



The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 15 January 2014

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - www.scottish.parliament.uk or by contacting Public Information on 0131 348 5000

Wednesday 15 January 2014

CONTENTS

	Col.
PORTFOLIO QUESTION TIME	26527
FINANCE, EMPLOYMENT AND SUSTAINABLE GROWTH	26527
Employment Initiatives (Carrick, Cumnock and Doon Valley)	26527
Ortak Jewellery Ltd (Closure)	26528
Compulsory Purchase Orders (Complaints)	26529
Opencast Coal Industry (Unrestored Sites)	26530
Oil and Gas Industry (Wood Review)	26530
Credit Unions (Support)	26531
Confederation of British Industry Scotland (Meetings)	26532
Job Creation (North Glasgow)	26533
Exhibition and Conference Centre (Aberdeen City Council)	26535
Childcare (Economic Impact)	26536
Energy UK (Meetings)	26537
North Sea Oil (Economic Benefits)	26539
Community Councils (Role)	26541
Small Business Bonus Scheme (Glasgow)	26541
Independence (Financial Times Survey)	26542
NATIONAL HEALTH SERVICE	26544
<i>Motion moved—[Neil Findlay].</i>	
<i>Amendment moved—[Alex Neil].</i>	
<i>Amendment moved—[Jim Hume].</i>	
Neil Findlay (Lothian) (Lab)	26544
The Cabinet Secretary for Health and Wellbeing (Alex Neil)	26548
Jim Hume (South Scotland) (LD)	26552
Jackson Carlaw (West Scotland) (Con)	26555
Bob Doris (Glasgow) (SNP)	26558
Michael McMahon (Uddingston and Bellshill) (Lab)	26560
Aileen McLeod (South Scotland) (SNP)	26562
Jayne Baxter (Mid Scotland and Fife) (Lab)	26564
Gil Paterson (Clydebank and Milngavie) (SNP)	26566
Nanette Milne (North East Scotland) (Con)	26568
Roderick Campbell (North East Fife) (SNP)	26571
Hugh Henry (Renfrewshire South) (Lab)	26573
Jim Eadie (Edinburgh Southern) (SNP)	26575
Kevin Stewart (Aberdeen Central) (SNP)	26577
Margaret McCulloch (Central Scotland) (Lab)	26579
Mark McDonald (Aberdeen Donside) (SNP)	26581
Jim Hume	26583
Jackson Carlaw	26586
The Minister for Public Health (Michael Matheson)	26588
Rhoda Grant (Highlands and Islands) (Lab)	26591
BUSINESS MOTIONS	26595
<i>Motions moved—[Joe FitzPatrick]—and agreed to.</i>	
DECISION TIME	26597
THROUGH-CARE SUPPORT PROJECT (HMP GREENOCK)	26602
<i>Motion debated—[Jackson Carlaw].</i>	
Jackson Carlaw (West Scotland) (Con)	26602
Mary Fee (West Scotland) (Lab)	26605
Stuart McMillan (West Scotland) (SNP)	26606
Hanzala Malik (Glasgow) (Lab)	26607
Anne McTaggart (Glasgow) (Lab)	26608
The Minister for Community Safety and Legal Affairs (Roseanna Cunningham)	26610

Scottish Parliament

Wednesday 15 January 2014

[The Deputy Presiding Officer *opened the meeting at 14:00*]

Portfolio Question Time

Finance, Employment and Sustainable Growth

Employment Initiatives (Carrick, Cumnock and Doon Valley)

1. Adam Ingram (Carrick, Cumnock and Doon Valley) (SNP): To ask the Scottish Government what employment initiatives it is supporting in the Carrick, Cumnock and Doon Valley constituency. (S4O-02777)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): The Scottish Government supports a range of employment initiatives across the South Ayrshire Council and East Ayrshire Council areas, including: youth employment Scotland fund support, with bids from local authorities for up to 865 places; up to 50 community jobs Scotland places this year; and 569 modern apprenticeship and 637 employability fund starts across the two local authority areas between April and September 2013. In addition, the Scottish Government provided funding of up to £129,000 to East Ayrshire and up to £116,000 to South Ayrshire to support the delivery of opportunities for all—our guarantee of education or training for any young person aged 16 to 19 who is not in work, education or training.

Adam Ingram: Will the cabinet secretary say to what extent the initiatives are addressing the economic vulnerability of towns in my constituency, notably Girvan, Cumnock and Maybole, which were identified in the report, “Rural Scotland in Focus 2012”? The report highlighted the disadvantages that are experienced by rural areas in south-west Scotland. What plans does the Scottish Government have to address further and remove such vulnerability?

John Swinney: I understand the issues that Mr Ingram raised on behalf of his constituents. He and I participated some time ago in a discussion with local representatives in his constituency about some of the economic challenges to which he refers.

The measures that I mentioned are all designed to have a fundamentally local focus, to ensure that practical and accessible local initiatives can be taken forward in smaller localities, such as the

towns, villages and smaller settlements that make up Mr Ingram’s constituency, in a way that is consistent with our approach to tackling the economic challenges that exist.

Of course, the Government takes a wider approach, for example through its investment in housing stock and the work that Mr Ewing is taking forward to tackle the issues and difficulties that have emerged in the opencast coal sector.

In all those respects, the Government has a very focused agenda. There are region-wide initiatives and locally focused initiatives to support the economy in the Carrick, Cumnock and Doon Valley constituency.

Ortak Jewellery Ltd (Closure)

2. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government what steps it will take to assist the staff of Ortak Jewellery Ltd following the company’s closure. (S4O-02778)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): I was saddened to learn of the situation at Ortak, which is of major concern. On 8 January I spoke to James Stephen at BDO Accountants and Advisers, who advised me that trading would continue while efforts are made regarding the sale of elements of the business. We are supporting those efforts, through our agency Highlands and Islands Enterprise. I also made the offer of support through our partnership action for continuing employment initiative, for any staff who might be affected by redundancy, and I stressed the need for the PACE team to have early access to provide support.

Liam McArthur: I very much appreciate the minister’s comments and thank him for his involvement and support. I also thank his officials in HIE, in Orkney in particular, for their work in recent days. I welcome the commitment from the First Minister last week to support the staff who are affected and to support any viable bid to safeguard the manufacturing jobs that are based in the islands that I represent.

I know that the minister cannot comment on the detail of the case. However, does he agree that the importance of those manufacturing jobs in particular, not just to Ortak but to the many small jewellery businesses in Orkney that rely on the facility for castings and other vital work, should not be underestimated and underscores the importance of doing everything possible to support a viable bid?

Fergus Ewing: I acknowledge the hard work that Liam McArthur has put in on this issue on behalf of his constituents, as is right and proper, and the private discussions that we have had. I will continue to ensure that I am fully abreast of

developments with HIE and the administrator and to communicate with Mr McArthur.

To answer Mr McArthur's question, yes, I agree. It is important that we make all reasonable and proportionate efforts to ensure that manufacturing capability is preserved in Orkney, which has a reputation for distinction in providing high-quality jewellery, not only in Orkney but in Sheila Fleet.

Compulsory Purchase Orders (Complaints)

3. Alison McInnes (North East Scotland) (LD): To ask the Scottish Government how the subject of a compulsory purchase order can complain about how the process is being conducted. (S4O-02779)

The Minister for Local Government and Planning (Derek Mackay): Complaints should be directed to the public body pursuing the compulsory purchase order. Where someone is not happy with the outcome, the matter may be referred to the Scottish public services ombudsman.

Alison McInnes: I have been approached by two constituents whose home is set to be demolished to make way for a building project. While they were disappointed about having to leave their home of 31 years, they did not object to the compulsory purchase order and the property was acquired by the Scottish ministers in January 2013 on the understanding that my constituents would not be required to vacate it until August 2014. However, that date has subsequently changed three times in two months and it is now demanded that they leave their home by the end of January.

My constituents are appalled that the original arrangement has not been honoured. Does the minister agree that the situation is fundamentally unfair? Will he agree to look at the case in person? What opportunities do my constituents have to complain in detail about how the CPO process, once agreed, is being conducted and the conduct of the officials involved?

Derek Mackay: If it is appropriate and is not subject to any other complaints procedure, I am happy to make ministerial inquiries into the case to ensure that everything that was agreed to be done has been done.

In more general terms, I am confident and satisfied that the processes in place both to challenge and complain about compulsory purchase orders are sufficient, as they have been reviewed. We are trying to streamline and simplify the process, while guaranteeing the safeguards that we would expect to be in place. However, if it is in order, I will certainly look into the individual case, if Alison McInnes would be so kind as to write to me about it.

Opencast Coal Industry (Unrestored Sites)

4. Christina McKelvie (Hamilton, Larkhall and Stonehouse) (SNP): To ask the Scottish Government what response it has received from the United Kingdom Government to its request that money collected from the opencast coal industry in Scotland should be made available to fund the legacy of Scotland's unrestored opencast sites. (S4O-02780)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): I wrote to the UK Government on 17 September 2013 and again on 20 November 2013 requesting that royalties collected by the UK Coal Authority for coal produced in Scotland be made available now to help to fund or part-fund the restoration of legacy opencast sites across Scotland. On 8 January 2014, a holding response was received from Michael Fallon, the UK energy minister, to say that that request is being actively pursued with the UK Treasury. We will continue to pursue this line of inquiry with the UK Government.

Christina McKelvie: The minister will understand that the Westminster Government has taken around £15 million from the opencast industry and that there has been no return to the industry or the environment in respect of those payments. Does he agree that that money could make a significant contribution towards the restitution of opencast sites?

Fergus Ewing: Yes, I do. I was pleased that all parties in the task force, which has cross-party representation—including Mr Fraser, who is in the chamber today, and Labour members—agreed that we should pursue this matter in a reasonable way. There is an extremely strong case that that money—£15 million, as Christina McKelvie says—should be used for the enormous challenges that we face in tackling the restoration of opencast mines in Scotland.

