinated approach across the public, private and cultural sectors to build a strong programme around St Andrew's Day, creating benefits for communities and businesses across Scotland; pays tribute to the many people across Scotland, including new Scots, who have contributed to its national story and helped to promote Scotland's reputation at home and abroad, and encourages people across Scotland, regardless of background, age or nationality, to take part in St Andrew's Day celebrations and to embrace the opportunity to showcase the very best of Scotland.

The Deputy Presiding Officer (Katy Clark): I call Jamie Langan to speak to and move amendment 02217.2 for up to four minutes. I believe that the member will also give an explanation for his absence at the beginning of the debate.

The rest of this Official Report will be published progressively as soon as the text is available.

16:06

Jamie Langan (South Scotland) (Reform): I apologise to everyone present for my late arrival to the chamber, which was a discourtesy to you, Deputy Presiding Officer, and to all members of the chamber. My colleague Max Bannerman is not present today due to illness, so I will speak to his amendment.

At its heart, this should be one of the least controversial debates that comes before the Parliament. It is an occasion when members from all parties can come together to celebrate our country, history and culture, and the traditions that have shaped Scotland.

There is much in the Government's motion and what the minister has said that should command support. Scotland has every reason to celebrate its achievements. We have contributed enormously to science, engineering, medicine, education and culture; our food and drink are recognised across the globe, from Scottish whisky to world-class salmon and beef; and our landscapes, from the Borders to the Highlands and Islands, attract millions of visitors every year and showcase the very best of our country. We are the nation of Adam Smith, whose ideas helped shape modern economics; of James Watt, whose innovations transformed the industrial world; of Alexander Fleming, whose discovery of penicillin saved countless millions of lives across the globe; and of so many others whose contributions have left an enduring mark on the world.

Unfortunately, I take slight issue with elements of the motion that the Government has presented. I believe that there is a slight ideological element to the reference in the motion to the contested phrase "new Scots"—indeed, I do not believe that it is a widely agreed and accepted term across the chamber.

Lloyd Melville (Angus South) (SNP): The member has talked about Scotland being the nation of all those important people, but will he also recognise that Scotland has the phrase "We're all Jock Tamson's bairns"? He might like to reflect on that in the remainder of his contribution.

Jamie Langan: There is a great amount to celebrate about Scotland, and I think that we will all do so across the chamber, regardless of party. St Andrew's day belongs to all Scots in all of Scotland; it is not the property of any party, Government or ideology. It is a day for us to take pride in our nation and reflect on the values that define us. In my view, it is a shame that the Government has perhaps tried to slightly politicise that with the phrase that it used in its motion, when this is the day that Scotland should fully celebrate its national story and great contribution to the world.

Unfortunately, it is not the only instance of a public institution taking modern political leanings and interpretations into our history and the people who have shaped it. Many in the chamber will remember the University of Edinburgh's renaming of the David Hume tower in 2020 over the interpretation of his 18th century views, when he was one of the great voices of Scottish enlightenment; when campaigners called for the tower to be renamed after Julius Nyerere, the leader of a one-party state in Tanzania, the irony was not lost on some.

In 2021, Edinburgh City Council included a statue of the great explorer and missionary David Livingstone in the Edinburgh slavery and colonialism legacy review, despite Livingstone's well-known and passionate opposition to the slave trade in Africa, which the Government of Malawi has recently recognised.

Currently, the Hunterian museum in Glasgow—a place that should be a fine public institution for Scots of all ages and backgrounds to learn about our proud history—primarily concerns itself with linking James Watt to the slave trade via his father rather than celebrating his innovation of the steam engine, which helped to enable the industrial revolution and the modern world that we live in.

We should be celebrating our history, not apologising for it. We should be celebrating our traditions, not watering them down. Far too often, there has been a tendency from some in public life and other institutions to treat national pride with suspicion. We are told that certain flags can make people uncomfortable, that patriotism—love of country—can be exclusionary and that our traditions must be endlessly reinterpreted according to modern views and diminished to fit the political ideology of the day.

