

MEETING OF THE PARLIAMENT

Thursday 16 May 2002

Session 1

£5.00

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Scottish Parliament

Thursday 16 May 2002

[THE DEPUTY PRESIDING OFFICER *opened the meeting at 09:30*]

Health and Community Care

The Deputy Presiding Officer (Mr George Reid): Good morning. The first item of business is a debate on motion S1M-3106, in the name of Malcolm Chisholm, on investment and reform in health and community care, and two amendments to that motion.

09:30

The Minister for Health and Community Care (Malcolm Chisholm): Nothing is more important to the people of Scotland than health and the health service. It is therefore right that we should turn our attention once again to investment and reform in health. I make no apology for the fact that we will return to the subject in Aberdeen, with a debate on investment and reform in cancer services.

At the end of April, we debated investment in primary care and I stressed the central role of primary care in transforming the national health service into a right time, right place, right quality care service. Last week, I emphasised the importance of investment in staff and the crucial role of front-line staff in leading change. Today I shall pick up on those themes and describe some other key aspects of the reform agenda and the change process in the NHS, in community care and in the wider arenas of improving health and tackling health inequalities.

First, I shall say what reform is not. Reform is not a top-down imposition, although Government has an important role. Reform is not about structural upheaval, although structures might evolve and change. Reform is not driven by ideology, unless a belief in the founding principles of the NHS and in patient-focused care can be given that name. For us, reform is a collaborative venture with patients and front-line staff to develop and deliver the services that people need in the way that they need them, and to find new ways of improving health and tackling health inequalities. Reform is about making services more accessible and responsive. It is about establishing a culture of continuous improvement that is grounded in evidence and explicit quality standards.

I shall talk about the role of national standards in the reform agenda and the best way in which we can ensure that those standards are implemented

throughout Scotland. The Clinical Standards Board for Scotland has been a good example of positive change. I shall refer in a future debate to the board's extremely important cancer reports and in this debate to its crucial work on hospital acquired infections. Nonetheless, we recognised some time ago that we needed to look again at the range and complexity of clinical effectiveness organisations, because their multiplicity had led to confusion and lack of clarity. We are now in the final stages of an extensive consultation on our proposal to establish a new quality and standards board for health in Scotland. That board will build on and develop the role of the existing organisations and it will have new and challenging responsibilities and powers. The development of the quality and standards board for health in Scotland will be an important driver for change and for ensuring change.

The reform of clinical effectiveness bodies will give a new focus on ensuring the delivery of quality services and will provide an independent mechanism for regulating the quality of care. The new body will not be part of the Executive; it will operate independently and its actions, findings and reports will be independent. As such, the quality and standards board will be a key factor in strengthening public accountability. As a body that will have independent mechanisms for regulating the quality of health care, it will provide much more than an inspectorate, because inspection alone does not ensure quality. The board will provide clarity about expectations through standards and guides for best practice; it will be responsible for assuring the patients' safety agenda; and it will provide a focus for national clinical audit. It will have powers to ensure that action is taken when organisations are found wanting, with agreed escalation procedures. It is important that it will have the power to investigate serious failures in clinical service delivery. Those are new and important areas of responsibility, although the new body will also continue the excellent work of the Clinical Standards Board.

Dennis Canavan (Falkirk West): If the new board is to be truly independent, who will appoint its membership?

Malcolm Chisholm: Its members will be appointed in the same way as those of any other public body in Scotland. However, the new board will function completely independently of the Scottish Executive.

The Clinical Standards Board is doing a great deal of important work and is going round all the NHS trusts in Scotland to check their performance against the standards on hospital acquired infection. I asked the board earlier this year to bring forward and accelerate those visits, and I thank it for doing so. Reducing the incidence of

infections that are picked up by patients in hospitals is a big health care issue worldwide. We need better ways of tackling the problem and we are supporting the NHS in finding those through the external standards and inspections that I have mentioned. We are doing that by introducing new surveillance systems throughout Scotland, by investing in more training for infection control nurses and by promoting the concept of a cleanliness champion in hospital wards, who will take responsibility for, and offer leadership on, good infection control practice.

The planned infection control convention, which I announced in April, will take place on 28 June and will enable us to gather more ideas, spread best practice and drive forward action in an area that is extremely important to us and—I know—to patients.

The reduction of waiting times for patients is also extremely important. Yesterday, I was able to announce that since January, the national waiting times unit had purchased an additional 2,100 cases from spare NHS capacity that had been identified in eight NHS trusts, and that it had facilitated an estimated 2,000 operations from spare private sector health care capacity on behalf of the NHS. That has resulted in a significant reduction in the number of patients who are waiting more than six months for acute in-patient and day-case treatment. I cannot understand why the Scottish National Party, in its amendment, should regard that as undermining the principle of a universal service that is free at the point of use, to which I and the Executive are passionately committed.

The national waiting times unit is also working on out-patient waiting times—an issue that is of concern to me—and on reducing waiting times for diagnostic tests and for therapies that are provided in out-patient settings. The unit is visiting every NHS board in Scotland to ensure that action plans to reduce the longest of those waits are completed by June. We will also work to ensure that patients and the public have readily accessible, high-quality information about waiting times in every Scottish NHS hospital. That is the aim of the new waiting times database that is being developed. The objective of the database is to provide general practitioners, patients and members of the public with readily accessible, accurate and up-to-date information about waiting times throughout Scotland, so that patients can, if they wish, choose to be treated at a hospital where they will have a shorter wait.

Nicola Sturgeon (Glasgow) (SNP): The minister has passed the point that I wanted to make, but I shall take him back to it. In talking about the new inspection regime, he referred obliquely to its having the powers to enforce standards when hospitals fall below those

standards. Can he go into more detail about what those powers will be and about what actions the new body will be able to take if, for example, hospitals fail to meet basic standards of hygiene?

Malcolm Chisholm: Other bodies are involved as well. Nicola Sturgeon has talked before about prosecution. The Health and Safety Executive already has that role, so there is no need for a power of prosecution. The new body will have a power of escalating intervention to ensure that the new standards are implemented. If matters arise in the territory in which I know Nicola Sturgeon is interested, those will be dealt with by the Health and Safety Executive.

Patient choice—the last topic that I mentioned in relation to the new waiting times database—is part of a much wider agenda that has been gathering pace since we published “Patient Focus and Public Involvement” in December. The challenge and the aim of our extensive underpinning programme is to have an NHS in which people are treated as individuals and with respect; in which they are listened to and involved in their care; in which they can improve the quality of care through the feedback that they give and in which they can become involved in monitoring and development of services.

Ben Wallace (North-East Scotland) (Con): Will the minister give way?

Malcolm Chisholm: I have a lot to get through. I will give way later, if I have time.

An extensive body of work is being done on that agenda. For example, NHS boards have established some 90 partners-in-change projects, which work with patients and the public. We are developing a public information strategy and we have funded the establishment of an advocacy safeguards agency and an independent alliance of advocacy projects. We have developed much more detailed guidance on public involvement, which has been published in the form of a toolkit. Last week, we issued specific new guidance on consultation in relation to service change, and we will consult soon on new public involvement structures, including a Scottish health council that will be independent of the NHS.

We must also address the concerns of those who feel that they have not received the service that they expected from their national health service. That is why we will consult soon on a new NHS complaints procedure that will be credible, easy to use, demonstrably independent and effective.

If the aim of reform is patient-focused care and designing services around the needs of patients, and if the involvement of patients and the wider public is central to the reform process, it is self-evident that the other key agents of change are

front-line staff, because only they can deliver more patient-focused care. Those staff are in the best position to design and lead the necessary service changes. We recognise, however, that work must be done to enable staff to deliver reform. This is about making the NHS a good employer in ways that impact directly on staff. It is about creating the environment that supports innovation and personal development. It is about developing career pathways that are attractive to staff at all stages of their working lives. It is about staff joining the NHS because it delivers the flexibility that they need, rather than their leaving because the NHS cannot deliver. Finally, it is about partnership working in practice.

I remind members that we must apply all that to all members of the health care team. On Friday, I shall be pleased to launch NHS Education for Scotland, which is a new body that will look, for the first time, at the continuous professional development needs of every member of every health care team in Scotland. We must target investment at the right staff.

Tommy Sheridan (Glasgow) (SSP): Will the minister take an intervention?

Malcolm Chisholm: If I have time, I will give way in a moment. However, I have a lot to get through.

We must equip staff with the right skills not only for today, but for five, 10 and 15 years' time. That means looking ahead at what kind of work force Scottish health services will need in 2020 and beyond. We must therefore ensure that everyone inside and outside the NHS who will have a role in the delivery of that work force works together, with determination and focus, to make that happen. We will publish an action plan in June about what needs to be done, which will be the first national action plan on work force planning and development.

A main theme that I covered in the primary care debate three weeks ago was the need for more integrated care across the primary and acute sectors, so that the patient's journey of care is smooth and seamless. That is critical to the reform process. In that debate, I mentioned examples of new services in primary and acute care, such as the managed clinical network for cardiac services in Dumfries and Galloway. I know that, in the asthma debate earlier this week, Margaret Jamieson mentioned a managed clinical network for asthma in her part of Scotland. Yesterday, I met the respiratory alliance and we discussed the development of such networks for other respiratory diseases, such as chronic obstructive pulmonary disease.

In the primary care debate, I also said that work will go ahead throughout Scotland to change

diabetes services by collaboratives of primary and acute care to redesign those services. We need to give local health care co-operatives and primary care teams the authority and resources to develop and manage enhanced local services, as well as give them real influence over the shape of the whole system. Those issues will be at the heart of our current review of management and decision making in the NHS. However, I am sure that we need to make the necessary developments without reintroducing the bureaucratic systems of the past, although last week the SNP proposed, in its small health document, to reintroduce such systems.

The reduction of bureaucracy is a key part of the reform agenda because it will free up front-line staff. It is also an important reason why investment in information technology is such an important part of the reform agenda. IT is the key to providing better services in line with what patients need and want; it is also the key to improving the quality of health services by allowing better audit of activity and improving access to treatment through telemedicine, electronic booking and faster transmission of information.

In the current year, we will spend £50 million on national IT programmes of work in support of the national information strategy that I launched in February. That covers important national programmes including NHS 24, which uses sophisticated IT and telecom systems, and several other initiatives that I do not have time to detail. They can be mentioned later, if required.

I have emphasised reform because nobody is unaware of the unprecedented, sustained investment in health that was given such a boost by the recent budget. I am also, of course, going to talk about investment and reform in community care. I am sure that we all know about the money that is already going into developments in community care. There is the learning disability review, £20 million for the delayed discharge action plan, £24 million—rising to £48 million next year—to expand home care, over £50 million of extra investment for the care home sector and, of course, £250 million during this Parliament for free personal care.

I do not have time to cover the whole reform agenda in community care, but I think that members will agree that the joint working agenda, backed up the Community Care and Health Act 2002, is key to the development and redesign of services in the area. Our early analysis of initial local partnership agreements that were submitted by local partners in April shows that much has been achieved in establishing joint resourcing and joint management arrangements, but there is still a lot to do. Trust and transparency must replace tribalism and tradition.

The framework of joint budgeting and joint management that we seek to achieve can drive the reform of services from the individual's perspective rather than from the organisation's perspective. We do not want more of the same for our investment. We have no intention of pouring new money into old silos. We want to see more and better joint services and new routes to community care. We also want to see progress on the acid test of delayed discharge.

Of course, members will know of the new way in which we are distributing the £20 million to address the critical issue of delayed discharge. We are examining the action plans that were drawn up by local partnerships and will distribute money only when we are convinced that those plans will deliver. In a sense, dealing with the delayed discharge is the key to the beds issue that the SNP amendment raises.

Investment and reform are also key parts of the health improvement agenda, with particular focus on tackling health inequalities. We are determined to step up our efforts across the Executive this year on that important agenda.

I want to mention a particular demonstration project in a little more detail, because it has attracted media comment this week. However, I will take an intervention from Tommy Sheridan before I do that.

Tommy Sheridan: I want the minister to elaborate on the establishment of the new board that will, with other members of the health care team, tackle problems. Will the new board be able to make recommendations about wage levels? The biggest problem in the NHS is the growing gap in remuneration for porters, auxiliaries and other essential members of staff. Will the new board have the power to tackle that problem?

Malcolm Chisholm: The quality and standards board will not look particularly at that issue, but other bodies are obviously doing so. As I said last week, we are deep into the agenda for change in negotiations that will cover the work force members to whom Tommy Sheridan referred. There has been progress on that issue, but we want more. We also, as I said last week, want progress on the nursing agenda.

The starting well project is an example of the new ways of working in health improvement to which I want to refer. David Olds, an international expert in intensive support for vulnerable families, is addressing a conference about that issue in Glasgow today. The conference is led by the Glasgow health city partnership, with partner organisations that represent a range of statutory, voluntary and academic interests. Starting well is focusing on the promotion of health and protection from harm in the period leading up to birth and

throughout the first three years of childhood. The project is based in two of the most deprived areas of the city and aims to demonstrate that child health in Glasgow can be improved by a programme of activities that supports families and provides them with access to enhanced community-based resources.

The project's health visitors and a team of health support workers are providing intensive home-based support in the target areas to all families with new babies. The focus is on parenting and on giving parents practical support, with contact beginning before children are born.

Ben Wallace: Can I take the minister back to the issue of patients' choice? Will he, as well as publishing waiting times, produce information on the productivity or success of individual hospitals? Will he inform us, like his colleague in England and Wales, of surgeons' performances?

Malcolm Chisholm: I knew that I could not get through the debate without Ben Wallace mentioning Alan Milburn. I suppose that I should be pleased that Ben Wallace has such a high regard for Alan Milburn. We have made it clear that we shall publish meaningful information about the performance of individual surgeons. Also, we have said that we do not believe in crude league tables that could well be counterproductive.

I want to conclude what I was saying about starting well, which I hope illustrates our determination to be bold and radical when it comes to health improvement. An innovative partnership management model has been developed with One Plus, the lone parents organisation, which enables lay health support workers to fulfil a vital role in the intensive support model. It complements, rather than replaces, the role of experienced health visitors and it is building community ownership for the project, which is well on course to help 1,800 families in some of the most deprived parts of Glasgow. Some 98 per cent of eligible families have agreed to take part.

We must work together on new ways to improve health and to reduce inequalities. Starting well shows how we can do so through new ways of improving health, new ways of tackling health inequalities, new ways of delivering services and new ways of driving forward change. Government must step up its efforts with regard to funding, standards, and—where necessary—intervention and best practice must become common practice. Most of all, Government must create an environment that allows solutions to be developed by those who know best—front-line staff—with the involvement of patients.

I move,

That the Parliament welcomes the Scottish Executive's commitment to sustained investment in health; agrees that

investment must be accompanied by reform that is focused on the needs and expectations of patients and service users; acknowledges the progress that has already been made by the National Waiting Times Unit and looks forward to further improvements; supports a collaborative approach to reform which involves patients, staff and the wider public; welcomes the priority attached to dealing with delayed discharge and hospital-acquired infection, and believes that improving health and tackling health inequalities in both urban and rural Scotland should be central features of the reform agenda.

09:51

Nicola Sturgeon (Glasgow) (SNP): All that we have heard from the minister this morning is a new way of filling 20 minutes without saying anything new. Nevertheless, I welcome the debate.

For the past three years, the SNP has argued that the NHS is chronically underfunded. For three years Labour and its Liberal Democrat partners have said that the NHS is not underfunded, that investment in the NHS is at record levels and that shortage of resources is not a problem. The Wanless report and the budget have proved once and for all that we were right and that the Executive was wrong.

The extra £3 billion that will be invested in the NHS in Scotland over the next few years is welcome, but the NHS might not be in the state that it is in today if the Government had invested more earlier, rather than sticking to Tory spending plans and pursuing an income tax agenda that was designed to win votes only in middle England.

It is absurd that the Executive, in its motion, congratulates itself on providing sustainable investment in health. In a motion that is absolutely littered with incredible claims of success where none has been achieved, that claim really takes the biscuit. Malcolm Chisholm might have delusions of grandeur, but the reality is that the sustainability of health spending in Scotland has nothing to do with the Scottish Executive. It should have, but it does not. It depends entirely on the decisions that Gordon Brown takes south of the border. That is why we have had to wait three years for something approaching the scale of investment that the national health service in Scotland needs.

If the Scottish Parliament had the same powers as virtually every other Parliament in the world, it would be up to us to decide how much to spend on our health service. Some members might not like hearing that, but they will hear it a lot more often in future. We would be able to stimulate faster growth in our economy, which is essential to securing long-term sustainable investment in our health service. However, we have no such powers—we are dependent on decisions that are taken elsewhere. Few things illustrate better the fact that the Parliament is a job half done.

Bill Butler (Glasgow Anniesland) (Lab): Will the member give way?

Nicola Sturgeon: Not just now; perhaps later.

The amount of investment is only a part of the equation. As I am sure the Deputy Minister for Health and Community Care has been told many times, it is what you do with it that counts. The extra money that Labour has invested in the past three years and which, according to the Wanless report, is clearly inadequate, has delivered little tangible improvement for patients.

The Executive's motion today is a classic triumph of spin over substance. It praises first the work of the national waiting times unit. The minister told us yesterday and today that there has been a reduction in the number of patients waiting more than six months for acute in-patient and day-case treatment. If that is true, it is good news. But is it true? The Executive's approach to cutting waiting lists and waiting times in the past has been simply to fiddle the figures, to close lists, to dump patients in deferred lists and to reclassify patients to suit Government statistics rather than individuals' needs. Who can say that yesterday's announcement is the result of anything more than the same old fiddling that led to the Audit Scotland inquiry?

Malcolm Chisholm: I thank Nicola Sturgeon for giving way. If she had read the motion or had listened to my speech she would know that my main emphasis was on the fact that improvement is required. The motion acknowledges progress. It is an undisputed fact that there has been extra activity in the past three months; if Nicola Sturgeon had spoken to hospital workers, she would know that. We are keen to have transparency, which is why we commissioned the Audit Scotland report that will be published next month.

Nicola Sturgeon: I wonder why, in its press release yesterday, the Executive did not publish figures for every health board in Scotland, rather than for just a select few. The Executive might want to pat itself on the back this morning. It would be better advised to wait for two things. First, it should wait for publication of the official figures in two weeks' time. They will tell us whether the number of people waiting more than six months has reduced significantly in all areas in Scotland, rather than tell us only about the select few areas that the press release chose to highlight. The figures will also tell us whether median waiting times are coming down—in other words, whether the quality of service is improving for every patient throughout Scotland. According to the most recent figures, as the minister will recall, median out-patient waiting times are two weeks longer now than they were when Labour took office. Let us wait to see in two weeks' time what improvement

has been made.

Secondly, we should wait for the outcome of the Audit Scotland inquiry. Until it is available no one can trust a word that the Executive has to say about waiting times. The Executive cannot prove what it needs to prove—that every single patient who has been removed from the official figures has been treated.

The motion goes on to say that tackling delayed discharge is a priority and I agree with that. However, Susan Deacon said in December 2001 that tackling delayed discharge was a priority. The problem is that in the year between January 2001 and January 2002 the number of patients awaiting discharge increased by 10 per cent—even after Susan Deacon identified the matter as a priority. Instead of our being told repeatedly that it is a priority, let us see solid and sustained evidence that progress is being made. We need less spin and more substance from the Executive.

The same goes for hospital acquired infection. Again we are told that that is being tackled as a priority. A press release that Susan Deacon issued on 9 February 2001 said:

“Health chiefs told to act now on hospital acquired infection.”

Did the health chiefs listen? Not according to the Clinical Standards Board for Scotland’s report that was published last month. It said, among other things, that most trusts could provide no evidence of a structured infection control programme. One year and three months after Susan Deacon first said that hospital acquired infection was a priority, most trusts have not even put in place plans for dealing with such infection. However, there is no need to worry, because Malcolm Chisholm issued another get-tough press release, which said:

“NHS told to raise their game on infection control.”

The tragedy is that in the period between Susan Deacon telling the NHS managers to “act now” and Malcolm Chisholm telling them to “raise their game”, hundreds of people will have died from hospital acquired infection. Only this week the Victoria infirmary in Glasgow was closed for the second time this year because of infection, but all that we get from the minister today is another assurance that tackling infection is a priority.

Malcolm Chisholm: Will the member give way?

Nicola Sturgeon: I will take the minister’s intervention in a minute when I have told him what we need to do to tackle infection. We need to tackle the root causes of infection, which are overcrowded wards, overworked staff, too few cleaners in hospitals, and private profit taking precedence over patient safety. Those are the root causes of infection—the minister can tell us now how he will tackle them.

Malcolm Chisholm: Once again I thank Nicola Sturgeon for giving way, but I say again that she has neither read the motion nor listened to the speech. The motion does not display any sense of complacency about either delayed discharge or hospital acquired infection. It says that we have given priority to dealing with those, which is evident from the way in which we are dealing with delayed discharge, including the unprecedented amounts of money that we are making available.

The range of actions that I described with regard to hospital acquired infections show that I acknowledge that there is a problem. This year we will have the first national standards and inspections, which I have introduced because I wanted them to be carried out as quickly as possible. The other actions that I described will culminate in the convention on 28 June, to which I hope Nicola Sturgeon will come.

Nicola Sturgeon: If the minister had listened, he would have heard me say that the problem is that hospital acquired infection has only got worse since Susan Deacon identified it as a problem. That is not good enough and the motion, which I have read, is not good enough. That is not because nothing good is happening in the health service; that is not the case. Those who work in the service are doing a sterling job and we should never tire of praising them. Despite what the minister is saying defensively, the problem is that the motion is self-satisfied and self-congratulatory and it bears little resemblance to the experience of patients throughout Scotland. The Executive is not making enough progress and it is not making progress quickly enough.

Let me turn from investment to reform. The minister and I agree that the status quo in the health service is not an option. Let us be clear that when we are talking about reform, we are talking about reform of our public health service. Too often, for new Labour and the Tories alike, reform is nothing more than a code word for privatisation—for inviting the private sector into our national health service to make profits at the expense of taxpayers and patients. The SNP wants none of that. We want a health service that is accountable, responsive to public needs and that is supported, but which is also challenged at all times to deliver the very highest standards. We want a health service in which “patient focused” is more than a Government slogan.

Let me suggest some reforms, over and above those that the minister has mentioned, which would begin to make a real difference in the health service. First, let us be bold and get rid of some of the NHS bureaucracy that prevents investment getting to the front line. Trusts are an unnecessary and expensive layer of bureaucracy. The number of NHS boards should be reduced. Secondly, let

us shift the balance of power in the health service away from politicians and bureaucrats and in favour of patients and staff. That means democratising the health service. Health boards make decisions that have significant impacts on people's lives, yet they are not directly accountable to the populations that they serve. Health boards do not have to answer to the public for the decisions that they make about the shape of local services or the way in which they spend taxpayers' money. People from all over Scotland feel alienated from the decision-making process in the health service.

Bill Butler: Will the member give way?

Nicola Sturgeon: In a moment. Health boards might go through the motions of consultation, but they rarely act on the outcome. As Bill Butler will know only too well, the health board in Glasgow embarked on a glossy, expensive consultation exercise on its acute services review, but the proposals at the end of the consultation exercise were virtually identical to the proposals at the outset. What is the result of that? The public feels alienated and disfranchised. People feel that they have been consulted but not listened to. It is time to give the public a seat at the table through direct elections to health boards.

Bill Butler: Democracy, accountability and transparency are very important and I am sure that members want us to drive towards greater levels of all three. What advantage or progress, in terms of transparency or accountability, would death-rate league tables for individual surgeons give us? On that point, the Scottish secretary of the British Medical Association, Bill O'Neill, said that the different services that are provided by different hospitals would also cause difficulty for that proposal. That is common sense—we would be comparing apples with oranges. How will that help transparency? Is not that the converse of Nicola Sturgeon's argument about league tables in education?

Nicola Sturgeon: I am glad that Bill Butler managed to read the intervention notes that were provided by his party bosses. I am coming on to surgeons' performance indicators, because they are crucial to giving power to patients. If Bill Butler exercises a little patience, it will be rewarded.

I want to finish my point about democracy. I am glad that Bill Butler is in favour of increasing democracy, because as a Glasgow MSP, I am sure that he has been struck, as I have in recent months, by how excluded from decision making ordinary members of the public are. Democracy will not make the decisions that health boards have to make any easier, but it will make health boards accountable for those decisions in a way they are not at the moment. I hope that the Minister for Health and Community Care is

prepared to listen on that point.

We must create a genuinely independent inspection regime in our hospitals that does more than set and monitor standards. It must have real and meaningful powers—not just the opportunity for “escalating intervention”, whatever that means—to enforce standards where hospital management is found to be wanting. That is in the interests of patients and those who work in hospitals. A hospital that is failing to ensure high standards of hygiene and infection control, for example, is putting at risk its nurses, doctors and ancillary staff, just as much as its patients.

We must ensure that patients have the power that comes with robust and easily accessible information about the performance of hospitals and those who work in them. Mr Butler might want to listen to this point. That is why greater transparency will be a powerful lever for change in the national health service. I make no apology for saying that patients should have access to information about the clinical performance of surgeons. Patient who are about to go under the knife should have the right to that information if they want it. As long as the information is presented responsibly and takes account of work load, case mix, comorbidity, deprivation indices and so on, there is nothing to fear. If the minister does not agree with that, why did he say, in a press release commenting on the Bristol report, that he would make available robust information about surgeons' performances? Perhaps he can explain the difference between what I propose and what he has already suggested—other than that he is backing off because his chief medical officer told him to.

Malcolm Chisholm: Once again, Nicola Sturgeon has not listened to what I have said. I explained our position on that very clearly to Ben Wallace. I know what our position is. What is Nicola Sturgeon's?

Nicola Sturgeon: Perhaps the minister could educate his back benchers about the Government's policy. The excellence of the medical profession in Scotland means that it has nothing to fear from such openness and patients have everything to gain. For Mr Butler's information, I presume that that is why the BMA consultants committee supports our proposal.

Let us make sure that our health service has the capacity to cope with the demands that are placed on it. Reforming the NHS is about many things, not least the shift from acute to primary care—ensuring that patients are treated in the most convenient and appropriate setting is fundamental. Everyone I speak to in hospitals tells me the same thing: there are too few beds and not enough staff. We must do more to tackle staff shortages. We must pay our health care professionals salaries

that reward them properly for the jobs that they do and that make it attractive for them to work in Scotland.

The nursing students to whom I spoke last week told me that it was simply impossible for many newly qualified nurses, who are already carrying huge burdens of debt, to resist the lure of enhanced salaries that already are being paid by health authorities south of the border. We are losing nurses and we must stem that flow. *[Interruption.]*

It appears that Brian Fitzpatrick has a problem with his hands—I am sure that it is not the first time that he has had a problem controlling his hands or other parts of his anatomy.

We must halt the reduction in acute beds. We now have 700 fewer acute beds than we had in 1999 and it is no wonder that the service is under such enormous pressure.

I have made suggestions for reform that would make a difference. I hope that the Executive is listening. We can build a consensus around some ideas for reform in the health service, but we must first have a Scottish Executive that is prepared to listen.

I move amendment S1M-3106.1, to leave out from first “welcomes” to end and insert:

“regrets that the sustainability of investment in health is dependent solely on decisions taken by Her Majesty’s Government rather than determined by the Scottish Parliament; agrees that reform in the delivery of health care is essential if we are to create a modern NHS which improves health and tackles health inequalities throughout Scotland, is transparent in its operation and publicly accountable, and prioritises the needs and expectations of patients and service users; is concerned that the Scottish Executive’s use of the Private Finance Initiative and private healthcare capacity to redress decades of under-funding by the Tories damages the NHS and undermines the principle of a universal service that is free at the point of need; is further concerned that waiting lists and times are manipulated to the point of being meaningless, and believes that continuing reduction in the NHS acute sector capacity and staff shortages across the range of healthcare professions must be reversed if the NHS is to tackle effectively the crucial issues of bed blocking, waiting lists and times and hospital-acquired infection which remain fundamental obstructions to improving the health of the people of Scotland.”

10:08

Mary Scanlon (Highlands and Islands) (Con):

I have participated in most of the health debates in the past three years and I am interested to note a slight change of tone in today’s debate. Rather than the 100 per cent self-congratulatory tone that we have become used to over the past three years, a wee bit of honesty is creeping in. The Executive motion acknowledges the progress that is being made, looks forward to further improvements, supports a collaborative approach

and welcomes priorities. I welcome that honesty, although, unlike David Blunkett yesterday, the Executive does not go as far as apologising.

The only progress that has been acknowledged is that of the national waiting times unit. It is interesting to note that the progress of the national waiting times unit is due mainly to more than 2,000 NHS patients being treated in the private sector. Where there is spare capacity, that is progress indeed.

I welcome much of what the minister said. The Conservatives welcome the diabetes framework, the cancer plan, the Clinical Standards Board for Scotland assessments of cancer and managed clinical networks. No one could refuse to welcome those. More than anything, I welcome the improvement in patient outcomes. The plans are good and the ideas are good, but we have to see improvement in patient outcomes before we can acknowledge the action plans.

Although the motion mentions community care, the minister said very little about it. Given that there are only six weeks before free personal care is implemented, I hope that we will continue to monitor developments and debate the issue in the Parliament. I note that the motion also refers to “investment” in the health service. We should remember that the Chancellor of the Exchequer received an £18 billion boost to his war chest from the mobile phone licence auction.

Although there is no doubt that “further improvements” are required, the minister’s motion points out that reform must be

“focused on the ... expectations of patients and service users”.

Much of the problem in that respect may arise from the expectations that Labour itself created as it showered the electorate with grandiose promises that Blair’s new Labour wizards and its members in the Scottish Parliament would provide a panacea for all the ills in the NHS. The 1997 Labour general election manifesto stated that waiting lists would be reduced. By 1999, the future Labour leaders of Scotland felt able to be more specific and promised that waiting lists would be reduced by 10,000 by 2002. It is now 2002 and, according to the latest published figures, waiting lists have increased by 10,000, with a further 6,000 on the deferred waiting list. Although no one denies that more money is being spent, one would not expect to find that the more we spend, the less we get.

Other great bluffs include the promise in 1997 to end waiting for cancer surgery. That initiative failed. In its 1999 manifesto for the Scottish Parliament elections, Labour promised to “end postcode prescribing”—it has failed to do so. It promised to spend money on patients, not

bureaucracy—it has failed to do so. It promised an airline-type booking system where patients would know when their hospital appointments would be before they left the surgery—it has failed to introduce that. Furthermore, where are the walk-in, walk-out hospitals that Labour promised for Scotland?

In the same manifesto, Labour promised to reduce waiting times to see a hospital consultant. The median waiting time was 46 days; it is now 57 days. Labour has failed again. The percentage of out-patients seen in nine weeks has fallen from 63 per cent to 53 per cent—Labour has failed in that as well. In fact, in Highland and the Borders, 67 to 68 per cent of patients are seen within nine weeks, but in the Fife, Forth Valley, Grampian and Lanarkshire health board areas, fewer than 50 per cent of patients are seen within the same time.

In its manifesto, Labour told us that we would have

“a centre of excellence ... in Inverness to ensure that rural communities ... get access to the highest standards of care”.

I welcome the minister's regular visits to Dundee, but I ask him to visit Lybster, Dunbeath or Wick. Many Highland health officials were fairly traumatised when they left those areas, and they would welcome the minister's support.

Malcolm Chisholm: Just because I go to Dundee, it does not mean that I do not visit the Highland area. Indeed, last Friday, I visited Nairn and spoke to Highland NHS Primary Care Trust about the problems to which Mary Scanlon has referred. I assure her that I am concerned about those problems and that I am giving them great attention.

Mary Scanlon: I am pleased that the minister visited the sedate town of Nairn, but I ask him to extend his visits further north.

Last night, one of the local GPs in Wick explained to me why the accident and emergency hospital in Thurso has had to close. Quite often, members of the Parliament talk about primary and acute care as if they are two quite separate aspects of health care. Indeed, I have been guilty of that in the past. We do not realise that GPs provide accident and emergency services in remote and rural areas. I was quite shocked to find that, until last November, doctors were paid £1.60 an hour for out-of-hours accident and emergency calls. Even Tommy Sheridan would be shocked at that rate of pay. After recent negotiations, GPs' wages for attending an accident and emergency call at Dunbeath have risen to £4 an hour, but they are still the lowest-paid in the room. Furthermore, the money to fund the wage increase has been taken from other services in the hospital. The minister needs to discuss the matter with Highland

NHS Primary Care Trust.

Although I am pleased that Labour is now embracing the private sector, it is still not doing enough. If 2,000 NHS operations have been carried out since the waiting times unit was set up, how much more could have been done with forward planning? At a recent *The Herald* debate on the BMA's premises, the minister was told that planned use of the private sector in England and Northern Ireland has meant that there is no need for panic measures when a patient reaches the dreaded 12-month waiting time. It is also much cheaper for the public purse and will enable spare capacity to be properly managed in future.

If we are to improve the health system, we must tackle health inequalities. Although the minister recently stated that he was focusing on the issue, I was quite shocked by his comment at a recent meeting of the Health and Community Care Committee that he had no proper way of measuring benefits to health inequalities. That does not concern areas that have lost out because of Arbutnott, but areas such as Highland, which have benefited enormously from the formula. I would like to think that the money is used to address problems such as poverty, deprivation and inequality, but there is a fear that it will not be used for that purpose because there is no way of measuring it.

Malcolm Chisholm: Mary Scanlon will remember that I also said that examining health inequalities is a very important part of the performance assessment framework. We are urgently developing health inequality indicators. Although I accept that that has been a problem, I can assure Mary Scanlon that we will have those indicators soon.

Mary Scanlon: I hope that that is the case, because the minister should be holding health boards and trusts to account for the money that they have been allocated.

The mention of delayed discharge in the motion at least gives me the opportunity to refer to community care. It is clear that delayed discharge remains a problem; indeed, according to the latest statistics, the figures for delayed discharge have doubled over the lifetime of the Parliament and it accounts for more than 3,000 beds a day. I am also concerned that the care development group, which the minister chaired, highlighted that £63 million that was earmarked for care of the elderly had been diverted to other budgets. I hope that the minister's joint planning and joint action will ensure that moneys earmarked for care of the elderly will be used for that purpose.

The community care system is crumbling. It is a matter of concern that the independent sector closed 100 homes last year. The Church of

Scotland recently announced the closure of nine services, simply because it could not afford to subsidise them from its own funds.

Margaret Jamieson (Kilmarnock and Loudoun) (Lab): Will the member give way?

Mary Scanlon: I really do not have the time—I have taken a couple of interventions already.

The Deputy Presiding Officer: We do have some time in hand this morning.

Margaret Jamieson: Does Mary Scanlon accept that the closures announced by the independent sector have been made solely for commercial reasons?

Mary Scanlon: I certainly agree that the Church of Scotland had commercial reasons for announcing the closure of services. It was not able to provide £1.34 million a year from its social fund to subsidise its homes. Can Margaret Jamieson justify the fact that councils pay £83 a week more to their own homes than they do to those in the independent sector? She has a wee bit more to learn about the concept of commercialisation.

It takes a good Tory initiative to address many of the problems. The benefits of direct payments, which were introduced in 1996, have been acknowledged by Malcolm Chisholm, Hugh Henry and—I hope—Frank McAveety and the measure was included in the Community Care and Health (Scotland) Act 2002. Such payments present an opportunity to address many of the problems in community care. With direct payments, elderly people receive their own money to buy their own services. We must harness such opportunities and allow people the freedom and the choice to control their own budgets. It is disappointing—to say the least—that, until the new act was passed, only 200 people in Scotland received direct payments, mainly for learning disabilities. I ask the minister to offer direct payments to everyone who is left in hospital because of delayed discharge. Such a step would certainly end bedblocking as carers could access payments for home care following the assessment in hospital. Such a regime would free up an enormous number of beds in the NHS.

Lyndsay McIntosh will talk about hospital acquired infections. It is shocking that more than 450 Scots die from hospital acquired infections—that is more than die in road accidents.

I welcome the work done by the Clinical Standards Board for Scotland and its interim report into hospital acquired infections. Nonetheless, it is shocking that, after five years of Labour Government, infection control in Scottish hospitals is inadequate and disappointing. The interim report is scathing about Scottish performance and highlights the lack of a national strategy. I quote from the report:

“The information provided indicates that infection control is an area of concern ... Most Trusts do not have plans in place to address the full implications of healthcare associated infections.”

Patients are now more worried about infection than they are about surgery. The figure for added stays for elderly patients is 24 days, which is quite incredible. The surgical patient added-stay figure is 12 days and the orthopaedic patient added-stay figure is 11 days. That is not just a cost to the NHS: it is also a cost to the patient.

There is no denying that the funding of the Scottish health service will rise to unprecedented levels in the coming years. Unfortunately, the more that the Labour Government spends, the worse the system gets. Since 1997, waiting times for operations have risen, the number of out-patients being seen has fallen by 63,725 and the number of in-patients being treated has fallen by 5,000. Medical activity has decreased while waiting times have increased.