That £15 million is money that has been paid from the mines since the privatisation of the coal industry in the early 1990s. Unless it is simply a tax, surely there is a strong moral and reasonable case that that money should be put to good use to meet, in part, the substantial costs of restoration throughout this country.

The Deputy Presiding Officer (Elaine Smith): Question 5 has been withdrawn.

Oil and Gas Industry (Wood Review)

6. Dennis Robertson (Aberdeenshire West) (SNP): To ask the Scottish Government what discussions it has had with the United Kingdom Government regarding the recommendations of the interim report by Sir Ian Wood on the oil and gas industry. (S4O-02782)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): The Scottish Government welcomes Sir Ian Wood's interim report. We believe that it should be implemented and that a shadow body should be set up, as he suggests. That is urgent, given the prize that is involved, which he estimates as £200,000 million. We believe that Sir Ian Wood's recommendations should be implemented with speed and that the shadow body should be headquartered in Aberdeen.

Dennis Robertson: The minister anticipated my supplementary question about the location of the shadow body.

Does the minister have a date in mind for the commencement of the work of the shadow body in Aberdeen?

Fergus Ewing: I believe that it should be possible to set up the shadow body very quickly indeed and I think that spring of this year would be a reasonable target.

I have communicated the view to the industry and to the UK Government—at the PILOT meeting on 31 October 2013 and at a meeting of the UK Oil and Gas Industry Council on 7 November 2013—that the Scottish Government strongly supports the implementation of Sir Ian Wood's proposals. If they are implemented expeditiously, we can make enormous progress.

I believe that Sir Ian Wood himself argued that a shadow body should be set up as soon as possible in order to take forward the important work that could make such an enormous difference through increasing revenue for the industry and through a potentially enormous windfall gain to the taxpayer, regardless of which Treasury is entitled to the money at the time.

Credit Unions (Support)

7. Kezia Dugdale (Lothian) (Lab): To ask the Scottish Government what steps it is taking to help credit unions meet increased demand for their services. (S4O-02783)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): Credit unions are encouraged to access the Scottish Government's third sector organisational development and support programmes. We are working with the credit union representative bodies to ensure that their members across the country are aware of the programmes.

Support includes the enterprise ready fund, which opened in September 2013 and which will distribute £6 million during the period 2013 to 2015 to help to maintain, develop and grow Scotland's enterprising third sector. The just enterprise programme works alongside the enterprise ready

fund. It is a tailored service that provides business development support and training for third sector organisations across Scotland, and it is also available to credit unions.

Kezia Dugdale: The minister will be aware that the 12 days of debtmas campaign that he launched before Christmas was incredibly successful—indeed, it was too successful, in the sense that some credit unions could not keep up with the demand for their services. Given that he has rejected my idea of a loan guarantee fund—an idea that was put forward with the support of the Association of British Credit Unions—what will he do now to support credit unions, or was his support just for Christmas?

Fergus Ewing: The campaign continues. The second phase of the campaign is being rolled out as we speak, which I hope is welcomed.

I met a representative of ABCUL just yesterday. One of the things that credit unions in Scotland want are the reforms that are contained in our Bankruptcy and Debt Advice (Scotland) Bill, which will require debtors who are able to pay to make a payment towards their debts for a period of four years. Sadly, as far as I can understand its position, the Labour Party opposes that. It is one concrete measure that virtually all the credit unions in our consultation supported, and I very much hope that, after reconsideration, it will have cross-party support throughout the chamber.

There was not majority support for the loan guarantee fund as proposed by Kezia Dugdale. We considered the issue extremely carefully, but there was strong opposition from a considerable number of credit unions. Fortunately, the Scottish League of Credit Unions has made alternative proposals, and we are considering them. I am happy to inform members that they include the possible examination of the merger of credit unions to enable a smaller number of perhaps more financially robust organisations to provide the excellent services that credit unions provide throughout the country. I hope that that, too, will have cross-party support.

Confederation of British Industry Scotland (Meetings)

8. Murdo Fraser (Mid Scotland and Fife) (Con): To ask the Scottish Government when it last met representatives of CBI Scotland and what issues were discussed. (S4O-02784)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): On 18 December 2013, representatives of CBI Scotland attended the national economic forum to discuss the way forward to further sustainable economic growth. Later that day, the Minister for Energy, Enterprise

and Tourism chaired a meeting of the small business consultative group, which included a CBI Scotland representative. The group discussed support for microbusinesses, business legacy from major events in 2014, and the town centre action plan.

Murdo Fraser: Will the cabinet secretary reassure us that the Scottish Government values the contribution made by CBI Scotland to the continuing policy debate? Does he agree that those from the business community who speak out for or against independence should be free to do so without being attacked for their views? Will he take the opportunity to distance himself from some of the disgraceful language used by some in the yes campaign to describe the well-respected director of CBI Scotland, Iain McMillan?

John Swinney: I have made no secret of the fact that I think that it is important that, throughout the debate, everybody who participates does so openly, with transparency and with courtesy. Mr Fraser has witnessed that personally by the nature of the debates in which he and I have taken part, a good example of which is the debate that we had one Friday evening with the Cupar business network, if my memory serves me right. Those are the values that I bring to the debate and that everyone should bring to it.

Job Creation (North Glasgow)

9. Patricia Ferguson (Glasgow Maryhill and Springburn) (Lab): To ask the Scottish Government how it supports job creation in north Glasgow. (S4O-02785)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): Through the Government's programme of activity and particularly through its procurement, which was worth £9.8 billion in 2011-12, the Government supports the creation of demand and supports employment within the Scottish economy.

That has a particular effect in Glasgow with the support through procurement measures and other financial support that the Government makes available to Glasgow City Council and to the housing associations in Glasgow, the support that is becoming increasingly evident in the preparations for the Commonwealth games, and some of the projects that are taken forward under the umbrella of the Scottish Futures Trust.

Several other initiatives are being taken forward to provide the employment opportunities that are necessary in some of the localities in the north of Glasgow. For example, we have provided £100,000 funding for the NG Homes kick start futures project and a further £50,000 for Maryhill and Possilpark citizens advice bureau's money

wise job wise scheme, which provides support to people living in the Maryhill and Possilpark areas of Glasgow.

Patricia Ferguson: The funding to both those projects is welcome. However, there is another important project in Royston in my constituency, which has been supporting young people who are hardest to reach in the employment market. It is called Royston at work. Indeed, the cabinet secretary's colleague Ms Constance was delighted to be able to give out awards at the project's last awards ceremony.

Unfortunately, however, it appears that the project might not be able to continue because none of the agencies has been able to come up with an appropriate amount of cash to assist with it. The project is very highly regarded in the area and has made a significant difference to hard-to-reach young people trying to get into the job market. Does the cabinet secretary have any suggestions for other sources of funding to which the project might look?

John Swinney: I am not familiar with the specific project that Ms Ferguson raises, but I am familiar with a range of projects of that type around the country that do utterly invaluable work in supporting young people who for a variety of different reasons—many of them completely beyond their control—find themselves isolated from the labour market and the journey into it very difficult. Many of those organisations have good track records of achieving, to be frank, what looks like the impossible in supporting those young people in that journey.

If Ms Ferguson would care to write to me with the details of the project, I will happily explore the circumstances and determine what we can do. It is important that, when we find good practice, we try to support it. I will endeavour to do as much as I can to assist the project.

Bob Doris (Glasgow) (SNP): I echo Patricia Ferguson's calls in relation to the Royston at work project, which I know well and which I have written to the cabinet secretary about.

Does the cabinet secretary agree that, when projects such as Royston at work, which was funded initially by the Big Lottery Fund, follow good practice and meet required outcomes, the Scottish Government or others should find ways of mainstreaming the funding so that the best practice endures and is not a short-term initiative?

John Swinney: As we go through the question time session, ministers hear more details that allow us to form a view on what has happened.

I pay warm tribute to the Big Lottery Fund Scotland committee, which takes a range of innovative decisions about funding projects that

allow good practice to emerge. When temporary periods of funding elapse, the challenge for the public sector is to find a sustainable channel of funding for future years.

In the light of the information I receive, I will look carefully at the initiative and see whether there are ways in which we can take forward measures. I give the caveat that the resources that are at the Government's disposal are finite. We endeavour to extend the reach of such initiatives, but financial constraints will operate. However, we should work hard to maintain good practice.

Exhibition and Conference Centre (Aberdeen City Council)

10. Lewis Macdonald (North East Scotland) (Lab): To ask the Scottish Government what recent discussions it has had with Aberdeen City Council regarding a new exhibition and conference centre. (S4O-02786)

The Minister for Local Government and Planning (Derek Mackay): Scottish Enterprise's chief executive met Aberdeen City Council leaders on 18 November to discuss a number of issues, including a new exhibition and conference centre. That was followed by a meeting of Scottish Enterprise officials and council representatives on 12 December to discuss the proposal and how Scottish Enterprise might be involved.

Lewis Macdonald: Given that Aberdeen hosts offshore Europe—Scotland's largest conference and the largest energy event in the world outwith Houston—as well as many other major events, will the minister acknowledge that Aberdeen's exhibition and conference centre is of national and international significance? Will he ensure that Scottish Enterprise approaches the centre's redevelopment on the same basis as it approached the redevelopment of exhibition centres in Glasgow and Edinburgh in the recent past?

Derek Mackay: Mr Macdonald helpfully highlights the importance of Aberdeen and the energy sector. I am sure that Mr Ewing particularly welcomes that contribution. The location is ideal for developing that sector and the conference strategy, on which Mr Ewing has led. Aberdeen should feature as a place of national and international significance.

Scottish Enterprise has operational independence, of course, but we would all expect it to put a clear focus on the business case once that is received. Aberdeen would enjoy the support that has been expressed around the country, but it can be judged only on the basis of the business case, which we look forward to receiving. I checked the comparators in Glasgow and Edinburgh. In the past six years, Scottish

Enterprise has not received a business case but, as soon as it does, that will be given due consideration and all worthy support.