I reject that point. There is nothing wrong with being unapologetically proud of Scotland and its fascinating history and culture. Every Scot should be immensely proud of the unique contribution to the world that our great country has made, and our public institutions should follow suit in celebrating our history rather than debasing it. On this St Andrew's day, I hope that we can all celebrate the great country that we call home and hold our heads high in the knowledge of the unique contribution to the world that those who went before us made.

I apologise again for my late arrival.

I move amendment S7M-02217.2, to leave out from "recognises" to end, and insert

"celebrates St Andrew's Day and the importance that this national day has in recognising Scotland's shared culture and heritage as part of the UK."

The rest of this Official Report will be published progressively as soon as the text is available.

The Deputy Presiding Officer (Katy Clark): I remind members that, if a member is not present at the beginning of the debate, it is a matter for the chair's discretion whether that member is called. Members, particularly front-bench members, should be in their places at the beginning of a debate.

16:11

Q Manivannan (Edinburgh and Lothians East) (Green): St Andrew's day apparently belongs to every single Scot—but not to those Scots. Scottish culture has not been kept alive by refusing to change; it has been made by people arriving—Gaelic speakers, Norse settlers, Irish, Italian, Polish and South Asian families. Each and every time, what arrived became a part of what was already here.

Scotland chose as the figure at the centre of its flag a working man from another country. That is not an accident. It tells us what the country has been willing to put at the centre of itself: someone from somewhere else. When Scotland needed a rallying point, something to remind us of who we are, we adopted St Andrew. We were not alone: Barbados chose St Andrew's day to mark its independence, and Greece's largest church houses purported relics of our patron saint. Wherever we go around the world, there are pockets of homes for Scots and we should not underestimate the profound connection that we have with the rest of the world because of St Andrew.

St Andrew was a fisherman from Galilee who worked on a boat with his brother Simon Peter, and he was the first of the apostles whom Jesus called. He never came to Scotland. The stories that bring him here are legends—and good ones. One says that a monk, Regulus, carried his bones to the Fife shore where the town of St Andrews now stands. Another says that, in 832, King Angus, when facing defeat, saw a white diagonal cross in the sky. He won, and he promised that St Andrew would be the country's patron. The feast day, 30 November, became widely kept here only in the 18th century, partly through Scots who were living abroad. It became a bank holiday as recently as 2007.

As many members know, I first came to Scotland through St Andrews, in Fife. Anyone who knows St Andrews will tell you of the big hoolie—as I expect Murdo Fraser and Willie Rennie will before the evening is out. It is a ceilidh where hundreds of Scots assemble on the streets, hand in hand with strangers, and dance. There is a market at the West Port end of South Street from 11 in the morning. At 5 minutes to 8 in the evening, a torchlit procession with a pipe band goes down to West Sands for the fireworks.

I will be there again this Saturday. What I remember is not the fireworks; it is that nobody ever asked me where I was from before they offered a hand for the next reel. I did not know the steps. I got them wrong and someone turned me the wrong way. Nobody ever asked me to leave anything that I had brought at the door. I was asked to join in, and joining in turned out to be how I came to feel at home.

That is also why this day has to be defended. The Scottish Trades Union Congress's antiracism march in Glasgow began—as its general secretary, Roz Foyer, has put it—in response to the National Front's attempt to claim St Andrew's day almost 40 years ago. We remember history. Last year's march was called "Stand up, speak out: unite against racism!" This Saturday, the STUC march is again in Edinburgh, Glasgow and other places across Scotland. People walk out on the national day because a national day cannot be claimed only by those who would narrow, constrain and restrict it to limited forms. The answer from an inclusive Scotland—a kind Scotland—is that the day is our day. It is a day for all of us—for every Scot, as my colleague Jamie Langan clearly put it.

I agree that the day deserves to be celebrated by every Scot. That is why I will move the Green amendment in my name. The St Andrew's Day Bank Holiday (Scotland) Act 2007 made 30 November a bank holiday, but it gives no right time for people to celebrate. This year, the day falls on a Monday. Some people will have a long weekend and some of those who keep shops, pubs or care homes open will be at work. A national day should belong to the people who do the work of celebrating it.