At this rate, and because there seems to be some sort of inverse proportionality between spending and performance, one wonders how much money Labour will have to spend before the NHS treats no patients at all.

I move amendment S1M-3106.3, to leave out from first “welcomes” to end and insert:

“agrees that investment in health must be accompanied by reform that is focused on the needs and expectations of patients and service users; supports a collaborative approach to reform which involves patients, staff and the wider public; believes that improving health and tackling health inequalities in both urban and rural Scotland should be central features of the reform agenda; regrets the failure of the Scottish Executive to deal with delayed discharge and hospital-acquired infection; notes that medical activity has decreased, and further notes that the Scottish Executive’s National Waiting Times Unit has only achieved success after utilising the independent sector.”

10:22

Mrs Margaret Smith (Edinburgh West) (LD): I welcome the opportunity to put on record our welcome for the Scottish Executive’s commitment to sustained investment in health and to the reform of the services on which we all rely. Both those things together are essential. The amount of money that we put into the health service and health in Scotland has grown and will, thanks to the budget, grow more in the coming years. It is important that the money is used to the best effect, based on patients’ needs.

Quality patient care must be central to everything that we do. Everyone in the chamber is aware of and welcomes the move towards a quality and standards board for Scotland. There has been confusion in the past about who was responsible for what. The various arms of the quality and standards groups, whether the Scottish

intercollegiate guidelines network or the Clinical Standards Board for Scotland, have been doing good work in their way. However, it will be beneficial to bring those arms together into one organisation in order to proceed with an important agenda for the Parliament and, more crucially, for Scotland's patients.

We heard from the minister that we are starting to see movement on the issue of patient involvement—an area in which the health service has been lacking. We should not pay lip service to patient involvement. We should ensure that patients have access to information and that they are able to make choices. I note what the minister said about a waiting times database.

It is important that patients are given relevant and understandable information. A lot of the material that the Health and Community Care Committee reads is pretty unintelligible and inaccessible to the members, let alone to the average member of the public. If a member of the public were to read some health boards' annual reports, they would be bamboozled. They could not begin to try to make sense of the Scottish Executive's budget document and how it relates to health. We must ensure that patients are given information and are involved in decisions.

That might mean giving people full information about the need for prioritisation and the fact that resources are sometimes limited. When we consult people, they have to know that their involvement will be meaningful.

Brian Adam (North-East Scotland) (SNP): Will the member take an intervention?

Mrs Smith: I will come to Brian Adam in a minute.

Most people believe, rightly or wrongly, that when they are asked for their opinion on health service changes—for example in an acute services review—the exercise simply pays lip service to the process and their opinions are not taken properly into account. They believe that the decisions have been made before the consultation exercise.

Brian Adam: On patients understanding about priorities, does the member accept that the fact that some health trusts are considering expanding the number of private beds in the NHS sends out the wrong message about their priorities? Does the member agree with the NHS trusts that are considering expanding the number of private patients and does she believe that that is the right priority for the future?

Mrs Smith: I have no problem with the use of the private sector for NHS patients. I have more of a problem with the use of NHS beds in NHS facilities for private patients. Those are two

different matters. Yesterday, I welcomed the waiting times unit's news that we have made use of 2,000 spare capacity beds in the NHS and of spare capacity in the private sector. Scottish patients want an NHS that is responsive to their needs and that will make use of spare capacity to ensure that patients and their families wait as little time as possible for operations.

I return to consultation and patient involvement. The Health and Community Care Committee took evidence from Lothian NHS Board, which is going to undertake a life and health study. It will seek information about lifestyles from the population of Lothian and will use that information for forward planning of services. That type of approach is to be welcomed.

A couple of weeks ago, we held a debate about the importance of primary care services in Scotland. Primary care services account for 80 to 90 per cent of the services that people get from their health service. Most of us for most of our lives rely on the health service.

The health service relies on partnership within the NHS team and on the flexibility of a work force that should be valued, respected and rewarded. Last week, we held a debate that focused on nurses, but nurses are only part of an important team at local level. If we are serious about reform of the health service, partnership is crucial. There are initiatives around the country and a move from acute services to services that are more locally accessible to people.

At some point, if not today, I would like the minister to address the issue of community hospitals, particularly in rural areas. We can learn from community hospitals and the way in which they have functioned for many years. Some of those hospitals have been under threat, but they are good models for ways in which primary care services could develop in future.

Flexibility of service is often based on the work force's flexibility. In the past few years, we have expected a great deal. We have expected nurses to specialise more in areas such as diabetes, epilepsy and multiple sclerosis. That has been acknowledged by all members as being of particular note.

Yesterday, in the Health and Community Care Committee's report to the Finance Committee, we said that we want greater resources for neurological nurses, because there is a gap in the number of nurses in Scotland who are available and able to assist neurologists.

A welcome recent initiative is the introduction of the new NHS boards and the new audit system of performance assessment. The performance assessment framework is in its first year and the Health and Community Care Committee has

questioned the minister closely on it during the budget process. Generally, we are positive—the Liberal Democrats are very positive—about the fact that the framework will be based on 60 or more indicators that relate not only to a board's financial performance, which is important, but to its delivery of quality services. The framework will examine not only the amount of money that is invested in a service, but the outcomes.

Mary Scanlon said that promises had been made but have not been delivered. We must ensure that promises that the Executive and the local health board make are delivered. The performance assessment framework seems to be receiving a positive response at board and political level, which shows that it is a move in the right direction.

Mary Scanlon talked about the Arbuthnott formula and health inequalities. Many health boards are embracing the health inequalities agenda. Lothian NHS Board is taking the matter seriously, but others may be taking the money from the upgrade of the Arbuthnott formula and not focusing on the health inequalities that the Executive wanted Arbuthnott to address not only in urban areas, but in rural areas. Much more work must be done. I acknowledge that the minister said that work to develop health inequality indicators continues.

Other continuing work that is critical to achieve the shift from the acute sector to the primary sector is on community care. The Parliament and the Executive have made good progress on that, but nobody should underestimate the difficulties and challenges that lie ahead in the joint future agenda of encouraging the health service and the social care sector—whether it is statutory or independent—to work together. The minister has made £50 million available for care home payments and the Community Care and Health (Scotland) Act 2002 has been passed. I would like the minister to give us a progress report on whether we are on track to deliver free personal care by 1 July.

It is welcome that the funding that supported the 2002 act was not only for care homes, but for care in the community, which is where we need rapid response teams and facilities to keep people in their own homes, instead of in hospital beds. The tragedy of our delayed discharge problem is that it is unacceptable for all the people who are involved. Patients are kept in an inappropriate place, as they may not receive the care that they need. It is often more appropriate for them to be in their homes. I hope that the funding is used to try to ensure that that happens.

The minister is actively pursuing the joint future agenda and local councils and local health boards have talked through their delayed discharge plans

with him. The £20 million will be allocated and released on the basis of the evidence of how people can achieve the outcomes that we need. That level of joint working between councils and boards is facilitated by the fact that councillors are board members and by the Executive's plans and drive in the joint future agenda to ensure that people work together in a framework of joint budgets and joint management. That is made possible not only by the 2002 act, but by the Parliament's express will that community care should be developed in that way. The health service does not need major upheavals. Many changes, such as the unified NHS boards that involve staff more and involve nursing directors and local councillors, can be made through joint working.

In several speeches in the past few weeks, the minister has said that local health care co-operatives have a useful part to play and that their role should be expanded. We have said that because local health care co-operatives were not started in a prescriptive way, they have organised themselves in different ways in different areas so, for accountability, we may have to consider some prescription of local involvement in their boards or in their structures. However, in general, LHCCs have the ability, on the ground floor, to examine local needs and decide which services should be available and are required locally. It is up to health boards and the Executive to ensure that LHCCs have the tools to do that job.

Mary Scanlon referred to the minister's honesty, which contrasts with the attribute that Nicola Sturgeon accused him of having. When we have figures such as those that the waiting times unit issued in a press release yesterday, it is important that they are backed by figures from an independent source that confirm that progress has been made. The progress that was announced yesterday is to be welcomed.

The Executive is progressing with work on the issues of which we are all aware—waiting times, delayed discharge, hospital acquired infection and the great need for work force planning for the next two decades. To an extent, we have lost some time on hospital acquired infection, because recent figures suggest that hospital acquired infection takes up twice as many hospital beds as delayed discharge does. We have a duty to tackle that and produce a national strategy.

Movement has been made on national inspections, which the minister set in train, but they have shown that the service is patchy. Some people have had infection control nurses but some hospitals have not taken the matter seriously enough. Infection control nurses who work with microbiologists at ward level can and should decide on the movement of patients around

hospitals and should decide on cleaning contracts. They talk to patients and their families and are at the sharp end in hearing people's views on cleanliness.

Hospital cleanliness is only part of the problem with hospital acquired infection. Much more can be done on educating staff all the way up. The anecdotal evidence is that doctors' knowledge of basic infection control is often more of a problem than that of porters and nurses.

We have made progress on delayed discharged with the £20 million, on hospital acquired infection and on waiting times. We will return to work force planning, because time and again, people say, "You can give me extra money for cancer care and for anything you like, but I don't have the trained staff available to deliver those services." If we do not get work force planning right, we will have a major problem in delivering the service that we all want.

10:38

Bill Butler (Glasgow Anniesland) (Lab): I support the motion. I see nothing wrong in welcoming the Executive's obvious commitment to sustained investment in health. To acknowledge that and the fact that the recent budget gave the Executive the opportunity to guarantee expenditure increases that will total £3.2 billion in the next five years, which is an increase that borders on 50 per cent of NHS spending, is merely to record the investment position.

It is disappointing that the SNP has said only a little on the reforms that it proposes. Some may have merit, but others are ill-thought-out. However, the SNP's spokesperson said not a word on how the SNP would achieve more investment in an independent Scotland. Instead, we have had the usual doleful diatribe. The SNP has an almost dystopian vision. It is almost like "Nineteen Eighty-Four"—two plus two equals five. The minister said that 2,000 more operations had been performed and that acute in-patient lists were reducing, but good news that is unpalatable to the SNP becomes double plus ungood. The SNP's vision is a nightmare vision with little connection to reality. There is a rather Orwellian touch about the publication of death-rate league tables for individual surgeons. I am sure that Mr Orwell or Mr Blair—that Mr Blair—would have appreciated that fact.

Unlike the routine carping that we get from the SNP, we are not taking part in an exercise of self-congratulation and complacency. We would be doing that if we thought that all that was required to make our health service fit for the 21st century was to throw money at it. The challenges that we face in providing a modern, efficient, accessible

health care service for 21st century Scotland are more complex.

Brian Adam: Will Mr Butler tell members how he feels about the fact that Grampian University Hospitals NHS Trust is so worried about its finances that it feels that the only solution available to it is to increase the number of private beds in the health service in Aberdeen? Will he condemn that or will he explain why the trust considers that action to be necessary?

Bill Butler: That was another good try by Brian Adam, but I refer him to the reply that my colleague Margaret Smith gave, which addressed adequately that question.

We know that money is not the only thing. However, we also know that the huge investment that is being made out of general taxation is a positive thing. Alongside that fact, which is only part of the equation, we must make a move towards reform. We need fresh approaches that will provide the best chance to use the additional moneys in the most effective fashion. I believe that that move is being undertaken. I want to concentrate on two interrelated factors: the needs and expectations of patients; and the need for a co-operative approach to change, involving patients, staff and the public.

I welcome the fact that, when the minister announced the new level of investment, he highlighted as one of the three key issues at the core of the Executive's programme the step change in accountability that is needed. Ms Sturgeon mentioned that in her speech. Along with probably everyone in the chamber, I believe that greater accountability is necessary to ensure that resources are directed at the areas of greatest need. I also believe that they should be seen to be so directed.

I am confident that the new performance assessment system, which I admit was introduced only on 1 April, will provide the means by which tangible benefits are visibly delivered. I welcome the fact that, in the interests of transparency, the results will be published locally. I also welcome the progress that is being made towards the establishment of a new independent quality and standards board for Scotland.

Such measures will build a more accountable NHS in which patients and the public are given the means to play a more active role and so become more confident in the ability of the NHS to deliver for them. Real public involvement is nurtured only in an NHS where involvement is encouraged and not frowned on, where patient's criticisms and aspirations are responded to and where information is readily available in order to judge performance. Such an NHS also requires a confident work force that is valued and given the

opportunity to become involved.

One way in which the Executive has given such a signal is by taking action to expand capacity. I will mention only two developments. First, the Executive has more than trebled investment in the recruitment and retention of nurses—up to £5 million this year. Secondly, by 2005, 10,000 more nurses and midwives will qualify in Scotland, which is 1,500 more than planned.

I am not saying that everything in the garden will be rosy or that we will be living in some kind of utopia. We are talking not about utopias or anti-utopias, but about the practical material circumstances and challenges that we face in the NHS today. Anyone who tries to simplify the situation is not dealing with the real world.

Tommy Sheridan rose—

Bill Butler: I would like to take your intervention, Tommy, but the Presiding Officer has indicated that I have to wind up.

Mr Gil Paterson (Central Scotland) (SNP): Hear, hear.

Bill Butler: I thank Gil Paterson. I am always willing to take support from any quarter.

More money alone will not improve the NHS. We will only succeed by adopting a commonsense and comprehensive approach that involves more investment and is focused on the needs and expectations of patients and staff. Such an approach is contained in the motion, which I commend to the chamber.

The Deputy Presiding Officer (Mr Murray Tosh): I call Richard Lochhead to be followed by Keith Harding. I am looking for speeches that go no further than six minutes.

10:45

Richard Lochhead (North-East Scotland) (SNP): I notice that, despite being the fourth member to speak in the debate, Margaret Smith droned on for a quarter of an hour and then left the chamber. It would have been much more helpful if she had left the chamber before she made her 15-minute speech.

We have to remember that the NHS is owned by the people of Scotland and that it exists to serve the people of Scotland. That is why we want to deliver the best standards of care and why we have to ensure that safety in our hospitals is our number 1 priority.

We have discussed at some length hospital acquired infections, their implications and their relationship to hygiene. Another challenge that faces the NHS in Scotland is to reduce what are called, in the official language, adverse events. In

essence, those are the clinical errors that human error causes in our hospitals. Although human error is perfectly understandable, such events can also be caused by the use of cheaper alternative equipment because funds are not available to allow hospital staff to use the best quality equipment.

At the same time as we are challenging that issue, we have to maintain a blame-free culture in our hospitals. Studies have shown that two thirds of adverse events in our hospitals were clearly preventable, as it was likely that they arose from deficiencies in ward care. Those occurrences can arise as a result of the use of older equipment. The minister might care to note a survey that was undertaken in Grampian a couple of years ago, which showed that a quarter of all general medical equipment was beyond its standard life span.

South of the border, the chief medical officer for England commissioned the report "An Organisation with a Memory", which was about learning from past mistakes in our hospitals. In Scotland, there has been no equivalent report. The chief medical officer found a high standard of care in hospitals south of the border, but he also found evidence of serious failure. We have to find out about the situation in Scotland.

Soon after I was elected, I asked a parliamentary question that elicited the information that litigation costs for hospitals in Scotland amounted to more than £3 million a year and that legal costs incurred by the NHS in defending cases was £500,000 a year. Litigation results in clear costs to the NHS and the figure is not going down—it is going up.

In August 2000, I asked the minister's predecessor

"what percentage of the clinical or non-clinical mishaps or accidents in respect of which claims were made against NHS Trusts in the last five years the NHS Management Executive considers to have been avoidable; what type of interventions would have prevented these incidents, and what plans are in place to implement any such preventative measures."

Susan Deacon answered:

"This information is not held centrally."—[*Official Report, Written Answers*, 21 August 200; Vol 7, p 574.]

The ministers do not know what the situation is with regard to clinical errors in our hospitals, what the implications for patient care are and what the costs are. If we cannot quantify the problem, we cannot do anything about it. However, if we do something about the problem we can save more people from becoming ill, save lives and, in the long term, save the NHS a fortune.

At the moment, in Scotland, we are playing catch-up. That is because last year, south of the border, the National Patient Safety Agency was

created. When I asked Malcolm Chisholm what we are doing about that in Scotland, the reply that I was received was that we were doing nothing, but that we would see what could be learned from what was happening south of the border. Surely we should not be playing catch-up in Scotland. Surely we should be proactive. We should be setting up bodies like the National Patient Safety Agency in Scotland. Only a few months are left in the current parliamentary session and yet we are only now beginning to hear about bodies that will improve the situation.

Grampian is one part of the country where a lack of investment is causing many problems. I make no apology for raising the issue again with the minister, as he refuses to accept that there is a problem with health funding in Grampian, even though we have 10 per cent of NHS activity in Scotland and yet only 9 per cent of the funding.

Some of the longest waiting lists in the country are to be found in Grampian and yet the minister, on his recent visit to Aberdeen, said that he could not foresee any problem with funding in Grampian. That is despite palpable and blatant problems to do with the chronic shortage of funding in the region. Grampian has the third-worst drugs problem in Scotland and yet our drugs funding is 20 per cent below the national average. That is because even drugs funding is linked to the Arbuthnott formula. That formula is not delivering for Grampian. I ask the minister today to investigate the impact of the Arbuthnott formula on health care in Grampian.

At present, Grampian NHS Board is implementing cuts of £4 million and yet it is the most efficient health board in the whole of Scotland. Perhaps the minister would intervene on that issue, which is also leading to difficulties for the voluntary sector. The sector is losing money from the local health board even though that money saves a fortune for the board in the long term.

The minister wrote to me last month and acknowledged the valuable role that is played by the citizens advice bureau in Aberdeen, which has a health outreach service at the local hospitals. He went to great lengths to praise that service and recognised the part that it has played in improving health care in Grampian. However, Grampian NHS Board announced last week that it is pulling the plug on that project, because it disagrees with the minister and because it has financial difficulties. I ask the minister to intervene in that case. He has acknowledged that local voluntary organisations—the CAB is not the only one suffering such cuts—are playing an important role in addressing health inequalities in Grampian, but they are having the rug pulled from beneath their feet.

We cannot raise standards in our health service without investment, but it is not just cash that we have to invest. We must also invest fresh ideas, innovation and common sense but, unfortunately, the Executive's track record illustrates that it is lacking in those attributes.

10:51

Mr Keith Harding (Mid Scotland and Fife)

(Con): As vice-convenor of the cross-party group on palliative care, I welcome the opportunity to contribute to the debate. I have a personal interest in the treatment of cancer, and particularly of breast cancer. We are all too aware that that is the commonest cancer in Scottish women, with some 3,000 patients diagnosed annually. At least one in 12 women will be so diagnosed in their lifetime and more than 80 per cent of those are women aged over 50. The latest figures available show that, between 1989 and 1998, the incidence of breast cancer increased by more than 14 per cent, with 3,523 new registrations in 1998. That represents 25 per cent of all malignant tumours in women. The incidence of breast cancer across all ages is increasing and the death rates in the UK are at least 15 to 20 per cent higher than in the USA and other European countries. We have a serious problem that must be addressed.

Fortunately for some people in Scotland, treatment is better and more successful in some areas, such as the Forth Valley NHS Board area, where I live, than it is in others. I vividly recall the Sunday evening some seven years ago when my wife discovered a small lump in her breast. That was the first of many sleepless nights. The next morning, she telephoned our GP, who agreed to see her that evening. After examination, he referred her to the breast clinic in Stirling royal infirmary, which is run in conjunction with the Beatson, on the following Wednesday. There, a biopsy was taken and we sat and drank coffee awaiting the results. Our worst fears were confirmed and cancer was diagnosed. We then met the breast surgeon, who explained to both of us what would follow and what he expected the likely outcome to be. I will never forget the expression on my wife's face—and no doubt mine was the same—when the surgeon said that, if all went well, we would probably see him for the next 12 years. With some dread, I asked what he meant and he said that that was when he would retire, which caused some laughter and much relief.

On the Friday, my wife had a lumpectomy, but the results were not good, as we were told that she had a particularly invasive type of cancer, which had spread to her lymph system. On the Monday, she had a mastectomy and had lymph nodes removed, and she came out of hospital on

the Saturday. It was only two weeks from finding the lump to full treatment and I commend the medical staff not only for the promptness and excellence of the treatment, which obviated much stress, but for their professionalism, caring and understanding and for the sympathetic counselling that we both received. Thereafter, chemotherapy took place, and we should not forget the role of the voluntary sector in that. The treatment was undertaken by John, a Macmillan nurse, who, by his positive and cheerful disposition, helped my wife through a very harrowing and, at times, painful experience.

It is the waiting and uncertainty that causes so much stress. Early diagnosis is very important. My wife is now fit and well, but after seven years she is still waiting for cosmetic surgery. I know from other people in our area that such speedy treatment is not an exception, but sadly that is not the case in other areas. We have the evidence that we can match any other country and we are now led to believe that there are the resources to bring about the necessary improvements throughout Scotland. However, I ask the minister to tell us, in summing up, how he will address the recruitment of the specialists who are needed. I understand that many hospitals do not have a specialist breast surgeon or access to plastic surgeons, specialist oncologists, palliative care specialists, lead pathologists and lead radiologists. We have the monetary resources, but without the medical staff we will make no headway.

I support the amendment in the name of Mary Scanlon.

10:55

Karen Whitefield (Airdrie and Shotts) (Lab): I welcome the opportunity to contribute to the debate. Despite persistent nationalist attempts to talk down the national health service, it is without a doubt one of our nation's greatest and most valued institutions. The founding principles on which the NHS was built are as relevant now as they were when the service was created more than 50 years ago. The Labour party remains committed to a national health service that is free at the point of delivery and is not dependent on ability to pay. The steps that have been taken since Labour came to power in 1997 have begun to turn around a service that had been devastated by 18 years of Tory neglect. The unprecedented additional funding that was made available as a result of the recent budget will enable us to take the next steps towards restoring our NHS to its rightful place as one of the world's leading health services.

At local level, the additional investment and reform is beginning to make a real difference. Monklands hospital in my constituency will soon

open a new accident and emergency unit—the result of its share of £11 million of funding for the development of accident and emergency services throughout Scotland. My constituents and the constituents of every other Lanarkshire MSP are benefiting from the improved transport service to the renal dialysis unit at Monklands hospital, again as a result of increased funding. That is an excellent example of increased investment linked to service redesign around the needs of patients. That is the reality of investment in the NHS. It is the real story about the NHS in Scotland that Nicola Sturgeon failed to pick up on.

Carers have also benefited from the Executive's commitment to improving community care, with the national carers strategy for Scotland and an allocation of £10 a year to local authorities for carers services—again linking investment to reform. The motion highlights the importance of collaboration in developing and reforming services. I am pleased that North Lanarkshire Council recognises the value of carers as key partners in the provision of care and ensures that carers and carer organisations are closely involved in the design and delivery of community care services.

How do those achievements compare to the health plans of our Opposition parties? The Scottish Tories still have to come clean about whether they will be pursuing the plans of their colleagues south of the border to privatise health services. At Westminster, the Tories have opposed the National Insurance Contributions Bill.

Mary Scanlon: Perhaps I could give Karen Whitefield a wee lesson in devolution. The Scottish Tories—members of the Scottish Parliament and members of the party—decide on health policy in Scotland. Unlike the Labour party, we have autonomy and we understand devolution.

Karen Whitefield: I am glad that Mary Scanlon has come round to the idea of devolution. Her party was very slow to get there. She must also understand that, as part of the devolution settlement, we get our money from Westminster. Would her party match the investment in the NHS in Scotland? That is the question that she must answer. As the Tories have given us no figures today, we can assume that they are not willing to match the funding that the Scottish Labour and Liberal coalition will put into the NHS over the next three years.

On the other hand, the nationalists offer us independence as the solution to everything, but their election manifesto said very little about the NHS. It offered us a series of uncoded and piecemeal policies, but no real strategy or vision for the NHS in Scotland. The nationalists' obsession with splitting Scotland from the rest of the United Kingdom has led to the proposal to give

nurses in Scotland higher rates of pay than their counterparts south of the border. That proposal has been condemned by both Unison and the Royal College of Nursing as divisive.

I shall conclude with a quote:

"I acknowledge the commitment to mental health, greater patient information, greater support for parents, child health promotion and, in particular, the commitment to GP services in poorer and remote areas. I agree with the Minister for Health and Community Care that it is implementation that counts."—[*Official Report*, 14 December 2000; Vol 9, c 1042.]

I am glad that Mary Scanlon reacted at that point, because those are not the words of an over-enthusiastic voluntary organisation trying to curry favour with the Scottish Executive, nor are they the words of a Liberal or Labour MSP; they are the words of Mary Scanlon in a debate in the chamber in December 2000.

Mary Scanlon spoke about honesty. What we need today is a real debate about what is happening in the NHS in Scotland. The reality is that the Parliament is delivering for the NHS in Scotland and, deep in her heart, Mary Scanlon knows that the Executive is beginning to deliver the quality of service that the health service was denied for 18 years while the Tories were in Government. Deep in her heart, Mary Scanlon would prefer to belong to a party that is willing to put its money where its mouth is. That is the reality. We still have a long way to go to deliver the quality health service that the people of Scotland deserve, but we have turned the corner. I urge all members to support the motion.

11:01

Mr Adam Ingram (South of Scotland) (SNP): I welcome the opportunity to speak in the debate. I do so from the perspective of having a particular interest in mental health.

There is a need for a significant hike in investment in mental health services, which the recent Clinical Standards Board for Scotland report on schizophrenia accurately described as still the cinderella of the national health service in Scotland. In September, when the Minister for Health and Community Care announces the detailed allocation of the extra resources that were made available by the recent budget, I want to see planned expenditure for mental health services on a scale that reflects the status of a national clinical priority. That means pushing the rate of increase in mental health spending to higher than the average for total health spending. We must also ensure that we invest those extra resources in quality. We must invest in front-line services, not feed a massively inefficient and unaccountable bureaucracy.

We must recognise the need to focus on a range of outcomes, not all of which can be as easily measured as waiting times, to evaluate spending decisions. Mental health services do not lend themselves to simple outcome measurement. In many cases, treatment is about better management of a recurring condition and securing improvements in a patient's quality of life in the community.

On key priorities for investment in reform, we now need more acute beds, not fewer. The minister will be aware that more and more forensic patients are being treated by general psychiatric services, rather than being dumped into prisons as they have been in the past, much to our shame. Most such patients do not need to go to medium-secure units for their safety or for that of others. Rising demand is putting staff resources under too much pressure. Equally problematical has been a tendency to reduce staffing and resourcing for acute in-patient services in line with a reduction in the number of beds and a move to the provision of care within the community. That ignores the fact that the in-patients who now need acute beds are the more complex cases, who require more intensive care and treatment. Therefore, staffing per bed needs to rise to ensure that standards of care and treatment are maintained, let alone improved.

As has been emphasised many times in the chamber in recent weeks, we must do much more on pay, conditions and career development opportunities to retain experienced staff and attract new blood into the caring professions. Further investment is also badly needed to improve the physical environment in hospitals, for patients and staff alike. We need smaller units in the acute setting. For example, in Ayrshire and Arran there is no separate provision for adolescents. Teenagers are being put into adult wards with some very disturbed people. That is extremely distressing for the young people concerned and their parents. Most hospitals also lack step-down facilities to prepare people for discharge. I am reliably informed that the most dangerous time for patients emerging into the world after an acute episode is the seven days after discharge. I will use a military analogy. Their wounds may have been patched up in hospital, but they are not fit to go back into the front line and they quickly become casualties again.

We need more rehabilitation units in the community to manage the transition from continuing care to living in the community. The reform agenda must recognise that hospital management teams and those involved in putting together care packages are best placed to identify needs, or gaps in provision. They need flexibility to do a good job. Devolving managerial responsibility and budgets must be the way of the future.

11:06

Ian Jenkins (Tweeddale, Ettrick and Lauderdale) (LD): I welcome the debate and I welcome the Minister for Health and Community Care's agenda of reform and investment.

I bring the minister some good news from the Borders. NHS Borders has a programme called options for change, which is introducing proposals to achieve more integrated care. The rationale behind the programme is to work better for patients and to change the local organisational structure to streamline bureaucracy, with the aim of making better provision throughout the NHS in the Borders and working better with other partners, such as Lothian NHS Board and Scottish Borders Council's social work department.

Joint working is proceeding well. The LHCCs are well set up and seem to be on board in relation to the proposed changes. An important feature of the process is that there has been consultation with stakeholders. I have read some of the reports of the stakeholders meetings, at which people have been able to put their views to Borders NHS Board before the changes have been proposed. It has been a good process. The proposals are driven by a wish to make the patient's experience of health care more responsive to the patient's needs, to shorten the lines of communication to bring the patient better treatment that is closer to home and to do so more quickly. Of course, change can be uncomfortable and not everything is perfect, but the changes are on the right lines.

Nicola Sturgeon spoke about a reduction in the number of trusts. I think that we will find that there will be a reduction in the influence and work of trusts inside the Borders, but I would object to her suggestion that the number of boards should be reduced if that meant that the autonomy of the Borders NHS Board was threatened.

In terms of investment, in the Borders we can see improvements in local health centre buildings, community hospitals and provision. For example, in Borders general hospital, a dialysis suite has recently been opened and a new cancer care unit is being constructed in association with Macmillan Cancer Relief. Reform and investment is taking place. That is good news.

I want to raise one or two points that modify that good news to an extent, and offer the minister some advice. First, I welcome the emphasis in the Minister for Health and Community Care's speech on attacking hospital acquired infection by dealing with standards of cleanliness and hygiene in the hospitals. I agree with Tommy Sheridan that part of that is about treating our ancillary workers in hospitals properly. People say that the big money that is being allocated to health through the budget ought not to be swallowed up in salaries. Of

course, all the money ought not to be swallowed up in salaries and wages, but some of it must go to improve the treatment of staff at that level. A pay rise that is worth 3 per cent or 4 per cent of very little is very little. We must address that matter.

Secondly, I welcome the fact that Malcolm Chisholm, in his more recent speeches, has expressed a wish to reduce hospital waiting times and cut access time in primary care. However, I was at a practice in Penicuik recently and the people there are really worried about the message on 48-hour access. They are worried that, to provide what the public think is 48-hour access, they might have to damage some of the other clinics that they operate, such as diabetes clinics and arthritis clinics, because of an unreasonable demand from patients to see individual doctors within 48 hours. I want the ministers to clarify—if not today, then in the future—what they mean by 48-hour access. I believe that the practice that I mentioned already offers such access and that the doctors should not be worried. However, we must be clear about what 48-hour access means.

There has been talk of delayed discharge, free personal care and care in the community. I would like the ministers to consider carefully the role in those services of day centres and the way in which they are funded. The Broomhill day centre in Penicuik—of which I am a board member—provides facilities that save money for the health service and the local social work department. For example, the centre provides respite care during the day and care for people at home who would otherwise be in hospital. It also allows people to be brought out of hospital and into the community when otherwise the hospital beds would be blocked.

Funding for the Broomhill day centre is insecure, which means that the voluntary organisers spend much of their time scrabbling around for extra funds. That creates a disincentive to the work of the centre. The centre costs around £120,000 a year to run, but it gets only around £80,000 a year from Midlothian Council—a sum that would pay for two places in a residential home for a year. It would make a big difference if the funding were the equivalent of the cost of three places in a residential home. An extra £40,000 would change the face of the centre and give it a tremendous advantage. With such a sum, the centre would add value both to council services and to the health service.

I have one wee whinge on an issue that was drawn to my attention earlier. If people are to use new facilities, the facilities must be accessible. The new royal infirmary of Edinburgh has parking problems. I realise that the philosophy is to encourage people to use public transport by not

providing too many parking spaces, but if no public transport is available—which is the case for people coming from Penicuik or Peebles—what should people do?

Tommy Sheridan: On that subject, does the member agree that the shift patterns in the health service exacerbate the problems with public transport?

The Deputy Presiding Officer: I ask Mr Jenkins to come quickly to a conclusion.

Ian Jenkins: The issue of car parking spaces must be considered carefully.

I do not want to end with a whinge. We have a great opportunity and I support the motion fully.

11:13

Mr David Davidson (North-East Scotland) (Con): Last week, the Minister for Health and Community Care gave evidence to the Health and Community Care Committee as part of the budget process. During his evidence, I asked him how the new moneys—of which he is so proud—would be distributed. He said that there will be no distribution by challenge funding, although he qualified that slightly by giving examples in which challenge funding has been used.

This morning, I wanted to hear from the minister exactly how he intends to distribute the resources equitably around Scotland. Karen Whitefield suggested that everything is wonderful; it might be as far as she is concerned, but there are inadequacies in the health service throughout Scotland. I want to know how the minister intends to apply the resources in a way that will produce the goods. It is all very well to throw money at the system, but, at the end of the day, it must deliver something.

Will there be a straight share-out of resources so that all areas get an uplift of a certain per cent? Will there be an extra uplift for areas such as Grampian that are disadvantaged by the Arbutnott formula? The Arbutnott formula might help parts of Glasgow and the Highlands, but it does no favours for patients in the north-east of Scotland. Will the minister consider new services where there are none? I have had dealings with the G docs out-of-hours service in Grampian, which is concerned about out-of-hours access to patient records. Such access is often essential for providing first aid. Members of the service told me that when it is amalgamated with NHS 24 in the Aberdeen area, the facility to access records will not exist. G docs has applied to make a challenge funding bid—again, we have the word “challenge”—to run a trial that might be rolled out throughout Scotland. Health care should not be available only when doctors’ surgeries are open—

it should be available 24 hours a day.

Because demand has exceeded resource, cuts have been forced on health boards, which has led to a reduction in services. I am sure that I am not the only MSP from the north-east who had discussions last week with the Aberdeen Council of Voluntary Organisations about the local health board’s decision to reduce its support for the voluntary sector by about £16,000. The health board funds organisations such as Mental Health Aberdeen and the Aberdeen disability consortium. Most of the organisations that are funded supplement the health service by providing services for people in the community. The minister has not said how he intends to help or supplement the work of that sector.

We want patients to get out of hospital and to be restored to their families and communities, but support is needed for that. Adam Ingram talked about the step-down facilities for certain aspects of mental health. From my experiences, which include experience of my daughter’s eating disorder, I can say that it is fine to be released from treatment, but one must stay on top of and manage one’s condition. It is a scandal that, day after day, parents who are tearing their hair out contact me because they cannot have their children assessed for eating disorders, which means that the disorder is not caught before the child’s body-mass index drops away, which produces side effects.

There are no regional facilities in the health service that are dedicated to eating disorders. Hospitals in Aberdeen and Grampian are in liaison with Highland NHS Board to try to set up a dedicated residential unit, which would be a first in the NHS. In the midst of all the promises that Malcolm Chisholm gave when I raised the subject in a health debate last year, he said that eating disorders would be a priority. However, nothing has happened. In fact, an eating disorder unit at the Murray royal hospital in Perth has been closed. Excellent as the Priory hospital is, it cannot cope. Too many patients who have been given preliminary funding to go to the Priory find that the funding is withdrawn.

There is no support for people with eating disorders, which are a mental health disorder. One in four of the Scottish population suffers at some time from a mental health disorder, but they are treated as the poor relation in health care. Although such disorders affect many people, they are swept aside and are not focused on. I am amazed at the amount of correspondence that I receive on eating disorders. I receive story after story, all of which are identical. People cannot have their child assessed and do not know where to go. They cannot get funding even if they can secure a bed in the Priory hospital. They cannot

get help other than having their children put into a general ward for people with psychiatric problems. I have nothing against such wards, but it is essential that sufferers of eating disorders are put into a climate that gives them the opportunity to recover. Even if sufferers are put in that climate, there are no dedicated trained staff.

Mental health problems affect 25 per cent of the Scottish population, but the minister has not said anything about using the extra money to create properly resourced facilities for a huge area of health care. People are considering moving, because a different postcode and health board might trigger some funding. That is nonsense. People should not have to do that.

The minister heaped praise and glory on himself and his team, but it is essential that he provides an action plan to deliver care in the right premises and in the right form with the right staff to support patients, regardless of their condition. I look forward to hearing something positive from the minister. I notice that all the Labour members' heads are down. I am sorry if they are embarrassed. I do not want to slag them off; I want a response from the minister to back up the comments that he made in the chamber last year.

11:19

Dennis Canavan (Falkirk West): The Executive motion refers to

"the priority attached to dealing with delayed discharge",

but I am far from satisfied that that problem receives the priority that it deserves. In January this year, an additional £20 million was announced to enable local authorities and NHS Scotland to reduce the number of delayed discharges. The Scottish Executive also set up an expert group—yes, yet another expert group—headed by Trevor Jones, the NHS Scotland chief executive, to report on the problem to enable the Executive to prepare an action plan to help to drive down the number of delayed discharges.

However, the problem is still with us. According to the latest Executive figures that I have, there are over 2,000 cases of delayed discharge throughout Scotland. That is over 2,000 people, mainly elderly, who have occupied beds in NHS hospitals for six weeks or more because they are waiting for more appropriate care settings.