Kevin Stewart (Aberdeen Central) (SNP): I look forward to the Scottish National Party spring conference at the AECC later this year.

When it came to power, the Labour-led administration in Aberdeen claimed to have written off the debt of the current AECC, but I understand that that has still not happened. Does the minister agree that it might not be wise to invest in a new facility when the significant debt of the existing facility remains on the books?

Derek Mackay: I look forward to chairing the spring conference, but that is completely irrelevant to my ministerial role, so I will move on.

The information that we have is that Aberdeen City Council has said that the debt has been paid—that is what Scottish Enterprise was told. We hold no information to the contrary. I am happy to ensure that the matter is clarified so that any financial decision by the council is taken within the prudential borrowing framework. That is what any elected member in the Parliament and the council would expect.

Childcare (Economic Impact)

11. Colin Keir (Edinburgh Western) (SNP): To ask the Scottish Government what the economic impact would be of the proposals on childcare outlined in the white paper on independence. (S4O-02787)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): In "Scotland's Future", the Government set out our ambition to establish after independence a universal system of high-quality early learning and childcare for children from the age of one to when they start school. As part of our commitment to that ambition, we announced an expansion of free childcare provision to cover 27 per cent of two-year-olds from August next year.

Increasing participation in the labour market will have positive impacts on the Scottish economy and on tax revenues. In the long term, increasing female labour market activity rates by 6 percentage points could increase the level of economic output by about £2.2 billion, while tax revenues could be about £700 million higher.

Colin Keir: Does the cabinet secretary agree with me that that transformational policy matches the drive and ambition of the people of Scotland and that it would, following independence, ensure that Scotland acted as a beacon for progressiveness and fairness in helping those who struggle with childcare costs?

John Swinney: Mr Keir makes a fair point that the investment that would be associated with expanding childcare support in Scotland would have a significant benefit for our youngest citizens. It would also have the benefit of making it easier for more and more individuals—principally women—to participate in the economy. Boosting our economic participation levels in the fashion that I set out in my original answer would significantly strengthen the degree of economic activity in Scotland and the revenues that would be available to the Government of an independent Scotland.

Kezia Dugdale (Lothian) (Lab): I read the cabinet secretary's analysis of his childcare policy at the weekend. Can he tell us—specifically on the tax receipts—what percentage of jobs are full time?

John Swinney: I cannot give a specific answer to Kezia Dugdale's question. I will say that the analysis proves very clearly the benefits of the policy that we have set out because of the impact that it would have on economic activity in the Scottish economy in general and on tax revenues in particular. That contrasts with the arrangements that will exist under the Scotland Act 2012, for example, which is just about to be implemented. Under those arrangements, were revenues from the four main taxes that are collected in Scotland to increase by 1 per cent and the core welfare budget to reduce by the same amount because of people going into the labour market, about 88 per cent of the funds raised would go to the Treasury. That strikes me as a wasted opportunity in terms of being able to invest in the Scottish economy and the future of delivery of public services for the people of our country.

Energy UK (Meetings)

12. Michael McMahon (Uddingston and Bellshill) (Lab): To ask the Scottish Government when it last met Energy UK. (S4O-02788)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): Both ministers and officials are in regular contact with Energy UK on a range of issues, including electricity market reform, energy efficiency and fuel poverty.

Michael McMahon: Is the minister aware that, although it is encouraging that business confidence in the energy sector remains positive at present, there was a slight drop in overall confidence in the third quarter of last year? Figures within the oil and gas sector in particular have stated:

"Factors such as a shortage of skilled personnel, wage inflation and growing operating costs may have dampened any rise in optimism across the industry".

Does the minister recognise that situation and can he outline any specific actions that the Scottish Government is taking to address the skills shortage in particular?

Fergus Ewing: Yes I do and yes I can. I have spent a lot of time working with people in industry on that matter. Michael McMahon has asked a very sensible question on those matters. One of the enormous opportunities in Scotland comes from the planned huge investment in the oil and gas industry—not just £13 billion this year but £100 billion in the pipeline.

Last week I heard about the Mariner field from the chief executive of Statoil, whom I met in Oslo on Friday. It is clear that the world has confidence in Scotland and it is investing in Scotland. We must work with Oil & Gas UK, with OPITO, with the offshore contractors association, with the United Kingdom Government, with the local authority—with all parties—to deliver the skills.

We also need to look at other parts of Scotland such as Ayrshire—which Mr Kenneth Gibson represents—the north of Scotland, the Highlands and the north-east. Many parts of Scotland can contribute to the continued success of the industry and there are opportunities for people to transition from engineering across to oil and gas. Above all, we must dispel the lingering perception that oil and gas have run out in Scotland. The contrary is the case. There will, as we now know, be extraction of oil and gas until beyond the middle of this century. It offers an enormously rewarding and interesting career to young people so we must inspire young people and fill them with confidence about the industry, and not decry it, belittle it or say that it will not produce enormous wealth.

Rob Gibson (Caithness, Sutherland and Ross) (SNP): I am sure that the minister will welcome the Scottish Renewables report, "Employment in Renewable Energy in Scotland 2013", which was published yesterday. It suggests that there has been steady growth to more than 11,500 in the number of people who are employed throughout the country in the renewables industry and supply chain. However, does he share my concern that the UK Government's prevarication on energy policy is seriously inhibiting Scotland's renewable energy opportunities, including the creation of quality jobs in my constituency and those of many other members?

Fergus Ewing: I welcome the conclusion by Scottish Renewables that the overall number of people who are employed in the renewables sector in Scotland in a range of areas such as wind energy, biomass, hydro power and work on the grid currently stands at a record level. That is a tribute to the Government's support and to the success of the industry and developers, as well as

to communities, which receive enormous community benefits.

Of course, it goes beyond political observation to say that the uncertainty over electricity market reform has hardly filled investors with confidence. There are concerns that the announcements that have been made will mean that offshore wind, for example, will not be able to achieve its full potential, and that the feed-in tariff rules with regard to hydro power and degression do not help either. We are working closely with Scottish Renewables to overcome those problems.

Electricity from Scottish renewables is necessary to keep the lights on in England. The margin of excess between supply and demand is now 2 per cent, and if there is any further failure of coal generation stations there, there will be a deficit. That is a very serious situation, but fortunately Scotland is at hand to provide the solution and to keep the lights on in England.

The Deputy Presiding Officer: I ask the minister to address the microphone in answering questions, as it may otherwise be difficult for me and the official reporters to hear him.

North Sea Oil (Economic Benefits)

13. Linda Fabiani (East Kilbride) (SNP): To ask the Scottish Government what the economic benefits to Scotland are of the revenues from North Sea oil. (S4O-02789)

The Minister for Energy, Enterprise and Tourism (Fergus Ewing): In 2012, oil and gas production was estimated to have contributed around £22 billion to Scottish gross domestic product. Approximately 225,000 people are employed directly or indirectly in the sector throughout Scotland.

Oil & Gas UK estimates that there are up to 24,000 million barrels of recoverable oil and gas remaining in the North Sea. With a potential wholesale value of up to £1.5 trillion—or £1.5 million million—that means that more than half the value of North Sea oil could still be extracted. If that is realised, it will afford Scotland greater choices and chances to strengthen its already diverse economy.

Linda Fabiani: The minister will be aware of the many occasions on which the United Kingdom Government and its allies have quoted the Office for Budget Responsibility's 2012 oil price forecast as reliable and credible. Does he therefore share my surprise that the OBR's recent change in forecasting methodology passed without any comment, and does he agree with Alistair Darling that the OBR seems to be not much more than an extension of the Conservative Party, with little credibility at all on this vital issue?

Fergus Ewing: I must confess that I do not make a careful study of the collected oeuvre of Mr Darling on such matters. However, I can say that we in Scotland—especially young people—have an enormous opportunity to follow careers in an industry that is leading the world, and to husband that resource, as Norway does, with the powers of independence.

Just last week—the day after I visited Norway, by sheer coincidence—it so happened that every citizen in Norway became a paper kroner millionaire, such is the effect in just over two decades of the country's accumulating through good husbandry the enormous wealth that it generates.

The great news is that the industry is alive and kicking, and—provided that we meet the challenges—Scotland, with the powers of independence, can do the same.

Gavin Brown (Lothian) (Con): Will the Scottish Government publish its updated projections for revenues from North Sea oil?

Fergus Ewing: We want revenue to be maximised. If Mr Brown had been listening earlier, he would—*[Laughter.]* He laughs but, actually, he is laughing at his own Government's plan. *[Interruption.]*

The Deputy Presiding Officer: Order, please, Mr Fraser.

Fergus Ewing: If we want to maximise the revenue, we have to take Sir Ian Wood's analysis very seriously. I commend to Mr Brown a good read of Sir Ian's interim report. Its analysis is that it depends entirely on the policies that we pursue. Will we pursue the policies of the past, which have undermined confidence in the United Kingdom—

Gavin Brown: Will you publish the figures?

Fergus Ewing: I presume that Mr Brown enjoyed the tax hike in 2011, which undermined confidence in the UK in boardrooms throughout the world. Alternatively, will we pursue the policies of the Labour Party in the past decade, which involved similar unheralded tax hikes? *[Interruption.]*

The Deputy Presiding Officer: Order, please.

Fergus Ewing: The answer is that it entirely depends on the policies that one pursues. Quite simply, the UK has pursued the wrong policies. That is why Norway has succeeded in recovering about 50 per cent of oil and gas from its fields, whereas, sadly, the recovery rates in the UK have been much lower. The industry understands that and I hope that, in time, Mr Brown and his colleagues and friends in the Labour Party will understand it.