Our amendment asks the Government to encourage employers to give the day as paid leave and to work with unions on shorter working weeks with no loss of pay. It also asks the Government to guarantee in law that workers get the benefit of bank holidays. Workers who strive throughout the year to build Scottish pride and culture deserve time with their families to celebrate it.

I welcome the Government's motion and its commitment to Scottish culture, which breathes and moves with its people, because I firmly believe that St Andrew's day is not only a celebration of what makes Scotland great. From Cyprus to Colombia, St Andrew reflects a generosity of spirit and an indiscriminate kindness that we, as Scots, should consider our proudest export and our most important value.

I move amendment S7M-02217.1, to insert at end:

"; calls on the Scottish Government to encourage employers to give their employees St Andrew's Day as paid leave and to work with trade unions and employers to implement shorter working weeks with no loss of pay, and further calls on the UK

Government to legislate to ensure that workers are guaranteed the benefit of paid leave on bank holidays."

16:15

Jenny Young (Central Scot and Lothians West) (Lab): It is fair to say that I have put a slightly different spin on today's debate, so I hope that members will bear with me.

There is a fair amount of myth making around Andrew and his tenuous connection to Scotland, but, of course, the real Andrew—the fisherman from Galilee who lived 2,000 years ago—never set foot in Scotland. He is the only patron saint of the British Isles who is mentioned in the Bible, so it was there that I turned in preparation for this debate.

Matthew, chapter 4, tells us that Andrew and his brother Simon, who was later called Peter, were fishing in the Sea of Galilee when Jesus called to them and said:

"'Come, follow me, and I will make you fishers of men.' At once they left their nets and followed him."

What could move a person to leave their livelihood, their home and everything they knew? What was it in the call of that carpenter from Nazareth that moved Andrew to follow him? Only the call of their Lord and Saviour could place such a claim on a person's life. Today, Jesus is still calling people in this country and all over the world.

The gospel of John recounts Andrew's encounter with Jesus and says, in chapter 1, verse 41:

"the first thing Andrew did was to find his brother Simon and tell him, 'We have found the Messiah (that is, the Christ). And he brought him to Jesus."

Meeting Jesus was the greatest discovery of Andrew's life, but he did not keep it to himself. His first instinct was to share the good news with his brother Simon.

Today, as we approach St Andrew's day, the Government wants us to talk about Andrew, so here he is—a man who spent his life pointing to one greater than himself, the Lord Jesus. Andrew did not stop doing that when threats and opposition came his way or when the political and secular forces of the day threatened him. Indeed, he was willing to lose his life rather than renounce his Lord.

So, I am glad to have the opportunity to speak about the real Andrew and the real Jesus he knew, served and pointed others to. We, in this chamber, are called to leadership, but leadership is not found in prideful boasting, nor is it found in human strength, with all its failings and weaknesses. It is found in the humility to admit that we do not have all the answers, that we are not infallible and that the fundamental problems in our country cannot be solved by any one of us.

So, what is the lesson of the life of the real Andrew? I believe that it can be summed up in these words from the old hymn of Isaac Watts:

"When I survey the wondrous cross
On which the Prince of glory died,
My richest gain I count but loss,
And pour contempt on all my pride.

…

Were the whole realm of nature mine,
That were an offering far too small.
Love so amazing, so divine,
Demands my soul, my life, my all."

16:18

Murdo Fraser (Mid Scotland and Fife) (Con): I commend Jenny Young on her excellent speech, in which she brought to the chamber some personal messages about her faith. That was very brave, and she should be commended for it.

I know that the Presiding Officer would be very disappointed in me if I did not start, at least in part, with a history lesson about St Andrew, some of which we have already heard today but which is very relevant to this debate.

As we know, Andrew is Scotland's patron saint, but he was a fisherman from Galilee and, according to the gospels, the first disciple to be called by Jesus. He was the brother of Simon Peter, whom Catholics celebrate as the first Pope. It has always been a source of pride for Scots—probably a rather unchristian pride—that, whereas the patron saints of England, Wales and Ireland are mere saints, Andrew was an apostle of Jesus, and not just that, but the first apostle.