The latest figures from the Forth Valley NHS Board area indicate a total of 116 ratified cases of delayed discharge, plus 61 unrated cases, which makes a total of 177 delayed discharges. I am concerned that over 73 per cent of the ratified cases are people from the Falkirk Council area. That is well above the 52 per cent of the Forth Valley population who live in the Falkirk area. I have been given no satisfactory explanation of

why the figures for the Falkirk area are disproportionately high.

When I raised the matter at a recent meeting with health board officials, it was suggested that the reasons may be that there is a higher proportion of people with low incomes in the Falkirk area, that the dependence on public funding for care is therefore disproportionately high and that, if that public funding is not immediately available, delayed discharges occur. I do not know whether that is the fault of the health board, the hospital trusts, the local authority or the Scottish Executive, but all four have a responsibility to find a solution, and the Scottish Executive has a responsibility to show a lead.

I would like the Executive to investigate that matter urgently. Is it a bureaucratic delay or is it a lack of funding? Are the ring-fenced financial arrangements working? We are told that £1 million can purchase 50 places in more appropriate care settings for people who, at present, occupy beds in NHS hospitals. If that is the case, the £20 million that the Executive announced in January would purchase 1,000 places. However, if there are still more than 2,000 cases of delayed discharge, that suggests that the £20 million may be less than half of what is required to solve the problem.

Delayed discharge, or bedblocking, is not simply a problem of statistics and terminology. It is a problem of human beings: real, deserving people who cannot get the hospital treatment that they require because too many hospital beds are occupied by other real, deserving people—most of them elderly—who require a more appropriate care setting in a care home or, in some cases, even in their own homes. Many of those elderly people belong to the generation that built our NHS and our welfare state based on the principle that appropriate treatment and care should be freely available at the time of need. To deny them the appropriate care at their time of need would be an abandonment of that principle. The Scottish Executive must therefore take urgent action.

I welcome the fact that the Sutherland report's recommendations on free care for the elderly are due to be implemented on 1 July. Surely that is also a realistic target date for the complete eradication of delayed discharge, so that elderly people get the care that they need and other patients can get earlier access to the hospital treatment that they need.

The Deputy Presiding Officer: I apologise to Mr Canavan for the disturbance that was heard during his speech. I understand that it was not an unguarded pager, but drilling work connected with the repairs to the external masonry. It therefore follows that, although the workers are trying to muffle the sound, there cannot be any guarantee

that there will be no similar disturbance later in the day.

11:25

Mr John McAllion (Dundee East) (Lab): I will focus on the reform side of the invest and reform equation. I was going to say “the minister’s invest and reform equation”, but, to be fair to the minister, he was not the author of that new Labour soundbite. He is far too good a socialist for that.

Despite the party bickering that often disfigures debates in the chamber, all members, regardless of what party they belong to, agree that we want a better-run and more accountable NHS. Of course, being politicians, we cannot agree on how to achieve that. I do not say that as a criticism of other politicians: I am perhaps one of the worst to try to get to agree about anything.

I will focus on the Executive’s strategy. As I understand it, the Executive’s approach to making a more accountable and better-run NHS is multifaceted. It includes the new unified health boards, which will each include a nurse director and, I think, an elected counsellor. It includes the new quality and standards board, to which the minister referred this morning. It includes the popular performance assessment framework and the new review of management decision making in the NHS. Of course, it also includes the new focus on patients, about which we heard so much from the minister this morning.

I was impressed by what the minister said. We are all in favour of better information, better communication, more advocacy, more responsiveness, better consultation processes from health boards and, above all, the new health council to which the minister referred. I look forward to hearing more details about that in the future. That is all fine, and I hear what the minister says about rejecting a top-down approach. However, the Executive strategy could be represented as a top-down, managerial approach to change in the NHS. Nowhere in the strategy can I detect a surrender of power over decision making from the centre, where the minister and civil servants happen to sit.

For example, the unified health boards, which will spend the bulk of the NHS budget and make most of the key local decisions about the NHS, will continue to be appointed by and accountable to the minister and to no one else. The quality and standards board and the review of management decision making are hardly exercises in popular involvement and mass democracy. By definition, they will consist of professionals, bureaucrats and the great and the good among us. The performance assessment framework will, by definition, be assessed from the centre and not

from the localities. The new patient focus—admirable as it is—continues to shut patients out from the key decision-making areas in the local health board regions throughout Scotland.

Perhaps leaving ultimate control at the centre is inevitable. I do not know. Perhaps the 21st century NHS is a highly complex business, which is hugely expensive to run and faces enormous problems in trying to ensure equality of access to clinically safe services for a diverse and scattered population. Perhaps such a service can be run only from the centre. Key strategic decisions in the interests of efficient and safe running of the whole service must sometimes override local sentiment about particular hospitals or services that people want to preserve.

Malcolm Chisholm: John McAllion is giving an extremely interesting speech. The issue is balance. When I go to the Health and Community Care Committee, the main message that comes across to me is, “Why don’t you exert more control over the local health systems?” I say that we should strike the right balance and know what the Government’s role is in matters such as national standards, but ensure that change comes up from below. Does John McAllion agree that, if accountability is only local and not to the Parliament and the Executive, it will not deal with the issues about which he is concerned, such as postcode care and variations in priorities in different parts of Scotland?

Mr McAllion: Absolutely. I agree that there is a problem. I am always suspicious of politicians talking about balance, because that is usually in their favour and against everybody else. We need a debate before we decide that the structure that ministers have set up is the appropriate one for the NHS in the 21st century.

There is a different tradition. “The Red Paper on Scotland” was published more than a quarter of a century ago, under the editorship of Gordon Brown, who at the time was trying to overthrow capitalism rather than run it better than anybody else. That book contained an essay on the national health service, which argued forcibly, and from a socialist perspective, that control over the health service in Scotland should be taken away from the clinicians and bureaucrats and given back to the people through elected health boards.

Less than 10 years ago, back in the days when, as shadow spokesman on health in Westminster, I was treated a bit differently in the Labour party, I inherited a Labour party policy that had at its core a policy of having one third of the membership of health boards directly elected, one third elected councillors and the other third representing NHS staff. When I spoke to that policy at conference, it was endorsed by almost every current Labour MSP. I mention that because, on the left of

Scottish politics, there is a long tradition of trying to make the NHS more democratic through accountability in health boards.

To bring things up to date, in my role as convener of the Public Petitions Committee, I have read all 500 petitions that have been submitted to the Parliament. Two of the major themes among them have been dissatisfaction over the way in which the health boards run the national health service in Scotland and even greater dissatisfaction that the boards are accountable to no one. The minister will intervene only in very limited circumstances, when the local population thinks that the health board has made a wrong decision. There is a growing perception that the NHS in Scotland is not responsive to the needs of the patients and is ignoring the real concerns of the patients and people of Scotland. We have to address that seriously.

I do not envy the Minister for Health and Community Care. It is a lot easier being the shadow Secretary of State for Health in Westminster than Minister for Health and Community Care here. The very existence of this Parliament has brought bubbling to the surface complaints from all kinds of groups of sufferers from throughout Scotland that had not previously been heard of in the political world of Westminster. Whether those people suffer from ME, autism, chronic pain or epilepsy—or a whole range of other problems—they are coming forward and saying that the NHS is not responding to their needs.

Many such illnesses reflect modern, changing conditions which the NHS is not yet geared up to deal with. The assault on our immune systems from pollution, high toxicity and environmental damage is creating havoc across the Scottish population, and a traditionally run NHS has not yet responded to the new conditions. Patients want to figure out how they can get their cause heard at the centre, where the key decisions are being made.

When we discuss reform in the NHS, let us not dismiss out of hand the question of having some local accountability. I am not convinced that because someone is elected locally and has to answer to a local electorate, they cannot be convinced of what is in the best interests of the national health service as a whole; but I am not convinced that the Scottish people can be expected to think both strategically and locally, or that democracy is the only answer. When we argued for a democratic Scottish Parliament, people said that it would lead to mob rule or that it would not work. Here we are, 100 years on. Why not try democracy in the NHS? It might work.

11:33

Colin Campbell (West of Scotland) (SNP):

John McAllion's speech is a difficult one to follow. The frequency with which we debate the health service indicates how central it is to the population of Scotland. Much legitimate concern about the service has already been addressed.

The motion mentions "improving health". Although the minister touched on that, I would like to return to something that I have spoken about before: preventive measures. My ambition in life is to stay out of the hands of the medical profession for as long as I can, although chronology is obviously running against me.

Accidents and disease can strike at any time and can hit any one of us, but we have to make inroads in tackling obesity, heart conditions and respiratory complaints through changes in lifestyle. I am tired of reading that the area that I represent, the West of Scotland, has the worst record for heart attacks and bronchitis not only in the UK, but probably in western Europe.

We talk about joined-up government from time to time and we all believe in it. As far as health is concerned, good, dry housing that is designed to establish good and healthy living conditions would be a start—and homes should preferably be aesthetically pleasing, so that they and their surroundings raise, rather than lower, individuals' morale. Attempts are being made in that direction. Morale is important: giving people a feeling of self-esteem through appropriate education and life opportunities is vital, and cannot be separated from the solution of our health problems, both physical and psychological. Without self-esteem, individuals stick to diets, habits and indulgences that will ultimately shorten their lives—and I stand accused as a major pie eater in the Parliament restaurant across the road.

Encouraging exercise throughout life, rather than imposing it on reluctant conscripts in schools, is key. I am pleased to read that steps are being taken in North Lanarkshire to get pupils into organised games again, with more physical education teachers being employed. The system worked well before the strikes of the 1980s, and it died as a result of the long confrontation between the Tories and Scottish teachers. With one or two small exceptions, the system has never really recovered. I look forward to councils seeking out the findings of the Linwood experiment, which proved some years ago that daily PE improved formal classroom performance as well as helping with pupils' fitness. If classroom performance is improved, that helps pupils' self-esteem, something that the minister might like to take into account.

One of our aims must be to turn a nation of spectators or computer operatives into a nation of participators in physical exercise. That will promote health and help people to avoid the health service for as long as possible.

I was deeply concerned at an allegation made on television this morning that up to a sixth of operations in England and Wales are postponed because of administrative difficulties. The major administrative difficulty that was highlighted was that surgeons go on holiday at short notice, wrecking well-planned schedules. The Royal College of Surgeons, in its defence, stated that that was not the only reason for the difficulties, pointing out that there was a lack of high-dependency beds and intensive care beds, the number of which in Scotland has been cut, as has been mentioned. That reduction has to be reversed.

We have moved on a lot from the days when surgeons and consultants were gods whom nobody could criticise, but if that allegation is true, we have some way to go. A short-notice holiday is not a valid reason for postponing surgery, especially if the operation has been anticipated by a patient who has been in pain for any length of time. I have never been in pain for a great length of time, but I know that, if and when that happens, I do not want to hang about for weeks, months or, as can sometimes be the case, years.

I am sure that we all have anecdotes to tell. One of the most poignant letters that I have received in the time that I have been in this Parliament was passed on to me by a counsellor. He told me that his client could not take a seat in his surgery for pain. His consultation was not due, however, for several months. That state of affairs is totally unsustainable, and I know that every member wants to ensure that such circumstances do not arise again. Somebody else close to me recently went for consultation to have their condition compared with what it was six months previously, but the X-ray from six months previously was not available when the consultant tried to make some sense of the situation. That kind of administrative flaw will not do either.

I would like the minister to investigate, in the Scottish context, such matters as surgeons going on holiday at short notice. I am sure that such instances are not as prevalent in Scotland as they may be in the south, where private medicine is perhaps more dominant in the ethos of the health service. I would like the minister to consider that and to ensure that sensible use is made of facilities and surgical personnel.

11:39

Mrs Lyndsay McIntosh (Central Scotland) (Con): I am pleased to have the opportunity to

contributed to this morning's debate. I have a trio of items that I would like to mention.

First and foremost, it is appropriate that we are holding the debate during ME awareness week. ME has historically been a much misunderstood and misdiagnosed condition. It is timely that we are being reminded of the long-term nature of that condition, and we should consider its effects on its sufferers' family and wider circle of friends and relatives. That is also appropriate as we move into a new century, because the treatment of ME is a perfect illustration of the different directions in which the health service will have to move if it wants to address the health problems of the nation—not just those that the health service wants to address, but those that patients want it to address. I am not alone in expecting that the Scottish Executive will take considerable strides over the next year to improve the recognition and handling of what is a dreadful condition.

Secondly, I cannot miss another opportunity to highlight my concern about the Church of Scotland's recent announcement of the closure of a number of its care homes for the elderly. One such home is Dunselma in the village of Fenwick. The closure of Dunselma is appalling news for the residents, their families and the local community as a whole. Many local people use the services that the home provides. There is a lunch club, meals on wheels and even a fitness club, for those who like that kind of thing. The nearest home to Dunselma is in Patna, which is a 45-minute drive away. Members can imagine the anxiety that residents feel and the concern that their relatives have.

Margaret Jamieson: I am concerned by the member's description of Ayrshire's geography. She said that the nearest home to Dunselma, which is in my constituency, is in Patna. I understand that there is another care home a few yards down the road from Dunselma. Lyndsay McIntosh should explain clearly to the chamber exactly what she means.

Mrs McIntosh: The care home to which Margaret Jamieson refers is not a Church of Scotland care home. I appreciate what the member is saying, but I am concerned particularly with the closure of Dunselma.

Charities such as the Church of Scotland do not run homes in order to make money, but out of a desire to care for others. The Executive claims to encourage that, but seems to be making it increasingly difficult. We will not tire of highlighting the Executive's hypocritical approach.

Finally, I would like to touch briefly on hospital acquired infections. I will not repeat what has been said about the number of blocked-bed equivalents, the increased likelihood of death for infected

patients and the cost of HAI to our nation's health service. Instead, I will give members an example from my experience.

On 18 November, a phone call to my home advised us that my father-in-law had been admitted to hospital after suffering a heart attack. He was normally fit and active for a man of 75, but the heart attack came as a blow because his doctors were treating him for asthma. However, they seemed confident that his condition could be improved by a course of medication.

After a couple of ward moves because of bed shortages, my father-in-law's condition improved remarkably. At one visiting time, he said that he felt like a fraud for taking up a bed in hospital. A couple of erratic temperature and fluid checks later, he was discharged from hospital, 16 days after admission and armed with a pharmacy's worth of medication.

However, within a few days his condition started to deteriorate. He was nauseous, was suffering severe back pain and had not received a visit from the GP practice nurse, even though a request had been faxed to the surgery on his discharge from hospital. Communication was poor. The purpose of the nurse visits was to take blood samples for analysis. Two weeks later, on 18 December and still without a visit from the practice nurse, my father-in-law was readmitted to hospital, some 25kg lighter than when he was first discharged. By any standard, that is a dramatic weight loss. Tests showed that he had methicillin-resistant staphylococcus aureus, which had not been present at his previous admission. We know that because of the numerous blood tests that had been done.

My father-in-law was isolated and barrier nursing controls were put into operation. His condition was such that he had to be tube fed; bed pans and bottles were used for waste discharge. By that stage, only adult members of the family were visiting. At one afternoon visiting session, the family arrived while my father-in-law was away for a X-ray, to be assailed by a stench in the room. Two full bottles were left on the bedside cabinet, together with an assortment of soiled bed linen—and we wonder how people get hospital acquired infections.

It was distressing to see such a vibrant man in a poor state of health, but for him to have his human dignity destroyed in the way that I have described was unbearable. As members may imagine, phone calls were made, meetings took place, there were frank exchanges of views and changes were instituted. What a difference those changes made. The room was deep cleaned, the bed was replaced by one with an air mattress and a catheter was put in place. That is the standard of care that everyone should expect and receive—

one should not have to phone a friend in the health trust.

After intensive physiotherapy, my father-in-law was discharged again, walking with the aid of a Zimmer frame and armed with a prescription that required him to take 18 tablets a day to fight the infection. Within a week, the frame was gone and he was walking with the aid of a stick. He began to eat normally—admittedly, only small amounts—and made a little progress.

On 21 February my father-in-law awoke in great pain. A visit from the family doctor was requested, but in the meantime the pain worsened. An ambulance was summoned and, as the paramedics were examining him, the doctor arrived and sent the ambulance away, saying that my father-in-law was suffering only from wind. Doctor knew best. By early evening, an emergency doctor had been summoned and my father-in-law had been admitted to the high-dependency ward. He had suffered a perforation. That would normally be corrected by surgery, but because his condition was so poor that surgery was not an option, we were told that he would have to try medication and hope for a natural repair. My father-in-law was seriously ill. Over the next few days, he rallied and relapsed.

The Deputy Presiding Officer: Mrs McIntosh, you have had seven minutes and two other members are due to speak. I would be grateful if you would conclude your speech.

Mrs McIntosh: I crave your indulgence, Presiding Officer. I am nearly at the end of my speech.

My father-in-law finally died on 2 March. If I sound bitter and angry, that just about hits the spot. This was an unnecessary death, caused not by a heart attack, but by a problem that we should have addressed long ago. The Executive may have made progress on the issue, but it has not done so quickly enough for my family. It can add my father-in-law's death to its HAI statistics.

11:46

Brian Adam (North-East Scotland) (SNP): I thoroughly enjoyed John McAllion's contribution from the back benches—perhaps we should call them the pariah benches. I agree with much of his analysis and with the views that he expressed about the direction in which the NHS should go. He referred to a debate a long time ago in the Labour party. A similar debate took place in the SNP, which reached a not-dissimilar conclusion. I contributed to that debate and am delighted that its results are reflected in current party policy.

I have considerable concern that the investment that is required by the NHS in Grampian is likely to

be enhanced by a reduction in the number of NHS beds and an increase in the number of private beds at Aberdeen royal infirmary. At the moment, considerable energy is being expended in a consultation exercise aimed at doing precisely that.

The driver for the measure is the lack of money in the NHS. That seems rather odd against the background of the alleged generosity of the Chancellor of the Exchequer towards the NHS. It is extremely sad that private medicine within the NHS is being promoted because of a lack of money in the north-east of Scotland. The complaints that members from most parties have made about the impact of the Arbuthnott formula in Grampian need addressed.

The Arbuthnott formula was a genuine attempt to address health needs throughout the country and to ensure that funding reflected a variety of circumstances. However, Grampian has suffered significantly as a consequence of the changes that have been made and is likely to suffer further in future. I have not heard even the Tories advocate an expansion of private medicine within the NHS, and I hope that they do not favour that. However, if the introduction of the Arbuthnott formula results in the expansion of private medicine within the NHS, that is a very sad state of affairs.

In his summing-up, I would like the minister to indicate whether the Executive plans to extend the Arbuthnott formula to general medical services funding. Changes are planned in the primary health care sector that could have a serious negative impact on the NHS in Grampian. We are trying to get more medical activity to take place in the primary care sector. However, if the Arbuthnott formula is applied to that sector, in Grampian the situation will deteriorate further. I share Richard Lochhead's concerns about general distribution formulae that seem to work against Grampian on a whole range of issues. Such formulae appear not to take into account particular circumstances such as the high prevalence of drug use in the area.

I also want to talk about the fact that a significant amount of the work in the health service is done by people who are not directly employed by the NHS. In particular, I want to highlight the increasing use of agency nurses. I do not for one minute suggest that agency nurses are not dedicated but, because they do not work on the same ward every day, agency nurses cannot be as familiar with how things are done as an NHS nurse would be. They will not be as familiar with the approach taken in a particular ward or know where everything is in that ward. Nor, indeed, will they be as familiar with the patients in the ward. One interesting innovation of recent times is the idea of the named nurse, who looks after particular patients. It is difficult to have named nurses when

so many services are provided by agency nurses. We need to move towards a reduction in the number of agency nurses who provide direct care.

The use of private cleaning services has already been mentioned by others. The fact is that private cleaning services are accountable only through a contract specification and are not accountable directly. It is difficult to deliver a service against that kind of background. On bedblocking, I suggest that that is caused not only by the elderly but by hospital acquired infection patients.

If we are to look at health in the round, as was suggested by my colleague Colin Campbell, we need to look at winter pressures. The fact is that we have an excess of winter deaths and an excess of activity in winter in our hospitals. Such excesses relate to the fact that, outwith the NHS, there are many things in our society that are wrong, such as housing. Some of the additional money could and should be usefully spent to address that issue.

11:52

Tommy Sheridan (Glasgow) (SSP): The Minister for Health and Community Care urged everyone to listen to what he had to say. He used some buzz words and buzz terms: reform should not be based on "ideology"; we should not have a "top-down" reform process; we should engage in a "collaborative" process that involves patients and staff within the health service.

The problem is that the new Labour-Liberal Executive reform process is, of course, based on ideology. That ideology is the ideology of the private finance initiative, which puts shareholders and profits before hospitals and patients. That ideology is one that relies on the exploitation of health workers. That is what PFI means. PFI works by extracting profit through cutting clinical staff budgets and lowering the wages and conditions of staff who are employed in our health service.

What the minister had to say was inadequate because it represents the continuation of the process that got us into the current problems. The first 30 PFI projects across the UK resulted in a 33 per cent reduction in bed capacity and in a 25 per cent reduction in staff. Everyone identifies our health service's two biggest problems as the lack of beds and the lack of staff, yet we are encouraged today to continue with the very PFI process that is delivering fewer beds and fewer staff. The minister's reform process is ridiculous precisely because it is a top-down instruction.

Who was consulted on the private finance initiative? The staff were not consulted; they reject PFI whole-heartedly. Professional organisations such as the BMA were not consulted; they reject it

whole-heartedly. Not even the public were consulted. In opinion poll after opinion poll, the public have rejected whole-heartedly the use of private finance within our hospitals. The public have rejected PFI not simply on the grounds of ideology—although it is important that most of the public realise that patients and people should come before profits and shareholders—but on the practical basis that deploying the PFI financial process takes control of the health service not only out of the hands of politicians but out of the hands of the citizens of this country. PFI ties us in to contracts of 30 and sometimes 60 years. That removes the local devolution of decision making about what the future health priorities should be.

An examination of the full business case of Edinburgh royal infirmary illustrates my point and I hope the minister will address it. The new PFI hospital's annual capital charges will rise to £26.6 million, compared with the former figure of £14.5 million. The capital charges will rise from 9.3 per cent to 18.4 per cent of total annual revenue expenditure. Where does the rise in the capital charges come from other than a lower bed capacity and a lower staff budget? The staff budget has decreased by 17 per cent to pay for the PFI project. Within that staff budget decrease, there is a 21 per cent decrease in the nursing budget.

The fact remains that, under normal public procurement rules, the construction of the Edinburgh royal infirmary would have cost the public taxpayer £279 million. Under PFI, it cost £798 million. I hope that the minister will address that point. That is a bad deal for staff, for patients and for the citizens of Scotland as a whole. I have listened to the minister but, having read his motion, I can do no more than reject it because he encourages a continuation of the PFI, which is undermining our health service.

The Presiding Officer (Sir David Steel): We come now to wind-up speeches. As we are a little over time, I appeal for brevity.

11:58

Robert Brown (Glasgow) (LD): This has been a good debate on a good motion. The tone was set by the minister's opening speech, but within the debate we have had two ideological speeches. One was from Nicola Sturgeon, across whose contribution a veil of kindness would best be drawn. The other was from Tommy Sheridan, who seemed to ignore the fact that the figures over the past year show an increase of 1,200 in the professional staff employed by the NHS in Scotland. There has also been an increase of 376 in the intake of student nurses and midwives. We need to look at the picture as a whole and not simply at particular bits of it.

Inevitably, the state of the health service will always be of the greatest public interest. In many ways, it is a journalist's dream. There are human interest stories at all levels: medical misadventures occurring through individual fault or system failure; amazing success stories for new drugs or new procedures. However, the rate of medical cost inflation, which is fuelled by scientific advance and rising expectations, has made the NHS and health services generally the most intractable problem for Governments of all political hues.

We have a number of advantages in Scotland as we have our own Parliament and the focus that that gives, with a minister with responsibility for health showing the approaches that can be taken. We have higher investment levels than does the UK as a whole, although it must never be forgotten that we have problems of rurality and serious health problems in our cities. Those problems result in the need for greater investment in the health service in Scotland.

I genuinely welcome the news about the improved waiting time figures and the success of the national waiting times unit. I am glad that the Liberal Democrat contribution to the Executive partnership has resulted in a focusing on delivery on the issue of waiting times rather than on the sterile waiting list arguments of the past.

I am proud of the contribution that the Liberal Democrats have made to the introduction of free personal care for our frail elderly. As we move towards the introduction of the policy in July, it is proving to be a driver for higher standards for all, particularly against the background of the joint futures initiatives, as I discovered at a meeting that I had yesterday with the Greater Glasgow NHS Board. However, as the minister recognised, those improvements are simply staging posts.

In his moving speech, Keith Harding talked about the uncertainty that is involved while waiting for delayed treatment and assessment. A wait of six months for vital treatment means six months of enormous worry and suffering for the people concerned and their families against a background in which the same procedure could be done in two or three weeks if one could pay for it—or for free, in a number of other countries. That is a fair measure of the challenges that we face.

Despite what I said before, there are enormous staff problems relating to GPs and certain specialists. Adam Ingram talked about neurologists, but there are also shortages of mental health specialists and, recently, a number of cancer treatment appointments were cancelled at the Victoria infirmary in Glasgow because of a shortage of oncologists.

The trouble is that it takes five to 10 years for

NHS staff recruitment to make a difference. As a matter of urgency, we need to expand the number of medical and nursing graduates in this country and we need to keep them in Scotland, as I said recently. *The Herald* has recently confirmed that the other background problem in relation to that matter is to do with GPs leaving practices in our urban centres because of pressure and burn-out.

The issue is to do not only with money but with conditions and good use of the money. The issue has a wide focus. Colin Campbell said that he wanted to stay out of the hands of the NHS professionals and that is a good target. We should encourage people to be sufficiently healthy and ambulant that they do not require health services, although it is inevitable that some people will. That raises the issue of creating healthy, active citizens with lifestyles, diet changes and health-promoting backgrounds to their activities that will produce health benefits in the middle and longer term.

A note that I have from the Chartered Institute of Housing echoed a point that Brian Adam made earlier. It says that good housing is hugely important to good health. The Executive has recognised that in its fuel poverty strategies and so on. Housing should form a core part of the response to Scotland's poor public health record. I hope that, when decisions come to be made in detail about the consequences of Gordon Brown's recent budget, a wide view will be taken of health that deals not only with the health service but with health promotion and housing.

Margaret Smith talked about performance assessment, which is an important issue. Adam Ingram talked about the need for a rise in spending on mental health and the fact that it is a cinderella service. The number of people, particularly young men, who suffer from mental health problems is a matter of great concern.

Ian Jenkins spoke of the advantages to the NHS of day care. Across Scotland, there are voluntary organisations that could be used to assist the discharge from hospital and provide the back-up that does not always exist at the moment. The problems of funding that Ian Jenkins mentioned have to be dealt with and the organisations have to be put on a proper basis.

I support the motion.

12:05

Ben Wallace (North-East Scotland) (Con): When I saw the motion, I thought that I had been transported to the setting of the old television programme "Fantasy Island"—I would not have been surprised if the minister had made a speech wearing a little white suit. The cheek that the Scottish Executive shows in lodging a motion that welcomes the priority that is attached to dealing

with important issues such as delayed discharge and hospital acquired infection takes one's breath away and does no service to the patients who are waiting for improvements in the NHS.

The first recommendations and guidelines on hospital acquired infections came out under the Conservative Government in 1995. They were followed up by a National Audit Office document in February 2000 and a House of Commons report in November 2000. Finally, after months of inaction and delay, the Scottish Executive report was produced last month. If one reads all the reports, one will see that most of the recommendations are pretty similar. However, the minister has consistently failed to implement the recommendations. Nicola Sturgeon was right to point out that Susan Deacon announced more than a year ago that the issue was one of her priorities. A glossy brochure cannot cover up the Executive's negligence. After such a long time, with many reports available, it is too late for the Scottish Executive to say that it will move forward now that it has produced its report.

Malcolm Chisholm: I have admitted in my speech and in every statement that I make on the subject that hospital acquired infection is a serious problem, as is delayed discharge. We should be judged not by the problem but by how we are responding to it. Ben Wallace should address that rather than delivering a history lesson.

Ben Wallace: The minister misses the point. My history lesson shows that the Executive is not dealing with the matter properly, as the recommendations have been public for years. The minister obviously disagrees with the dictionary definition of the word "priority".

It is true that the Executive has made progress on delayed discharges: it has doubled the number in four years. The cheek of the wording of the motion takes my breath away.

I will not speak further about delayed discharges and hospital acquired infections, because I want to talk about the larger issues of investment in and reform of health care. The important factor is the outcomes. The Scottish Executive's statistics show that the massive changes in waiting times that we heard about yesterday are not what they seem and have not borne fruit. In many areas, waiting times have doubled or more than doubled. For example, since 1997, the medium wait for outpatient appointments has risen by 17 days and the number of people waiting more than 18 weeks for an operation has doubled. That is the outcome.

By the next Scottish Parliament election, it will have been six years since the Labour party started running the health service in the UK and four years since it started running it in Scotland in collaboration with the Liberal Democrats. How

many relaunches and reprioritisations does Labour think that it will take to solve the problem?

Mary Scanlon pointed out that the legacy of the 1997, 1999 and 2001 elections is a long list of manifesto commitments that Labour has failed to meet. For example, the abolition of mixed-sex wards has been included in every Labour manifesto since 1997. We have to bear in mind the reality of the Scottish Executive's record when we consider what it says.

We were relieved that yesterday's press release stated that the Scottish Executive has used the independent sector to try to alleviate the problems in relation to some operations. However, if the minister had signed a similar concordat to the one that Alan Milburn signed, perhaps 6,000 more operations would have taken place in the independent sector. I make no apologies for comparing new Labour south of the border with Scottish new Labour because—let us face the facts—the Government south of the border spends less money and gets better outcomes than the Executive does.

Brian Adam: I understand Ben Wallace's enthusiasm for the private sector, but does he share my concerns about the fact that Grampian University Hospitals NHS Trust wants to increase the use of the private sector within the NHS? Will he join me in condemning the trust for trying to raise money by that route?

Ben Wallace: We are talking about using spare capacity in the independent sector, not about the independent sector being able to use more NHS beds, which I agree is not the right way in which to progress. However, the minister cannot, even in his press release, say that he used or purchased capacity from the private sector. He says that the national waiting times unit has "facilitated" a further 2,000 operations from the independent sector. The ministers have been kicking and screaming all the way along and the people who are suffering are the patients.

I know that the ministers and the muppets on the back benches will always say that Liam Fox and the Conservatives want to shut down the NHS. Brian Fitzpatrick looks up, as he is usually one of the first to jump up. He is not wearing a red tie today, but a yellow one. He is obviously moving on. That is usually all that we notice him for.

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): Will Ben Wallace give way?

Ben Wallace: No, I will not give way just now.

We are not fooled by what Labour members say. We do not want to dismantle the NHS. We want to ensure that reform means just that—real reform, not idealistic vandalism with no real purpose. We remember that the NHS is about patients and that,

therefore, any changes should put the patient at the centre. We mean that and will not put unions or ideology before it.

We all know that the Scottish Executive wears its reforms like badges on its coat, perhaps to justify the phrase "new Labour". It is abandoning its socialist tradition and calling what it does "reform", which allows it to call itself new Labour. However, the definition of reform that Mr Milburn uses is completely different from the one that the Scottish Executive uses. Mr Milburn proposes a new model, with providers in the state, private and voluntary sectors; the Scottish Executive consistently believes in a state monopoly. Mr Milburn wants patients to have choice; Malcolm Chisholm will tell patients what information it is appropriate for them to have. He will not give them all the information, so that they can make up their own minds; he will tell them what the "meaningful" information is. That is the key. He will tell them what they should and should not know. Does he think that patients are idiots? Most patients can make decisions for themselves. Let us give them all the information and not patronise them.

Malcolm Chisholm: Ben Wallace knows full well that I used the word "meaningful" in connection with the performance of surgeons. In other regards, we are absolutely clear—and I made it clear in my speech—that we want more information to be made available. On the subject of meaningful information on surgeons, is Ben Wallace saying that he wants information that is not meaningful to be made available?

Ben Wallace: I would like all the information to be made available, so that the customer—the patient—can decide what is meaningful. Who is Malcolm Chisholm to tell people what is meaningful information? He should let them decide. Will he make available infection rates for hospital acquired infections, so that patients can decide not to go to a particular hospital because it has a higher infection rate? We will see. On page 11 of Mr Milburn's document, "Delivering the NHS Plan", what are listed as the current problems in the NHS are almost identical to the measures in the Scottish health plan. That is the difference—reform means one thing and not the other.

Scotland is about to go to the top of the European league on health spending, but will the minister match that with top targets? For example, if there are still waiting lists and staff shortages in six or seven years, with people leaving the service and waiting lists getting longer, will he agree that his direction and policy on the NHS have been wrong? To Karen Whitefield and others who claim that we would vandalise the principles of the NHS, I say that we already have a two-tier system in which people are increasingly paying for private medicine or having to rely on where they live to

get the drugs that they need. I invite the minister to come with me to Denmark, Germany or Spain. In those countries, people on low incomes, the unemployed and those in vulnerable sectors of society have a better health care system even though their Governments are spending less on health than we are.

I ask the minister to tell me whether he believes that the system is producing the right outcomes. It is clear to me that it is not. The Scottish Conservatives will not shy away from taking up the real challenges in health. We recognise—as Margaret Thatcher did and Alan Milburn does—that, if the money is allowed to follow the patient and the patient is allowed to make choices based on all the information, that is the best route towards achieving genuinely patient-driven reform and a health service that is based on patients' needs.

12:14

Shona Robison (North-East Scotland) (SNP): This has been an interesting debate, if for no other reason than the fact that we have witnessed the spectrum of views from Labour members. We had an off-the-shelf monologue from Karen Whitefield about how well the Executive has done.

Karen Whitefield: Will the member take an intervention?

Shona Robison: No, thank you.

After that, we heard a rather more interesting speech from John McAllion. I could not disagree with a word that he said, but I suspect that many on the Labour benches will disagree with him.

The difference, of course, is that the SNP will include in its manifesto the proposal to empower the public through direct elections to health boards. That is unlike the Labour party, which wants continually to tell the public how things will be.

The fact that Westminster decides how much money the Scottish Parliament receives affects all members of Parliament, across all parties. The fact that the future of our health service is not in our hands also affects all members. The sustainability of investment is outwith our control. That leaves us as mere administrators of someone else's decisions.

The limitations of the Scottish Parliament hinder our ability in the long term to tackle Scotland's appalling health record. I note in passing that even the proposed English regional assemblies will have more financial powers than the Scottish Parliament has. The Parliament's limitations were acknowledged by Bill Butler, who said that investment depends on Westminster's intervention. The problem is that that leaves us

dependent on decisions that are made elsewhere.

Bill Butler: Will the member take an intervention?

Shona Robison: In a moment.

That dependency has affected Parliament's ability to tackle our problems. For years, health has been underfunded, as the SNP has pointed out. However, we have seen tax cuts at Westminster at a time when there should have been more investment in our health service. The Executive continually denied that there was a problem until Gordon Brown's sudden volte-face, when he decided that he had been wrong all along. Bill Butler can tell us why Gordon Brown changed his mind.

Bill Butler: One of the things that struck me as incredible about the SNP's amendment is that it describes devolution, which is what the Parliament is all about. Devolution is about partnership, not about dependency. If Shona Robison had her wish of an independent Scotland, how would she improve on the supposedly deplorable record of £3.2 billion extra that we have just had delivered in partnership with Westminster?

Shona Robison: We would not wait for a crisis in the health service before we started to do something. We would have invested Scotland's huge potential resources in Scotland's health service years ago, rather than waiting until the health service was in the state in which it is.

The fact that the destiny of Scotland's health service is in someone else's hands is a problem. As Karen Whitefield so simply put it: we get our money from Westminster. However, it is time to end the dependency culture to which Bill Butler referred.

We have all agreed this morning on the need for reform in the health service, but we disagree on how that should be achieved. The SNP believes that the starting point for reform should be what is best for the patient. We believe that the public have a right to transparency and accountability. I do not think that there is anything to fear in giving patients the power to make decisions. The minister's proposals for public involvement sounded fair, but they are simply not enough. As was pointed out, the accountability of the bodies to which the minister referred remains with the minister.

The only way of giving people real power is to have directly elected positions on our health boards. People have had enough of the sham consultations throughout the country. If they feel that they have no say in their local health service and are involved in a consultation process that asks them questions to which the answers have already been decided, they are unlikely to take

part in a similar process again. That leads to further disengagement from the political process.

The SNP believes that the right way forward is to give people a place at the top table where the decisions are made—our health boards. We also believe that the public should have access to robust and accessible information about hospital performance and the performance of people who treat patients. I do not think that medical staff—doctors or consultants—have anything to fear from that, because, as we know, the quality of our doctors' performance is high, except in unusual cases. There is nothing to fear from giving the public access to the information about the people who have patients' lives in their hands. I cannot see why the Executive is so reluctant to do that.