Community Councils (Role)

14. Jean Urquhart (Highlands and Islands)

(Ind): To ask the Scottish Government what steps it is taking to enhance the role of community councils. (S4O-02790)

The Minister for Local Government and Planning (Derek Mackay): The Scottish Government, in collaboration with the Convention of Scottish Local Authorities and the Improvement Service, is supporting a project to enhance the role of community councils. The project will include exploring training opportunities for community councillors, making better use of electronic communication and investigating the possibility of running pilot projects to enhance participation in community councils.

Jean Urquhart: As the minister will be aware, in recent months, several community councils have opposed local government decisions and felt that they were not properly consulted or listened to. In some cases, they have disbanded. What words of encouragement can the minister offer those groups?

Derek Mackay: Certainly, community councils are perfectly entitled to disagree with a local authority or, for that matter, the Scottish Government. They are independent and represent their communities, and I encourage them to do so enthusiastically.

Small Business Bonus Scheme (Glasgow)

15. Bob Doris (Glasgow) (SNP): To ask the Scottish Government how its small business bonus scheme supports businesses in Glasgow. (S4O-02791)

The Minister for Local Government and Planning (Derek Mackay): In Glasgow, 8,440 business properties are benefiting from the small business bonus scheme. As a result, Glasgow businesses have saved a total of more than £79 million in business rates taxation since the scheme was introduced by the Government in 2008. The Scottish Government has committed to maintaining the small business bonus for the lifetime of the current session of Parliament and recently announced an expansion of the scheme to include an additional 4,000 business premises.

Bob Doris: I draw the minister's attention to information on the Scottish Assessors Association website, which shows that on Maryhill Road, there are potentially 243 commercial units that could qualify for the small business bonus. The figure for Springburn shopping centre is 34 and, for Rutherglen Main Street, it is 68. Small businesses have approached me asking for reassurance that the small business bonus is safe with the Scottish Government, because it protects businesses and jobs. Businesses are worried that the Labour Party

is seeking to abolish the scheme and with it that support.

Derek Mackay: The Scottish National Party Government has delivered our pledges on business rates and the small business bonus scheme to create the most generous and welcome package of relief in these islands. The small business bonus is here to stay, even while the Labour Party abandons policies in this and a host of other areas. We know that the scheme has been of great value to Scotland's businesses, particularly in town centres. That is why the small business bonus is here to stay.

The Deputy Presiding Officer: I ask for very brief questions and answers on question 16, please.

Independence (Financial Times Survey)

16. Drew Smith (Glasgow) (Lab): To ask the Scottish Government what its position is on the recent *Financial Times* survey on how a vote for independence would affect the Scottish economy and the rest of the United Kingdom in 2014. (S4O-02792)

The Cabinet Secretary for Finance, Employment and Sustainable Growth (John Swinney): The *Financial Times* survey asked a series of questions about issues focusing on the global and UK economies. Although the survey answers were interesting on the subject of independence, a number of commentators confirmed that they had little knowledge of the Scottish debate, while others have seen their comments overtaken by the UK Treasury's announcement that it accepts that it is responsible for UK debts.

Overall, the survey showed a significant level of concern about the way in which the UK Government has handled the recession and the proposed UK referendum on in/out membership of the European Union.

Drew Smith: A hundred economists, academics and business leaders overwhelmingly rejected or expressed concerns about the uncertainty in the Scottish Government's plans, many using words such as "disastrous", "catastrophic" and "economically illiterate". I presume that that was a disappointing response for Mr Swinney. Can he tell us whether the Scottish Government's plans to default on our debts if the rest of the UK does not agree to a British currency union would be likely to make those economists more open-minded about Scottish independence?

John Swinney: Mr Smith cites those who commented in the survey, but some of them said things such as:

"I would include myself as having an insufficient understanding"

of the position in Scotland. Another said:

"I am no expert on Scotland".

I return to my answer to Mr Fraser—who has now left the chamber—in which I said that it is important that we have a thoughtful debate to which people contribute sensibly and with courtesy. Mr Smith devalues his contribution to the debate by talking about default. The only people who are talking about default are United Kingdom Government ministers, who on Monday were forced into a complete and humiliating U-turn in order to accept the responsibility—which was always theirs—for the United Kingdom's debt, which has been run up by a combination of the incompetence of Labour and the incompetence of the Conservatives. We want to be responsible for balancing the books and ensuring that we operate strong, sustainable public finances in the best interests of the people of this country.

National Health Service

The Deputy Presiding Officer (Elaine Smith):

The next item of business is a debate on motion S4M-08752, in the name of Neil Findlay, on the NHS in Scotland. We are tight for time this afternoon. I call Neil Findlay to speak to and move the motion.

14:41

Neil Findlay (Lothian) (Lab): The NHS, which was introduced by that radical post-war Labour Government of Attlee and Bevan, is the greatest social policy that has ever been implemented by any Government.

The principle of the collective payment of taxes for the universal provision of health services that are publicly owned and publicly accountable is one that the Parliament—certainly the Cabinet Secretary for Health and Wellbeing and I—can agree on. In the spirit of consensus for which the cabinet secretary and I are well known, I say that we also reject the marketisation of the NHS and the so-called reforms that are wreaking so much havoc on the NHS in England. I believe that Scottish Labour and the Scottish Government are at one in doing that. Indeed, so bad are the Tory reforms that even Jackson Carlaw will not endorse them—that tells us everything about what is going on in England.

We can also agree on the commitment, dedication and skill of the whole NHS workforce, without whom the NHS would simply not function. We ignore them and their concerns at our peril.

Health is fully devolved and our responsibility in this Parliament is to hold ministers to account for what is going on here in Scotland. As the motion sets out, the reality is that the NHS in Scotland and the staff who work in it are under pressure as never before. There are budget pressures, fewer staff are being asked to do more for less, the social care system is in crisis and there is bed blocking. Waiting times are increasing, there is only a skeleton weekend service, vacancy rates are up and the number of cases of bullying and the use of gagging clauses to silence staff are up.

In addition, junior doctors are being left to look after up to 100 beds while working up to 100 hours a week and patients are being left on trolleys and are sometimes being treated in cupboards. Only last week, at the Western general hospital, patients were being left on trolleys for up to 13 hours. Let us also not forget Scotland's shame of health inequality, which is increasing despite the Scottish Government's rhetoric—unsurprising, given the £1 billion of cuts to anti-poverty initiatives.

In the summer, I called for a full-scale review of the NHS in Scotland. That call was not made on a whim or for narrow party-political reasons; it followed wide-ranging discussions that I had had with doctors, consultants, nurses, patients, trade unions and a range of stakeholders from across the NHS. The evidence that they presented convinced me that we need to look at the whole system to ensure that the NHS is fit to meet the needs and demands of the 21st century. We need such a review to examine how we sustainably finance and resource the NHS; to ensure that we have the right people in the right places to meet growing demands and expectations on health services; and to address not only the challenges but the opportunities of an ageing population.

Let us look at some of the evidence to support that call. Caroline Gardner, the Auditor General for Scotland, told the Public Audit Committee about the hidden waiting times scandal. Let us remember that this was the scandal that Nicola Sturgeon said did not exist. Ms Gardner said that

“the focus of attention of the Scottish Government and NHS boards during 2011 was on whether the 18-week treatment target time was being achieved rather than on how it was being achieved.”—[*Official Report, Public Audit Committee*, 27 February 2013; c 1218.]

That information should have rung alarm bells with those in charge of the health service at the time.

Caroline Gardner also said that the NHS budget was on an amber warning. We now see her organisation highlighting how only three health boards met the 12-week legal treatment time guarantee, with nine of the 14 boards failing to meet the accident and emergencies target.

Caroline Gardner, in her most recent report, said that in 2012-13 pressures had increased and the health service was focused on short-term measures:

“The health service needs to increase its focus on longer-term financial planning so that it is prepared for the challenges it faces.”

Dr Brian Keighley of the British Medical Association said in October 2013:

“NHS managers have the unenviable task of managing shrinking budgets whilst trying to achieve a range of annual targets, outcomes and performance standards that are set by government ... This can leave boards focusing on planning services for the short term; making savings from easy targets such as the workforce ... This is not sustainable and the BMA welcomes Audit Scotland’s recommendation to introduce structures that encourage longer term planning for NHS boards.”

Theresa Fyffe of the Royal College of Nursing Scotland said that the Audit Scotland report

“paints a picture of an NHS that is doing its best whilst”—

listen to this—

“creaking at the seams.”

She continued:

“next year’s health budget doesn’t look set to change much in practice. It is not sustainable to manage the health service in this way, as shown all too clearly by missed waiting times targets, growing vacancy rates for nurses and other healthcare staff and an increasing reliance on bank and agency staff as well as private healthcare.”

Mark McDonald (Aberdeen Donside) (SNP):

As a previous member of the Health and Sport Committee, I know that the question has often been asked at committee meetings about where disinvestment should take place to allow for further investment in the areas that are recognised by the groups that Mr Findlay has highlighted. Does Mr Findlay have any suggestions, because often none is forthcoming?

Neil Findlay: Mr McDonald makes my argument for me. We need an overall review of the NHS to look at those very issues.

Theresa Fyffe is absolutely right. Private sector spend is up by a quarter; the use of consultants on triple time is up; the use of agency nurses is up 62 per cent; spending on bank staff is up 15 per cent; and the vacancy rate for consultants is up by around 4.5 per cent.

As consultant Simon Barker of the BMA said:

“Medical staff are working over and above what is expected of them and they are feeling under considerable strain as a result; clearly this is not sustainable.”

Those are the words of Simon Barker and the various groups; they are not my words. Therefore, we have a duty to listen.

We see those pressures in the increase in sick days. Only in the past few days has the amount of sick days come to light, with Tayside showing that 24.5 per cent of all sick days are stress related. The figure is 16 per cent in Fife and 14 per cent in Lanarkshire.