Like all the apostles bar John, Andrew was eventually to be martyred—in his case, in Patras, in modern-day Greece. He was condemned to be crucified, but, believing that he was unworthy of dying in the same manner as his Lord, he asked instead to be tied to an X-shaped cross, which became his symbol. That, of course, is the shape that we are all familiar with, which appears on Scotland's national flag—the white cross against a blue background. I suspect that many of those who wave the saltire today do not realise that what they are displaying is, in fact, a symbol of execution.

How did a Galilean fisherman end up as the patron saint of Scotland? As the minister has already told us, according to legend, a fourth-century monk called St Rule or St Regulus had a vision in which he was told to take the bones of St Andrew from Patras and carry them as far west as he could travel. He eventually found himself on the east coast of Fife, which was obviously such an attractive spot that he could go no further, and there he built a church and founded what became the town of St Andrews. Over the years, that town grew into one of the great medieval pilgrimage sites of Europe, with visitors coming not just from all over Scotland but from much further afield to venerate the relics of the apostle.

That takes us to 834 AD, when King Angus II of Scotland faced a battle with the Angles at Athelstaneford, in East Lothian. He prayed for divine help and he saw a white cross appearing in the blue sky above his army. He took that as a sign of divine favour and, in due course, he won the battle. The grateful king then declared Andrew the patron saint of Scotland, and the white cross on blue became the national symbol.

St Andrew's importance in Scotland grew over the centuries. His image started to appear everywhere, from cathedrals to churches and on coins. The great cathedral of St Andrews, now standing in ruins but once the largest church—indeed, the largest building—in the whole of Scotland, was built in his honour. In 1559, following a fiery sermon preached by John Knox in Holy Trinity church, St Andrews, the Protestant mob stormed the cathedral and stripped the altars, smashing images and removing decorations. At that point, the relics of St Andrew disappeared from history, and their fate remains unknown to this day.

St Andrew's bones might well have been destroyed in that attack, or perhaps they were taken away and hidden by one of the monks and are yet to be discovered. However, other relics of St Andrew still exist. St Mary's Catholic cathedral in Edinburgh, not far from where we are today, contains two fragments of the remains of St Andrew—a fragment of shoulder bone gifted to Scotland in 1878 from Amalfi, in Italy, and a skull fragment presented by Pope Paul VI in 1969. After the visit of Pope John Paul II in 1982, both relics were placed in the reliquaries and set into the shrine altar in that church.

There is a very interesting context to this. Members might recall the debate, a few weeks ago, about Egyptian mummies in Glasgow museums and whether they should be displayed when consent to have them on display had not been given by either the owners of the mummies or their families. Perhaps if we applied that same principle to the relics of St Andrew, it might cause us a certain difficulty, or difficulty for saints' relics in other churches across the country.

Whatever happened to St Andrew's bones, his flag continues to be an important signal to Scotland to this day. Today, we see it incorporated in the flag of the union, pursuant to article 1 of the treaty of union of 1707, which stipulated that a new flag should combine the cross of St George and the cross of St Andrew, with neither to be given precedence. It would be a century later before the cross of St Patrick would be added.

Today, St Andrew's day is celebrated more often by Scots overseas than by those at home. Many years ago, I had the pleasure of attending the St Andrew's day ball in Toronto, where members of the Scots diaspora gathered in large numbers to celebrate their connections to our country. It is a shame that we do not perhaps have the same enthusiasm for St Andrew's day here, in Scotland, as many of the Scots diaspora do in other parts of the world. Perhaps it simply falls at the wrong time of year.

I will make two quick points before I close. The cross of St Andrew is our national flag and it should be there for us all, regardless of our political or constitutional views. We should not politicise the saltire. It is concerning that, in the course of last year, we saw it starting to appear on lamp posts across the country, supposedly as a symbol of opposition to immigration. I do not want to see any group or cause trying to claim the saltire for themselves. It should be a flag for us all, and it should unite us all, regardless of our political views and regardless of where we are from and what we stand for.

Lastly, as I mentioned earlier in my intervention, I was delighted to see Quality Meat Scotland back in the Parliament yesterday with its lamb for St Andrew's day campaign, which we should all be very happy to support in order to give encouragement to our farming community. Let us all unite, this St Andrew's day, by waving our flag and eating Scotch lamb.