Malcolm Chisholm: I will make the same point that I made to Nicola Sturgeon and Ben Wallace. I made it absolutely clear that we believe that information about surgeons' performance should be available, but the fact remains that that information has to be meaningful rather than meaningless. Anybody who knows anything about the issue agrees with us.

Shona Robison: When will the public get access to that information? I am sorry, but the comments of the minister and those of his predecessor led me to believe that that information will not be provided.

We do not believe that the use of private finance does anything to build up capacity in the NHS. The use of private finance is further proof of the Executive's policy of saddling future generations with massive debt in order to finance its short-term political goals. The national waiting times unit's use of the private sector is only a short-term sticking plaster. Of course we all hope that the official figures, which we still await, will show that waiting times have gone down, but that cannot be a solution to the long-term problems of the health service. If waiting times are not to go up next year or the year after next, we need to ensure that the capacity of the NHS is built up sufficiently to treat patients quickly.

I see that time has moved on. I conclude by saying to the minister that we have heard nothing new this morning. I listened to 20 minutes of the minister's speech of restated policies. We will debate health as often as the Executive wants to, but we expect the minister to tell us something new and to update us with information about what is happening and how he intends to tackle the many problems that patients in Scotland face. He has told us nothing about that this morning. Perhaps we will hear something on it from the Deputy Minister for Health and Community Care in his first main debate on health. However, I suspect that we might be treated to more of a stand-up comedy act, which will do nothing to further the

debate on the way forward for our health service. I remain to be surprised.

The Presiding Officer: With that remarkable introduction I call the deputy minister to respond to the debate.

12:23

The Deputy Minister for Health and Community Care (Mr Frank McAveety): Thank you for letting me enter centre stage, Presiding Officer.

I am surprised by the SNP's amendment, which contains a policy commitment that was not costed in the party's statement on Friday. Rather than considering the resource base from which we have to make sensible and difficult choices, the SNP has gone back to its old claim that independence would resolve all the difficult decisions that Scotland has to make.

I would hate for the SNP's health team to join Ben Wallace on "Fantasy Island"—members on this side of the chamber would not want to visit it—but some of the key points that SNP members have raised suggest that they might do that.

I want to identify some of the key points made by more than 20 speakers, although I will not cover all of them. First, I re-emphasise what the minister said in his opening remarks. The debate is about how we use the new level of resources over the next five years to make the dramatic changes that are required in our health service and our experience of health. We have kept an open mind on how to relate that to the broader strategy of the Executive's other social policies, which Robert Brown mentioned. That is critical to our development.

How do we demonstrate that that investment will produce the reform that will affect the services that matter to citizens? Change is always difficult. One of the key challenges that anyone faces in the decision-making process—perhaps the reason for the SNP's relatively inexperienced contribution is that it has never needed to make such difficult decisions—is that as you try to modernise—

Nicola Sturgeon: Will the minister give way?

Mr McAveety: If Nicola Sturgeon will allow me, I will finish my point. Sometimes modernisation comes at a price that local people might at first find difficult to accept. How do we build into the modernisation process consultation mechanisms and democratic accountability at all levels to ensure that we are making a decision that has the consent of the community?

Unified health boards are already demonstrating a partnership approach, which is a genuine way to try to address some of the central issues that have

bedevilled the Scottish health service for far too long. Yesterday, I visited Lothian where partnership councils, the health board and other major players are coming together to consider ways to address delayed discharge. The fact that social care providers from councils, support carers from the voluntary sector and the health service were all in one room demonstrates how we can integrate such work more effectively.

Nicola Sturgeon: I agree with the minister on one important point: those responsible for the running of the local health service will always have to take difficult decisions. How will the minister ensure that local patients and the wider public are not just consulted on such big decisions—they were in Glasgow, where the consultation exercise was extensive, expensive and glossy—but are listened to by the decision makers in the health service, and feel that they have been listened to?

Mr McAveety: As the MSP for one of the constituencies affected by the Glasgow acute services review, I have regularly attended consultation meetings. I have found the health board willing to open up to wider participation. That has resulted in more effective dialogue between decision makers and the communities and individuals affected. Our agenda must be to continue that process and make a genuine difference. That is true not just for Glasgow, which is currently undergoing acute services reviews, but for other parts of Scotland.

How do we move forward in tackling the issues that have been identified to date in parliamentary debates? How do we tackle waiting times and joining up patient-centred services at a local level? How do we ensure that people have better access and how can we improve standards? The comments made to Malcolm Chisholm this morning were rather curmudgeonly, given that he has just identified a clear programme to address those issues.

I will touch on some of the issues that have been raised by members and identify how we are making progress on them. Several members raised the immediate issue of infection control. Since 1999, there has been a 25 per cent increase in the number of nurses involved in infection control. That is a tremendous development and one that must continue. Another, more important, issue is that raised by the Clinical Standards Board in relation to standards in hospitals across Scotland. We are undertaking an independent review of infection control over the summer and we hope to produce a final report at the end of the year. I hope that that will address some of the issues raised by members this morning.

Shona Robison: Will the member give way?

Mr McAveety: I would like to touch on the key comments of another Opposition member. At least Mary Scanlon identified some issues for serious debate—that is much more than the main Opposition party in Scotland did—and I thank her for that. Mary Scanlon indicated that there was no significant way to address the issue of dealing with one definition of health-care-associated infection. A major drugs company has identified some issues relating to that. We want to find out what information we have on that and feed it into the inspection control measures that were identified earlier.

Mary Scanlon identified several key issues, which were touched on earlier. Interestingly, neither Ben Wallace nor Mary Scanlon addressed the connection between the resource base available through the devolved settlement and decisions made by the Westminster Government. We have yet to have a commitment from the Conservatives to match the spend identified by the Chancellor of the Exchequer, Mr Gordon Brown, in the budget. That will have consequences for the Scottish budget.

Ben Wallace: We recognise that. We have said that we do not support increased investment because it is being thrown into the current, unreformed system. Until there is reform to match investment—just as Frank McAveety said earlier—we will not support it.

Mr McAveety: Interestingly, the Conservatives have not ruled out using social insurance to pay for health care. The majority of people in this country would find such a step deeply troubling.

The Conservatives have also failed to address how we reform the system in a way that is appropriate to a Scottish health service. Although I welcome the Conservative commitment to Alan Milburn's strategy for the health service in England, I should point out that there are substantial differences between the Scottish and English health services. We are doing what we are supposed to be doing under devolution and adopting strategies that appropriately recognise the differences—and will make a difference—in Scotland.

Mary Scanlon touched on the problem of reducing waiting times. We recognise that that is a challenge; however, as Malcolm Chisholm indicated, we have already set up the national waiting times unit, which should make a substantial difference in future. We must also address the issue through local plans that are co-ordinated both by the health board and by social services departments and organisations in local authorities and the voluntary sector to work up more effective, local ways of dealing with waiting times, delayed discharge and other matters.

Richard Lochhead: A few weeks ago, 81-year-old Mary Innes had to spend £4,000 of her life savings on simple eye surgery. Does the minister not agree that, rather than expect the elderly to spend their life savings on eye surgery, we should give Grampian NHS Board its fair share of the cake?

Mr McAveety: It is interesting that Richard Lochhead raises that issue. I look forward to the SNP health spokesperson arguing in her next column in the *Glasgow Evening Times* that the Arbuthnott report should be changed to favour Grampian instead of Glasgow. Perhaps that is an internal debate—[*Interruption.*] Richard Lochhead should listen carefully. I am simply pointing out that he might wish to take up the argument with the decision makers in his own party.

The Arbuthnott report was rigorous and effective in its attempt to identify how we allocate health spending across Scotland. Both Richard Lochhead and the SNP amendment omit to mention that more resources than ever before are being focused on the health service in Scotland. The growth agenda, which has been welcomed by many folk in Scotland and the UK, will genuinely make a difference. However, it is incumbent on all health boards and others to use those resources effectively and to address some of the impact of the redistribution of funds in the same socially equitable fashion as the Arbuthnott report.

Brian Adam: If resources are increasing, why does Grampian University Hospitals NHS Trust feel that it does not have enough money and wish to consider increasing the number of private beds within the NHS?

Mr McAveety: I thank Brian Adam for allowing me to deal with that. I should point out that there will be 6.5 per cent growth in NHS funding in Grampian in 2002-03, which is the same as in Tayside and Lothian. He also implied that consultants in the Grampian area, without any encouragement or approval from the Scottish Executive, want to explore the possibility of more private provision. Brian Adam should raise his concerns with those individuals. That is subsidiarity in action.

I want to turn to participation and democratisation. We have an open view on local participation. Although we welcome the development of the unified boards, we will need time to assess their effectiveness before we decide on any major structural upheaval. As Malcolm Chisholm said, the Scottish Executive has identified other key areas in the health service in Scotland that are much more important and we wish to move forward on those.

Members raised many other points. As I have only a couple of minutes, I guarantee that I will

respond in writing to their comments.

Tommy Sheridan: Will the minister give way?

Mr McAveety: I thank Tommy Sheridan very much, but I am in my final minute and want to address my final point on ideology. I presume that that is what he is concerned about.

Tommy Sheridan: I am concerned about the Edinburgh royal infirmary.

Mr McAveety: As I know that Tommy is as much in favour of monopolies of the high moral ground as of other areas, I hope that we will engage in debate on that.

Let me be clear: the essential point is that clinicians assess the requirement for beds. That assessment is not made through the PFI process. Tommy Sheridan has made the same mistake as John Swinney in wrapping together all the expenditure on PPP/PFI models and expenditure that would have been invested anyway in health service delivery into a headline that suggests that money is being lost in the health service. However, his point does not bear critical examination.

Tommy Sheridan: Will the minister give way?

The Presiding Officer: The minister is in his last minute.

Mr McAveety: Tommy Sheridan has a singular, fixed position on PPP and PFI that does not recognise that any model can be modified. We acknowledge that we have inherited certain elements of PFI from the former Government. We have modified much of that and we have delivered outcomes.

As Karen Whitefield rightly said—and I will end on this point—it is the outcomes that matter. I would be hard pushed—[*Interruption.*]

The Presiding Officer: Order.

Mr McAveety: I will be hard pushed to finish a sentence if members keep trying to intervene.

Public-private partnerships occur not just in health, but in other sectors such as education. I have already seen substantial investment in secondary schools in my constituency. I would be hard pushed to identify any constituent who has come to me to say that they regret that investment, that they are concerned about it or that it is not making a difference.

I would also be hard pushed to find many MSPs disagreeing with that. People want outcomes and it is our responsibility to ensure that we have effective business plan assessment, that we deliver the important health care outcomes, that we modernise our health service at the acute level and that we deliver our primary care services more

effectively so that folk do not need to find themselves in hospitals. That will make the difference. That is why I commend Malcolm Chisholm's motion and reject the Opposition amendments.

Point of Order

12:36

Tricia Marwick (Mid Scotland and Fife) (SNP): Presiding Officer, I gave you advance notice of this point of order.

Earlier this morning, the Executive issued and posted on its website a press release announcing the introduction into Parliament of the Local Government in Scotland Bill. The press release claims that the Deputy Minister for Finance and Public Services told Parliament about the importance of the bill.

No written question has been posted. No statement is planned for today. I am informed by the Scottish Parliament information centre that copies of the bill will not be available to MSPs until tomorrow. However, an Executive briefing on the bill took place at 11 am this morning.

The only place to which the bill has been introduced today is the media. Presiding Officer, not for the first time, I have occasion to raise with you what I consider to be the Executive's contempt for the Parliament. I urge you to consider the matter and to uphold the rights of the Parliament.

The Presiding Officer (Sir David Steel): I thank the member for giving me notice, as that has enabled me to look into the matter before ruling. The position is as the member has said. The bill was introduced to Parliament today, but it is not published until tomorrow. The press release, of which I have seen a copy, should have been issued tomorrow and not today.

I understand that that was an administrative error within the Executive, for which it has apologised. There is no great loss to the Parliament in this case because the press release simply outlines the bill's objective, which is familiar to the Parliament's Local Government Committee, which has been dealing with it.

I do not think that there has been any great harm, but the member is technically correct to raise the matter and I hope that it will not happen again.

Tricia Marwick: Further to that point of order, Presiding Officer, I appreciate your comment that it was an administrative error. However, the fact remains that contempt has been shown to the Parliament. We do not have copies of the bill. It has not been introduced to the Parliament, but the media know about it.

The Presiding Officer: Now the member is technically wrong. The bill has been introduced today, but it is not published until tomorrow.

Introduction is a technical matter. The bill has been through my office. I approved it yesterday and it has been introduced today. Nonetheless, the member is right that the press release should not have gone out until tomorrow. That was acknowledged by the Executive in a call to my office.

Ben Wallace (North-East Scotland) (Con): On the same point of order, Presiding Officer. Given that the offence has been committed against the Parliament, is it in order that the Executive acknowledges its error to you rather than to the Parliament? The minister responsible for the bill should be apologising to the Parliament.

The Presiding Officer: Perhaps members will accept that apology through me. Someone pushed a button 24 hours early. The press release is perfectly in order. In this case, no harm has been done. However, it was a technical error and the member was right to raise it.

Business Motion

The Presiding Officer (Sir David Steel): The next item is business motion S1M-3110, in the name of Patricia Ferguson, on behalf of the Parliamentary Bureau, setting out the business programme.

Ben Wallace (North-East Scotland) (Con) rose.

The Presiding Officer: Do you want to object to the business motion?

Ben Wallace: No. I have a further point of order.

The Presiding Officer: We have moved on. I will come back to your point of order in a second.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 28 May 2002

9.30 am Time for Reflection

followed by Parliamentary Bureau Motions

followed by Executive Debate on The Modernising Government Fund

11.30 am HM the Queen's Address

2.30 pm Executive Debate on Alternatives to Custody

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 29 May 2002

9.30 am Executive Debate on Potential Benefits to the Scottish Economy of the Planned Energy Research Institute and of the Diversification of the Offshore Oil and Gas Industry

followed by Executive Motion on Nominations to the EU Economic and Social Committee

followed by Parliamentary Bureau Motions

2.30 pm Scottish National Party Debate on Scotland's Air Links

followed by Scottish National Party Debate on GM Crops

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 30 May 2002

9.30 am Ministerial Statement and Debate on the Executive Programme

followed by Parliamentary Bureau Motions

followed by Business Motion

2.00 pm Question Time

3.00 pm First Minister's Question Time

3.30 pm Executive Debate on Implementing the Cancer Strategy

5.00 pm Decision Time

followed by Members' Business

Wednesday 12 June 2002

2.30 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Stage 1 Debate on the University of St. Andrews (Postgraduate Medical Degrees) Bill

followed by, no later than 3.35 pm Executive Business

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 13 June 2002

9.30 am Scottish National Party Business

followed by Parliamentary Bureau Motions

followed by Business Motion

2.30 pm Question Time

3.10 pm First Minister's Question Time

3.30 pm Executive Business

5.00 pm Decision Time

followed by Members' Business

and (b) that the Justice 1 Committee and the Enterprise and Lifelong Learning Committee report to the Justice 2 Committee by 21 May 2002 on the Regulation of Investigatory Powers (Source Records) (Scotland) Regulations 2002 (SSI 2002/205), the Regulation of Investigatory Powers (Juveniles) (Scotland) Order 2002 (SSI 2002/206) and the Regulation of Investigatory Powers (Cancellation of Authorisations) (Scotland) Regulations 2002 (SSI 2002/207).—[*Euan Robson.*]

Motion agreed to.

Point of Order

12:39

Ben Wallace (North-East Scotland) (Con): On a point of order, Presiding Officer. If the Executive does any briefing between now and the publication of the Local Government in Scotland Bill, will it be ruled out of order?

The Presiding Officer (Sir David Steel): It is not for me to rule out of order what happens outside the Parliament. I have said that an error was made and that the Executive has acknowledged that it made an error. The error did no great harm on this occasion, but I have said that I hope that such an error will not be made again.

12:40

Meeting suspended until 14:30.

14:30

On resuming—

The Presiding Officer (Sir David Steel): Before we begin question time, I am sure that members would like to welcome the chairman and members of the House of Lords Select Committee on the Constitution, who are conducting an inquiry into devolution. [*Applause.*] I am sure that they will find their visit educational.

Following the point of order that was raised last week, I am keen to get through more questions and answers than we have done in the past couple of weeks. That will require co-operation on both sides.

Question Time

SCOTTISH EXECUTIVE

Hairmyres Hospital (Private Sector Contracts)

1. Alex Neil (Central Scotland) (SNP): To ask the Scottish Executive whether it will review the terms and conditions of private sector cleaning and catering contracts at Hairmyres hospital, Lanarkshire. (S10-5204)

The Minister for Health and Community Care (Malcolm Chisholm): Cleaning and catering arrangements at Hairmyres hospital are matters for Lanarkshire Acute Hospitals NHS Trust in the first instance. I am told that meetings have been held with the private sector consortium to discuss various problems.

Alex Neil: I visited the hospital two weeks ago. In ward 1—the cancer ward—the toilet had been cleaned only once that week and, even then, it had not been done satisfactorily. In addition, the food that was being served up was not fit for human consumption. As a matter of urgency, will the minister intervene to get Hairmyres hospital sorted out? [*Interruption.*] The local member, the Minister for Finance and Public Services, should read his local newspaper and see the real concern instead of shouting abuse at me.

Malcolm Chisholm: Ensuring that we have the clean hospitals to which patients have the right is a top priority for the Executive. I am interested in hearing any views that are expressed on the issue. However, this year, for the first time, national standards for cleaning have been established by the Clinical Standards Board for Scotland. The board is working with Audit Scotland to visit every hospital in Scotland to check performance against those cleaning standards. I will receive reports from those two bodies in the near future. I hear what Alex Neil is

saying, but I hope that everybody will welcome that development.

Helen Eadie (Dunfermline East) (Lab): Although I welcome the move from private sector to public sector catering at the Victoria hospital in Kirkcaldy, will the minister investigate the claims of the GMB that the terms and conditions of that move are the private sector terms and conditions and will remain for a year outwith the Whitley Council's terms and conditions?

Malcolm Chisholm: In the health plan, we said that the contracting out of cleaning services should no longer be regarded as the norm. There was a problem in the late 1980s and the early 1990s because services were contracted out for ideological reasons and quality went out of the window. We are saying that the criteria must be quality and value for money.

Fife Acute Hospitals NHS Trust has obviously decided to return the services in-house. I am not aware of the detail of the circumstances, but I acknowledge what Helen Eadie is saying about the terms and conditions going back to the General Whitley Council's terms and conditions after a year. I am sure that she and everyone else welcomes that. I thank her for drawing the matter to my attention and I shall look into it.

Public Bodies (Funding)

2. Richard Lochhead (North-East Scotland) (SNP): To ask the Scottish Executive what plans it has to review the formulae used to distribute funding to public bodies. (S10-5211)

The Minister for Finance and Public Services (Mr Andy Kerr): Distribution formulae are reviewed regularly. The Arbuthnott formula is reviewed by a standing committee that is chaired by Sir John Arbuthnott. In conjunction with the Convention of Scottish Local Authorities, the Executive keeps the local government distribution formulae under constant review.

Richard Lochhead: Is the minister aware that central Government funding for transport, drugs, health and enterprise funding in Grampian always tends to come bottom or near the bottom of the league? Is he aware that it is becoming increasingly difficult to deliver an adequate level of public services in Grampian because of the formulae? Will he undertake to review the formulae to assess their impact on Grampian and make any necessary changes?

Mr Kerr: I do not agree with the premise of the question. For 2002-03, national health service funding in Grampian is £27.7 million; that figure will rise to £30.8 million in 2003-04. There have been significant increases for local councils. Funding for Aberdeen Council is up 9.6 per cent and funding for Aberdeenshire Council is up 10.2

per cent. I have held meetings with those councils recently to discuss finance-related matters.

The Executive keeps grant-aided expenditure under review. We are in constant discussions on GAE with our partners in local government in order to seek the best solutions and the most accurate assessment of the funding that is required to meet local authority needs. Let us not forget that this is a time of record spending on local government—budgets have risen in some cases by 25 per cent or more and the overall budget has risen to £7 billion. It is clear that we are about working in partnership with local government and delivering services. We are not about moaning.

Dennis Canavan (Falkirk West): Will the formulae ensure that local authorities and local enterprise companies have sufficient funding for economic development in areas of high unemployment? In particular, will the Executive ensure that pump-priming investment of £15 million to £20 million is made available to Scottish Enterprise Forth Valley and Falkirk Council to enable them to kick-start the Falkirk action plan? Such investment could help to provide up to 4,000 jobs in the Falkirk area, which has suffered recent redundancies at companies such as BP, Exabyte Scotland Ltd and Dyson Refractories Ltd.

Mr Kerr: Let me reiterate my point. The Executive allocates resources where need is most apparent. Therefore, in my work with other ministers as we sit around the table and discuss the spending review, we will focus on outcomes and on the real difference that our expenditure makes in communities such as the one to which Mr Canavan referred.

Mr David Davidson (North-East Scotland) (Con): Let me take the minister back to his answer to Mr Lochhead. In his review of the Arbuthnott formula, what independent evidence is gathered and who gathers it? It is obvious that Sir John Arbuthnott does not do that work himself.

Mr Kerr: It is clear that the Arbuthnott formula did not come from nowhere. We undertook a huge consultation exercise with interested parties: communities, health authorities, local government and other organisations. We set down a system that has been in place for only a year or so. For the first time in 20 years, resources are allocated in the health service on the basis of need. The Executive wants to analyse those needs in order to meet demand and deliver services.

Lothian NHS Board (Strategic Change Deduction)

3. Fiona Hyslop (Lothians) (SNP): To ask the Scottish Executive what guidance it has given to Lothian NHS Board regarding the 1 per cent per annum strategic change deduction agreed by the

board's chief executive. (S1O-5213)

The Deputy Minister for Health and Community Care (Mrs Mary Mulligan): The Scottish Executive has not issued any specific guidance to NHS Lothian on its strategic change fund. Local financial planning is a matter for local health care systems.

Fiona Hyslop: I thank the minister for her answer. Is she aware that, under anyone's criteria, the strategic change deduction is a cut for the NHS in West Lothian of £1.38 million? Is she also aware that, according to the pan-Lothian review group, that money is needed to cover the £24 million shortfall, some of which comes from the overspend and overrun on the Edinburgh royal infirmary? I am aware of the situation at St John's hospital, where the accident and emergency new build is now a refurbishment—

The Presiding Officer: Order.

Fiona Hyslop: Will the minister tell us why West Lothian patients are paying for the profits of the ERI public-private finance initiative?

Mrs Mulligan: Fiona Hyslop mentioned that St John's hospital in West Lothian is to have a refurbished accident and emergency department. That is an improvement to the existing service. Why does the SNP's discussion paper on health and community care say that the party will increase the proportion of Scotland's health budget that is controlled locally when members such as Fiona Hyslop continue to ask the Executive to take local decisions?

Bristow Muldoon (Livingston) (Lab): Does the minister agree that it is dishonest of members to claim that health cuts are taking place when record expenditure is going into the national health service in Scotland, in Lothian and in West Lothian? Does she recognise that the true picture in West Lothian is one of an increasing number of doctors and nurses and of increased investment in private—[MEMBERS: "Oh."] I meant to say primary care facilities. The SNP does not wish to welcome that investment.

The Presiding Officer: What is the question?

Bristow Muldoon: Does the minister also recognise the increased investment in accident and emergency services?

Mrs Mulligan: I recognise that Lothian NHS Board's expenditure is increasing from £726 million this year to a projected £783 million in 2003-04. That increase must be good for all patients in the Lothian NHS Board area.

Lord James Douglas-Hamilton (Lothians) (Con): Does the minister accept that Edinburgh is a centre of medical excellence, that Edinburgh provides teaching and services in certain specialist

subjects and that those services are made available to patients from throughout Scotland? Will she ensure that the needs of Edinburgh and the Lothians are properly taken into account in the future allocation of additional resources to health services in Scotland?

Mrs Mulligan: The allocation of resources throughout the national health service will take into consideration the amounts of money that are available for each individual health board. We acknowledge that there are different concerns within different areas. That is why we have the health boards—to react specifically to local concerns.

The Presiding Officer: Question 4 has been withdrawn.

ScotRail Timetable

5. Pauline McNeill (Glasgow Kelvin) (Lab): To ask the Scottish Executive what statutory or other influence it has over ScotRail's train timetabling. (S10-5207)

The Deputy Minister for Enterprise, Transport and Lifelong Learning (Lewis Macdonald): Detailed timetabling is a matter for ScotRail and Railtrack to determine, but we will specify the levels of service that will be required under the next franchise when we issue directions and guidance later this year.

Pauline McNeill: Does the minister agree that the travelling public and commuters have endured disruption to their services for five months and that they would expect the Scottish Executive to put the maximum amount of pressure on ScotRail to return services to normal as soon as possible? Does he agree that further modernisation and improvement to our railway services can be achieved only if the baseline of ScotRail timetabling is put back to its original state and that ScotRail should not be demonstrating complacency?

Lewis Macdonald: The body with the powers to monitor and seek compliance with ScotRail's franchise obligations is the Strategic Rail Authority, which operates on our behalf. The joint process of drawing up timetables that ScotRail and Railtrack undertake involves consultation with other train operating companies that use the same lines, with the Rail Passengers Committee Scotland, which represents customers, and with the Strathclyde Passenger Transport Executive, which has a statutory role in that process.

We will continue to work with all those parties to encourage an early resumption of full services in accordance with the previous timetable. That is an operational matter for ScotRail to deal with in consultation with those other bodies. When we draw up our directions and guidance for the new

franchise, we will seek to ensure that the service that is provided is at least up to the level that was provided prior to the industrial action.

Mr Kenny MacAskill (Lothians) (SNP): The minister will be aware that train operators are affected by the track upon which the trains run. Given that organisations as diverse as Strathclyde Passenger Transport and Scottish Financial Enterprise support the concept of a Scottish Railtrack, will the minister tell us why, as a minister responsible for transport, he is capable of running the roads but not capable of running rail?

Lewis Macdonald: The ownership and the operation of the railway infrastructure are not the same issue as the timetabling of trains. That is how the structure of the industry stands. It is our duty to work with the appropriate bodies to ensure that services are put back in place. The onus for restoring services lies with ScotRail as the operating company, not with Railtrack as the infrastructure operator or with the Executive. Passengers should look to ScotRail for the services that they are entitled to expect.

Scottish Water (Contracting Out)

6. Alasdair Morgan (Galloway and Upper Nithsdale) (SNP): To ask the Scottish Executive what steps it is taking to ensure that Scottish Water maximises the amount of work that is contracted out locally, particularly in rural areas. (S10-5242)

The Minister for Environment and Rural Development (Ross Finnie): Our overarching instruction to Scottish Water is that it should ensure that it provides the best possible service at the best value for its customers. It is for Scottish Water to determine how best to achieve that aim.

Alasdair Morgan: Does the minister acknowledge that considerable disquiet exists in rural areas about the fact that Scottish Water's tendency to use large centralised contracts will lead to very little work being done by local labour, which will create unemployment? That runs contrary the Executive's rural development policy. Will the minister undertake to audit regularly Scottish Water to identify how many jobs are being lost in rural areas as a result of Scottish Water's centralised contracting?

Ross Finnie: I can assure the member that Scottish Water will spend about £1.8 billion in contracting arrangements over the next four years. I am interested that the Civil Engineering Contractors Association (Scotland) estimates that the water contracts will approach 50 per cent of all the contracts that are placed with its members. Given that much of the £1.8 billion is not to be spent in the central belt, there will be ample opportunity for employment in rural areas.

Wearing my other hat, I will be interested to do as the member suggests and to be mindful of where the contracts are distributed. However, it would not be proper of me to give a direction to Scottish Water on that.

John Scott (Ayr) (Con): What progress is the Scottish Executive making with setting up water customer consultation panels? When will those panels be in place?

Ross Finnie: I am able to assure the member that the convener of the water customer consultation panels, who will be involved in authorising and approving the members of those panels, will be announced shortly.

The Presiding Officer: I am not sure that that was in order, but never mind.

New Deal: Next Phase

7. Des McNulty (Clydebank and Milngavie) (Lab): To ask the Scottish Executive what progress is being made on implementing the new deal: next phase programme. (S1O-5239)

The Minister for Enterprise, Transport and Lifelong Learning (Iain Gray): New deal: next phase will offer greater flexibility, with more focus on employer needs and people who are hard to help. Pilot projects are under way in a number of areas across Scotland.

Des McNulty: Does the minister consider that there is sufficient flexibility in the tailored pathways and other schemes to meet the needs of those unemployed people who are furthest from the labour market in terms of the length and depth of the intervention that is required to make them employment ready?

Iain Gray: There should be. Two aspects of new deal plus provide flexibility. The first is local account managers in each jobcentre plus—as they have been newly named. Part of their job is to gather local labour information and liaise with employers to make sure that barriers to recruitment are dealt with. Further flexibility is provided by the advisers discretionary fund, which makes available up to £300 to tackle the barriers that clients face.

It is important that the new deal is made to work for those at whom it is aimed. That is why this week I have refreshed the membership of the Scottish welfare to work task force. If Mr McNulty has examples of specific issues, I am prepared to ask the task force to examine them.

Andrew Wilson (Central Scotland) (SNP): Is the minister aware that in the year to January 2002, barely one in three young new starts in the new deal found their way into sustained employment? That figure is the second worst of any region or nation in the United Kingdom. Does

the minister recognise that there is a problem with the operation of the new deal in Scotland? What does he plan to do about that?

Iain Gray: I am aware of recent independent evaluation work performed by the National Institute of Economic and Social Research, which shows that half the drop in youth unemployment since 1997 is due to the new deal and the other half is due to the strength of the Scottish economy. The very fact that the new deal is developing and the next phase, which includes a range of new measures and flexibilities aimed at those who have particular difficulties in accessing employment opportunities, is coming in shows that we have a track record. New deal can deliver, but we are not complacent, and it can be improved. That is important, and we will continue to make improvements. That is the task of the Scottish welfare to work task force.

Phil Gallie (South of Scotland) (Con): Does the minister acknowledge that the new deal has failed miserably to reach all its original targets? Does he accept that the only success that it has had has been in massaging the unemployment figures? I put it to him that he better get the next phase of the new deal right.

Iain Gray: My CV has been trailed through the press extensively recently. Mr Gallie will know that in the early 1980s I was a teacher, and I can remember the hopelessness felt by young students in schools and their certainty that the labour market had no place for them when they left school. We have almost eradicated long-term youth unemployment, and the new deal has been a significant contributor to that. I am proud of it. It is one of the greatest achievements since 1997.

Hospital Acquired Infections

8. Mr Andrew Welsh (Angus) (SNP): To ask the Scottish Executive what action will be taken following the publication of the report on hospital acquired infection by the Clinical Standards Board for Scotland. (S1O-5229)

The Minister for Health and Community Care (Malcolm Chisholm): The Clinical Standards Board for Scotland team has already started a programme of visits to every national health service trust to check performance against the standard. That will be completed by the autumn. We shall be holding an HAI convention on 28 June to help drive forward action and spread best practice on this key issue.

Mr Welsh: Does the minister accept the CSBS's findings that infection control is poorly co-ordinated and insufficiently resourced, and that that is a damning indictment of the Government's failure to address a problem that now affects more than 9 per cent of hospital patients? What kind of

health service is it that guarantees that around one in 10 patients will be infected in and made ill by the hospital in which they are treated? Action is now required, not words.

Malcolm Chisholm: I hope that we will be judged not by the difficulties that we face, but by the way in which we respond to them. HAI has been a key issue for me. In January, I asked the Clinical Standards Board to accelerate its visits. We should be pleased that we have national standards for the first time, but every trust needs to be checked. The Clinical Standards Board is doing so as quickly as possible. We have done more. The convention will be an important event at which we will collect expertise and best practice, not just from Scotland but from further afield. We will ensure that we drive forward action and spread best practice to every hospital in Scotland.

Mary Scanlon (Highlands and Islands) (Con): I welcome the 50 nurses from the Royal College of Nursing to the gallery. I know that they are keen to train and play their part in infection control.

This morning, the minister mentioned that he would pursue escalated intervention in respect of hospitals that did not reach the Clinical Standards Board's standards. Will he explain what such intervention is?

Malcolm Chisholm: Escalating intervention is a part of the whole performance management process. If standards are not met, more and more will be done. If action by the Clinical Standards Board is not adequate, at a certain point the Health and Safety Executive can intervene. At the moment, that may be happening in a hospital. We might hear about that in due course. There is a system to ensure that standards are in force.

I welcome the nurses in the gallery. Nurses are pivotal to our agenda. We have significantly increased the number of infection control nurses, but we are also taking a proposal to the convention that there should be a nurse cleanliness champion on each ward. Obviously, we will consult the nursing bodies on that matter.

Tommy Sheridan (Glasgow) (SSP): Does the minister agree that, as we have a national health service and national standards, it is about time that we had a nationalised cleaning service that could provide care for patients in a clean environment, instead of providing profits to private contractors?

Malcolm Chisholm: I dealt with the issue of clean hospitals in answering question 1. I repeat the general message that quality is the key issue, along with value for money. Quality is up there as a key criterion—it was not in the late 1980s and early 1990s when contracts went to the private sector, not because that was good for quality but for ideological reasons. The criteria for us are

quality and best value. That means that it is no longer the norm for services to be contracted out.

Ms Margo MacDonald (Lothians) (SNP): Will the minister expand on his answer? Will he give an assurance that if the quality commission reports that quality standards cannot be met under the present arrangement of contracting out cleaning services, he will renationalise those services and return them to the standard that they once had?

Malcolm Chisholm: The reality is that standards must be met. If there are issues, whether an in-house or a privatised contract is involved, it is up to the trust to ensure that standards are applied. If standards are not applied, action will be taken, whether or not the service is contracted out.

Freight Costs (Island Communities)

9. Tavish Scott (Shetland) (LD): To ask the Scottish Executive what proposals it has to address the levels of freight costs faced by island communities. (S10-5205)

The Deputy Minister for Enterprise, Transport and Lifelong Learning (Lewis Macdonald): The level of freight charges imposed on services to the northern isles is a matter for the companies concerned. Tariff rebate subsidy is available only on bulk freight of low-value commodities and on livestock from the northern isles.

Tavish Scott: I thank the minister for his answer and for his announcement about livestock the other day. Does he accept that there might be increased competition on freight to the northern isles as a result of freight issues relating to NorthLink Orkney and Shetland Ferries Ltd? In that context, will he undertake to examine the financial effects on NorthLink as a result of that undoubted increase in competition?

Lewis Macdonald: I am aware of the possibility of competition on those routes. The withdrawal of competition on livestock was part of the underlying issue that we had to resolve this summer. Competition can bring benefits to the customers of freight operators. The extent of our commitment to the northern isles contract is that NorthLink is contracted to us for the carriage of cars and passengers, but not freight or livestock. Ensuring that the contract that NorthLink has entered into with us allows it to run and sustain those services in line with the terms of the contract is a matter for NorthLink.

Maureen Macmillan (Highlands and Islands) (Lab): Is the minister aware that hauliers in Argyll who used the Caledonian MacBrayne ferries were not directly consulted on the draft specification for the CalMac tender and that that is a source of anxiety for them? Will the minister assure me that,

when the draft is published, hauliers will be allowed meaningful input before the document is finalised?

Lewis Macdonald: I am aware of some of the concerns that have been raised by Maureen Macmillan and others. When we produce the draft service specification within the next few weeks, we will put it out for consultation and invite responses from all those who have an interest in the future of the services.

Mr Duncan Hamilton (Highlands and Islands) (SNP): Does not the minister recognise that the threats are more immediate than that? I know that he is aware of the problems of freight transfer to the island of Colonsay. He wrote to me saying that he would investigate the problem with CalMac and come back with a clear solution. Does he know that the current contract expires this month, which gives him two weeks to resolve the problem? Can he give the people of Colonsay a commitment that the current freight service will not be discontinued until alternative arrangements are in place?

Lewis Macdonald: I reassure the people of Colonsay, Coll and Tiree that CalMac has entered into discussions with the haulier in question with a view to finding a solution. I have every confidence in CalMac's assurance that an amicable solution can be found within the time frame indicated.

NHS Drugs Bill 2002-03

10. Mr Keith Raffan (Mid Scotland and Fife) (LD): To ask the Scottish Executive what the estimated increase is in the NHS drugs bill for 2002-03. (S10-5230)

The Deputy Minister for Health and Community Care (Mr Frank McAveety): The increase from last year to next year will be 8.1 per cent.

Mr Raffan: Does the minister agree that, even with the welcome announcements of extra NHS funding, the large increase in the drugs bill—approaching £15 million in the three health boards in my region alone—is likely to be repeated in future and that it will put severe pressure on NHS boards? In view of the fact that the Minister for Health and Community Care appeared to rule out central funding of the drugs bill when I raised the issue last week, how does the Executive intend to respond to the increasingly serious situation so as to prevent further health service rationing and postcode prescribing?