Before Christmas, we were reminded of the tragic death of Dr Lauren Connelly, who died in an accident having worked excessive hours in the week prior to her death. We cannot treat young people who are the future of the NHS like that. That is why I have called on the Health and Safety Executive to examine junior doctors’ hours, and I hope that the Cabinet Secretary for Health and Wellbeing will support that call.

Junior doctors are often asked to work 100 hours a week. That is unhealthy for them and their patients. I know that we will talk about averaging out the working time directive and all the rest of that, but a doctor who is working for 90 or 100 hours a week cannot function or deal with their patients properly.

What about the cabinet secretary’s claim that the NHS is moving to 24/7 working? Although some health boards have yet to respond, we know

from a recent freedom of information request that, in Forth Valley, 553 allied health professionals—who include physiotherapists and occupational therapists—work during the week, whereas only 40 work at the weekend. In Fife, 2,043 nurses work during the week, but only 648 work at the weekend. In Lothian, more than 1,100 medical staff work on weekdays, but only 25 work at the weekend. Does the cabinet secretary believe that those staffing numbers support his theory that the NHS is a 24/7 service?

In addition, we had the report on NHS Lanarkshire, which covers the cabinet secretary's constituency. As some of my Lanarkshire colleagues will undoubtedly cover, it is a service that is said to be in a "state of perpetual crisis". Speaking of that report, Dr Neil Dewhurst of the Royal College of Physicians, said:

"The findings of this review make depressing, but not surprising reading ... Clinicians across Scotland will recognise the challenges facing colleagues in Lanarkshire. Doctors and nurses work under severe pressure with rising numbers of patients treated by a workforce with high locum levels and local recruitment difficulties."

In social care, in Edinburgh 15 per cent of the places in private care homes are unavailable because of concerns about the level of care that is being provided. The knock-on effect of that is that there is no place for more than 100 patients who are waiting in hospital to be discharged.

In the home care sector, which is based on the minimum wage, contracts have been driven down to the lowest levels and training, wages and care visits have been cut to the bone. In some areas, according to Age Scotland, the length of visits has been reduced to as little as seven minutes. That does not amount to "world-leading" social care, as the white paper claims. The system is not providing care and dignity to people in old age; it is failing our elderly and vulnerable people. It is also failing the staff who want to provide good care.

Like many people, I have family and friends who work in the NHS and I know what pressures staff are under. I also know about the extent to which many of our staff go way beyond the call of duty to help patients. It is those same staff who are the most vocal and the most concerned about what is going on. They are desperate to provide the care that they have been trained to provide. The cabinet secretary has a choice: he can ignore those informed voices or he can act now and instruct a wide-ranging review of the health and social care system. To date, as those voices have grown louder, the cabinet secretary's response appears to have been to stick his fingers deeper into his ears. That is simply not good enough.

Our NHS needs to be staffed properly and managed effectively, and people and stakeholders need to have confidence in it. For the sake of our

best-loved public service, I appeal to the cabinet secretary to initiate that review today.

I move,

That the Parliament believes that the NHS is the country's most valued and loved public service; notes the growing pressures on health services and staff across Scotland, and calls on the Scottish Government to conduct a full and comprehensive review of the NHS in Scotland to ensure that it can become a 24/7 service fit for the 21st century.

14:53

The Cabinet Secretary for Health and Wellbeing (Alex Neil): After Neil Findlay had been appointed as health spokesperson for the Labour Party, a colleague of his told me that Mr Findlay had told him that he did not know why he had been appointed to the portfolio, because he knew nothing about it. Quite frankly, the speech that we have just heard underlines the veracity of that claim.

Neil Findlay: Will the cabinet secretary take an intervention?

Alex Neil: Not at the moment.

The motion before us is one of the laziest and most vacuous that I have seen from any Opposition party in my 15 years in the Parliament. A call for a review is the cry of a man in a party that has no policy, no plans, no ideas and absolutely no vision. The reality of the national health and social care system in Scotland today is that it clearly faces pressures, but it is not the basket case that Mr Findlay outlined—far from it.

Neil Findlay: Will the cabinet secretary give way?

Alex Neil: I will give way later.

The irony about this call for a review is that every time there has been a review of any aspect of policy the Labour Party has not submitted any oral or written evidence to it. The classic example is the access to medicines review that we had last year. The Conservative Party contributed ideas on access to medicines both orally and in writing, but we had absolutely nothing from the leadership of the Labour Party—and the same has been true of every other review that the NHS in Scotland has undertaken.

Ken Macintosh (Eastwood) (Lab): Will the cabinet secretary give way?

Alex Neil: I will give way later.

The call for a review is, therefore, absolutely absurd. Indeed, the major review—

Neil Findlay: Will the cabinet secretary give way?

Alex Neil: I will give way later.

The major review that the Labour Party carried out was the Kerr review, which led to the proposals to close the accident and emergency units at Monklands and Ayr. The member talks about Lanarkshire, but what kind of pressure would have been on Lanarkshire had Monklands A and E been closed as Labour had intended?

Neil Findlay: Will the cabinet secretary give way?

Alex Neil: I will later.

I do not mind criticism—indeed, I will be the first to outline the pressures on the NHS and the social care service—but criticism based on lack of facts or claims that are not true is not the way to criticise.

Roderick Campbell (North East Fife) (SNP): Will the cabinet secretary give way?

Alex Neil: Of course.

Members: Oh!

Roderick Campbell: Earlier this week on “Good Morning Scotland”, I heard the Labour candidate in the Cowdenbeath by-election say that a hospital in the constituency is running from one crisis to the next and that he had repeatedly written to the health minister on the matter. Can the cabinet secretary confirm that that is the position?

Alex Neil: I heard the interview that Councillor Alex Rowley, the Labour candidate in Cowdenbeath, gave on “Good Morning Scotland” earlier this week, in which he claimed that he had written to me repeatedly about the Victoria hospital in Kirkcaldy. I have to say that that is not true. In fact, I have double-checked not just with my office but with Councillor Rowley’s office and can say that since I was appointed to this job 16 months ago I have not received one letter from Councillor Rowley in all that time. Like his colleague Neil Findlay, he makes it up as he goes along.

Neil Findlay: Will the cabinet secretary give way?

Alex Neil: I will give way now.

Neil Findlay: The cabinet secretary said that my call for a review was absurd. Does that mean that the RCN, the Chartered Institute of Physiotherapists and the calls for change in the BMA’s new year message are also absurd—or is it only me who is absurd?

Alex Neil: What is required—

Neil Findlay: Answer the question.

The Deputy Presiding Officer: Order.

Alex Neil: What is required and demanded by the RCN and all the other organisations is action,

which includes our 2020 action plan for the future of the NHS.

Mr Findlay not only makes selective quotations from a range of people but comes to this chamber with allegations that are not true. On 26 November, he told this chamber that someone at—I think—St John’s hospital had been on a trolley for 18 hours. When I double-checked, I found that it was not true.

Neil Findlay: On a point of order, Presiding Officer.

The Deputy Presiding Officer: I am afraid that you will have resume your seat, cabinet secretary.

Neil Findlay: When we come to this chamber, we should have the correct information. Given that the cabinet secretary has said something that is absolutely wrong, will you provide an opportunity for him to return to the chamber later and correct the record?

The Deputy Presiding Officer: Before you get back on your feet, cabinet secretary, I must point out again to the chamber that, as I have said in the past, points of order should be made at the end of speeches unless it is absolutely imperative to make them in the middle of speeches. Moreover, it is not a point of order if it refers to what the cabinet secretary has said in his speech.

Alex Neil: Not only is that information wrong, but the member put out a press release yesterday saying that budgets had been cut. The budget for the national health service has increased by 27 per cent under the Scottish National Party Government. We have not cut the NHS budget. The only people who were going to do so were those in the Labour Party who, like their friends in Wales, would not commit to passing on the consequential to the NHS in Scotland. Anything that Mr Findlay says and any claims that he makes have to be treated with a great deal of caution, because much of what he says is factually incorrect or inaccurate.

Let me look at what we are doing in the national health service in Scotland. We have a 2020 vision; we have stated clearly what our plan is in respect of our route map to the 2020 vision; and we have a 2020 advisory board to develop the detail of that route map in every area. We know the way forward. We also know the problems, understand them and the challenges, and know what needs to be done, informed by the RCN, the BMA and a range of other organisations. Let me give some facts about what we are doing with the national health service in Scotland.

First, on the budget, the funding increases for the territorial boards are 3.3 per cent this year, 3.1 per cent next year, and 2.7 per cent the year after. That could not be called a budget cut. I have

compared the increase in the budget with the increased throughput of patients through the national health service since we came to power. Since then, there has been a 3.7 per cent increase in the number of out-patients per year; an 8.9 per cent increase in the number of in-patients per year; a 2.8 per cent increase in accident and emergency presentations per year; and a 9.3 per cent increase in general practitioner attendance. Not one of those figures is in excess of 10 per cent, but during that time, we have increased the budget by 27 per cent. That is nearly three times the average increase in the throughput through the national health service. By definition, we are therefore spending much more on our patients per head now as well as overall than the Labour Party spent when it was in power.

If we look at the staffing situation, which is totally ignored by the Labour Party, we see that the number of medical consultants has risen by 28 per cent, the number of qualified nurses has risen by 2.7 per cent, and the number of beds per 1,000 of the population is 2.4, compared with England's two and a much lower rate in Wales.

If we look at patient safety, we see that there has been a 23 per cent reduction in surgical mortalities, and a 12.4 per cent reduction in hospital standardised mortality ratios. Of the 31 hospitals that are participating in the acute patient safety programme, 10 have already achieved an HSMR reduction in excess of 15 per cent, and three are showing a reduction in excess of 20 per cent.

Scotland's hospitals are far cleaner than they were under Andy Kerr. Clostridium difficile cases in patients aged 65 and over have reduced by 80.5 per cent since Labour was in power, and MRSA cases have reduced by 88.9 per cent in NHS Lanarkshire, for example, and 88.4 per cent nationally.