Mr McAveety: As we made clear, we are not minded to change direction, so the member might be disappointed. Unified budgets contain sufficient funding to cover NHS prescribing costs.

Rhona Brankin (Midlothian) (Lab): I understand that in some health board areas there

is an intention to apply the Arbuthnott prescribing formula to the general uplift before it is passed to general practice. The outcome of that could be that some areas will get more and others less, irrespective of local experience. Will the minister consider whether the general practitioner prescribing budget could remain ring fenced within trusts while we try to understand whether the allocation method creates increased pressures for drug rationing in the areas that lose?

Mr McAveety: I would be happy to meet the member to discuss those issues and to consider what we should do in future.

Alex Neil (Central Scotland) (SNP): When will a decision be made about the ending of postcode prescribing for infliximab, particularly as two months ago the National Institute for Clinical Excellence south of the border made the decision to make the drug generally available?

Mr McAveety: I will look into the specific drug medicine that Alex Neil mentioned. There are sufficient resources to consider drug prescribing. If there are any problems throughout the country, we are happy to discuss those with members.

Local Authorities (Consultation)

11. Mr Keith Harding (Mid Scotland and Fife) (Con): To ask the Scottish Executive what procedures it has in place to consult with those local authorities that are not members of the Convention of Scottish Local Authorities. (S10-5202)

The Minister for Finance and Public Services (Mr Andy Kerr): Procedures for consultation depend on the issue at hand. Consultation on matters of collective local authority interest is carried out through COSLA and with individual councils on matters of local significance, as has been done in the past. All local authorities can make representations at any time.

Mr Harding: I thank the minister, but those councils can make representations only if they are aware that they can. The minister will be aware that Falkirk Council and Clackmannanshire Council were not informed of the £5 million for concessionary travel that councils could bid for. Glasgow City Council knew about it only through the Strathclyde Passenger Transport Authority. Will the minister do something to ensure that there is a level playing field for all councils?

Mr Kerr: As I said in my previous answer, matters of collective interest to local authorities are discussed with COSLA and distributed through the means that is agreed with COSLA. Those local authorities have not approached me individually on those matters.

**Dunbar Hospital, Thurso
(Accident and Emergency Services)**

12. Mr Jamie Stone (Caithness, Sutherland and Easter Ross) (LD): To ask the Scottish Executive what action it plans to take to reinstate accident and emergency services at the Dunbar hospital, Thurso. (S1O-5212)

The Deputy Minister for Health and Community Care (Mrs Mary Mulligan): It is very important that accident and emergency services—including the minor injuries service that is provided in Thurso—are accessible and safe. I understand that the minor injuries service has recently been withdrawn temporarily because of some concerns about patient safety. Highland NHS Board is working with the GPs and others involved to identify a basis on which the service can be resumed.

Mr Stone: That answer will be welcome in my constituency, because the service is vital. Does the minister agree that we should be not reducing services, but building on a sure foundation and increasing services in such remote rural areas?

Mrs Mulligan: The Executive is always keen to improve the services that are provided to the people of Scotland. We acknowledge the particular difficulties in remote and rural areas, which is why we have established the remote and rural areas resource initiative—RARARI—to consider such difficulties and find ways to address them.

Rhoda Grant (Highlands and Islands) (Lab): Given that pressures on remote and rural general practitioners led to the break in the accident and emergency service at Dunbar hospital, what steps is the Executive taking to address those problems, not only in Thurso, but throughout the Highlands and Islands?

Mrs Mulligan: As I said, RARARI is charged with identifying problems and developing solutions. Its recruitment and retention sub-group will report soon and I am sure that it will address some of the GP issues. The Executive has also supported several other interventions, such as inducement payment schemes and the associate allowance, which we hope will have an impact on the number of GPs who work in those areas.

**ME/Chronic Fatigue Syndrome
(Schoolchildren)**

13. Helen Eadie (Dunfermline East) (Lab): To ask the Scottish Executive how many schoolchildren currently suffer from ME and chronic fatigue syndrome. (S1O-5196)

The Deputy Minister for Health and Community Care (Mr Frank McAveety): That information is unavailable. Although estimates of

the prevalence of any given condition can usually be obtained through the returns that are made by a sample of Scottish general practices, it is unfortunate that the opportunity to provide that information is unavailable, because the number of cases that the sample practices have recorded is too low to allow a statistically reliable estimate to be made.

Helen Eadie: Will the minister investigate the research by Dr Betty Dowsett and Jane Colby, which suggests that more than 50 per cent of long-term schoolchildren's sickness absence is caused by ME, and that many pupils miss years of education?

Mr McAveety: I thank Helen Eadie for that. The Scottish Executive education department issued guidance on the education of children who are absent from school through ill health and it identified issues that relate to children who suffer from ME and CFS. We wish to develop work on primary care issues and I am happy to engage in local discussion to address those issues. We await the recommendations of the short-life action group, which will report in the summer, on ways to improve dialogue. This week, several members of the cross-party group in the Scottish Parliament on ME met people who suffer from ME, and I have given a commitment to meet them in June to discuss issues of mutual interest.

Robin Harper (Lothians) (Green): When we debated ME a few months back, I suggested that the Executive should research attitudes to ME in schools and the guidance on ME that schools' guidance departments share. Has the Executive progressed that idea?

Mr McAveety: As I said in response to Helen Eadie, the Executive's education department gave schools guidance last year on how to deal with some of the issues. That must be refined further. It would be sensible to await the outcome of the short-life action group's report and to address those issues in the further discussion that will take place with members of that group. I hope that that will be useful.

Marilyn Livingstone (Kirkcaldy) (Lab): As a member of the cross-party group on ME, I am concerned about young people who miss much of their schooling because they suffer from ME. What provision is the Executive making for young people who have long absences from school?

Mr McAveety: As I said, I am happy to open a discussion on that matter. If members have concerns about how youngsters who suffer from CFS or ME access school education—an important part of their life—we are happy to engage in dialogue on that in order to improve guidance and local ways of working to address such needs.

Scottish Crime Survey

14. Dr Sylvia Jackson (Stirling) (Lab): To ask the Scottish Executive how it will build on the fall in the fear of crime as reported in the 2000 Scottish Crime Survey. (S10-5240)

The Deputy Minister for Justice (Dr Richard Simpson): It is encouraging to see that, between the 1996 and 2000 Scottish crime surveys, the percentage of participants who described crime as an "extremely serious" issue in Scotland fell significantly from 44 per cent to 28 per cent. Although the fear of crime is falling, there remains a need to target areas of criminal activity that impact most on the everyday life of our communities.

Funding for the police service is now at record levels, as are police numbers. Recently, the police have agreed a set of new targets with a view to further reductions in crime. We have also introduced a £4 million annual award scheme for local-authority led community safety partnerships to address the community safety and crime issues that most affect those communities.

Dr Jackson: I am sure that the minister will join me in congratulating central Scotland police on the success of its safer central campaign. The force has exceptionally high detection rates—the figure for the Stirling Council area has reached 70 per cent, which is the highest in Scotland.

Following the success of the Freagarrach project in tackling persistent youth offenders in central Scotland, what other initiatives is the Executive pursuing to tackle that serious issue?

Dr Simpson: We have set new targets for detection of serious crime. The targets aim to increase by 4.1 per cent what are already record levels for detection of serious violent crime. Levels of detection are at their highest since 1939. The police are to be highly commended on that record.

A number of members have brought the problem of youth crime to our attention. Pilot test schemes are being run in partnership with a number of agencies. Those pilots include the CHIPs—courts hearings interface project—scheme in Edinburgh and schemes in Dundee, Aberdeen, North Ayrshire and Lanarkshire. All those schemes, which to an extent aim to address issues of reparation and restorative justice, are beginning to make an impact on youth crime in those areas. Their impact is evidenced by a drop in the number of persistent offenders coming before children's hearings from 890 two years ago to 790 last year. I am aware that there is a long way to go. However, in respect of the pilots, we will test what works and follow through in all other areas.

Dorothy-Grace Elder (Glasgow) (Ind): It is obvious that crime statistics are down, but is crime

down? There is a lot of evidence to show that many people do not report certain thefts unless they are insured. How does the Executive measure its claims for the fall in the rate of fear? Are pensioners no longer double-locking their doors? I do not think so.

Dr Simpson: The surveys, which began as small regional surveys, have been amalgamated into a Scottish crime survey, which has a proper scientific basis. There are individual instances in which old age pensioners are afraid, but the general level of fear has reduced. If I could quote one or two figures—

The Presiding Officer: One or two only, please.

Dr Simpson: One or two? I will choose one. There has been a 32 per cent reduction in housebreaking. The target is set for a further 10 per cent reduction in housebreaking. The need for people to feel that they must sit behind closed doors is decreasing and I hope that that will continue.

Bill Aitken (Glasgow) (Con): Is the minister aware that the most recent crime figures—not the two-year-old survey to which the question referred—show that the increase in the number of violent crimes in 1991 rose to an appalling 23,751. Apart from the anodyne response that the minister gave in response to the question, what does he intend to do about that?

Dr Simpson: I am sorry that Bill Aitken regards the reduction in crime that has occurred and the reduction in fear of crime as anodyne. The rise in the number of people carrying offensive weapons is the largest element in the increase in the figures. We will encourage the police to continue programmes such as Strathclyde police's spotlight initiative, in which offensive weapons are picked up. Those programmes lead to an increase in the number of charges that are brought and in the number of people who are convicted. We will continue with those programmes.

Johann Lamont (Glasgow Pollok) (Lab): Does the minister agree that there is an issue about persistent crime? The issue is certainly one that is reported to me by my constituents. I refer to persistent crime that is not even recorded. Will the minister comment on the fact that the police tell me that they do not regard it as worth while in terms of officer hours to refer offenders to the children's panel when no consequences ensue. What monitoring is being undertaken of the police's non-pursuit of offences? How do we record properly the level of persistent crime when we know that the police are not pursuing those crimes through the system? [Applause.]

Dr Simpson: Anecdotal evidence exists of the sort of crime to which Johann Lamont referred. We will discuss with the Association of Chief Police

Officers in Scotland whether there is evidence of police throughout the country not picking up youth offenders. I must say that the number of individuals who are being picked up for youth crimes has increased. Over the past 10 years, the number of persistent offenders who have been picked up and referred to children's hearings has increased by 40 per cent. Until last year, although the general level of crime has gone down, the number of persistent offenders who were brought in front of children's hearings went up. I accept that there is a problem in some areas. Those problems will be addressed.

First Minister's Question Time

Prime Minister (Meetings)

1. Mr John Swinney (North Tayside) (SNP):

To ask the First Minister when he next plans to meet the Prime Minister and what issues he intends to raise. (S1F-1906)

The First Minister (Mr Jack McConnell):

Before I answer the question, I ask Mr Swinney to pass on my best wishes to Mrs Ewing, who I believe underwent another operation yesterday. I am sure that that sentiment is shared by all members. [MEMBERS: "Hear, hear."]

I recently met the Prime Minister in Glasgow, where we celebrated the unveiling of a statue to the first First Minister of Scotland, the late Donald Dewar. I expect that we shall next meet in June, when we shall discuss the knowledge economy.

Mr Swinney: I thank the First Minister for his remarks regarding Margaret Ewing, which are very much appreciated by my colleagues and especially by her family.

Yesterday, the First Minister's official spokeswoman said that responsibility for youth crime has rested with the minister with responsibility for education since the days of Sam Galbraith. Will the First Minister remind Parliament who was the minister with responsibility for youth crime after Sam Galbraith?

The First Minister: Mr Swinney knows the answer to that question. If he had paid any attention last year, he would also know about the measures that we took to improve the action on youth crime not only of the Executive but of local authorities and other agencies. I hope that he will recall my visits to the secure accommodation centres in Ayrshire and Renfrewshire, one of which was doing an excellent job, although the other drastically needs new investment and modernisation. Secure accommodation is not the only issue for tackling youth crime; a number of other issues must also be addressed. That is exactly why a group of ministers across the Executive will now tackle the issue.

Mr Swinney: For once in his life, the First Minister is being unduly modest with Parliament. The previous minister with responsibility for education was, of course, our current First Minister. On the news at lunch time today, the First Minister admitted that youth crime policy is not working, and he is right. Sixty-six per cent of car theft is youth crime, 56 per cent of garage theft is youth crime, 44 per cent of vandalism is youth crime, and the First Minister standing before us today was the minister responsible for youth crime. Will the First Minister apologise to the

communities of Scotland for whom he has failed to deliver action on youth crime?

The First Minister: I am glad that Mr Swinney has quoted statistics from the document that I drafted before I finished as minister with responsibility for education. Those statistics were published in the document that Cathy Jamieson and I launched earlier this year, which was prepared during my time as Minister for Education, Europe and External Affairs.

I have no doubt that youth crime is an extremely serious issue the length and breadth of Scotland. Last year, it was important for us to ensure that the work of the secure accommodation advisory group, which was preparing future plans on secure accommodation, was refocused and to ensure that we paid due attention to the fact that there appear to be fewer secure accommodation places than are currently needed in Scotland. It was also important to invest, through our local authorities, in restorative justice programmes for young people, to ensure that, if young people are heading into a life of crime, they can be taken away from that avenue and pointed towards a more civilised form of behaviour.

We must also tackle the nub of the issue. There is a group of teenagers who are under 16 but for whom the children's hearing system does not appear to be sufficient. There is also a group of teenagers over 16 for whom a life of adult crime becomes inevitable as soon as they enter the adult criminal justice system. I am absolutely determined to tackle those serious and persistent young offenders. I have no doubt that, right across the Executive and in both parties in the coalition, we will see through that programme and make the difference that is required in every community in Scotland.

Mr Swinney: That is all very well, but I wonder where the First Minister has been for the past three years as youth crime has continued to go on in the communities of Scotland. Perhaps the answer lies in what the Scottish Executive has done. Since 1999, we have had a policy unit review on youth crime, a strategy session on youth crime, an advisory group on youth crime, a strategy on youth crime, which was delivered late, and an assessment of the strategy. Yesterday, a ministerial group to take stock was announced, and today there is total confusion about whether we are getting specialist youth courts or not. The First Minister had his chance as Minister for Education, Europe and External Affairs and he has had six months as First Minister. Does not he realise that it is a case of three strikes and you're out?

The First Minister: I have been First Minister for about six months and I do not recall Mr Swinney showing any interest in this topic, either

since November or before then. Slogans and cheap political points might be enough for the temporary leader of a permanent Opposition, but they are not good enough for Government. I intend to show leadership on the issue.

Youth crime is an issue in every part of Scotland that I have visited over the past few months and MSPs of all parties raise the matter in the chamber. Actions are under way, but in my view they are not enough. We will ensure that, rather than meet social workers and teachers who blame the police, or police officers who blame social workers, or both who blame the courts, or everybody who blames the state of our communities and our housing, we pull all those services and issues together. We will tackle youth crime with real action and we will ensure that the people of Scotland feel safer in their homes.

Cabinet (Meetings)

2. David McLetchie (Lothians) (Con): To ask the First Minister what issues will be discussed at the next meeting of the Scottish Executive's Cabinet. (S1F-1909)

The First Minister (Mr Jack McConnell): The Cabinet will be discussing ways to develop our partnership with local authorities.

David McLetchie: I thank the First Minister for that answer. I hope that, like Mr Swinney, I might have an opportunity to discuss youth crime, which has been already been referred to.

I remind the First Minister that two weeks ago he assured me at First Minister's question time that it was not the Executive's intention to take repeat offenders

"out of the courts system and place them in the hearings system."—[*Official Report*, 2 May 2002; c 11568.]

However, the Executive policy memorandum on the Criminal Justice (Scotland) Bill states that the pilots will include "persistent minor offenders". On radio this morning, the First Minister said that the hearings will be for only a small number of people, but the policy memorandum states that

"as many 16 and 17 year olds as possible would be referred to hearings rather than the courts."

What should we believe? The First Minister's soundbites or the Executive's official policy statement?

The First Minister: I do not have the policy memorandum in front of me, but I do not think that that is an accurate quote from it.

It is important to stress again today what I stressed two weeks ago. I hope that the police officers who were meeting today heard what I said. I understand that they have taken on board the point that was made. There is no intention in

this Executive—by any minister—to take those who are repeat serious offenders out of the formal justice system and use the children's hearings approach. If the studies are approved by Parliament, they will be in a limited area and will be for a very small number of people for whom, in the eyes of the fiscal, that is appropriate. That is the right and proper thing for us to do, because we need to find solutions to the problem.

That is only a small part of tackling the issue. Far too many teenagers in Scotland quickly become repeat serious offenders. We need to get them on programmes so that, as I heard one of them say on the radio this morning, they face up to what their victims faced and change their behaviour as a result. We must also ensure that there are enough secure accommodation places and other programmes so that young people can be taken off the streets and put out of sight, so that the people who they currently terrorise are no longer affected by their actions.

David McLetchie: I am glad that the First Minister is waking up in part to the problem, but he is now mixing his language. If he reads the *Official Report*, he will see that two weeks ago he talked about

"serious offenders or repeat offenders".—[*Official Report*, 2 May 2002; c 11568.]

Now he is talking about repeat serious offenders. There is a significant distinction there.

The quotes that I gave are to be found in paragraphs 233 and 236 of the policy memorandum on the Criminal Justice (Scotland) Bill. I recommend that the First Minister refreshes his memory. The First Minister's answers to the questions demonstrate that the whole policy on youth crime is in complete and utter disarray.

Mr McConnell walks around like John Wayne, talking tough and making up policies on the hoof. At the same time, he portrays Mr Wallace as some sort of hapless Frank Spencer on youth crime. Who is the First Minister trying to kid? People will take him seriously only when he demonstrates that he is taking the problem of youth crime seriously. If he is serious about a review of youth crime, will he, as a first step, drop the section of the Criminal Justice (Scotland) Bill that extends the children's hearing system to 16 and 17-year-olds on a pilot basis, so that we can have a proper review without prejudging the issue?

The First Minister: We should be clear that the bill proposes a limited number of studies. That is the only power that will be taken by ministers in the bill. It is wrong to misrepresent the position.

It is not true that the Executive has taken no action on youth crime. This winter, we allocated £23.5 million to local authority programmes to get

under-16s off the streets and to turn around their behaviour before they become criminal adults. A series of improvements in the courts system is planned, which will affect those who are over 16, and improvements are under way in the hearings system, which include new investment to ensure that the system works more effectively in addressing under-16s.

Those actions on a series of issues matter, but there is still a problem on our streets. In every community in Scotland that I visit, one of the first issues that is raised is people's concern not only about graffiti and vandalism—they are bad enough—but about serious disorder on the streets, which keeps people prisoners in their homes. We must ensure that we tackle that problem, which is why we must consider serious offenders in their early teens and those in their late teens. At present, those groups are covered by two different systems, but perhaps we can provide other solutions in the years to come.

Myalgic Encephalomyelitis

3. Mr John McAllion (Dundee East) (Lab): To ask the First Minister whether the Scottish Executive regards myalgic encephalomyelitis as a neurological illness. (S1F-1904)

The First Minister (Mr Jack McConnell): People with chronic fatigue syndrome/ME can have a variety of symptoms or conditions. The causes are uncertain but it has been suggested that immune, endocrine, neurological or other abnormalities are present in different cases.

Mr McAllion: Is the First Minister aware that medical text books have referred to ME as a neurological illness since the 1930s and that current discussion in the United States focuses on ME as an illness that affects all the body's systems, including the ones to which he referred, which were the nervous, endocrine and immune systems? Given that, will the First Minister say what he will do specifically to overcome the prejudice in the Scottish medical establishment that persists in labelling ME as a psychiatric or psychologically-based illness, thereby denying to ME sufferers the services and support that they desperately need but do not get in Scotland?

The First Minister: Mr McAllion makes a serious point. I know of his hard work on the issue as convener of the cross-party group in the Scottish Parliament on ME and also of the hard work of Mr Fergusson and other members. I reassure Mr McAllion that I treat CFS/ME as a very serious condition and that I expect those who are involved at every level of our health service to treat the condition in the same way. This morning the chief medical officer made it clear to me that he feels the same way. I assure Mr McAllion that I will make every effort to ensure that that message

is put out loud and clear.

Alex Fergusson (South of Scotland) (Con): I welcome the readiness of the new Deputy Minister for Health and Community Care and the First Minister to engage in serious debate on ME. Given the answers that they have both given today, can the First Minister deny any longer the overwhelming need for a clinic of excellence for ME to be established under the auspices of the national health service? Does he accept that, following the massive increases in funding in the NHS that he has promised, there is no longer any financial hurdle to the establishment of such a clinic? Does he realise that, by taking such a step, Scotland could lead the world in clinical research and curative measures to defeat ME, which costs the national economy more and more with every passing year's inactivity?

The First Minister: Research is on-going and, as Mr Fergusson will know, a short-life action group was set up following the report that was published this spring. It is important that we allow the action group to see its work through to its conclusions, which can be given due consideration by Parliament. I stress again that I view CFS/ME as a serious condition and that research is important. I am not yet convinced that a centre of excellence is the right way to go, but it is important that we have the action group, which involves a wide range of experts, and that it gives us serious recommendations on what we should do next.

Draft Communications Bill (UK)

4. Richard Lochhead (North-East Scotland) (SNP): To ask the First Minister whether the draft UK communications bill will have an impact on Scottish culture. (S1F-1915)

The First Minister (Mr Jack McConnell): Yes. Broadcasting and telecommunications are an important part of the culture of Scotland and broadcasters have a duty to reflect and promote the diversity of our national culture.

Richard Lochhead: Does the First Minister share the concerns that many people in Scotland have expressed that the draft bill poses a serious threat to regional broadcasting in Scotland because it will open the door to faceless multinational companies and allow them to take over the independent television network? Is the First Minister aware that the other devolved Administrations in the UK have made representations to the UK Government to secure a place on the board of the new regulator, the Office of Communications? Has he done the same to protect Scotland's interests? Will the First Minister ensure that the Scottish Government plays a full part in the debate on the bill and its impact on Scotland?

The First Minister: Yes. Not only have I made representations, I have done so twice. I have spoken to the Presiding Officer about the matter, because he has an interest in it. I have also spoken to the Secretary of State for Scotland. I intend to pursue the matter until final decisions are made.

Local Authorities (Funding Mismatch)

The Presiding Officer (Sir David Steel): I call Duncan McNeil to ask question 5.

I repeat: Duncan McNeil—question 5! [Laughter.]

5. Mr Duncan McNeil (Greenock and Inverclyde) (Lab): I did not expect to get in at all at number 5.

To ask the First Minister what steps the Scottish Executive is taking to correct any funding mismatch in respect of six local authorities as identified by Professor Arthur Midwinter. (S1F-1907)

The First Minister (Mr Jack McConnell): Those local authorities in Scotland whose funding is affected by low levels of council tax income, historic patterns in the distribution of Government grant and challenges that are related to rurality and urban deprivation have secured additional funding in recent years. Their future needs will be discussed during the spending review in 2002.

Mr McNeil: Does the First Minister accept that Professor Midwinter's report requires a response from the Executive and that a request from the affected councils for a meeting with the Minister for Finance and Public Services is reasonable? Will he assure me that that meeting will take place sooner rather than later?

The First Minister: The Minister for Finance and Public Services has already met most of the affected councils. I am sure that he would be happy to do so again in the course of the discussions that will take place over the next few months.

It is also important that we move on from the mistakes of the Tory years. We all said in 1995 that council reorganisation was rushed and was not properly thought through. It created situations, such as the mismatch in expenditure, that had to be rectified afterwards. Those were serious mistakes of Government policy at the time.

Over the years, the affected councils have received additional finance from Conservative Governments, Labour Governments and from the partnership Administration in Scotland to help to rectify the situation. However, there comes a time when we have to move on and base our spending plans on needs rather than on the mistakes of history.

Mr Duncan Hamilton (Highlands and Islands) (SNP): I welcome the First Minister's commitment to meetings between the Scottish Executive and the councils concerned. Will he confirm that the Scottish Executive's position is to dispute Arthur Midwinter's position that there is a funding mismatch? Does he realise that, for councils such as Argyll and Bute Council, that means council tax of £100 above the Scottish average and an increase in local government spending of 4 per cent below the Scottish average? Is not it embarrassing that, even though a Labour-supporting academic such as Arthur Midwinter has identified the problem, the First Minister will not admit that it exists?

The First Minister: As Mr Hamilton knows, I have had a keen interest in the position of Argyll and Bute Council ever since I was Minister for Finance. I played a role, along with Angus MacKay, in ensuring that Argyll and Bute Council received financial compensation for some of the difficulties that it faced in the spending review just two years ago.

Mr Hamilton's comments about Professor Midwinter are shocking. He is an independent academic, who has always put—

Mr Hamilton: He always agrees with the First Minister—but for once he does not.

The First Minister: It does not make sense for Mr Hamilton—or anybody else—to shout from the sidelines that Professor Midwinter always agrees with me, when he has just asked a question about the fact that Professor Midwinter does not agree with me. That is a particularly stupid remark from someone who has been offensive. It is wrong to question the comments of Professor Midwinter. He is an independent academic who has provided the Parliament with robust arguments that have allowed us to have decent debates in the years of devolution.

VisitScotland

6. Mary Scanlon (Highlands and Islands) (Con): To ask the First Minister whether VisitScotland is maximising tourism opportunities. (S1F-1912)

The First Minister (Mr Jack McConnell): VisitScotland seeks to market Scotland both at home and abroad, maximising the opportunities from our countryside, culture and heritage.

Mary Scanlon: Given that I did not get to use the supplementary question that I had prepared for question 15 at Executive question time, I will now use it for this question, which I did not expect to be reached.

Will the First Minister welcome the completion of the Great Glen walk, which runs for 73 miles from

Fort William to Inverness, and which, with the West Highland way and Speyside way, is one of Scotland's three premier walks? Would he like to join me on one of those walks? [MEMBERS: "Oh!"]

Will the First Minister look at VisitScotland's walkingwild website, which I understand now lists five members who run walking holidays, rather than listing the walks by area and degree of exertion required, which was much more helpful to visitors?

The First Minister: I have to say that the idea of a walk in the Highlands with Mary Scanlon is a bit more appealing than attending Miss World with Annabel Goldie. [Laughter.] It is always safer when she is not here.

I believe that, for health reasons, walking is important for both Scots and visitors from abroad and is an important part of our tourism marketing, as are the tourism opportunities in the Highlands as a whole. Indeed, Mike Watson was in Fort William this morning, launching another initiative for Highlands tourism. It is important that we support and promote walking throughout Scotland, the great opportunities that exist and the fantastic scenery of the Highlands. I would love to join Mary Scanlon in sharing one of those opportunities—if we ever find the time.

Maureen Macmillan (Highlands and Islands) (Lab): Does the First Minister agree that Glasgow's magnificent hosting of last night's champions league final has made it much more likely that we, in partnership with Ireland, will host the 2008 European football championships? Will the First Minister assure me that such large-scale projects to attract visitors to Scotland's cities will not divert support from rural tourism, which depends on more specialised niche markets such as eco-tourism?

The First Minister: Yes. I congratulate all those who were involved in the organisation of last night's champions league final in Glasgow. [Applause.] I congratulate not only the football authorities and national bodies that were involved—Glasgow City Council did Scotland proud last night and it deserves our congratulations.

I want to reassure Maureen Macmillan that rural tourism will continue to receive the priority that it currently receives—if not more so—from the Executive and VisitScotland and to assure her that our support for the bid from the Highlands to become European capital of culture is just as enthusiastic and energetic as our support for Euro 2008.

Point of Order

15:32

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): On a point of order, Presiding Officer. Not least in the light of the presence of our visitors in the distinguished visitors' gallery, will there be an early opportunity for the Minister for Justice to make a statement to the Scottish Parliament on the implications of today's announcement that the plaintiffs' appeals in the Fairchild case and other related cases have been unanimously successful in the House of Lords, offering justice to thousands of workers, their families and trade unions, so that we can hear what the implications are for the abbreviated procedures in the Court of Session?

The Presiding Officer (Sir David Steel): The Deputy First Minister will have heard what you have said. It is not up to me to decide when ministers make statements.

Golden Jubilee

The Presiding Officer (Sir David Steel): We come now to a debate on motion S1M-3103, in the name of the First Minister, on the golden jubilee, and one amendment to the motion.

15:33

The First Minister (Mr Jack McConnell): It is my privilege to move the motion of congratulations to Her Majesty the Queen on the occasion of her golden jubilee and, in doing so, to pay tribute to her work over the years and to the significant contribution that she has made to the society in which we live.

Fifty years ago, this was a very different country and a very different United Kingdom. Seven years had passed since the end of the second world war and, in 1952, national identity cards and the utility clothing scheme came to an end. This was a country that was coming to terms with the pain and damage of a war that had cost so much. It was a country that was coming to terms with the impact of that war on attitudes and expectations and that was taking the early steps to rebuild the economy and to improve the quality of life of its citizens.

Today our economy is more than three and a half times larger than it was in 1952. Productivity has more than doubled and the number of women working has risen by two thirds. Our country has changed in other important ways, too. Significant medical advances, improvements in our diet, the increased choices that are available to us and our standard of living have driven down infant mortality by a remarkable 79 per cent. Life expectancy has risen by more than eight years for both men and women and medical technology and the growing skill of our health workers has brought us the keyhole and transplant surgery that we now take as routine but that in 1952 were unheard of. The illness and disease that were commonplace in 1952—tuberculosis, smallpox and polio—have largely been eradicated by national inoculation programmes.

The 50 years since the Queen's accession have brought change and progress in every aspect of our lives—changes that our parents and grandparents could not, and did not, imagine. There has been change in the work that we do and how we do it. There has been progress in our health and education. Fifty years ago, no one had orbited this planet or set foot on another. Today, we have our first space-travelling tourist. Fifty years ago, television was a novelty that very few families had seen. Indeed, the first real rise in the number of televisions available was the result of

ordinary people wanting to watch the coronation of Her Majesty in 1953. Today, we have more than one television per household, video recorders and players, digital versatile discs, mobile phones, palmtops and—curse it though we do—the pager.

The progress of democracy has continued, too. Here in Britain and in this Parliament we have evidence of the significant progress that has been made in our democratic arrangements. We have moved from a United Kingdom that in 1952 still had colonies around the world to a United Kingdom that is playing a critical role both in a democratic European Union and in a Commonwealth of nations that have moved through terrible years of bloodshed towards prosperity, increased tolerance and mutual support.

I remember clearly the speech that Her Majesty made when opening this Parliament. She spoke of the trust and faith that she had in the Scottish people and in devolution. Her gift of the mace is a permanent symbol of that faith. The Queen drew confidence from the respect and admiration for Scotland that exists throughout the United Kingdom. She also reflected on the grit, determination and humour that characterised the contribution of Scots to the life of the United Kingdom. It was clear that Scotland holds a special place in her affections and those of her family.

Throughout the 50 years of massive and significant change that I have described, Her Majesty the Queen has provided this country and the Commonwealth with a constancy of purpose, a stability and a clarity of leadership that have proved invaluable. No one is immune from change. At different times in our private and public lives, all of us find the changes that we face difficult and challenging. For Her Majesty the Queen, it can be no different. However, by holding fast to the values of public service, commitment to duty, responsibility and compassion for others, she has shown that we can not only manage significant change, but embrace it and build from it renewed understanding and commitment to achieving our goals.

Today in the Parliament, it is important for us to reflect on the Queen's achievements over the years, to recognise the important and valuable contribution that she has made to our lives and the lives of people here and across the world and to congratulate her on the part that she has played in leading this country into a new century.

I move,

That the Parliament congratulates Her Majesty the Queen on the occasion of Her Golden Jubilee; expresses its gratitude for Her Majesty's outstanding public service and steadfast dedication to duty over half a century of immense change; affirms the respect that is held for Her

Majesty the Queen in Scotland, and looks forward with anticipation to the continuation of that long and close association on the occasion of Her Majesty's Golden Jubilee tour of Scotland later this month and Her visit to the Parliament in Aberdeen on 28 May.

15:37

Tommy Sheridan (Glasgow) (SSP): It may be hard to believe, but the Queen and I have certain things in common. Some members may recall that a number of years ago I was condemned as a tax dodger because I refused to pay my poll tax. Now the Queen has launched her own, one-woman, mass non-payment campaign by refusing to pay the £20 million inheritance tax that is due on her estate. I am sure that MSPs—particularly those who condemned me as a tax dodger for refusing to pay a £300 poll tax bill—will join me in condemning the Queen as a tax dodger and support my amendment, which calls on her to stump up the tax that she owes.

I am also sure that many MSPs—especially on the Labour and SNP benches—are squirming with embarrassment at the sycophantic, servile, forelock-tugging motion that their party leaders are asking them to support. Jack McConnell and John Swinney proudly describe themselves as modernisers. However, any genuine moderniser in the Parliament would back my amendment, which is about rejecting a feudal institution that is based on blood, ancestry and inherited privilege and power.

I will quote what a Scottish Labour politician said about the Queen's jubilee. He said:

"The throne is the symbol of oppression ... The throne represents the power of caste. Round the throne gather the unwholesome parasites. The toady who crawls through the mire of self-abasement to enable him to bask in the smile of royalty is ... the victim of a diseased organism".

Those are strong words. They are the words not of Tony Blair but of Keir Hardie, the founder of Mr McConnell's party. They come from his speech in 1897 on Queen Victoria's jubilee. Keir Hardie might have worn a cloth cap and sported a big beard, but he was a real modernising politician.

Keir Hardie was some 80 years ahead of Johnny Rotten and the Sex Pistols and more than 100 years ahead of Scotland's four main leaders today, who in the 21st century still fawn after an institution that was already well past its sell-by date in the 19th century. The royal family has a place in modern society, but I suggest that that place is in Madame Tussaud's or perhaps in the National Museum of Scotland next to the dinosaurs.

In the Parliament, we have heard moving renditions of songs that are anthems to democracy and egalitarianism: "A Man's a Man for a' that", which lampoons royalty and aristocracy, and "The

Freedom Come All Ye", with its vision of a Scottish republic in which all are equal. Let us not just sing songs about democracy and equality but stand up for genuine democracy and equality. I ask members to support the amendment.

I move amendment S1M-3103.1, to leave out from "congratulates" to end and insert:

"believes that the position of Her Majesty the Queen and the monarchy represent the worst excesses of the extreme inequality of wealth and power which undermine society as a whole; calls on Her Majesty the Queen to pay full inheritance tax on the estate left to Her by Her Majesty Queen Elizabeth the Queen Mother, and believes that Scotland's future is as an independent republic where the people are sovereign and are recognised as citizens, not subjects as is the case currently under our archaic and outdated monarchy arrangement."

15:41

Mr John Swinney (North Tayside) (SNP): Today, Parliament places on record its respect for Her Majesty the Queen's 50 years of public service through a motion of congratulations to mark her golden jubilee.

As the First Minister rightly said, in those 50 years there has been profound change in this country, in the United Kingdom and in the wider community. The British empire, which spanned the globe in the 1950s, no longer exists. The Commonwealth has emerged to draw democratic countries together in equality and in mutual respect. The United Kingdom has changed utterly and has pooled sovereignty with the European Union. Significant powers have been devolved to Assemblies in Cardiff and Belfast and to this Parliament in Edinburgh.

The Queen has recognised that change and has adapted to it. She has also recognised that change will be a constant. In her address to the Westminster Parliament last month, she signalled her desire to continue to adapt to that change.

All the changes to which I have referred have come about because of the democratic will of the people. We are privileged to meet in this Parliament and to have been brought here by the democratic will of our people. That democratic will is at the heart of our country, which is rooted in the sovereignty of the Scottish people. That principle gives the people of Scotland the power to decide how they should be governed both today and in future.

All of us who had the privilege of attending the Parliament's official opening on 1 July 1999 will never forget that historic and moving day. The Queen recognised the momentous significance of the occasion when she told the Scottish people:

"It is a moment rare in the life of a nation when we step across the threshold of a new constitutional age."

During that speech, she praised the qualities of the people of Scotland: co-operation, learning, entrepreneurial flair and national pride. She said that those and other Scottish traits ensured that Scotland enjoyed a special place in her affections.

The Queen's association with this country stretches far beyond the Parliament. She is currently patron of 620 charities and organisations, many of which are based here in Scotland. Therefore, it came as no surprise that public service and voluntary endeavour were chosen as one of the six key themes to characterise the jubilee celebrations. A record of public service has been implicit in all the work that the Queen has undertaken.

Throughout the past 50 years, the Queen has carried out her duties with dignity and dedication. I am sure that she has looked forward with warmth and anticipation to her golden jubilee, but we should recall that, for the Queen, this year will be touched with personal sadness. Parliament pays tribute to the Queen's many years of public service and recognises the respect in which she has been held over those 50 years.