Rhoda Grant (Highlands and Islands) (Lab): Will the cabinet secretary take an intervention?

Alex Neil: No, not at the moment.

The Deputy Presiding Officer: The cabinet secretary is drawing to a close.

Alex Neil: We have also, of course, made significant reductions in premature mortalities from cancer, heart disease and stroke through a number of initiatives.

In unscheduled care, based on the latest figures, 95 per cent of people are now being treated and discharged within four hours. To look at performance elsewhere, in Wales the comparable figure under Labour is 89 per cent.

We have dramatically reduced waiting times for both in-patients and out-patients. The referral-to-treatment time and the time that people have to

wait for diagnostic tests have been dramatically reduced.

There are no hidden waiting lists. Neil Findlay quoted Caroline Gardner as referring to hidden waiting lists. Nowhere does the Auditor General refer to hidden waiting lists under the SNP.

The Deputy Presiding Officer: Cabinet secretary, I have made some allowance for the point of order, but I need you to draw to a close now, please.

Alex Neil: Okay. I will do.

Finally, our NHS workforce is rising not just in numbers but in skill levels. We are treating the workforce properly and dealing with any problems of harassment or bullying, to which I have said we take a zero-tolerance approach.

All in all, of course there are problems and pressure points, but instead of exploiting them and turning a small number of cases into a large national crisis, we should look at the patient survey and the satisfaction rate of nearly 90 per cent. That is a far higher satisfaction rate than the Labour Party has had for the past 10 years.

I move amendment S4M-08752.3, to leave out from "notes" to end and insert:

"commends NHS Scotland's staff's commitment, professionalism and dedication as being key to patients, who are being treated faster than ever and at a time when the NHS is seeing more patients than ever before; welcomes the mandatory implementation of the nursing workload and workforce planning tools, and how staffing projections have been informed by these tools, which will be published regularly from summer 2014; notes the development of the new bed planning toolkit, which will support NHS boards to keep bed capacity requirements under regular review; considers that these evidence-based tools are vital to ensuring that the health service has the right skills and capacity in place to meet the needs of the people of Scotland; recognises that the Scottish Patient Safety Programme is a world leader in patient safety and has been the central force in driving up standards in Scottish hospitals since its inception; believes that health and social care integration will empower service planning and delivery, and welcomes the Scottish Government's 2020 vision for health and social care in Scotland and the route map to focus on improving quality in Scotland's health and care services."

The Deputy Presiding Officer: Thank you. I am afraid that if members do not keep to the times that I have given, we will lose a member from the debate. I call Jim Hume to speak to and move amendment S4M-08752.1. You have six minutes, please, Mr Hume.

15:05

Jim Hume (South Scotland) (LD): I welcome the opportunity to contribute to the debate. The Labour Party motion describes the NHS as "the country's most valued and loved public service".

That is a statement that I whole-heartedly endorse. I also associate myself with the cabinet secretary's Christmas message in which he spoke of the extraordinary work that is undertaken daily by NHS staff across Scotland to improve the lives of others.

NHS staff are the lifeblood of the health service. Just as we look on them to ensure our welfare in times of need, they rely on us to ensure that their welfare is taken care of. However, the reality is that many front-line staff are under extreme pressure. Just last month the BMA chairman, Dr Brian Keighley, warned us that reports of stress and burn-out among all grades of clinical staff are emerging across the service. That followed the "RCN Employment survey 2013", which was published in early December and which also made for alarming reading. It revealed that 54 per cent of Scotland's nurses are working more than their contracted weekly hours, with much of the overtime going unpaid; that 58 per cent reported being under too much pressure; and that—this should really keep the cabinet secretary up at night—55 per cent believe that they are unable, because of pressure, to provide the standard of care that they would like to provide.

When pressure continues to be piled on any employee, corners will inevitably be cut. That might be tolerable in many professions, but when decisions and actions can mean life or death, corner-cutting simply cannot be tolerated. As has been said, we have only to look at NHS Lanarkshire to see why the cabinet secretary should be—I am sure that he is—straining every sinew to support the majority of nurses who believe that they cannot provide the standard of care that they want to provide. Healthcare Improvement Scotland was moved to make 21 recommendations following its discovery of poor working conditions, inadequate staffing, delays in admitting emergency patients and patients not being listened to. Although no definitive conclusions could be drawn, it is telling that quality of care could not be ruled out as a factor behind the unusually high mortality rates.

At this point, I must take issue with a specific part of the cabinet secretary's amendment that praises the Scottish patient safety programme and the role that it plays in Scotland's hospitals. I do not contest that point, but I refer the cabinet secretary to Healthcare Improvement Scotland's report into NHS Lanarkshire, which stated:

"The review team found that awareness of the Scottish Patient Safety Programme was low in the majority of areas it visited, with little evidence that staff were consistently applying improvement techniques, although there were exceptions. Some elements of the programme, specifically Executive Safety Walkrounds are not in place and other key patient safety interventions need to be reliably implemented."

I presume that it will be of some concern to the cabinet secretary that not only are some elements of his world-leading patient safety programme not being implemented, but some staff are not even aware of its existence. The cabinet secretary must ensure that that particular finding is exclusive to NHS Lanarkshire and not widespread throughout the NHS in Scotland.

The pressures that staff face are born out of many things including, of course, the expectations that are placed on staff by Government, but staffing bottlenecks in some wards, hospitals and specialties across Scotland also contribute. The latest NHS workforce statistics up to September 2013 reveal a significant increase in consultant, nursing and midwifery vacancies. In just 12 months, an additional 70 consultant posts were lying empty, which is double the number in September 2012; and there was a 26 per cent increase in the number of posts that had been lying empty for over six months. In that same period, there was a 28 per cent increase in the number of nursing and midwifery vacancies, with nearly 1,400 posts lying empty, and a 27 per cent increase in those lying empty for over six months.

The recruitment issue that the BMA and the RCN continue to warn us about should be one of the cabinet secretary's main priorities.

Jim Eadie (Edinburgh Southern) (SNP): Has Jim Hume had an opportunity to look at what Unison Scotland has said? It said:

"We are pleased that the Scottish Government have listened to Unison and that as a result we will train more nurses in 2014."

Jim Hume: I am aware of that, and I will come to that point in my summing up. I recognise that not all of the NHS is broken, but parts of it need action as a priority.

Invariably, there has been a knock-on effect on the NHS's ability to provide timely treatment. I have highlighted in the chamber before the disparity in treatment times for cancer not only among health boards but among cancer types, and I make no apology for doing so again. In the most recent statistics, the 95 per cent standard was achieved for only three of the 10 cancer types. Nationally, 9.1 per cent of cervical patients, 9.6 per cent of screened colorectal patients, 10.1 per cent of neurological patients and 13.4 per cent of head and neck patients had to wait more than 62 days for their first treatment, and 8 per cent of head and neck patients had to wait upwards of 84 days for their first treatment.

My amendment is constructive. Like Alex Neil, I have issues with the Labour motion. I believe that there is much that the NHS does well and I have the greatest respect for its hard-working staff. There are some concerns that need to be

addressed, but I do not believe that resources should be focused on a full and comprehensive review, which would be costly. I would prefer that money to go to hard-working nurses to its being spent on an expensive review. The cabinet secretary should concentrate on where we need to make improvements.

I move amendment S4M-08752.1 to leave out from “, and calls on” to end and insert:

“; notes with concern the limited progress on waiting times and the disparity in treatment times for some cancer types; believes that the Scottish Government must continue to act to tackle the shortage of cancer specialists and accident and emergency staff across Scotland; trusts that the Scottish Government will work with NHS boards, health professionals and professional organisations to guarantee that all of the country’s hospitals are staffed appropriately to ensure that the NHS in Scotland is a 24/7 service fit for the 21st century, and welcomes the increase in the number of nursing and midwifery students beginning their training in autumn 2014.”

15:11

Jackson Carlaw (West Scotland) (Con): This is the mid-point—just—of the current session of Parliament, and on such a fundamental issue that is already devolved in its entirety to this place, we believe and have argued that the time is right to set decisively to one side the “We did this, you did that”, “We built this, you built that”, “We spent, but you cut” and “We opened this, but you closed that” mentality that is all too prevalent in the two largest parties when we debate health matters. This is the time when, free of national elections, we can collectively look objectively at the plans that we must make to secure Scotland’s health service for the future in the face of the demographic and other challenges that could all too easily overwhelm it if it were left to chance and fortune.

There are two halves to the debate—the now and the hereafter. As we enter 2014, we look forward in the months immediately ahead to the resolution of and reporting back on recent actions and initiatives. We are especially interested to establish the outcome of the discussions and the plans that are being made in conjunction with the Scottish Medicines Consortium that will afford greater access to new medicines—in particular, to new cancer medicines. I am grateful to the cabinet secretary for his actions on the matter, and I know that we will meet in early course to hear what practical actions will follow. We also look forward with keen attention to the outcome of the consultation on the future treatment of chronic pain.

We note that, in May, it will be two years since we offered the Government our support for its minimum unit pricing legislation, but we remain no clearer about when or whether the Government believes it will come into force. Meanwhile, we

urge the Government to look afresh at proposals from Richard Simpson and others on how we continue to tackle Scotland’s relationship with alcohol. We are keen to see the noises regarding universal health visiting translated into actions, to know what the benefits of the senior charge nursing programme are proving to be and to see real encouragement in future nursing capacity.

Although we unreservedly welcome the increase in nurse training that was announced this week, we do so mindful of the significant and sustained change in the demographic profile of our nurses: they are getting older and nearing retirement. In short, we believe that we are overcomplicating nursing to a point at which it is proving to be significantly less attractive to new entrants as a career. We need to address that now.