15:45

David McLetchie (Lothians) (Con): I would very much like to associate the Scottish Conservative and Unionist Party with the First Minister's motion of congratulations to Her Majesty the Queen on her golden jubilee.

I am a pure Elizabethan, having lived all my life during the reign of Her Majesty. Indeed, I hope to celebrate my own golden jubilee in a few months' time—although I do not expect that to be an occasion for national rejoicing. However, the golden jubilee of Her Majesty most certainly is such an occasion.

In the past 50 years, Her Majesty has at all times carried out her constitutional role with unerring good judgment. The Queen has been, in every sense, a model constitutional monarch. Our living democracy owes much to her instinctive understanding of that rule and her deep love for our country. We therefore celebrate with gratitude 50 years of service to the people of Scotland, the United Kingdom and the wider Commonwealth.

Over those 50 years, the Queen has touched millions of lives through her visits and engagements, through her recognition of people of achievement and courage and through the hard work that she has carried out on behalf of the many charities and other organisations of which she is a patron. Her Majesty has set an admirable example of service to all generations and our regard for her outstanding service to our country has never been higher. Throughout the 50 years of profound social and economic change that the

First Minister identified in his speech, her constancy has symbolised the strength, stability and unity of the United Kingdom.

The Queen has a special connection with Scotland thanks to her mother's Scottish ancestry and her obvious affection for Scotland and its people. Indeed, she carried out her first official tour of Scotland with her parents back in September 1944 and performed her first opening ceremony in October of that year at the sailors home in Aberdeen. It is perhaps entirely appropriate that she will return to Aberdeen later this month to address the Scottish Parliament on her golden jubilee tour of Scotland.

Her Majesty's love of Scotland's countryside is demonstrated by her obvious enjoyment of annual holidays at Balmoral. She seems to thrive on our Scottish climate, which goes a long way towards explaining the warmth of feeling that people in Scotland have always had for her.

That high regard for Her Majesty is shared around the world because, through the Commonwealth, the Queen has made an enduring contribution to the lives of hundreds of millions of people around the globe. To Her Majesty, the Commonwealth has never been just another duty or the relic of an imperial past; it has been a deep and abiding personal interest founded on a conviction that that community of countries can be a force for good in the world in addressing some of the major issues of our time.

Throughout her reign, Her Majesty has lived with constant media interest, often at difficult times for her family. However, at all times, she has conducted herself with dignity and honour in a way that has won her our admiration. Never has that been more evident than this year, which saw the particularly painful loss of her mother and her sister. However, even when confronted with personal sadness, the Queen has never flinched from her public duty and has put her country and her people first.

Earlier this year, some critics predicted that there would be no interest in the golden jubilee, which they said would be a flop. I happily predict today that the Jeremiahs and the carpers will be proved utterly wrong by the scale of the celebrations that will take place throughout Scotland and the rest of the United Kingdom—a joyous demonstration of the loyalty of our people and the affection in which Her Majesty is held.

We in this chamber will always remember the central role that Her Majesty played in the opening ceremony of the Scottish Parliament. Her Majesty honoured us with her presence that day and will do so again when we meet in Aberdeen. I thank her for her service and devotion to our country over the past half century. Long may she continue to reign over us.

15:49

The Deputy First Minister and Minister for Justice (Mr Jim Wallace): On behalf of the Scottish Liberal Democrats, I add my support to the motion and offer our congratulations to Her Majesty on the occasion of her golden jubilee. In doing so, I am conscious that the Parliament has met twice in recent months to offer condolences to the Queen on the deaths of her sister, Princess Margaret, and her mother, Queen Elizabeth the Queen Mother. However, in the face of personal sadness, the Queen has been steadfast in her commitment to duty and service, which have been a hallmark of her long reign.

As others have said, 50 years is a remarkably long time. The Queen came to the throne two and a half years before I was born. In 1952, Winston Churchill was Prime Minister and there were still features of post-war austerity, including rationing. Who could have foreseen the dramatic changes that would take place in the half century that lay ahead? In 1952, the Queen reigned over colonies in almost every continent. Today, we have a Commonwealth of independent nations whose individual respect for the Queen is a reflection of her personal interest in and commitment to the idea—indeed, the ideal—of a Commonwealth. In 1952, the very thought of the President of Malawi or South Africa coming to address a Scottish Parliament lay in the realms of political dreams and visions.

When the Queen addressed us at the opening of the Scottish Parliament on 1 July 1999, she referred to the

“pragmatic balance between continuity and change”.

Surely her ability to achieve that pragmatic balance in political and constitutional relationships over half a century of dramatic change cannot be overestimated.

In that address, she also referred to the special qualities of Scotland, which occupy a special place in her and her family's affections. As the jubilee visit approaches, I recognise the special affinity between Scotland and the Queen. Her love for Balmoral and Deeside is renowned. It was at an early age, as Princess Elizabeth, that in 1944 she made her first official visit to Scotland. Later this month, she and the Duke of Edinburgh—whose own lifetime of service must surely also be recognised—will travel more than 1,000 miles around Scotland. That follows years and tens of thousands of miles of travelling around and visiting all parts of Scotland.

I well remember one of the earliest times that I saw the Queen, which was in 1975 when she visited my native town of Annan to open the police station. Twelve years later, as a member of Parliament, I had the privilege of meeting her in

Kirkwall when she came to unveil a new stained glass window in St Magnus cathedral. On both visits, substantial crowds turned out to greet her—a feature common to all such visits. Another notable feature of such visits over the years has been the number of people who have met her and have commented on her pertinent remarks, her informed observations and the real interest that she showed. Let us be honest—as politicians we know how difficult that can be at times. The fact that she has engaged with people and communities for more than 50 years and has invariably left them feeling much better for her visit is testimony to the gracious manner in which she has fulfilled her role as our Queen.

We now look forward to her coming to address the Parliament in Aberdeen on 28 May and Scotland looks forward to her opening our new Parliament building at Holyrood—whenever that might be. As her jubilee visit to our nation and her address to our Parliament approach, we can say that her qualities of integrity, decency and, above all, duty and gracious service have won in the hearts of so many Scots our affectionate respect for Elizabeth, Queen of Scots.

15:53

Cathie Craigie (Cumbernauld and Kilsyth) (Lab): I associate myself with the motion in the name of the First Minister and add my congratulations to the Queen on the occasion of her golden jubilee. Like the majority of members, I choose to ignore the amendment in the name of Tommy Sheridan. At every celebration there is always someone who goes a bit too far.

I look forward to meeting the Queen when she comes to join the celebrations in Falkirk at the official opening of the millennium wheel. In anyone's opinion, 50 years of service in any job is an achievement of which to be proud. The Queen would probably be the first to recognise the fact that she has led a privileged life, but I am sure that she would be the first to join me in congratulating the less-privileged people from the former mining communities of Croy and Queenzieburn, where in June community groups will celebrate their 50th anniversary. I am sure that she would offer her congratulations to Croy Celtic supporters club, which celebrates its 50th anniversary in June, and I know that she would offer her congratulations to Queenzieburn gala committee, which also celebrates its jubilee.

Those are very different celebrations in different communities, driven by different needs and different people. However, those people have served their communities over 50 years and I am sure that they would join me in congratulating the Queen on her golden jubilee.

The Presiding Officer: I congratulate the member on her ingenuity in keeping in order.

15:55

Murdo Fraser (Mid Scotland and Fife) (Con): I rise briefly to support the motion in the name of the First Minister and to oppose Mr Sheridan's amendment.

Her Majesty Queen Elizabeth has been a fine role model for the past 50 years. As the motion says, she is held in respect by the Scottish people. That may stick in the throat of the minority in Scotland who are republicans, but it is a fact. All the critics and carpers said that there would be no interest in the recent funeral of Her Majesty the Queen Mother, but the massive public reaction and the queues of people outside Westminster Hall waiting to view the Queen Mother's coffin while it lay in state far exceeded expectations. It is clear that there is a great reservoir of admiration for the monarchy.

The critics might have had a point had the monarchy made no attempt to modernise. However, the monarchy has modernised over the past decade—it is responsive, it has slimmed down and it even pays income tax. The Queen is not paying inheritance tax because that was the agreement that she reached with the Government of the day. It would be quite wrong to call for that agreement to be broken. The monarchy might reflect on the position for some future event, but it would be quite wrong to call for a retrospective imposition of inheritance tax at this stage.

Quite simply, the monarchy is popular. Her Majesty the Queen in particular commands respect throughout Scotland. Mr Sheridan's rather spiteful amendment typifies the politics of envy that are the hallmark of his party. Queen Elizabeth shall be remembered and admired in Scotland long after Mr Sheridan is forgotten. I ask members to reject his amendment.

15:56

Mr Mike Rumbles (West Aberdeenshire and Kincardine) (LD): I rise to oppose Tommy Sheridan's amendment. I am afraid that his amendment is typical of him: he put what he said quite well, but completely irrationally and ridiculously.

Let me highlight some of the ridiculous things that Tommy Sheridan has said in the chamber. He said that everyone who lives in rural Scotland should be connected to the public water supply and sewerage system. That supposedly practical idea displays real ignorance of rural Scotland. He said that the Scottish Socialist Party would have a transport system that connected every part of Scotland together with a maximum travelling time

of two hours—

The Presiding Officer: Order.

Mr Rumbles: What ignorance—what a travesty. Now Tommy Sheridan says that Her Majesty—

The Presiding Officer: That is better.

Mr Rumbles: He says that Her Majesty is responsible for undermining society as a whole. The only person who is trying to undermine society is Tommy Sheridan—what ignorance he displays of the Scottish people.

I know that my constituents in West Aberdeenshire value Her Majesty's outstanding record of public service and her dedication to public duty. I have nothing but contempt for Tommy Sheridan's amendment and I urge Parliament to reject it completely.

15:58

Gordon Jackson (Glasgow Govan) (Lab): I am neither by inclination nor in principle the most ardent monarchist in the world, but I thought that there was something quite inappropriate in Tommy Sheridan's amendment and his speech, although it was entertaining. I accept that legitimate discussions can take place about the monarchy, its future and its financial structure, but there is something almost churlish about trying to have that debate in the context of the motion.

I am even older than David McLetchie. Almost my first memory is of the Queen's coronation—members will not be surprised to learn that the lime jelly rings a bell for me. For the past 50 years, the Queen as an individual—never mind the institution—has been a key figure in our national life. None of us can deny that she has conscientiously worked hard at a difficult job over a long period.

I know that Tommy Sheridan will say that she has privileges—I agree. However, it is not for me to balance whether her privileges outweigh her responsibilities. It is clear that she has tried to discharge her duty—as she sees it—over a long period in the best interests of the nation.

For that long shift alone, she deserves our thanks and congratulations. Today's debate is an occasion for saying, "Thank you for that length of service." It is not an occasion for anything else. On that basis, it would be good if Mr Sheridan withdrew his amendment to allow us to say thanks for 50 years of service.

The Presiding Officer: That concludes the debate. The motion and the amendment will be put at 5 o'clock.

Tommy Sheridan: On a point of order, Presiding Officer. You started the debate three

minutes late and there are members who still wish to speak in support of the amendment.

The Presiding Officer: Order.

Tommy Sheridan: You have stopped the debate right on 4 o'clock. You are in danger of making the debate unbalanced.

The Presiding Officer: Even I must obey what the Parliament has decided. The Parliament decided that the next debate would start at 4 o'clock. It is now 4 o'clock and I am simply carrying out the instructions of the Parliament.

National Waste Strategy

The Presiding Officer (Sir David Steel): The next item of business is a debate on motion S1M-3105, in the name of Ross Finnie, on the national waste strategy, and two amendments to that motion.

16:02

The Minister for Environment and Rural Development (Ross Finnie): Waste, rubbish, refuse, or whatever one calls it, is not a glamorous issue, but waste of resources is one of the most pressing concerns that we must face up to if we are to achieve or move towards sustainable development.

For decades, reducing Scotland's waste has not been a priority. There have been laudable efforts to promote recycling, but it is regrettable that the vast bulk of household waste—92 per cent of it in 2001—is simply sent for landfill.

The Executive is committed to achieving sustainable waste management. We want Scotland to be a cleaner, safer and healthier place to live, and a place where squandering resources is unacceptable. In our first programme for government, we said that we would have a national waste strategy. A partnership approach to waste planning was established, which involved the Executive, local government, the Scottish Environment Protection Agency, industry, the community sector and other stakeholders.

The principles of our strategy are simple. Reducing waste is the best approach. The reuse of items that are currently consigned to the bin is the next principle of our strategy. Recycling materials or composting them into a useful product is the third option. Only where that is not possible is the extraction of energy recommended—I do not want incineration to be used as an easy alternative to landfill.

Rhona Brankin (Midlothian) (Lab): I welcome what the minister says about recycling. Does he agree that the application of the waste electrical and electronic equipment directive—the WEEE directive—is a huge task? Is he aware of McSence, the community business in my constituency that recycles computers? Would he or Mr Wilson be prepared to visit that business to observe the good work that it does?

Ross Finnie: I would have a genuine interest in seeing computers being recycled. I can think of nothing better than for many of the computers with which I have associations to be recycled. I am sure that Mr Wilson will be interested in taking up that offer.

The core of the strategy is the identification of the best practicable environmental option—the BPEO—for long-term waste management. That involves arriving at the right mix of techniques and taking into account all the relevant social, economic and environmental factors. Local knowledge is vital, as is participation by stakeholders. Therefore, local area groups were established to develop area waste plans.

The past two years have seen slow but steady progress in that regard. After careful analysis, discussion and public consultation, I am pleased to say that all 11 area waste groups have now produced their draft area waste plan. We have established the strategic waste fund to help local authorities to implement those plans. Many authorities have developed and expanded recycling and composting projects as a result of initial support from that fund, with encouraging results. Details of all 11 draft plans are now publicly available on the SEPA website. The draft plans emphasise waste reduction, recycling and composting. I repeat and emphasise that there will be no rush to burn waste.

The next step is the integration of the 11 plans into a national waste plan, which will include national targets against which progress may be assessed. That is not just a matter of adding together the 11 plans. It is vital to ensure that the plans are compatible, that economies of scale are secured, and that national goals are achievable. Integration is being co-ordinated by SEPA, which will prepare the plan for my approval by the end of this year. The Executive has established a group representing the Executive, SEPA and the Convention of Scottish Local Authorities to oversee the process, but just as area waste planning has involved stakeholders, it is vital that the finalisation of the national plan is an open process. As part of that, an integration progress report has today been published by SEPA on its website.

I have made it clear on other occasions that I will not simply pluck targets out of the air. I intend to base targets on thorough analysis of the best practicable environmental options that have arisen from the preparation of the 11 area waste plans. On that basis, the national waste plan will set challenging recycling and reduction targets for municipal waste and, subject to Parliament's approval of provisions for integrated waste management plans in the forthcoming local government bill, those targets will be mandatory.

Shona Robison (North-East Scotland) (SNP): The Tayside area waste plan sets out plans for the next 20 years. The minister will be aware of the problems with the Baldovie energy-from-waste incinerator, over which a major financial question mark is hanging. Should the situation go badly and

the plant not survive into the near future, what is plan B for the Tayside area waste plan?

Ross Finnie: There are two elements, as Shona Robison is aware. The first is to take the area waste plan and study its component parts. Shona Robison should remember that, we have not authorised any of the plans; we have not yet authorised the extent to which any energy-from-waste plan will be approved. The particular problem with the Baldovie incinerator is that it uses fluidised bed combustion techniques, which are interrupted by uneven flows of material. There are serious technical problems. We are aware of the situation. It is not just a question of balancing the total capacity of the plan. I am much more interested in authorising what is actually required, given that we have set a hierarchy, within which extraction of energy has a low priority. I will address that later.

Robin Harper (Lothians) (Green) rose—

Ross Finnie: If I may, I will make progress before taking a further intervention.

Many people are concerned that incineration could be grabbed as the quick fix to reduce landfill. As I have stressed, that is not our policy, and it is not what is emerging from the majority of the draft area waste plans. Our position is that energy from waste can be considered only as part of an integrated waste management solution. SEPA has today published draft guidelines on energy from waste, which set out how it will regulate energy-from-waste plants under the pollution prevention and control regime. In effect, that will mean that such plants will be granted authorisation only where their development complies with the national waste strategy.

Bruce Crawford (Mid Scotland and Fife) (SNP): I am grateful for that information, but I have some concerns. Does the minister share my concern that even with energy-to-waste plants, in effect we are burning the earth's resources? Can he guarantee that no recyclable material will enter energy-to-waste plants?

Ross Finnie: I am happy to respond to that. If Bruce Crawford refers to the guidelines he will see that mixed waste cannot be considered as part of energy waste plans. That is the whole purpose and thrust of the guidelines; I was anxious that that should be included. I think that it gives SEPA a much harder tool to apply to the test. There is not just a hierarchy of waste, but the requirements for that hierarchy must be met. As Bruce Crawford suggested, someone should not be able to lump recyclable materials into mixed waste and then say that they have got rid of the problem. According to SEPA's hierarchy, there cannot be mixed waste, because mixed waste would include recyclable material, which must be extracted. The

guidelines that SEPA has published today should be studied—the member may wish to come back to me on that issue. We have made a serious attempt to address the member's question.

So far, the emphasis has been on municipal waste, but we recognise that sustainable waste management must address all types of waste. We now have the 11 area waste plans and are moving towards the completion of the national waste strategy. To recognise the wider implications, I have established the Scottish waste strategy advisory group, which will comprise representatives from COSLA, SEPA, the Scottish Environmental Services Association, the enterprise agencies, the Institute of Wastes Management, Scottish Environment LINK, the Confederation of British Industry, the Recycling Advisory Group Scotland and REMADE Scotland. The group will meet for the first time in June to consider wider implications. That consideration will be based on the work that has been done.

I want to mention some problems, the first of which is the development of markets for recycled materials. The Executive supports REMADE Scotland and the Waste and Resources Action Programme in promoting recycling businesses. Today, I saw recycled glass being used as an advanced water filtration medium and achieving results that appeared to be as good as those obtained with traditional methods. We need more innovation in how we can use and harness recycled materials.

Engaging the business community in the national waste strategy is another challenge. Next week, a major new business waste minimisation project will be launched in north-east Scotland. Such initiatives clearly demonstrate that good waste management can also make good business sense.

Another issue is public awareness. We will depend on people to reduce, reuse and recycle. We know that the Scottish public want change. Recent surveys suggest that 83 per cent of people would be willing to participate in kerbside recycling. We need to capture that enthusiasm. The Scottish waste awareness group is doing an enormous amount and I look forward to seeing its campaign build on that work later this year. Members know of the Scottish Executive's do a little, change a lot campaign, which covers certain aspects of our lives, but we want to move forward and concentrate on waste.

The national waste strategy has set the framework for achieving sustainable waste management in Scotland. A key milestone will be passed with the completion of the national waste plan—the fruit of a partnership between the Executive, local government and SEPA—which will be vital.

I hope, now that area waste plans have been published, that all members and all who are engaged in the process will study the draft plans carefully and that there will be debate, consultation and input as we try to bring them together into a national waste programme. I hope that all members, in all their constituencies, will take on the cry that if we are to achieve the aims and objectives of the national waste strategy, we must make it clear to every constituent that they have a role to play in the process. They have a role to do a little and change a lot in respect of the appalling image that Scotland has and its recycling record, which is one of the worst. The Executive is determined to turn that around.

I move,

That the Parliament supports the Scottish Executive's commitment to sustainable waste management; commends the progress being made towards the establishment of a National Waste Plan by partnership working between the Executive, local government, the Scottish Environment Protection Agency and other stakeholders; welcomes the preparation of draft area waste plans to establish the best practicable environmental options for municipal waste management, and notes that all have a part to play in the reduction and better management of Scotland's waste.

The Deputy Presiding Officer (Mr George Reid): Members will be conscious that the debate is tight for time.

16:14

Bruce Crawford (Mid Scotland and Fife) (SNP): It was interesting to listen to the minister. He made a wide-ranging speech in a short time about where the Executive is going in respect of waste management in Scotland, and particularly in respect of issues relating to waste minimisation and kerbside collection.

I listened carefully to what the minister said about the area plans, which have just been finalised in a number of areas. I have in my hand the Tayside plan, which clearly says that, as far as Tayside is concerned, traditional mixed waste will go straight to the Dundee Energy Recycling Ltd energy-from-waste plant in Dundee. Perhaps the new regulations that are being sent to SEPA will sort that out. If those are the circumstances, Tayside's waste plan does not meet the criteria that have just been set by SEPA. It will be interesting to see how that develops.

It is a pity that much of what the minister said today, and the way in which he delivered it, was not reflected in the sense of his motion. When I first read the motion, I did a bit of a double-take. The question that it raised in my mind was, "Do ministers read what their civil servants prepare?" After listening to what the minister said today, I wonder how much attention was paid to the motion before it was lodged.

More important, do the ministers consider whether their motions reflect reality? Is it a prerequisite for ministers to believe what is written in their motions? Frankly, the Executive motion attempts to air-brush out of the picture any foundation of reality, unlike the minister's speech. The motion ignores the almost complete inertia that there has been in the United Kingdom on managing waste since the 1975 EEC waste directive. Of course, we had the 1999 EU landfill directive but it was the 1975 directive that dealt with the introduction of measures for the recovery of waste through recycling, reuse and reclamation.

Rhoda Grant (Highlands and Islands) (Lab): Will the member outline the Scottish National Party's position on recycling aggregates? Will he confirm whether the party's stance is the same as Alex Neil's, which is that the money should be used to improve the environment, or is it the same as Alex Salmond's, who said that the aggregates tax is

"a poll tax on chuckies"?—[*Official Report*, House of Commons, Westminster Hall, 13 March 2002, vol 381; c 308WH.]

Bruce Crawford: Anyone in Scotland who is prepared to support the aggregates tax does not understand the damage that it will do to the long-term sustainability of the environment. The number of road miles will increase as a result of the aggregates tax and that will create real difficulties.

Why does it take so long for this country to implement EU environmental directives to which it has signed up? If the problem is not with recycling, it is with the fridges mountain. In future, we will no doubt have similar problems with the directives on end-of-life vehicles, or waste electrical and electronic equipment—the proposed WEEE directive.

It is correct that we should recognise that partnership working has been going on. However, it is another thing to commend progress, as the motion does, particularly when that progress has been painfully slow. The minister accepted that today. It is also correct to welcome the preparation of waste plans to establish best environmental practice and the other motherhood-and-apple-pie ideas in the motion. It is a different matter to ignore the fact that the time scales for the production of area waste plans have slipped and slipped. I am, however, pleased that we now have draft plans in all areas.

To accept the terms of the Executive's motion, we have to divorce ourselves from the reality that is staring everyone in the face. There has been some progress on recycling, but it has been patchy and driven by leadership from individuals and individual communities instead of being led by the Government. There has been additional

Government support, but it pales into insignificance when set alongside the £50 million per annum of landfill tax that wings its way out of Scotland to the UK Treasury.

The most startling fact about the Executive's motion—unlike the minister's speech—is that there is not the slightest recognition that Scotland is at the bottom of the European recycling league. The Executive's commitment cannot be taken seriously until it demonstrates an appreciation of the scale of the challenge that Scotland faces to change its image as the rubbish coup of Europe.

That image has only been strengthened by the importing of waste from Northern Ireland to a landfill site near Lendalfoot. That flies in the face of the proximity principle, which says that waste should be treated or disposed of as close to its source as can be achieved, and which encourages communities to accept that the waste that they produce is their problem. Incidentally, that principle is at the forefront of the national waste strategy that the Executive signed in 1999.

To begin the process, we need mandatory targets as early as possible. I see from SEPA's national waste strategy integration progress report that SEPA has set a target that the minister could use as a mandatory target. We need to do more than just consider mandatory targets. Why cannot we consider establishing a recycling pathfinder scheme for Scotland that is based on an area waste plan area? That would allow test bedding of the most appropriate and cost-effective kerbside collection system and the development of recycling markets.

Further measures could be taken to stimulate the recycling market and deal with waste minimisation. For instance, obligations on producers could be introduced to increase the amount of recycled material that is used in products. A requirement could be placed on major waste producers to develop and introduce waste minimisation studies and report to SEPA on the waste that they produce. Obligations could be placed on companies to ensure that the design of products incorporates at the development stage waste minimisation principles, including the capacity to repair, reuse and recycle.

Those measures would begin to make a difference not only to the level of recycling, but to the market for such products. Much more can be done on waste minimisation, packaging, reuse, refurbishment and composting. All that we have called for requires more ambition and boldness than the Executive has displayed. We have been asked to settle for a wishy-washy motion that is divorced from reality.

I move amendment S1M-3105.1, to leave out from "supports" to end and insert:

"notes that in February 2000 the European Commission applied for a declaration that the UK had failed to fulfil its obligations in particular under Council Directive 75/442/EEC of 15 July 1975 on waste, and that the UK accepted this failure and the European Court of Justice found the UK (including Scotland) in breach of a number of waste related Directives; further notes that the National Waste Strategy was published in 1999 together with a commitment to the production of Area Waste Plans by the end of 2000 and that this target date was subsequently extended to a final deadline of March 2002; is concerned with the slow progress being made towards the better management of waste in Scotland, and believes that in order to speed up progress the Executive must firstly introduce mandatory targets, on an all Scotland basis, of 30% to 35% for recycling and composting of household waste by 2010."

16:21

John Scott (Ayr) (Con): We must examine why we need a national waste management plan. The reasons for that are not hard to find. In 1998, Scotland produced 15 million tonnes of waste, and that figure is rising. In 2001, only 6 per cent of waste was recycled, and the bulk of the rest went to landfill. Landfill resources are a scarce and declining asset in Scotland, so something must be done.

In 1991, the then Government set targets for waste recycling in the UK. One target was for 25 per cent of household waste to be recycled by 2000. We recycled 4.5 per cent by 2000, so not much progress has been made. The UK and Scotland are so far behind that it is possible to claim that that is an advantage. Scotland need not test strategies to address its problems—as we are so far behind, we can look around the world and copy best practice from pioneers.

We are playing catch-up with our waste strategy, which we must get right from now on. We and the Executive must seize the initiative and put in place targets and policies. We can no longer afford the luxury of fridge mountains rusting away all over Scotland in heaps that are the size of Holyrood. We must no longer encourage the incineration of waste, as time and technology have moved on, and better practice is available. Incineration must become the last resort for waste disposal. I welcome the minister's comments on that.

Instead, we must examine ways of reducing waste and dealing with it as a valuable commodity that is to be recycled, recovered or composted. To achieve worthwhile waste reduction, we must first note European policy and the European Union's environment action programme—the latest is called "Environment 2010: Our future, Our choice".

In practical terms, businesses will have to embrace the development of an integrated product policy that will minimise the life-cycle impact of products. That covers all stages in the product life cycle, from the extraction of natural resources,

design, manufacture, assembly, marketing, distribution, sale and use, to eventual disposal as waste or as recycled or recovered material. Businesses throughout Scotland must react to the challenges that that presents, but more important, to the job opportunities that recycling and recovery offer.

The Waste and Resources Action Programme—WRAP—is exploring the potential for markets for recycled or recovered materials throughout the UK. In that context, the concept of sustainable growth parks for recycling and waste recovery, which have been promoted by Alba Resource Recovery Ltd, must be carefully considered and evaluated.

Bruce Crawford: Will the minister give way?

John Scott: Since the member has called me a minister, I will give way.

Bruce Crawford: I am sure that the member does not wish to be associated with the Government on this occasion.

Do the Alba projects stand by the proximity principle that is laid down in the national waste strategy of 1999?

John Scott: I am reluctant to discuss the detail of a company in the Parliament. However, I believe that what the company proposes bears further examination.

Local authorities need to be offered encouragement in terms of guidance to help them address their problems. They also need to be given financial backing to help them to achieve solutions to them. Eleven draft area waste plans will need to be progressed in the context of the national waste plan. Perhaps we should be having the debate not today, but at the time of the publication of the national waste plan in the autumn.

Sarah Boyack (Edinburgh Central) (Lab): Will the member take an intervention?

John Scott: I am sorry, but I would like to get on.

The Deputy Presiding Officer: You have just over one minute, Mr Scott.

John Scott: The £50 million strategic waste fund that was given to local authorities to develop their area waste plans has to be recognised as a first step only—it is a building block. It is important that, wherever possible, key decisions are made at local level. That will bring into being a policy that has been created from the grass roots up, rather than one that was imposed by Holyrood.

Of course it is true to say that parliamentarians have to set targets and create the overall strategy. The Executive has been found wanting in that

respect in the past. However, the really important players in the strategy are not Governments, businesses and the local authorities; they are ourselves—the people of Scotland. Individually, we have to want to make the strategy work. Individually, we have to be prepared to take our bottles to bottle banks. We also have to be prepared to take our plastics, waste paper, old clothes and wood to the relevant recycling points.

In the near future, we would expect local authorities to be geared up to help us with that task. In the meantime, those of us who are committed to recycling have to set an example. Individually, yet collectively, we have to take ownership of the problem of waste disposal in order to deliver sustainable solutions. We have to be prepared to start to sort out our waste and our rubbish and start to treat it as an asset. By doing that, we will foster not only a sense of ownership of our problem, but a sense of ownership of our cities, towns, villages and countryside. The real prize will be a stronger sense of community. In turn, that will lead to stronger communities in which there is less vandalism, street crime and litter. A sense of pride in our environment and ourselves will come from the feeling that we are doing something to help the environment. That lesson can be observed across the world. That is the sort of leadership and example that Scotland wants from Holyrood. The Executive must not delay any further. It must start to get the show on the road.

I move amendment S1M-3105.3, to leave out from “commends” to end and insert:

“welcomes the preparation of draft area waste plans; regrets the slow progress being made towards ambitious recycling targets being set in the National Waste Plan; notes the need to build on work done already by local authorities, and recognises the need for community involvement and ownership of the problems of waste disposal at all levels to make a National Waste Strategy effective throughout Scotland.”

16:27

Bristow Muldoon (Livingston) (Lab): We are beginning to see the way in which all the parties in the Parliament are developing their green credentials. Some of the parties are more convincing than others. The conversion of the Conservatives to more green and sustainable policies is welcome. I recognise the long-standing green credentials of Robin Harper, the colleague who is sitting two rows in front of me. I also recognise the recent green credentials of the SNP, which has various recycling policies.

Bruce Crawford: Can I have a translator for Bristow please?

Bristow Muldoon: Bruce Crawford should not get too relaxed. I was thinking about the SNP's

recycling of its 1970s policies and in particular the recycling of the “penny for Scotland” policy for every one of the SNP’s current policies. This week’s SNP policy is to recycle its leaders.

First, we have to consider why the debate is required. Several other speakers have recognised that Scotland’s record on waste management compared with that of the vast majority of the developed world is poor. By 2001, only a little over 6 per cent of our waste, as collected by local authorities, was recycled or composted. That record is well behind the UK average—which is itself poor—and well outside the record of the United States, which is 30 per cent, and those of countries such as Germany, Switzerland and Austria, which are just below or just over 50 per cent.

John Scott said that, back in 1991, the Government set a target for the UK of recycling 25 per cent of household waste. It is quite obvious that Scotland, in common with the rest of the UK, has failed dismally to get anywhere near to achieving that target. At present, 92 per cent of household waste in Scotland is disposed of in landfill sites.

The figure of 92 per cent illustrates that we are recycling very little of our waste. We also have to think about why recycling is important. The answer to that question is that not to recycle would be to waste our limited natural resources. The decision not to recycle can cause considerable pollution and it contributes to the need to extract more minerals in certain parts of the world than would otherwise be the case.

The First Minister set an agenda recently to deliver environmental justice for communities in Scotland. In many cases, that is not happening at present.

The minister’s strategy is right and entirely consistent with the policies of the Labour party, as recently reaffirmed in our environment and transport policy document. However, I want to comment on some areas in which we need to move more quickly. The policy of adopting the national waste strategy is correct, as are the development of area waste plans and the commitment to set mandatory targets for local authorities so that they can reduce landfill and increase the use of recycling and composting at local level. That commitment is important and builds on existing overall targets for municipal waste reduction and landfill use.

In explaining why we must move faster, I want to draw on some of the existing experiences, particularly in local authorities, on which much of the debate has concentrated. At the moment, only seven of our 32 local authorities achieve even 10 per cent recycling of household waste and a

couple more are approaching that level. I commend those councils.

I would like to draw to members’ attention a local authority that has had a fairly poor record in that regard in the past—the local authority in my own area, West Lothian Council. By 2001, the council had achieved only 3.4 per cent of recycling or composting. Having highlighted that poor performance, I would like to mention a pilot project that the council embarked on in 2001, which is supported by the Executive and which points the way forward. Around 7,500 West Lothian households are now using a three-bin system—one for plastics, papers and cans, one for compostable waste and one for general household waste. As a result of that system of separating waste at household level and collecting and recycling it, more than 30 per cent of waste from those households is now recycled.

Given the shortage of time, I will not be able to address the question of businesses. However, I would like to ask the deputy minister to respond to my concern that we do not have time to wait until all the current area plans are assessed before we support the fuller development of initiatives such as the one that I have highlighted. If we support those projects earlier, we can move towards achieving the aspirations of many within and outwith the Parliament and of many environmental organisations. If we can deliver resources to local authorities to allow them to develop waste strategies, we can deliver true environmental justice in Scotland.

The Deputy Presiding Officer: I am grateful to those members who have withdrawn from the debate. Even so, we are terribly pressed for time, with only eight minutes for three speakers, so speeches should last a maximum of three minutes. I call Robin Harper.

16:32

Robin Harper (Lothians) (Green): I would like a commitment from the Executive to have a much longer debate on waste management before Christmas. It is simply not satisfactory to have a debate lasting only one hour on a major paper that has been available for a day and a SEPA paper that we first saw at 2 o’clock this afternoon.

The main problem is the production of waste in the first place. I would like the minister to consider adopting a zero-waste strategy in the national waste plan. The Executive should set out now to work steadily towards reducing the generation of waste at source and to increase the amount of waste that is recycled. Incinerators cannot be a part of that. I certainly welcome the publication by local authorities of their area waste plans, some of which, particularly Highland Council’s, are very

good indeed. Several of those plans clearly demonstrate the economic and environmental benefits of waste minimisation and recycling as the alternative to incineration and dumping in landfills. Other plans are not quite so encouraging.

I am concerned that there has been insufficient guidance from the Executive, both for local authorities and for SEPA, that would ensure that we get a national waste plan that is based on truly sustainable options. As soon as the minister mentions the phrase “economies of scale”, the hair on the back of my neck starts to bristle, because that means incinerators and energy to waste. Instead, the Executive’s current approach may result in the amount of waste that we have to deal with increasing still further. We are importing it from Ireland at the moment, for goodness’ sake. That approach may result in the building of new waste incinerators across Scotland and continuing low levels of waste recycling.

In January, I used the only parliamentary debating time that the Green party has had this year to raise the issue of the massive jobs potential that would exist if the Executive were to facilitate the transition from a throwaway society to a genuinely resource-efficient society. I am pleased to hear that the Executive has finally come round to the idea of national targets and is preparing to legislate for them. I hope that there will be a nationwide target and that the target set will be comparable to those in other parts of Europe and will be linked to waste reduction targets.

The Executive must send a clear message to all local authorities that they must increase their recycling rates. I ask the minister whether he will set a mandatory target for local authorities to recycle at least 35 per cent of household waste by 2010, and increase that target. I believe that the National Assembly for Wales has set a target of 60 per cent recycling by 2013. If Wales can do that, we should be able to do it.

I am most concerned that community recycling stakeholders, such as McSence and the British Trust for Conservation Volunteers action recycle programme, are not sufficiently funded or sufficiently consulted on the national waste plan. As far as I can see, the SEPA progress report that was published two hours before the debate fails to mention—unbelievably—the Community Recycling Network Scotland. Communities currently provide the bulk of recycling in Scotland. The national waste plan must include mandatory consultation with the community-based recyclers and they must have access to the strategic waste fund. That fund must be increased, I suggest to at least £150 million. I ask the Executive whether they are prepared for the huge volume of car tyres and electronic goods that will come our way very soon.

16:36

Mr Adam Ingram (South of Scotland) (SNP): I will be as brief as possible.

On Thursday 9 December 1999, Sarah Boyack, then the Minister for Transport and the Environment, stated that, as far as waste was concerned,

“We are a long way behind our counterparts”—[*Official Report*, 9 December 1999; Vol 3, c 1342.]

Regrettably, we are still nowhere near catching up with our European counterparts. We have moved very little since the minister made that statement. Some may say that things have got worse since that statement was made as we now accept waste from other parts of the UK. I have recently corresponded with the minister on the waste that has been transported from Ireland to a landfill site at Lendalfoot in South Ayrshire. He informed me that that is outwith his control, as it is perfectly acceptable for waste from other areas of the UK to be transported and dumped in Scottish landfills. I believe, as do many others, that that makes a mockery of the national waste strategy for Scotland, which, along with the waste management strategy in Ireland, is based on the proximity and self-sufficiency principles.

What is the point of Scottish councils and consumers cutting down on the waste that they dispose of by landfill and engaging in more recycling when we can be used as a dumping ground by other areas of the UK, especially when those areas have their own capacity to deal with waste and should be doing so? I urge the minister to look into the situation at Lendalfoot and particularly to consider whether the company is complying with the conditions of its licence.

The so-called Alba Resource Recovery proposals also cause me deep alarm. Interestingly, Alba Resource Recovery is a subsidiary of the well known opencast coal mining operator, Scottish Coal. I presume that the link between coal mining and waste disposal is a large hole in the ground. The prospect of massive waste management centres being established in East Ayrshire and in Fife horrifies me. Huge quantities of municipal waste from several councils would be transported to one local site for waste treatment and disposal. I suppose that it has the attraction of improving recycling rates at one fell swoop. However, that type of initiative will do nothing to change behaviour in the way that is needed to minimise waste at its origin. It will also visit more environmental injustice on areas such as Cumnock and Doon Valley, whose development opportunities have been and continue to be blighted by environmentally damaging economic activity. No jobs or dirty jobs—that is some choice.

16:39

Des McNulty (Clydebank and Milngavie) (Lab): We have not been short of targets or pious aspirations on waste management since 1975. However, we have been short of progress towards achieving some of the targets. The national waste strategy and, in particular, the progress on the area waste plans represent the first positive sign in dealing with what Robin Harper rightly highlighted as being a poor situation in Scotland.

We need a blend of legislative requirements and economic incentives if the strategy is to work effectively. Talking about the strategy has not achieved much; we need levers to force change.

Fiona McLeod (West of Scotland) (SNP): Will the member give way?

Des McNulty: No, I have only a few minutes.

One measure is to find better strategies for avoiding waste in the first place. We need to consider how to minimise the packaging that we receive in supermarkets or when we buy any kind of commodity. The issue is not just about making biodegradable packaging; we should ensure that a minimum amount of packaging is used and that there are strategies at stores to recover packaging and to dispose of it before it gets to people's houses. We need practical strategies for recycling. What is the point in separating out our rubbish if it is all gathered together and chucked into the back of the same van? We might have different coloured bags, but if they all go into the same vehicle to be taken to a landfill dump, that does not make any practical difference.

I represented the Summerston ward in Glasgow, which is where most of Glasgow's waste is buried. The problem is not just what to do with the waste this year, next year and the year after. There is the serious issue of how to deal with the dumps that already exist. Waste is not only a problem for the future; there is a problem with the accumulated waste from the past.

There are new measures that we can take to dispose of waste. Not all incineration is wrong. There must be a blend of different approaches to waste removal. The strategy of chucking waste on to the back of a lorry and then into a landfill site is no longer viable. We must change our mindset and engage people, individually, in communities and at local authority and national levels. I want the minister to reassure me that SEPA will pull the approaches together and begin to make a real difference. A lot of progress is required.

16:42

Nora Radcliffe (Gordon) (LD): I was born just after the war, but I can remember rationing and the mindset that nothing should be wasted. During

the war, everyone on the home front understood that waste was an issue and took pride in actions to prevent or avoid waste, because those actions were contributions to the war effort. We are still fighting a war—it is a war against climate change and the irresponsible depletion of the world's resources. Somehow, we must re-engage the individual in that war. The front line in the war is the top line in the waste hierarchy—the battle to reduce waste. The next line of defence is the local authorities, which have the task of dealing with waste, and SEPA, which must ensure safe waste disposal. I commend the Scottish Executive's methodology in putting together a national waste plan by starting at local level with the area waste management plans and building the national plan from them.

I want to flag up three matters of concern. The first is a failure in the system that was set up to tackle excessive packaging. The Wastepack Group Ltd, which runs one of the major Scottish compliance schemes for the packaging waste regulations, failed to meet its targets by a huge margin. The company dealt with less than 60 per cent of the waste tonnage with which it should have dealt. That was bad enough, but it has emerged that the company could not have met its obligations even if it had purchased all the spare packaging waste recovery notes that were available in the marketplace. That is possibly why SEPA did not exercise more stringent sanctions against Wastepack, but other waste compliance companies are understandably aggrieved that a competitor seems to have got away with thousands of pounds' worth of obligation.

The second matter of concern is that it seems to be commercially attractive for a council in Northern Ireland to ship its waste to an Ayrshire landfill site. Why is that and what needs to be changed? The situation flies in the face of the proximity and self-sufficiency principles.

The third matter of concern is whether anything is being done to prepare for the implementation of the end-of-life vehicles directive. We were caught on the hop with fridge-freezers; I would hate to see stockpiles of cars waiting to be dealt with. It may be that someone somewhere is well on the way to setting up the structures that we need to avoid stockpiles, but I would be a lot happier if I knew about it, particularly as I am the owner of a G-registration Fiat Uno, which—touch wood—continues to run, but which cannot go on indefinitely.

There are hopeful signs. Producers and manufacturers are beginning to identify what they are wasting and what it costs them. That is a real driver for change. If we go with SEPA's suggestion that waste collection and disposal charges be identified separately on council tax bills,

householders will begin to realise that what they put in their bins costs them. That too will be a driver for change.

We have an appalling record at the moment, but it is a starting point. Where can we finish? The United States of America is not necessarily an environmental model, but it went from 8 per cent recycling in 1990 to 32 per cent in 2000. New Jersey went from less than 10 per cent recycling to more than 60 per cent in 10 years. If it can, we can. In current parlance, it is doable—let's do it.

16:45

Mr Jamie McGrigor (Highlands and Islands) (Con): Argyll and Bute Council was one of the first to finalise a proper waste plan, which it is now implementing. That has been an enormous task, but it appears to have been successful because there has been good leadership and all concerned have worked as one. The benefit of having a single area plan is enormous, but it will take a big culture shift to make producers of waste accept the responsibility for dealing with it.

We must realise that the full costs of providing modern services are not recoverable. Efforts must be made to persuade private companies that, by altering their production to a sustainable approach with less waste, they might achieve savings for their businesses. Public companies must set an example—less waste, more profit.

The strategic waste fund is clearly inadequate to fund all area waste plans. Does the Executive intend to provide the funding that is necessary to implement the plans in full later this year? The plans need to be closely scrutinised to ensure that local authorities with large rural areas are not unduly penalised.

In my speech in the debate on environmentally sustainable employment and recycling on 24 January, I echoed the words of Hendy Pollock of Highland Council: "no targets without markets". It may be that those markets are now coming. Glass is being used for aggregate instead of smelting. There is a genuine, worldwide market for recycled paper products, although prices are extremely volatile, which makes budgeting difficult indeed. Recently, recycled cardboard rose in price overnight from £20 to £30 per bail, but the price can fall just as easily.

At £100 per tonne, the cost of landfill is expensive, so other methods must be used. Western Isles Council is doing a great job. It is using recycled products and creating jobs in the islands. At Bennadrove, the council has a new machine to bail old cars, which get sent to the fragmentiser in Inverkeithing. It has an accredited glass reprocessor and recycled glass is being used as bedding for land drains. Its recycled paper

is sold to crofters and farmers in the islands for animal bedding. Recycled cans are bailed and sent away. Aluminium cans fetch 10 times the price of steel cans—there is surely a message for drinks producers in that. Polythene and plastics are the most difficult to get rid of. When will someone produce a biodegradable plastic bag?

New regulatory standards may make current landfill sites prohibitively expensive to sustain in rural areas. Are those standards truly necessary in some Highlands and Islands areas in which they have never been needed before? I suggest that imagination should be used in their interpretation. Otherwise, unrecyclable rubbish will have to be transported at a very heavy cost to the public and the environment.

16:48

Fiona McLeod (West of Scotland) (SNP): I agree with Robin Harper and a couple of other speakers that the debate is far too short. The topic is far too important for us to try to cram it into one hour. On the other hand, I ask the minister why, exactly, we are having the short debate today. When I saw it in the business bulletin, I thought that the Government might give us its targets at last. We have been waiting for those targets since the Executive published its waste strategy in 1999. Three years on, the minister says to us, "Maybe by Christmas, maybe by the end of the year I will give you some targets." We are having a very short debate on a very important topic, but we are not moving the issue on one iota.

The topic is very important. It is estimated that each household in Scotland produces 1 tonne of rubbish per annum—an enormous amount. As the minister pointed out, something like 94 per cent of that household rubbish goes straight into holes in the ground. That is not a sustainable way to manage our country's waste. It raises health concerns, of which I am sure the minister is aware. At least two reports have been produced recently on the effect that living near a landfill site has on health, especially the health of children. That is one of the drivers for saying that we must move on from landfill. There are also many worries about environmental degradation and damage, with leachates from landfill sites going into our water courses.

It is not only an important topic, but an urgent one. The landfill directive has to be met by 2010, which is less than eight years away. The minister and his colleagues have been the Government for three years, but we have not moved forward at all, so how can we expect him to make such a huge leap in the next eight years?

The Lothian and Borders draft area waste plan states:

"By 2020, municipal solid waste in the Lothians and Borders could increase by 60%".

For that reason, we cannot keep putting things off, talking about next year or next month. We are already living with the consequences of failing to understand the EC directive on fridges: we have a fridge mountain.

I ask the minister a simple question: with the commitment to waste minimisation and to moving away from landfill, why is Scottish Enterprise not actively seeking to support facilities here in Scotland in order to deal with those fridges? We have a nonsensical, absurd situation in which fridges are sent from, I think, either Aberdeen City Council or Aberdeenshire Council down to Manchester, but not to be disposed of—simply to be stored. We must do something about that. The minister's record is not great, nor is his leadership.

John Scott: Neither Fiona McLeod nor Bruce Crawford has mentioned targets. In its amendment, the SNP makes some play of the

"mandatory targets ... of 30% to 35% for recycling and composting".

How did the SNP arrive at those figures? Where did it get its information?

Fiona McLeod: That information is based on international evidence of what countries such as Switzerland and Denmark can do. As the minister said, we are fortunate in Scotland in that we have 11 area waste plans and a lot of effort has been put in to examining the problem. A 30 per cent to 35 per cent mandatory target is entirely achievable, but if that is not made a target, nobody will work their plans to achieve it. That is why I say that targets are so essential.

At the moment, 4.5 per cent of waste is recycled, which is a completely and utterly unsustainable amount. The minister used his lovely wee slogan, "do a little, change a lot." I would say that the slogan for the present Government should be "do a little, change not a jot." We need action, not never-ending consultation. We do not need empty slogans. Also, we need to keep revenue from landfill tax here. Spending £50 million per annum on looking into recycling would ensure that we achieve something here in Scotland.

The Deputy Presiding Officer: I call on Allan Wilson to wind up for the Scottish Executive. You have seven minutes, minister.

16:52

The Deputy Minister for Environment and Rural Development (Allan Wilson): I will do my best. I start with the caveat that in seven minutes I cannot cover all the points that have been raised, but I am happy to visit projects wherever they be—

in Midlothian, Dundee or elsewhere—to see for myself. There is no monopoly of wisdom within the Scottish Executive on waste management policy and procedure. I am happy to learn, as is my colleague Ross Finnie, of successful recycling schemes and to roll those out as best practice.

Two themes have emerged, which I would like to stress: progress and partnership. Contrary to the previous speech, the Executive has a thorough grip on the waste issue and is delivering incremental progress. I think that Bruce Crawford admitted as much in his contribution, if grudgingly.

The Executive delivered a national waste strategy in 1999, as promised in the first programme for government. We have established the strategic waste fund to help local authorities implement their plans. Eleven draft area waste plans are now available, and the national plan, which is awaiting ministerial approval, will come out later this year.

I will respond to the requests of Robin Harper and other members for further debating opportunity. We welcome that. We want to debate progress towards our targets.

Bruce Crawford: Could the minister tell me how many deadlines were set for the production of area waste plans?

Allan Wilson: The point that I am making, which I hope will be appreciated throughout the chamber—even if not by Bruce Crawford—is that we are making progress towards the delivery of our national waste plan and our national strategy. That is delivering progress, which I think is accepted outwith the chamber, if not by the nationalists.

Fiona McLeod: Will the minister give way?

Allan Wilson: I cannot allow myself to be diverted from the important issues that other members have raised to chase the nationalists' red herrings.

I emphasise the partnership element in the work that we are discussing. The development of the national waste strategy has been and is an inclusive process. Before preparing the strategy, SEPA consulted widely. The area waste plan process involved a wide range of stakeholders in decision making. I welcome the contribution that members have made to that process. The Executive would like important issues such as waste to be dealt with in that way. If we are to improve our performance on waste, everybody must be involved.

Critically, that means that the Westminster Administration must be involved. There is no nation-state solution to this problem. Later I will deal with Northern Ireland, to which Fiona McLeod referred. I refer members to the work that we are

doing on the end-of-life vehicles directive. The Executive will shortly reduce the 71 days' notice that local authorities must give before removing an abandoned vehicle. It is true that the UK has missed the transposition deadline for the directive, but there is no nation-state solution to that problem. If more rigorous controls were introduced in Scotland, Scotland would simply become a depository for end-of-life vehicles from England. We must work in partnership with the Westminster Government on that.

The same applies to compulsory deposit schemes. Realistically, those can be implemented only on a UK-wide basis. We must examine carefully the detail of any scheme to ensure that it complies with UK standards [*Interruption.*]

The Deputy Presiding Officer: There is too much chatter and burbling. I ask members to keep the noise level down.

Allan Wilson: The introduction of a plastic bag tax would have implications for the UK as a whole. We are watching developments in Ireland closely. I discuss with Michael Meacher and other ministers with responsibility for the environment the prospects for greater efforts being made in Scotland on that score. However, wholesale recycling cannot be achieved overnight.

Dorothy-Grace Elder (Glasgow) (Ind): Cattle incineration has not been mentioned in the debate. Does the minister approve of cattle being incinerated in the heavily populated east end of Glasgow? There is officially a high risk that those cattle are infected with BSE, and there have been 100 pollution incidents in 10 months. Will the minister urge SEPA to stop allowing persistent offenders to reopen their facilities? Will he declare against cattle being incinerated in Glasgow, the only city on which that practice has been foisted?

Allan Wilson: I have been in correspondence with Dorothy-Grace Elder and with the constituency member for the east end of Glasgow, because I share many of the concerns that have been expressed about the operation of the incinerator to which she refers. I take on board the points that the member makes and I have been in contact with SEPA about them. SEPA will not renew licences or grant authorisation for incineration unless it is convinced that appropriate environmental measures are being taken to protect the health of the citizens of the east end of Glasgow. I would expect nothing less from that organisation.

Several members have mentioned Northern Ireland. The transport of waste within the UK is perfectly legal. Waste is a commodity, like everything else.

Mr McGrigor: Does the minister accept that in some island communities the new standards for

landfill sites may make burying waste so expensive that it would be cheaper to export it by ferry, and that that would be a daft solution to the problem?

Allan Wilson: Yes. As I said, the transport of waste within EU member states is perfectly legal. The Executive is committed to the principle of proximity. The Northern Ireland Administration's waste management strategy contains a similar commitment. I understand that the necessary treatment and disposal capacity will become available once regional waste plants have been established in Northern Ireland. There is a solution to the problem that members have highlighted and progress is being made towards achieving that.

John Scott and other members mentioned the Alba proposals for major waste recycling centres. The guidance on best environmental practice states that, if new proposals are in force that have not been considered in an area waste plan, the developer should carry out an assessment to show that its proposals are better. However, when we integrate the area waste plans to produce the national plan, we will also consider the potential for such schemes.

Bristow Muldoon raised an important question about how local authorities will access the strategic waste fund. Local authorities can already apply for access to that fund. Indeed, some have already done so. However, as we must be sure that the plans fit in with best environmental practice, we will need to consider in each case whether the application must wait for the national plan to be finalised.

The same principle applies to the Executive's position on the pathfinder waste reduction schemes. Bruce Crawford is simply wrong. In 2001-02, we distributed £3 million to local authorities to fund pathfinder recycling schemes.

In the limited time available, I am unable to deal with the many contributions that were made during the debate, but I will be happy to take up Robin Harper's suggestion that we return at a future date to debate the issue more thoroughly.

Let me conclude on this note. It is right that waste is an issue about which we should all be concerned. Waste is crucial to sustainable development and to environmental justice. Dorothy-Grace Elder's point about landfill sites was well made. Landfills tend to be sited nearest to those who are already disadvantaged. There is a social justice element to the issue that we must include in all our considerations. That is why, instead of the arbitrary targets that are promoted by the nationalists, we have stressed that we need a defined process to identify the best environmental option. I commend the motion to members on that basis.

Parliamentary Bureau Motions

17:02

The Presiding Officer (Sir David Steel): I appeal for the careful attention of members. There are six motions from the Parliamentary Bureau. If no one wants to object to any of them, I will ask Euan Robson to move them all in one go.

As everyone is happy is with that, I ask Euan Robson to move the motions.

Motions moved,

That the Parliament agrees that Rule 13.6.2 and Rule 13.6.3 of the Standing Orders be suspended for the meeting of the Parliament on Thursday 30 May 2002.

That the Parliament agrees that the draft Air Quality (Scotland) Amendment Regulations 2002 be approved.

That the Parliament agrees the following nominated committee substitutes for the Scottish Conservative and Unionist Party as permitted under Rule 6.3A—

Miss Annabel Goldie	Audit Committee
Murdo Fraser	Education, Culture and Sport Committee
Mr David Davidson	Enterprise and Lifelong Learning Committee
Mr Jamie McGrigor	Equal Opportunities Committee
David Mundell	European Committee
Mr Keith Harding	Finance Committee
Ben Wallace	Health and Community Care Committee
Bill Aitken	Justice 1 Committee
Lord James Douglas-Hamilton	Justice 2 Committee
John Young	Local Government Committee
Phil Gallie	Procedures Committee
Mrs Lyndsay McIntosh	Public Petitions Committee
John Scott	Rural Development Committee
Keith Harding	Social Justice Committee
Alex Johnstone	Standards Committee
Brian Monteith	Subordinate Legislation Committee
David Mundell	Transport and the Environment Committee.
That the Parliament agrees the following nominated committee substitutes for the Scottish National Party as permitted under Rule 6.3A—	
Duncan Hamilton	Audit Committee
Fiona McLeod	Education, Culture and Sport Committee
Fergus Ewing	Enterprise and Lifelong Learning Committee

Michael Matheson

Winnie Ewing

Andrew Wilson

Brian Adam

Kay Ullrich

Roseanna Cunningham

Tricia Marwick

Richard Lochhead

Irene McGugan

Alasdair Morgan

Sandra White

Mike Russell

Kenny MacAskill

Bruce Crawford

That the Parliament agrees the following nominated committee substitutes for the Liberal Democrat Party as permitted under Rule 6.3A—

Jamie Stone

Robert Brown

John Farquhar Munro

Nora Radcliffe

Tavish Scott

Keith Raffan

Ian Jenkins

Margaret Smith

Donald Gorrie

Robert Brown

Iain Smith

Mike Rumbles

George Lyon

Keith Raffan

Ian Jenkins

Mike Rumbles

Iain Smith

That the Parliament agrees that Elaine Thomson be appointed to the Finance Committee.—[*Euan Robson.*]

Equal Opportunities Committee

European Committee

Finance Committee

Health and Community Care Committee

Justice 1 Committee

Justice 2 Committee

Local Government Committee

Procedures Committee

Public Petitions Committee

Rural Development Committee

Social Justice Committee

Standards Committee

Subordinate Legislation Committee

Transport and the Environment Committee.

Audit Committee

Education, Culture and Sport Committee

Enterprise and Lifelong Learning Committee

Equal Opportunities Committee

European Committee

Finance Committee

Health Committee

Justice 1 Committee

Justice 2 Committee

Local Government Committee

Procedures Committee

Public Petitions Committee

Rural Development Committee

Social Justice Committee

Standards Committee

Subordinate Legislation Committee

Transport and the Environment Committee.

Decision Time

17:02

The Presiding Officer (Sir David Steel): I have 14 questions to put to the chamber for decision time, so I will concentrate.

The first question is, that amendment S1M-3106.1, in the name of Nicola Sturgeon, which seeks to amend motion S1M-3106, in the name of Malcolm Chisholm, on investment and reform in health and community care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Ullrich, Kay (West of Scotland) (SNP)
 Welsh, Mr Andrew (Angus) (SNP)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)

Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 28, Against 76, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The second question is, that amendment S1M-3106.3, in the name of Mary Scanlon, which seeks to amend motion S1M-3106, in the name of Malcolm Chisholm, on

investment and reform in health and community care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Aitken, Bill (Glasgow) (Con)
Davidson, Mr David (North-East Scotland) (Con)
Douglas-Hamilton, Lord James (Lothians) (Con)
Fergusson, Alex (South of Scotland) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Harding, Mr Keith (Mid Scotland and Fife) (Con)
Johnstone, Alex (North-East Scotland) (Con)
McGrigor, Mr Jamie (Highlands and Islands) (Con)
McIntosh, Mrs Lyndsay (Central Scotland) (Con)
Mundell, David (South of Scotland) (Con)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Tosh, Mr Murray (South of Scotland) (Con)
Wallace, Ben (North-East Scotland) (Con)
Young, John (West of Scotland) (Con)

AGAINST

Adam, Brian (North-East Scotland) (SNP)
Alexander, Ms Wendy (Paisley North) (Lab)
Baillie, Jackie (Dumbarton) (Lab)
Barrie, Scott (Dunfermline West) (Lab)
Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brown, Robert (Glasgow) (LD)
Butler, Bill (Glasgow Anniesland) (Lab)
Canavan, Dennis (Falkirk West)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Crawford, Bruce (Mid Scotland and Fife) (SNP)
Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
Eadie, Helen (Dunfermline East) (Lab)
Ewing, Dr Winnie (Highlands and Islands) (SNP)
Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
Fabiani, Linda (Central Scotland) (SNP)
Ferguson, Patricia (Glasgow Maryhill) (Lab)
Finnie, Ross (West of Scotland) (LD)
Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
Gibson, Mr Kenneth (Glasgow) (SNP)
Godman, Trish (West Renfrewshire) (Lab)
Gorrie, Donald (Central Scotland) (LD)
Grahame, Christine (South of Scotland) (SNP)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (Edinburgh Pentlands) (Lab)
Hamilton, Mr Duncan (Highlands and Islands) (SNP)
Harper, Robin (Lothians) (Green)
Henry, Hugh (Paisley South) (Lab)
Home Robertson, Mr John (East Lothian) (Lab)
Hughes, Janis (Glasgow Rutherglen) (Lab)
Hyslop, Fiona (Lothians) (SNP)
Ingram, Mr Adam (South of Scotland) (SNP)
Jackson, Dr Sylvia (Stirling) (Lab)
Jackson, Gordon (Glasgow Govan) (Lab)
Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
Kerr, Mr Andy (East Kilbride) (Lab)
Lamont, Johann (Glasgow Pollok) (Lab)
Livingstone, Marilyn (Kirkcaldy) (Lab)
Lochhead, Richard (North-East Scotland) (SNP)
MacAskill, Mr Kenny (Lothians) (SNP)
Macdonald, Lewis (Aberdeen Central) (Lab)
MacDonald, Ms Margo (Lothians) (SNP)
Macintosh, Mr Kenneth (Eastwood) (Lab)

MacKay, Angus (Edinburgh South) (Lab)
Maclean, Kate (Dundee West) (Lab)
Macmillan, Maureen (Highlands and Islands) (Lab)
Martin, Paul (Glasgow Springburn) (Lab)
McAllion, Mr John (Dundee East) (Lab)
McAveety, Mr Frank (Glasgow Shettleston) (Lab)
McCabe, Mr Tom (Hamilton South) (Lab)
McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
McGugan, Irene (North-East Scotland) (SNP)
McLeish, Henry (Central Fife) (Lab)
McLeod, Fiona (West of Scotland) (SNP)
McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
McNeill, Pauline (Glasgow Kelvin) (Lab)
McNulty, Des (Clydebank and Milngavie) (Lab)
Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
Morrison, Mr Alasdair (Western Isles) (Lab)
Muldoon, Bristow (Livingston) (Lab)
Mulligan, Mrs Mary (Linlithgow) (Lab)
Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
Murray, Dr Elaine (Dumfries) (Lab)
Neil, Alex (Central Scotland) (SNP)
Paterson, Mr Gil (Central Scotland) (SNP)
Peattie, Cathy (Falkirk East) (Lab)
Radcliffe, Nora (Gordon) (LD)
Raffan, Mr Keith (Mid Scotland and Fife) (LD)
Reid, Mr George (Mid Scotland and Fife) (SNP)
Robison, Shona (North-East Scotland) (SNP)
Robson, Euan (Roxburgh and Berwickshire) (LD)
Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
Russell, Michael (South of Scotland) (SNP)
Scott, Tavish (Shetland) (LD)
Sheridan, Tommy (Glasgow) (SSP)
Simpson, Dr Richard (Ochil) (Lab)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Smith, Mrs Margaret (Edinburgh West) (LD)
Stevenson, Stewart (Banff and Buchan) (SNP)
Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
Swinney, Mr John (North Tayside) (SNP)
Ullrich, Kay (West of Scotland) (SNP)
Wallace, Mr Jim (Orkney) (LD)
Welsh, Mr Andrew (Angus) (SNP)
Whitefield, Karen (Airdrie and Shotts) (Lab)
Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 15, Against 90, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The third question is, that motion S1M-3106, in the name of Malcolm Chisholm, on investment and reform in health and community care, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Alexander, Ms Wendy (Paisley North) (Lab)
Baillie, Jackie (Dumbarton) (Lab)
Barrie, Scott (Dunfermline West) (Lab)
Boyack, Sarah (Edinburgh Central) (Lab)
Brankin, Rhona (Midlothian) (Lab)
Brown, Robert (Glasgow) (LD)
Butler, Bill (Glasgow Anniesland) (Lab)
Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
Deacon, Susan (Edinburgh East and Musselburgh) (Lab)

Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Adam, Brian (North-East Scotland) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Canavan, Dennis (Falkirk West)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (South of Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)

Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North-East Scotland) (Con)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 McGregor, Mr Jamie (Highlands and Islands) (Con)
 McGugan, Irene (North-East Scotland) (SNP)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Mundell, David (South of Scotland) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Tosh, Mr Murray (South of Scotland) (Con)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Ben (North-East Scotland) (Con)
 Welsh, Mr Andrew (Angus) (SNP)
 Young, John (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 61, Against 43, Abstentions 0.

Motion agreed to.

That the Parliament welcomes the Scottish Executive's commitment to sustained investment in health; agrees that investment must be accompanied by reform that is focused on the needs and expectations of patients and service users; acknowledges the progress that has already been made by the National Waiting Times Unit and looks forward to further improvements; supports a collaborative approach to reform which involves patients, staff and the wider public; welcomes the priority attached to dealing with delayed discharge and hospital-acquired infection, and believes that improving health and tackling health inequalities in both urban and rural Scotland should be central features of the reform agenda.

The Presiding Officer: The fourth question is, that amendment S1M-3103.1, in the name of Tommy Sheridan, which seeks to amend motion S1M-3103, in the name of the First Minister, on the golden jubilee, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Canavan, Dennis (Falkirk West)
 Sheridan, Tommy (Glasgow) (SSP)

AGAINST

Adam, Brian (North-East Scotland) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)

Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North-East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Ms Margo (Lothians) (SNP)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McGugan, Irene (North-East Scotland) (SNP)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McLeod, Fiona (West of Scotland) (SNP)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)

Robison, Shona (North-East Scotland) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Russell, Michael (South of Scotland) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Swinney, Mr John (North Tayside) (SNP)
 Tosh, Mr Murray (South of Scotland) (Con)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Welsh, Mr Andrew (Angus) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

ABSTENTIONS

McAllion, Mr John (Dundee East) (Lab)

The Presiding Officer: The result of the division is: For 2, Against 101, Abstentions 1.

Amendment disagreed to.

The Presiding Officer: The fifth question is, that motion S1M-3103, in the name of the First Minister, on the golden jubilee, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North-East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)

Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Harper, Robin (Lothians) (Green)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Ms Margo (Lothians) (SNP)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McGugan, Irene (North-East Scotland) (SNP)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McLeod, Fiona (West of Scotland) (SNP)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Russell, Michael (South of Scotland) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Swinney, Mr John (North Tayside) (SNP)
 Tosh, Mr Murray (South of Scotland) (Con)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Welsh, Mr Andrew (Angus) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)

Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

AGAINST

Canavan, Dennis (Falkirk West)
 Sheridan, Tommy (Glasgow) (SSP)

ABSTENTIONS

McAllion, Mr John (Dundee East) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)

The Presiding Officer: The result of the division is: For 101, Against 2, Abstentions 2.

Motion agreed to.

That the Parliament congratulates Her Majesty the Queen on the occasion of Her Golden Jubilee; expresses its gratitude for Her Majesty's outstanding public service and steadfast dedication to duty over half a century of immense change; affirms the respect that is held for Her Majesty the Queen in Scotland, and looks forward with anticipation to the continuation of that long and close association on the occasion of Her Majesty's Golden Jubilee tour of Scotland later this month and Her visit to the Parliament in Aberdeen on 28 May.

The Presiding Officer: The sixth question is that amendment S1M-3105.1, in the name of Bruce Crawford, which seeks to amend motion S1M-3105, in the name of the Ross Finnie, on the national waste strategy, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Adam, Brian (North-East Scotland) (SNP)
 Canavan, Dennis (Falkirk West)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Ullrich, Kay (West of Scotland) (SNP)
 Welsh, Mr Andrew (Angus) (SNP)

AGAINST

Aitken, Bill (Glasgow) (Con)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)

Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Davidson, Mr David (North-East Scotland) (Con)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Fergusson, Alex (South of Scotland) (Con)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Johnstone, Alex (North-East Scotland) (Con)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Mundell, David (South of Scotland) (Con)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)

Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)
 Young, John (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 28, Against 77, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The seventh question is that amendment S1M-3105.3, in the name of John Scott, which seeks to amend motion S1M-3105, in the name of Ross Finnie, on the national waste strategy, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

FOR

Aitken, Bill (Glasgow) (Con)
 Canavan, Dennis (Falkirk West)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Fergusson, Alex (South of Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Harper, Robin (Lothians) (Green)
 Johnstone, Alex (North-East Scotland) (Con)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 Mundell, David (South of Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Tosh, Mr Murray (South of Scotland) (Con)
 Wallace, Ben (North-East Scotland) (Con)
 Young, John (West of Scotland) (Con)

AGAINST

Adam, Brian (North-East Scotland) (SNP)
 Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grahame, Christine (South of Scotland) (SNP)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Hyslop, Fiona (Lothians) (SNP)

Ingram, Mr Adam (South of Scotland) (SNP)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 MacDonald, Ms Margo (Lothians) (SNP)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McGugan, Irene (North-East Scotland) (SNP)
 McLeish, Henry (Central Fife) (Lab)
 McLeod, Fiona (West of Scotland) (SNP)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Russell, Michael (South of Scotland) (SNP)
 Scott, Tavish (Shetland) (LD)
 Sheridan, Tommy (Glasgow) (SSP)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Swinney, Mr John (North Tayside) (SNP)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Mr Jim (Orkney) (LD)
 Welsh, Mr Andrew (Angus) (SNP)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

The Presiding Officer: The result of the division is: For 17, Against 88, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The eighth question is, that motion S1M-3105, in the name of Ross Finnie, on the national waste strategy, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Alexander, Ms Wendy (Paisley North) (Lab)
 Baillie, Jackie (Dumbarton) (Lab)
 Barrie, Scott (Dunfermline West) (Lab)
 Boyack, Sarah (Edinburgh Central) (Lab)
 Brankin, Rhona (Midlothian) (Lab)
 Brown, Robert (Glasgow) (LD)
 Butler, Bill (Glasgow Anniesland) (Lab)
 Canavan, Dennis (Falkirk West)
 Chisholm, Malcolm (Edinburgh North and Leith) (Lab)
 Craigie, Cathie (Cumbernauld and Kilsyth) (Lab)
 Deacon, Susan (Edinburgh East and Musselburgh) (Lab)
 Eadie, Helen (Dunfermline East) (Lab)
 Ferguson, Patricia (Glasgow Maryhill) (Lab)
 Finnie, Ross (West of Scotland) (LD)
 Fitzpatrick, Brian (Strathkelvin and Bearsden) (Lab)
 Godman, Trish (West Renfrewshire) (Lab)
 Gorrie, Donald (Central Scotland) (LD)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (Edinburgh Pentlands) (Lab)
 Henry, Hugh (Paisley South) (Lab)
 Home Robertson, Mr John (East Lothian) (Lab)
 Hughes, Janis (Glasgow Rutherglen) (Lab)
 Jackson, Dr Sylvia (Stirling) (Lab)
 Jackson, Gordon (Glasgow Govan) (Lab)
 Jamieson, Cathy (Carrick, Cumnock and Doon Valley) (Lab)
 Jamieson, Margaret (Kilmarnock and Loudoun) (Lab)
 Jenkins, Ian (Tweeddale, Ettrick and Lauderdale) (LD)
 Kerr, Mr Andy (East Kilbride) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Livingstone, Marilyn (Kirkcaldy) (Lab)
 Macdonald, Lewis (Aberdeen Central) (Lab)
 Macintosh, Mr Kenneth (Eastwood) (Lab)
 MacKay, Angus (Edinburgh South) (Lab)
 Maclean, Kate (Dundee West) (Lab)
 Macmillan, Maureen (Highlands and Islands) (Lab)
 Martin, Paul (Glasgow Springburn) (Lab)
 McAllion, Mr John (Dundee East) (Lab)
 McAveety, Mr Frank (Glasgow Shettleston) (Lab)
 McCabe, Mr Tom (Hamilton South) (Lab)
 McConnell, Mr Jack (Motherwell and Wishaw) (Lab)
 McLeish, Henry (Central Fife) (Lab)
 McMahon, Mr Michael (Hamilton North and Bellshill) (Lab)
 McNeil, Mr Duncan (Greenock and Inverclyde) (Lab)
 McNeill, Pauline (Glasgow Kelvin) (Lab)
 McNulty, Des (Clydebank and Milngavie) (Lab)
 Morrison, Mr Alasdair (Western Isles) (Lab)
 Muldoon, Bristow (Livingston) (Lab)
 Mulligan, Mrs Mary (Linlithgow) (Lab)
 Munro, John Farquhar (Ross, Skye and Inverness West) (LD)
 Murray, Dr Elaine (Dumfries) (Lab)
 Peattie, Cathy (Falkirk East) (Lab)
 Radcliffe, Nora (Gordon) (LD)
 Raffan, Mr Keith (Mid Scotland and Fife) (LD)
 Robson, Euan (Roxburgh and Berwickshire) (LD)
 Rumbles, Mr Mike (West Aberdeenshire and Kincardine) (LD)
 Scott, Tavish (Shetland) (LD)
 Simpson, Dr Richard (Ochil) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Smith, Mrs Margaret (Edinburgh West) (LD)
 Stone, Mr Jamie (Caithness, Sutherland and Easter Ross) (LD)
 Wallace, Mr Jim (Orkney) (LD)
 Whitefield, Karen (Airdrie and Shotts) (Lab)
 Wilson, Allan (Cunninghame North) (Lab)

AGAINST

Adam, Brian (North-East Scotland) (SNP)
 Aitken, Bill (Glasgow) (Con)
 Crawford, Bruce (Mid Scotland and Fife) (SNP)
 Davidson, Mr David (North-East Scotland) (Con)
 Douglas-Hamilton, Lord James (Lothians) (Con)
 Ewing, Dr Winnie (Highlands and Islands) (SNP)
 Ewing, Fergus (Inverness East, Nairn and Lochaber) (SNP)
 Fabiani, Linda (Central Scotland) (SNP)
 Fergusson, Alex (South of Scotland) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Mr Kenneth (Glasgow) (SNP)
 Grahame, Christine (South of Scotland) (SNP)
 Hamilton, Mr Duncan (Highlands and Islands) (SNP)
 Harding, Mr Keith (Mid Scotland and Fife) (Con)
 Harper, Robin (Lothians) (Green)
 Hyslop, Fiona (Lothians) (SNP)
 Ingram, Mr Adam (South of Scotland) (SNP)
 Johnstone, Alex (North-East Scotland) (Con)
 Lochhead, Richard (North-East Scotland) (SNP)
 MacAskill, Mr Kenny (Lothians) (SNP)
 MacDonald, Ms Margo (Lothians) (SNP)
 McGrigor, Mr Jamie (Highlands and Islands) (Con)
 McGugan, Irene (North-East Scotland) (SNP)
 McIntosh, Mrs Lyndsay (Central Scotland) (Con)
 McLeod, Fiona (West of Scotland) (SNP)
 Morgan, Alasdair (Galloway and Upper Nithsdale) (SNP)
 Mundell, David (South of Scotland) (Con)
 Neil, Alex (Central Scotland) (SNP)
 Paterson, Mr Gil (Central Scotland) (SNP)
 Reid, Mr George (Mid Scotland and Fife) (SNP)
 Robison, Shona (North-East Scotland) (SNP)
 Russell, Michael (South of Scotland) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Sheridan, Tommy (Glasgow) (SSP)
 Stevenson, Stewart (Banff and Buchan) (SNP)
 Swinney, Mr John (North Tayside) (SNP)
 Tosh, Mr Murray (South of Scotland) (Con)
 Ullrich, Kay (West of Scotland) (SNP)
 Wallace, Ben (North-East Scotland) (Con)
 Welsh, Mr Andrew (Angus) (SNP)
 Young, John (West of Scotland) (Con)

The Presiding Officer: The result of the division is: For 63, Against 42, Abstentions 0.