We also have an ambition to make the pathways from hospital to care effective. That, and all that I have mentioned before, are just parts of the sum and substance of the job that is currently in hand. In that, we have supported the Government constructively when we have been able to, but—if you will excuse my saying so, Presiding Officer—for all the cabinet secretary’s celebrated bonhomie, it is not enough for him just to acknowledge and address the shortcomings of his predecessor.

It was the great privilege of the Labour Party to create the national health service. At times, over the years, as I have listened to speeches from around the chamber, I have been left wondering whether others believe that the Conservative Party was opposed to its establishment. We were not. Let me quote from Churchill’s 1945 manifesto:

“We propose to create a comprehensive health service covering the whole range of medical treatment from the general practitioner to the specialist, and from the hospital to convalescence and rehabilitation; and to introduce legislation for this purpose in the new Parliament.”

Roderick Campbell: Will Jackson Carlaw give way?

Jackson Carlaw: I will do so in my closing speech.

It was Attlee’s privilege to establish the NHS, but the policy enjoyed Churchill’s support.

However, the NHS that was established then no longer exists, other than in name. The Blair Government substantially broke the links between the health service in England and elsewhere, and the Westminster coalition Government continues to do so. Some of what both Governments did works, and we should not be afraid to acknowledge and consider that, but the reality is that there are now substantially different health services in the United Kingdom.

We in the Scottish Parliament are entrusted with ensuring that the Scottish health service, by which name we should perhaps call it, is the best by any standard. Let me make it clear again that that means accepting Scotland's wish to have a publicly funded, publicly owned, publicly run Scottish health service. It does not mean that we accept everything that is done in the service's name, that we excuse outmoded practice or that we justify the unjustifiable. It means, rather, that we accept a basis on which we can proceed collectively.

It is likely—I put it no more strongly—that one or the other of the two largest parties that are represented in the debate will form the next devolved Government of Scotland in 2016. We will take account, with great care, of which party—we are between the devil and the deep blue sea—proposes the most substantial and thoughtful programme for the development of Scotland's health service. We will take account of which party is prepared to stop bragging and grandstanding and instead to stand prepared to ask difficult questions and to act on the answers.

Scottish Conservatives question whether the current structure of tertiary and non-tertiary health boards is sustainable or desirable. There is a case for embracing the most talented management, wherever it is to be found in Scotland's health service, and for inviting those men and women to lend their talents to the whole service, by which I mean that I envisage a slimmed-down board structure.

If we are to meet the challenge of providing the best health service for the people of Scotland, in the face of everything that we know, we must also substantially beef up what we require of people in Scotland in relation to their commitment to the service. For example, it is not acceptable routinely to fail to present for a clinical appointment. That not only wastes time and money but seriously undermines opportunities for other people who are in need. The responsibility of all of us for our health service goes much further, and Scottish Conservatives will have more to say about that in the months ahead.

Surely sterile name-calling about our respective love of Scotland's health service serves little, if any, purpose. Is it futile to expect that we can move beyond our imaginations, our enmities and our ambitions? I hope not. Now is the time for us to participate collectively in a full and comprehensive debate about the NHS in Scotland.

I have a great deal of sympathy with what the cabinet secretary said about reviews: they can take a long time and can paralyse decision making. However, if it is our duty not to seek ownership of health as a partisan battle-cry but to achieve nothing short of the best outcomes, the

best access, the best practice and the best delivery, to meet and beat the demographic, clinical and other challenges that lie immediately ahead, a collective plan, if such a thing is possible, is surely desirable. We must remember that at the heart of the matter are people—our people.

The Deputy Presiding Officer (John Scott):

We move to open debate. We are extraordinarily tight for time. Speeches must be up to six minutes, please

15:17

Bob Doris (Glasgow) (SNP): I wrote down a couple of words from Jackson Carlaw's speech. He said that our contributions should be "substantial" and "thoughtful". If the Parliament takes such an approach to planning Scotland's NHS we will be in a good place. However, with respect, I genuinely do not think that that is what Mr Findlay has brought to Parliament this afternoon.

I will consider two themes: how we deal quickly and efficiently with challenges when they emerge in short order; and how we do long-term planning. The Scottish Government does both well but, more important, it will listen to suggestions about how we can do better. I heard no such suggestions from the Labour Party during the opening speech.

I was going to mention the hidden waiting lists under Labour in 2006, but in a spirit of consensus I will not go down that painful road for the Labour Party. Instead, I will consider challenges that the Scottish Government has encountered in relation to the NHS. Health boards, in particular NHS Lothian, had issues with the recording of waiting lists and availability in Scotland. Through the Parliament's pretty robust structure and the audit process, recommendations were made, and Scotland and the Parliament acted quickly. We are now in a strong position: we have a system of patient-advised availability and complete openness and transparency. That did not happen as a result of a review of the entire NHS. It happened as a result of the Government and the Parliament and its committee system responding to the challenges that presented.

On waiting time targets, I will pick one that is good for the Government. In September 2013, our 18-week waiting time target was 90 per cent and was met; 90.9 per cent was achieved. I have no doubt that that was due to investment and the real-terms increase in funding of the NHS by the Scottish Government, which I do not think would have happened under a different Government.

However, depending on which waiting times we look at, targets are not always met. In a few months NHS boards will come before the Health

and Sport Committee and I will ask them what they are doing to reprioritise their resources to meet targets in which they have fallen short. This is about targets being constantly under review and scrutinised, and it is about continuous improvement in the NHS. Just to say, "Let's review everything" is meaningless, but that is what is offered in the motion.

An example of where Parliament got it right that immediately springs to mind is regulation of care for older people. As cabinet secretary, Nicola Sturgeon listened to an inquiry by the Health and Sport Committee and, before we had reported, moved to address the situation. Again, that was the result of an immediate response by Parliament. It was not just a general review for the sake of having a general review.

Alternatively, there could be a more thoughtful review, at which Jackson Carlaw hinted. The review of access to new medicines was thoughtful and considered. It was not a short-term populist soapbox reaction to an issue; it was about making access in Scotland fair and robust in the future for patients, families and the NHS—not just for a couple of years, but for a generation. I hope that we will have some fantastic news on that in the very near future.

Let us just deal with the facts, not the spin. Staff numbers look good for the Scottish Government. The facts are that qualified nurses and midwives are up 2.7 per cent compared to the situation under Labour, medical consultants are up 28 per cent, and GPs are up 5.5 per cent. Are there workload issues? Are there issues about staff management and planning? Of course there are. That is why, in conjunction with the RCN, the Scottish Government brought forward workforce and workload management tools in nursing to address the problems. I look forward to more information on how we will tackle other staffing problems. The issues are constantly under review.

Neil Findlay: Theresa Fyffe of the RCN said:

"The Scottish Government cannot simply continue to say that the number of nurses working in the NHS is higher now than it was a couple of years ago—this misses the point entirely. We need enough appropriately skilled nurses ... working in the right places to both meet growing demand and deliver good quality care."

Does Bob Doris acknowledge those comments?

Bob Doris: I am delighted that Neil Findlay raised that because the Scottish Government is not simply saying that. That is why there is a workload management plan. It is about the roles that nurses are performing, not just their numbers, whether they are in the acute sector, in planned surgery or in the community. The Scottish Government thinks that the matter is not so straightforward. Mr Findlay should start looking at

the details of his brief and not just use the soundbites.

On the seven-day service in the NHS, I have spoken to a representative of the medical profession who wants to reinforce the fact that there is already a seven-day service, because the NHS has to move quickly in emergency situations. I am delighted that as part of the Scottish Government's 2020 vision and its advisory board, it is moving forward to work out how we can go further on that, in a planned way, which involves talking to the physiotherapist, the pharmacist, the porters and all the relevant staff, and having a planned seven-day service in the NHS. We must not have a review for the sake of a review, as the Labour Opposition has brought to the chamber today.

There is no complacency in how the Scottish Government manages the NHS. There are lots of challenges, but we are heading in the right direction.

15:24

Michael McMahon (Uddingston and Bellshill)

(Lab): This debate is welcome because it is vital that we look at what challenges the NHS in Scotland is currently facing and that we look forward in order that we can make the progress that we all want. The NHS in Scotland may not be broken, but is not at present in a good place. That is regrettable, because Scotland cannot afford our NHS to be doing anything other than addressing the current health needs of our people, and positioning itself to face the increasing pressures that will face it in the longer term.

Whatever views are expressed in the debate, the one word that should not be taken with any seriousness is "surprise". We have known for some considerable time that pressures have been growing and what the strains are. Primarily, they are demographic change and staffing difficulties. Those are not new issues. They did not emerge as problems for the Scottish Government after the last election or even after the 2007 election. They have been concerns that have been facing the NHS throughout the devolution period and before. Given that we knew that this was coming, why has it come to pass that our nursing and medical bodies are telling us today that things are as bad as they are?

So, before we look forward, let us look back a few years to 2004. That was the year when, faced with the same growing demands on the NHS that confront it today, the then Minister for Health and Community Care, Malcolm Chisholm, set up the national framework advisory group to consider the future shape of the NHS in Scotland. Its report was delivered in 2005 and confirmed a lot of what

we already knew. The NHS has a highly trained and committed staff who were capable of delivering health care that was on a par with that which was offered anywhere in the world. It confirmed that our medical and nursing schools produce first-class graduates and that huge progress has been made in tackling some of Scotland's killer diseases.

However, the report also noted that it was also apparent that over a range of health indicators we compared badly with some of our neighbours. It concluded that we needed to transform the NHS with a series of bold initiatives that would provide a framework to deliver safe, quick and sustainable health care for the future. It also concluded that we had to put aside what is sometimes seen as narrow self-interest and pull together to reconfigure Scotland's NHS to better serve our old, our infirm, our poor and our children's children so that at last we might cast off our label of the sick man of Europe.