Motion agreed to.

That the Parliament supports the Scottish Executive's commitment to sustainable waste management; commends the progress being made towards the establishment of a National Waste Plan by partnership working between the Executive, local government, the Scottish Environment Protection Agency and other stakeholders; welcomes the preparation of draft area waste plans to establish the best practicable environmental options for municipal waste management, and notes that all have a part to play in the reduction and better management of Scotland's waste.

The Presiding Officer: The ninth question is, that motion S1M-3108, in the name of Patricia Ferguson, on the suspension of standing orders, be agreed to.

Motion agreed to.

That the Parliament agrees that Rule 13.6.2 and Rule 13.6.3 of the Standing Orders be suspended for the meeting of the Parliament on Thursday 30 May 2002.

The Presiding Officer: The 10th question is, that motion S1M-3111, in the name of Patricia

Ferguson, on the approval of statutory instruments, be agreed to.

Motion agreed to.

That the Parliament agrees that the draft Air Quality (Scotland) Amendment Regulations 2002 be approved.

The Presiding Officer: The 11th question is, that motion S1M-3117, in the name of Patricia Ferguson, on substitution on committees, be agreed to.

Motion agreed to.

That the Parliament agrees the following nominated committee substitutes for the Scottish Conservative and Unionist Party as permitted under Rule 6.3A—

Miss Annabel Goldie	Audit Committee
Murdo Fraser	Education, Culture and Sport Committee
Mr David Davidson	Enterprise and Lifelong Learning Committee
Mr Jamie McGrigor	Equal Opportunities Committee
David Mundell	European Committee
Mr Keith Harding	Finance Committee
Ben Wallace	Health and Community Care Committee
Bill Aitken	Justice 1 Committee
Lord James Douglas-Hamilton	Justice 2 Committee
John Young	Local Government Committee
Phil Gallie	Procedures Committee
Mrs Lyndsay McIntosh	Public Petitions Committee
John Scott	Rural Development Committee
Keith Harding	Social Justice Committee
Alex Johnstone	Standards Committee
Brian Monteith	Subordinate Legislation Committee
David Mundell	Transport and the Environment Committee.

The Presiding Officer: The 12th question is, that motion S1M-3118, in the name of Patricia Ferguson, on substitution on committees, be agreed to.

Motion agreed to.

That the Parliament agrees the following nominated committee substitutes for the Scottish National Party as permitted under Rule 6.3A—

Duncan Hamilton	Audit Committee
Fiona McLeod	Education, Culture and Sport Committee
Fergus Ewing	Enterprise and Lifelong Learning Committee

Michael Matheson	Equal Opportunities Committee
Winnie Ewing	European Committee
Andrew Wilson	Finance Committee
Brian Adam	Health and Community Care Committee
Kay Ullrich	Justice 1 Committee
Roseanna Cunningham	Justice 2 Committee
Tricia Marwick	Local Government Committee
Richard Lochhead	Procedures Committee
Irene McGugan	Public Petitions Committee
Alasdair Morgan	Rural Development Committee
Sandra White	Social Justice Committee
Mike Russell	Standards Committee
Kenny MacAskill	Subordinate Legislation Committee
Bruce Crawford	Transport and the Environment Committee.

The Presiding Officer: The 13th question is, that motion S1M-3120, in the name of Patricia Ferguson, on substitution on committees, be agreed to.

Motion agreed to.

That the Parliament agrees the following nominated committee substitutes for the Liberal Democrat Party as permitted under Rule 6.3A—

Jamie Stone	Audit Committee
Robert Brown	Education, Culture and Sport Committee
John Farquhar Munro	Enterprise and Lifelong Learning Committee
Nora Radcliffe	Equal Opportunities Committee
Tavish Scott	European Committee
Keith Raffan	Finance Committee
Ian Jenkins	Health Committee
Margaret Smith	Justice 1 Committee
Donald Gorrie	Justice 2 Committee
Robert Brown	Local Government Committee
Iain Smith	Procedures Committee
Mike Rumbles	Public Petitions Committee
George Lyon	Rural Development Committee
Keith Raffan	Social Justice Committee
Ian Jenkins	Standards Committee
Mike Rumbles	Subordinate Legislation Committee

Iain Smith Transport and the Environment Committee.

The Presiding Officer: The 14th question is, that motion S1M-3119, in the name of Patricia Ferguson, on the membership of committees, be agreed to.

Motion agreed to.

That the Parliament agrees that Elaine Thomson be appointed to the Finance Committee.

Construction Industry

The Deputy Presiding Officer (Mr Murray Tosh): The final item of business is a members' business debate on motion S1M-2622, in the name of Marilyn Livingstone, on cross-party support for a review of the construction industry in Scotland. The debate will be concluded without any question being put. I invite members who wish to speak in the debate to press their request-to-speak buttons. I invite members who are leaving the chamber to do so as quickly as possible. I call Marilyn Livingstone to open the debate.

Motion debated,

That the Parliament recognises the importance of the construction industry to the Scottish economy and the contribution it makes to supporting employment and vocational education and training; notes that nine out of every 10 construction firms employ less than eight people; acknowledges that the reputation of the whole industry is damaged by the actions of rogue traders, particularly within the residential sector, and that small businesses contend that their profitability and competitiveness is adversely affected by the system of cash retentions, and believes that the Scottish Executive should initiate a strategic review of construction in Scotland in order to (a) identify how best to combat the "cowboy" element, (b) support the education and training infrastructure so that it is able to meet the skill requirements of the industry, (c) examine the possibility of developing an inspection and assessment regime to evaluate the competence of construction companies, (d) address the system of cash retentions and (e) ensure that the provisions within the existing construction contracts legislation deliver a process that is fair, effective and easy to understand.

17:13

Marilyn Livingstone (Kirkcaldy) (Lab): It gives me great pleasure to open this evening's debate by introducing the main issues that are raised in the motion, and setting out some of the elements that I would like to underpin a review of the construction industry in Scotland.

The construction industry is an essential element of the Scottish economy. It accounts for roughly 10 per cent of Scottish gross domestic product and employs many thousands of staff. The industry is unique in composition. Nine out of 10 construction firms employ fewer than eight people and many firms are local businesses that have been passed from generation to generation. A thriving construction industry has a fundamental role to play in developing the physical environment and infrastructure that is necessary for a smart, successful Scotland. Given our booming local economies—for example, here in the capital—it is vital that Scotland possess a construction industry that is equally vibrant, confident and highly skilled and that can react and respond to the dynamic demands that are placed on it by local and regional economies.

The construction industry conjures up many popular images and stereotypes among the public. The industry continues to be severely damaged by a very small element of unscrupulous operators and rogue traders. Stories about poor or shoddy workmanship, a leaking conservatory roof, unsafe power connections or deadlines reneged on are not hard to come by.

Other MSPs and I have had contact with a range of stakeholders, some of whom I welcome to the gallery today. We found widespread consensus for change in the industry, which is welcome. The industry agrees that a small minority has tainted the majority. The industry is fully supportive of proactive measures to regulate the industry further by building on the internal regulatory schemes that have been put in place by industry associations. I believe that a review that is centred on addressing regulation, assessment and standards in the industry is essential if we are to develop an efficient and responsive sector that puts customers first and ensures customer confidence—an important point—throughout the country.

A review of the industry, which is proposed in the motion, should cover the creation of industry-wide standards. Those should include the development of uniform, sustainable and improved inspection and assessment regimes, reform of cash retention schemes, in which clients retain a percentage of the payment that is due in case defects arise, in order to speed up payments and secure cash streams, and the development of a coherent training and lifelong learning framework.

In the next few minutes, I will focus on the training and lifelong learning agenda for the industry, which is important. An acute skills shortage is one of the major challenges that the industry faces. The overall participation rate in apprenticeship training in Scotland has reduced over the years, which has damaged the industry's competitiveness. We must consider ways of attracting women back into the construction industry. Statistics in the industry's survey "Children's Attitudes towards the Construction Industry" show that 12 per cent of boys, in comparison with only 4 per cent of girls, thought that a job in construction would be worth while. There is work to be done on getting the gender balance on track.

The lack of a pool of skilled workers has resulted in many small employers' economic viability being compromised as recruitment becomes a greater problem. Much work has been done to establish a more flexible framework, based on equality of access for all ages, and to foster a culture of training and skills development in the sector. If we are to widen training opportunities, we must break down the traditional barriers. Many members in

the chamber are members of the Enterprise and Lifelong Learning Committee, which is considering how to break down those barriers.

The Executive has taken many steps. There has been massive investment in funding in the further education sector, and we are now looking to develop the Scottish credit and qualifications framework, which will ensure transferability of qualifications and will entrench parity of esteem between academic and vocational qualifications. I want also to mention the trade unions' development and implementation of the successful return to learn projects and the expansion of the modern apprenticeship programme. The committee is also examining the simplification of funding streams, qualifications, pathways and quality and accreditation mechanisms. Careers Scotland and Future Skills Scotland will provide top-quality information and all-age guidance, which will help actively to address the skills gap.

The committee believes that there is a significant need to increase the number of businesses—particularly small and medium-sized enterprises—that are engaged in workplace training and development. The construction industry is extremely eager to work with us and all other major stakeholders on increasing the number of people who are qualified apprentices or technicians—that is where the gaps exist. The industry would benefit from a coherent public works programme, so that it can operate efficiently, offer security of employment and invest in the right training and plant machinery. As an example of good practice, “rethinking construction” centres have been launched in Northern Ireland and Wales, at which people can propose new ideas and talk about best practice. Perhaps the Executive could consider following that example.

I call upon the Scottish Executive to acknowledge the important contribution that the construction industry makes to the Scottish economy. I ask the Executive to reflect on the significance of the industry and to investigate avenues for developing and promoting a modern construction industry by conducting a strategic root-and-branch review of the industry.

The Deputy Presiding Officer: Please can we have speeches of four or five minutes.

17:20

Linda Fabiani (Central Scotland) (SNP): I thank Marilyn Livingstone for securing a members' business debate on the construction industry. Her final statement was right—a root-and-branch review of the construction industry in Scotland is needed.

In July 1998, before the establishment of the Parliament, the Egan report was published. That

report, which was commissioned by the Department of the Environment, Transport and the Regions, was entitled “Rethinking Construction”. It contained many good ideas and recommended some positive ways forward for the industry. It also considered radical ways of thinking, some of which merited further discussion.

The Egan report identified five key drivers of change to set the agenda for the construction industry at large: committed leadership; a focus on the customer; integrated processes and teams; a quality-driven agenda; and a commitment to people. Those drivers reflect everything that Marilyn Livingstone noted in her motion and spoke about.

In the report's summary, its authors emphasised:

“we are not inviting UK construction to look at what it does already and do it better: we are asking the industry and Government to join with major clients to do it entirely differently.”

They proposed

“a radical change in the way we build”

in this country and they wanted progress to be made on their aims within five years. It is almost five years since the report was published and there does not appear to have been any change at all.

A further consultation paper has been produced by a committee that is chaired by Sir John Egan—the strategic forum for construction. That paper builds on “Rethinking Construction” and looks at how change can be accelerated. I was pleased to see that the consultation paper noted another report—the Laing report—which I am sure is close to Robin Harper's heart, as it deals with sustainable construction. The Laing report emphasises

“the importance of whole life performance in securing enduring value through productivity in use.”

The consultation, which is due to be completed by 31 May, has taken that on board.

I have a general interest in construction, and in November last year I asked the Scottish Parliament information centre to find out how the Scottish Executive was developing its thinking in relation to the recommendations that the Egan report made. I was happy to learn that the Executive was considering the Egan report and the promotion of the Egan agenda within Scotland. The Executive approved funding to cover the salary and secondment costs for a co-ordinator for the pulling together in Scotland campaign. The Royal Institute of Chartered Surveyors in Scotland was pleased to publish details of the campaign as a way forward for construction in Scotland.

Marilyn Livingstone mentioned the “rethinking

construction" centres that have been opened in Northern Ireland and Wales. I did a massive search for similar initiatives in Scotland. I even asked SPICe to find out what was happening in that regard. We could not find anything. Has the co-ordinator been appointed? What is happening about the pulling together in Scotland campaign? What is happening in relation to "Rethinking Construction"? Even a website would enable ideas to be pooled and the issue to be progressed.

I ask the minister to let us know whether the Executive intends to embrace any of the Egan principles and to tell us what is happening about the project into which the Executive put money six months ago. We have heard nothing more about it.

17:24

Robert Brown (Glasgow) (LD): Marilyn Livingstone has developed an important motion, to which I am pleased to give my support. I also support her comments and those of Linda Fabiani.

The problem of rogue traders would be helped by a more level playing field and a reduction in VAT on house repair work, which is desirable in itself.

I want to concentrate on skills and training, which is a narrow aspect of the subject of the debate. There is a worrying mismatch between the skills that society needs and the skills that our young people are acquiring. That is clearly visible, in a slightly different area, with regard to gas fitters to carry out the central heating programme, which is such a flagship policy for the Executive. It is also visible with regard to the building tradesmen who are required to do the work that is necessary to bring houses, schools and hospitals up to standard under, for example, Glasgow's housing stock transfer and the other public sector capital renovation schemes that we are going ahead with in Glasgow and other places.

Gas fitters tend to be in their 50s and are likely to retire soon. A huge skills gap is opening up as the supply of skilled labour falls while the requirement for it increases as the central heating programme goes ahead. Despite raising the issue with ministers in the context of housing stock transfer and the central heating programme, I have grave doubts that the extent of the problem is fully recognised by ministers, their advisers and the various organisations with which they interrelate.

Jobs in the building industry have traditionally been viewed as dangerous, requiring people to be outdoors in all sorts of weather, subject to sudden redundancy, seasonally insecure and insecure in the longer term. Increasingly, the reality is that the industry should provide secure work for 15 years

or more and a worthwhile career for people. I am not sure that the issues are being examined with sufficient urgency.

Marilyn Livingstone mentioned the expansion of support for further education colleges. That is perfectly correct, but FE colleges still have major funding issues. I have suspicions about whether the way in which FE colleges are funded reflects adequately, and acts as a driver for, what we want to happen. In other words, we should ensure that the drivers are about the state of the industry rather than financial. We have to provide training of the kind that the industry needs. Part of the problem is that young people are not keen to go into the industry and, if they are, they are often not job-ready.

I draw the minister's attention to the success of the Youth Build project, which I came across - recently, and which has developed under the umbrella of Paisley Partnership. Youth Build recruits youngsters aged between 18 and 24 who are eligible for the new deal and who are resident in social inclusion partnership areas. For six months, they get new deal rates of pay of £42 plus £15 and thereafter they are guaranteed the industry rate. They are placed with firms that are doing housing association maintenance work, which would otherwise have difficulty in supporting quality training. They are supported by a training manager and a support worker. Among other things, that provides male role models. I acknowledge what Marilyn Livingstone said about gender balance, but in this respect male role models are not unimportant. They also have an informal mentoring role. The training is devised around the work that is available and leads on, where appropriate, to apprenticeship opportunities. In one or two instances, the scheme has provided a motivating incentive for young men coming out of prison.

Youth Build has completed one successful project with nine young people. It is now on its second. I am aware that the numbers are small, but I am told that it is the first project of its kind in Scotland. The Executive could help by encouraging similar projects and by getting Communities Scotland to allow housing association maintenance contracts to be let for longer than a year at a time, to provide some stability. One of the problems that has developed over the years is the withdrawal of the private sector relief from training projects. We have to make it easier for people with expertise to get back into the field, support them when they do so and provide the job opportunities that are so necessary.

The motion is important. As always, it is disappointing during members' business to see the press gallery empty, because a lot will come

out of the debate that it is worth while to report more widely than usually happens with these debates. I support the motion.

17:28

David Mundell (South of Scotland) (Con): I congratulate Marilyn Livingstone on the motion, and I apologise on behalf of my colleague Annabel Goldie, the deputy convener of the Enterprise and Lifelong Learning Committee, who I know would have liked to participate in the debate. Unfortunately she has a painful foot injury, which does not allow her to attend and which will force her to miss the greater pleasure of attending the Conservative party conference over the weekend. A number of other colleagues have had to leave early to attend the conference, to avoid the traffic chaos that will no doubt be caused by the large number of attendees tomorrow.

The debate is welcome, because too often in Scotland in recent times we have centred our attentions on the so-called sexy or sunrise industries, which people perceive as having enormous importance, and have forgotten a number of other important industries that bring important employment and economic benefit to our country.

The construction industry is one of those industries. The retail sector in Scotland also comes to mind—that sector is an enormously important employer and is important to our economy, but is often overlooked. A debate on the construction industry is welcome.

The industry raised many important issues in the Enterprise and Lifelong Learning Committee's lifelong learning inquiry, not least the issues that Robert Brown touched on in respect of the skills gap. One of the inquiry's most important outcomes is that we can now move forward and say that there are specific skills that we need people to have in industries such as the construction industry and we want to move away from simply putting people into boxes in further education. However, that will not happen unless we sell jobs and work in the construction industry more positively.

Surveys show that our and young people's perceptions of the industry are often far wide of the mark. Most work in the construction industry is highly skilled. People do not just turn up with a hammer, as in "Auf Wiedersehen, Pet", which has been revived by the BBC—it is not like that. The work is valuable, skilled and vital to our country. It is incumbent on all of us to sell that message, rather than simply say to young people that they should go into the so-called new industries.

Construction has many aspects that are part of new industry and we should do much more to

ensure that its success continues, particularly because the construction industry is and needs to be in every community. Local businesses and small local traders have a direct effect on their communities. They tend to procure and employ within their communities and we should give more support to such businesses. The minister will have heard the criticism of Scottish Enterprise that is often vented, that a lot of help is given to large businesses but there is not enough help for local businesses. Local construction firms certainly deserve support.

I am not the expert on the construction industry that Linda Fabiani has become over the past two or three years—she hid that under her bushel—but I certainly welcome the debate.

17:33

Alex Neil (Central Scotland) (SNP): I congratulate Marilyn Livingstone on securing the debate. It is clear that there is all-party support for a fundamental review of the building industry.

I emphasise what Marilyn Livingstone and David Mundell said about the importance of the construction industry. It is important not just because of its sheer size; it has knock-on benefits for Scotland's indigenous economy. If the construction industry is expanded, many sectors of the economy will also be expanded. We are often talking about indigenous business, indigenous jobs and indigenous projects that are of maximum benefit to the Scottish economy—that is not the case in respect of some inward investment projects.

Over the next few years, the construction industry faces enormous challenges. It is estimated that about 27,500 people will have to be recruited in the industry over the next four or five years, 13,000 of whom will replace those who have retired from the industry and 14,500 to fulfil the investment ambitions of the private and public sectors. Those 27,500 recruits represent a massive opportunity, not just for the industry but for the Scottish economy. I hope that the minister will refer to that in his closing remarks.

Some of Robert Brown's points about problems with training are particularly important in relation to the college sector, where the economic viability of courses is often called into question and there is not the throughput required to make the courses viable or to achieve the target of 27,500 recruits.

Another important issue for the construction industry is quality. Members have referred to the problem with cowboys. There is only one long-term way to solve that problem—to raise quality standards in the industry. I would like the minister to comment on what is happening down south in relation to the quality mark scheme and what he

intends to do about a Scottish equivalent. The Department of Trade and Industry is providing £600 to applicants who register in the quality mark scheme through the construction licensing executive scheme. No such assistance is currently available to the industry in Scotland. That means that building companies in Scotland are at a disadvantage and we must rectify that.

The other area that needs to be reviewed is the cash retention system within the industry. Something like 95 per cent of all the companies involved in the building sector employ fewer than eight people. However, as much as 20 per cent of those companies' total turnover is tied up in cash retentions. That has a serious knock-on effect for cash flow and profit and loss in the industry.

I hope that the minister will address cash retentions and the need for registration. We are always hearing businesses say, rightly, that there is too much regulation but, in a sense, the construction sector is an industry that needs slightly more regulation if we are to tackle problems such as registrations, quality control and the imposition of a quality mark scheme. All those issues are urgent and all of them are a key part of ensuring that the building trade can make a full contribution and realise its full potential for the Scottish economy.

For far too long, politicians have ignored the building trade. It is high time that the Parliament and the minister, as the key person in the Executive, put construction right to the top of the agenda.

17:38

Brian Fitzpatrick (Strathkelvin and Bearsden) (Lab): At one stage, I thought that Alex Neil was going to break his wish for consensus. I hope that he was not suggesting that I would be anything other than a participant in the new politics.

I am delighted to welcome all members' contributions to this evening's debate. I particularly congratulate my colleague and comrade Marilyn Livingstone on securing the debate—I have to do that because she is the lead Labour MSP on the Enterprise and Lifelong Learning Committee. As I mentioned earlier today, it is particularly apposite that she should have secured the debate on the day that we hear that the House of Lords has unanimously upheld the plaintiffs' appeals in the Fairchild case. Today is a day of historic triumph for the trade union movement against some very dark forces indeed. The judgment means justice for many workers, their families and the trade union movement, particularly those unions in the construction industry. I pay tribute to the role of the Union of Construction, Allied Trades and Technicians, the GMB and my union, Amicus—

commonly known as the Amalgamated Engineering and Electrical Union—in securing that historic victory.

Training and safety are the keys to success for the various construction industries. Alex Neil touched on a pertinent point. Sometimes we rightly beat ourselves about the head over the effects of regulation and the regulatory burden on industry. However, we must acknowledge the many ways in which people interact with industry. Perhaps we need stress-sensitive regulation. We could look for the areas in which regulation is needed to boost public confidence and increase public safety without putting onerous and undue burdens on those whom we wish to help and encourage. Better regulation might be needed to deal with the particular challenges of rogue traders in the construction industry.

We must also consider consumers in a wider sense—private individuals, the private sector and public bodies. The victims of rogue traders are those who abide by the rules. Across the policy spectrum—but in construction more than in other areas—companies that abide by the rules and by health and safety norms pay the price for those who do the job on the cheap, take the profit and move on. It was too much a feature of my experience as an advocate to hunt the cowboy, usually against some legal time bar, when workers and other companies had been put at great risk and in danger.

Marilyn Livingstone mentioned the boom here in Edinburgh. We should also mention the great investment that will get under way in my home city of Glasgow as we start to transform its social housing. I look forward to the investments that will be made in my constituency in the Hillhead initiative on housing and in the revival and redevelopment of Kirkintilloch and Lennoxton. Those projects will bring career and job opportunities. I hope that the contracts that we write for local people bring many such opportunities.

Marilyn Livingstone's motion refers to the importance of upskilling the work force and building on Labour's success—working with our Liberal colleagues—in delivering early on our commitment to modern apprenticeships. The Enterprise and Lifelong Learning Committee continues to work on upskilling and I commend its interim report on lifelong learning to other members for their comments, given that we have had comments from virtually everyone else. Marilyn Livingstone mentioned the key role for employers and trade unions in the return to learn scheme. We must consider how we incentivise support for return to learn broadly throughout the country and in tandem with social partners.

It is obvious that Robert Brown has not heard of

Rosie the riveter. He mentioned the need for male role models. It is important that we take up some of the issues with finding career and vocational opportunities for younger men and—dare one say it—younger women.

I share some of David Mundell's sentiments, but I disagree on one issue. Construction is a sunrise industry and it is difficult to think of another industry that is more at the forefront of the information technology revolution. I am thankful that we have moved on from "Boys from the Blackstuff" and those who brought about the social and economic circumstances that underlay its scripts.

I close by talking about the final part of Marilyn Livingstone's motion. We must carefully consider having a review of arbitration. We cannot allow the complexities and procedures of arbitration to be used in an economically oppressive way. That is often done—particularly in relation to cash retention—and remains a problem for smaller companies especially. I hope that the minister will consider that.

17:44

Tavish Scott (Shetland) (LD): I observe that Lewis Macdonald is the perfect minister to wind up the debate, given his previous responsibility as convener of the Holyrood progress group. For David Mundell's benefit, I make it clear that neither Lewis Macdonald nor I had the bravery to say "Auf Wiedersehen, Pet" to Linda Fabiani as we left that group. It is nice to see her and Alex Neil sitting on the same side of the chamber, because they did not do so during the brief question-and-answer session last night on a somewhat important building project—at least to us—that is taking place at the other end of the road outside the door.

I, too, congratulate Marilyn Livingstone on initiating the debate. As Alex Neil and others have reflected, it is important to recognise the role of the construction industry in a modern Scottish economy, not only as an employer and a generator of wealth, but as the sector that builds the infrastructure that is so important for our future. I endorse the motion, which calls for a strategic review of the industry. I hope that the minister will respond positively to the suggestions that Marilyn Livingstone and others have made on addressing skills shortages and other issues.

The construction industry needs to offer people attractive careers. The current skills shortage in the industry suggests that the careers that it offers are not attractive enough. In my constituency, there are shortages in certain key areas, not least of which are those of skilled heating and ventilation engineers and electricians. I share the concerns of other members who reflected on the

need to address those shortages. Brian Fitzpatrick mentioned the fact that the Enterprise and Lifelong Learning Committee is examining that issue and the way in which we balance the competing needs of our economy with those of our further and higher education sectors. Robert Brown and other members commented on the interim report that the committee has produced on the issue.

There are a number of reasons for the skills shortages that manifest themselves across the industry. One is the British sickness—the belief that it is more respectable to wear a suit in the office than to get one's boots dirty on a building site. To some extent, that sentiment is reflected in the rewards that the construction industry can bring. I was interested to learn—indeed, I was horrified to learn—that it is possible to earn a higher hourly rate if one works in public affairs in Edinburgh than if one works as a chartered architect or engineer in a constituency such as Shetland. I know who provides the best service to the country and it is probably not the lobbyist.

Another reason for the skills shortage is the lack of training opportunities and access to funding. In that respect, the Parliament needs to ensure better co-ordination between the industry and government and to give greater encouragement to firms to offer apprenticeships. In my generation—if that is not an odd phrase—many businesses, from Dounreay onwards, were encouraged to offer craft apprenticeships to people as they left high school. Although the modern apprenticeship scheme has been an undoubted and welcome success, more can and should be done to enlarge that area of training.

The motion refers to the cowboy element of the industry, which undercuts reputable operators and provides clients with a poor service. An equally important point is that that element does not provide the quality of training that the industry requires.

The industry is often too confrontational. That is the result of clients' addiction to competitive tendering without thought for quality. A low fee for the designer at the design stage can lead to an inefficient design that costs more to build and does not serve its purpose. Keen tenders for the construction stage can be double-edged swords. It is in no one's interest for a contractor to start on site knowing that he has to seek causes for claims or cut corners if he is to avoid making a loss on the job. From the start, there is conflict between the architect and the contractor and the contractor and the subcontractor. Time that should be spent on delivering a quality, value-for-money project can often be wasted arguing over clauses in conditions of contracts. However, there are signs that that is changing and that contractual problems can be addressed.

In the longer term, we need to concentrate on higher standards and lower costs. Linda Fabiani mentioned the Egan report. One of its important recommendations was that the industry should seek to

“replace competitive tendering with long term relationships based on clear measurement of performance and sustained improvements in quality and efficiency.”

Some large companies, such as the British Airports Authority, have followed that approach for some time using partnering to build teamwork among client, designer and contractors. That approach works. The strategic review that the motion calls for would give us an opportunity to examine that approach, to see the benefits of partnering and to consider how it could be extended across the board. On that basis, the motion’s suggestions are well worth pursuing.

The Deputy Presiding Officer: I understand that a number of lobbyists will be waiting at the exit for Mr Scott at the end of the debate.

17:49

Robin Harper (Lothians) (Green): I thank Marilyn Livingstone for securing the debate. I will restrict myself to making three main points.

When David Mundell mentioned boxes, I thought that he was going to talk about houses. In Europe, such things as triple glazing, high-quality insulation, heat recovery, photovoltaics, solar energy capture, combined heat and power systems and built-in child-friendly and disabled-friendly strategies are commonly locked into the philosophy behind the building of any large housing estate. Do we find that here? No, we do not. We find dreary repetition of one-class designs of medium-quality buildings, often without subsequent application to architects to improve on the designs. My first plea is for the Executive to find some way of ensuring that architects are consulted and used more in our housing industry.

The second thing that comes to mind is the huge ecological footprint that our construction industry generally leaves on the country. It was recently drawn to my attention that, because of the way in which our tax and economic regime works, it is relatively economically advantageous not to build buildings—particularly office blocks and temporary factories—with design lives of more than 15 to 25 years. I believe that that is extremely economically wasteful. Perhaps the Executive could consider ways of ensuring that the construction industry takes hold of the philosophy of long life and loose fit in its construction strategies.

Finally, I would like to mention ISO 14001. If the Executive is to adopt a sustainability indicator to add to the very few that we have already, I suggest that at the top of the list of sustainability

measures should be the number of construction industry firms signing up to ISO 14001. That brings me to part (c) of Marilyn Livingstone’s motion, which calls for a review to

“examine the possibility of developing an inspection and assessment regime to evaluate the competence of construction companies”.

If the Executive went down that road, the regime could also be used to encourage firms by saying to them, “Not only are we going to assess your competence, but here is the book on ISO 14001. See what you can do to change the things that you’re doing.” That would revolutionise the ecological footprint of the construction industry on Scotland. If we have greener buildings, we will have higher profits, more employment, better buildings and healthier, wealthier and happier people as a result.

17:53

The Deputy Minister for Enterprise, Transport and Lifelong Learning (Lewis Macdonald): I thank all members for their contributions this evening. In particular, I thank Marilyn Livingstone for a motion that recognises the importance of the construction industry to Scotland. Tavish Scott mentioned the fact that he, I and Linda Fabiani were the founding members of the Holyrood progress group and were responsible for developing that building project some two years ago. Clearly, that gave the three of us a specific client view of the construction industry.

However, as Robin Harper has more than hinted, we are all clients of the construction industry, directly or indirectly, and many people also obtain their livelihood from the industry. Therefore, it is of considerable importance to us all and makes a major direct contribution to the Scottish economy as a whole, accounting for around 5.6 per cent of gross domestic product and around 5.5 per cent of the Scottish work force. As members have said, the industry has expanded significantly over the past year or two—by more than 2 per cent on average—and forecasts suggest that the sector will continue to grow at a steady rate this year.

I start with the obvious but important point that the issues covered in the debate touch on both devolved and reserved areas, and that the key to delivering some of the changes that have been identified as being important to achieving the kind of construction industry that we want in the future is effective partnership between the Scottish Executive and our colleagues in the Department of Trade and Industry and others in the UK Government.

That applies to the first of the specific issues to which I will respond—rogue traders or cowboy

operators within the industry. We are all familiar with that issue and it is a problem that needs to be tackled. As a consumer protection matter, it is principally a reserved matter. Alex Neil mentioned the quality mark scheme. It is important to say that that scheme, which is the creation of the DTI and was launched earlier this year, is in an initial roll-out phase in England and Wales. Through that scheme, homeowners will be able to find an independent assessment of quality work and of tradespeople who are qualified to provide such work.

I will come back to the DTI position in a moment. In Scotland, the building trades associations have got together to develop a self-regulation scheme through the Scottish Construction Licensing Executive, which includes independent members from bodies such as Citizens Advice Scotland and the Scottish Consumer Council. Its Scottish construction licensing scheme, which is already under way in the plumbing industry, is aimed at combating rogue traders.

We and the DTI welcome that self-regulation initiative. It fits well with our proposals for a modernised building standards system. However, we need to ensure that what the DTI brings forward is compatible with what the Scottish industry is doing. The DTI retains the option to introduce the quality mark scheme in Scotland should the Scottish scheme not work. We will certainly continue to talk to our colleagues in the UK Government about the possibility of a joint approach, based on a recognition that different schemes may deliver the same outcomes in different parts of the UK.

Alex Neil: A distinguishing feature of the DTI scheme is the £600 incentive. Will the Scottish Executive, working with the industry, provide a similar incentive for companies in Scotland?

Lewis Macdonald: There is a difficulty with how we might approach that, given that we are dealing with a reserved matter. We will work with the industry and the DTI to identify ways in which we can achieve the outcomes that we desire in Scotland, which are very much the same outcomes as those to which the DTI is working towards south of the border.

A number of members mentioned developing the training infrastructure to meet skills requirements. That is crucial. In December 2000, Wendy Alexander commissioned research into the skills needs and perceptions of the industry, to establish employment opportunities and to maximise the potential benefits of the increasing buoyancy in the construction industry. That research was led by the University of Glasgow and built on earlier work by Glasgow City Council, Scottish Enterprise and Communities Scotland. The research confirms the need to make the

industry more attractive to young people, women and people from ethnic minorities, who are significantly under-represented in the work force, and for the industry to engage extensively with national training programmes such as the new deal, which is also a programme that works across the UK.

In response to that research, our welfare to work advisory task force, chaired by John Milligan, has established a group to help people on the new deal to move into construction. The group works with the industry and focuses on disadvantaged groups and long-term unemployed people. It seeks to provide a package of training and work experience followed by a period of subsidised employment.

Robin Harper: Does the minister agree that the higher the building standards, the greater the skills that are required, so that a more highly skilled work force will be needed to achieve those ends?

Lewis Macdonald: Absolutely. I emphasise that we see the move forward in quality, which has been identified, and the development of opportunities to learn skills and broaden the work force as things that go together.

We will work with Careers Scotland and the Construction Industry Training Board to promote awareness of opportunities in the construction industry, in line with the promotion of modern apprenticeships. Scotland has a good record on modern apprenticeships in construction, with just under 5,000 starts.

The Glasgow construction forum, which was launched earlier this month by Glasgow City Council, also arose from a recommendation in the research that was carried out in Glasgow. The forum brings together senior directors from a number of key companies that operate in that part of Scotland. They have agreed to work together to address some of the key issues.

Both Marilyn Livingstone and Brian Fitzpatrick mentioned the key role that trade unions play, on the learning side as well as in improving standards in the workplace. We recognise that role and will continue to work to support that and to find ways to enhance it.

The motion refers to the inspection and assessment of companies, and one or two members also raised that issue. Constructionline is a UK-wide Government-sponsored database of contractors and consultants that are approved as being financially sound and technically capable of undertaking various types and sizes of contract for the public sector. The Scottish Executive is one of the main users of that database in the UK and we actively encourage other public sector organisations in Scotland to use it when sourcing suppliers. Constructionline is a means of obtaining

information and making the checks that clients must make before they place public sector contracts. We encourage all those with whom we work in the public sector to use the system. It provides security for the client and assures a level of quality in the product.

One or two members raised concerns about the system of cash retentions. The system goes back a long way in the construction industry and exists for a good reason. From the client's point of view—whether they are an individual householder or a public or private corporation—retentions provide an incentive for contractors and suppliers to comply fully with their obligations and to make good any defective workmanship before the retained sums are paid. The system reflects a culture in the industry in which financial penalties appeared to be the only way to ensure that work was done in full. The answer is to seek to address that culture and to create one that is based on long-term partnering in contracts and a more co-operative approach to works procurement among contractors, suppliers and clients. Better performance across the industry would diminish the need and the argument for cash retentions. We are well placed to act on that and we wish to do so to allow us to obtain value for money for the public from the contracts that we place.

Linda Fabiani: What the minister says is fine and logical in relation to a major contractor that is dealing with a client for a major project or a one-to-one contractor that is dealing with one client. However, when big contractors use lots of sub-contractors, they can—as Brian Fitzpatrick said—use the retentions system as an ingenious way of avoiding paying for many years. The arbitration system can be spun out, which permits that to happen. We must find a way of protecting the small trader against the big boy in the trade.

Lewis Macdonald: I accept that point. The key to protecting those further down the line who are not responsible for defective workmanship or delays is a change in the culture in the industry.

I want to emphasise that we recognise the importance of the construction industry to the economy and we endorse the principles of the “rethinking construction” initiative as a means of delivering improvements in the industry. Scottish Enterprise will work with the industry in leading a Scottish “rethinking construction” initiative in partnership with Communities Scotland. There are good examples of projects based on the principles of “rethinking construction” that were used in Wales and Northern Ireland—the Asda store at Robroyston in Glasgow, for example. We are aware of the good work in those areas and of the need to produce projects to match that work. The short-term project, pulling together in Scotland, which we fund, is making significant progress and

we will introduce further proposals soon.

The construction industry is a key driver in the Scottish economy. We recognise that there is a lot to be done, but the initiatives that are under way and the initiatives that we are considering demonstrate our commitment to it.

Meeting closed at 18:04.

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