When, on 20 October 2005 we debated that report—which was to become known as the Kerr report, and which has been denigrated this afternoon by the cabinet secretary—it was clear that there was widespread support for it. Indeed, when opening the debate for the SNP, which was then in Opposition, its health spokesperson, Shona Robison, said:

"If the minister ensures implementation and delivery, we will have our full backing".—[*Official Report*, 27 October 2005; c 20038.]

In closing the debate that day, Stewart Maxwell was not so much concerned about the content of the Kerr report as he was exercised by a fear about the then Executive's commitment to implementing it. Indeed, he went so far as to say:

"There are underlying concerns that the proposals that are laid out in Professor Kerr's report will either not be fully implemented or will be"

subject to

"cherry-picking".—[*Official Report*, 27 October 2005; c 20064.]

However, barely a year later, the SNP—foremost among whose members was the man who is now the Cabinet Secretary for Health and Wellbeing—began campaigning to have the Kerr report ripped up and to cherry pick NHS board decisions that it did not like. While the Kerr report was all about working smarter, looking ahead and planning to prevent crisis, the short-term electoral priorities of the SNP saw it being consigned to the dustbin.

We should be in no doubt that that is one major reason why our hospitals are in crisis, why our nurses and doctors are under such pressure, why we have had to have investigations into the increasing mortality rates in NHS Lanarkshire and

why there is such disarray in parts of the NHS. It is why, despite the warnings in the Kerr report, Audit Scotland has said that the NHS is focused on short-term measures and has no long-term financial plan. Perhaps the cabinet secretary will listen to Audit Scotland, if he will not listen to me. It is also the reason why the British Medical Association says that the strain that staff are under is unsustainable and why the RCN believes that the NHS is "creaking at the seams".

In its response to the Kerr report, Unison said:

"the policy of 'Partnership' developed by Scottish Executive Health Department, the Service and Staff Side since 1997 is the key to successful implementation of the Kerr Report."

It also said that

"The NHS of the future will require a set of staff providing a different service, in different working environments and with different skills and roles"

and that

"We need to be sure that we make the best and the most appropriate use of our staff."

However, when it was necessary to invest in community projects to keep people out of hospital to enable health boards to save money against hospital budgets, we got obstruction to change from the Government and, rather than the prescribed reforms, we got petrification.

When we needed rebalancing of budgets by health boards to make the proportionate spend on primary care and community services go up and the proportionate spend on hospitals go down, we got short-term political grandstanding in order to court popularity at the expense of progress. That approach simply cannot be allowed to continue. That is why we need another review. We cannot go back; we have to consider how we will go forward. We need an independent look at that because we cannot trust the present cabinet secretary with the future of the NHS.

15:30

Aileen McLeod (South Scotland) (SNP): I am delighted to speak in support of the Government's amendment to the motion that is before the Parliament, not least because it gives me, like many speakers in the debate, the opportunity once more to place on record my admiration for, and gratitude to, all of our NHS staff for the way that they attend to Scotland's public health needs in what we all acknowledge to be challenging circumstances.

That is why I was disappointed, although perhaps not surprised, when I read the motion lodged by Mr Findlay, because it implies clearly that the NHS in Scotland is not presently fit to meet the needs of Scotland's sick and infirm. Nor

does it mention that the NHS is taking significant steps and implementing substantial reforms to meet the challenges ahead. We know that there are pressure points and challenges, but the Government is by no means complacent in its response to addressing them. The Labour motion would lead one to believe that the Government is taking no measures to prepare the NHS—and, indeed, the country as a whole—for the challenges that we know will face our public health sector in the future.

If the Labour members of the Parliament are in any doubt about the range and ambition of those preparations, I urge them to consider seriously the amendment to Mr Findlay's motion lodged by the cabinet secretary. If any reasonable person does so, they will conclude that, by any domestic or international metric, the SNP Government's custodianship of our shared NHS in Scotland reflects a process of continuing reform that is ensuring that our nurses and doctors are equipped to provide the best possible care for the sick and infirm throughout Scotland. Indeed, it is difficult to avoid comparisons with the situation in Wales, where the Labour Party is in power but where progress on key targets lags behind the performance of the NHS under the SNP Government.

On a more positive note, let us consider a few of the reforms that the Government is currently implementing to ensure that our NHS is fit for purpose as we confront the unprecedented societal and financial challenges—at least, under Westminster rule—that we will face in the future.

Neil Findlay: Will the member take an intervention?

Aileen McLeod: I would like to make some progress. My apologies to Mr Findlay, but I think that we have heard enough from him this afternoon.

The integration of health and social care that the Government is implementing is a central plank in our response to the challenges of an ageing population in Scotland. It has the potential to change fundamentally the capacity of the country's public health services to respond effectively and compassionately to the complex needs of the elderly and, crucially, to improve the quality of their lives. I firmly believe that it will do that. It will also release NHS resources to ensure that we are able to deliver the necessary quantity and quality of acute services to those in need.

Under the SNP Government, significant reforms are being implemented that will improve workload, workforce and bed planning through a series of groundbreaking mandatory planning tools that will help our health boards to plan for the number of staff and beds that they require. There are also

other reforms that are leading to increased efficiencies in the delivery of NHS services. Similarly, the numbers of NHS front-line staff continue to increase under the SNP Government. There are more nurses and nursing students in the NHS today than when we took office, which demonstrates the Government's commitment to increasing the capability of the NHS in the coming years.

The health of the nation—and, so, the pressures to which our NHS must respond—is also a function of the preventative actions that we are taking to avoid citizens placing essentially avoidable demands on the NHS in the future. I have already mentioned the integration of health and social care, but I also point to other preventative actions, particularly last week's announcement that all children in primaries 1 to 3 will receive free school meals. That single measure will directly promote the health of our children in the all-important younger years, thereby reducing the likelihood of them succumbing to a range of medical conditions in later life and helping us to tackle the health inequalities that continue to blight our society. That begs the question why Labour chose to vote against that measure last week.

I respectfully ask Labour colleagues to reflect on the key measures that the Government has taken and is taking to ensure that our valued and trusted NHS is equipped to tackle the challenges that are ahead. No Government or politician owns the NHS. The NHS is owned by and works for, relentlessly and with extraordinary success, the people of Scotland. I sincerely believe that this Government—the current custodian of the NHS—has a clear strategy for managing the health and broader welfare challenges that are ahead. It is implementing that strategy with a focus and purpose that are not evident elsewhere in the United Kingdom.

I urge members to support the amendment that the cabinet secretary has lodged. That is not a matter of political point scoring; it is the mature and responsible approach that recognises the excellent actions that the Scottish Government is taking, and its longer-term vision for health and social care, to ensure that our NHS is equipped to meet successfully the considerable challenges that are ahead.

15:35

Jayne Baxter (Mid Scotland and Fife) (Lab): I am pleased to participate in the debate, which seeks to recognise the NHS's value and the need for us to enable it to continue to meet the health needs of the people of Scotland through a thorough examination of how it functions.

It goes without saying that the NHS is a hugely valued institution that is held in high regard by people of all ages and circumstances. We know from our experiences, those of our families and those of our constituents how important a properly functioning and fit-for-purpose national health service is to everyone in the country.

As a former elected member of Fife NHS Board, I am acutely aware of the daily challenges that boards face. As an MSP, I am—like others who are here today—equally conscious of the impact that those challenges are having on people who need health services and on those across the country who are responsible for delivering the services. I am sure that a large proportion of the casework of every member in the chamber is made up of constituents who are struggling to access the healthcare that they need at the time when or place where they need it. More worryingly, there will be examples of distressing circumstances in which constituents have been let down by a service that they should have been able to expect the utmost care and attention from.

I met the cabinet secretary last year to highlight the problems at the Victoria hospital, so I know that he is well aware of the problems that patients and staff in NHS Fife are experiencing. He will also be aware of the consistent and worrying stream of stories in local papers across Fife from patients who have had negative experiences of hospital and primary care provision across the kingdom.

This year's first two editions of the *Dunfermline Press* highlighted on their front pages stories of the pressures on staffing and the impact on patients. The warnings from the headlines could not have been starker. On 2 January, in a not very happy new year message, the paper warned readers, "Don't get sick in Fife at the weekend", as it highlighted the huge drop in staff on duty at weekends in hospitals across the kingdom.

The following week's paper did not improve the prognosis for the health board much, as we learned of a fall patient who was told, "You're lucky this didn't happen at the weekend". As that patient was told that they would have had to make their way to Dundee for weekend treatment, it is clear that there are major pressure points in front-line services in Fife. Those headlines become clearer when we discover that, although the average number of clinical staff who work in hospitals in Fife stands at 2,043 on weekdays, it drops massively to just 648 at weekends.

Colleagues across the chamber have highlighted the huge pressures on staff. The results of the NHS Scotland staff survey in 2013 and the evidence from bodies such as RCN Scotland back up the concerns. I make it crystal clear that no one is suggesting in the debate that

the staff in our NHS are any less than dedicated and highly skilled professionals, but even the most talented workers in the world cannot meet all the demands that are made of them if there are problems with the staffing levels in their workplace. There comes a point when the jam will not spread any more thinly.

When the NHS's workforce survey finds that only a third of those in the workforce think that they can meet the demands of their jobs and that an even smaller fraction of people think that there are enough staff to enable them to do their jobs properly, we know that there is a serious crisis.

We know that the challenges facing our health boards are not just restricted to staffing but extend to waiting lists, funding and bed numbers—the list goes on, in Fife and across the country. In fact, the Scottish Government's own figures on delayed discharges show that NHS Fife's problems are worsening, with the number of people waiting more than 14 days to be discharged from hospital steadily increasing over the course of 2013.

The challenges are so great that I believe that the staffing pressure within the NHS is beginning to creep out into areas outwith the health service, such as homecare and children's services. Members will be aware of the recent debates on the Children and Young People (Scotland) Bill; the RCN estimated that an additional 450 health visitors would be needed to meet the requirements of the named person provisions within that bill. From our youngest citizens to our eldest the challenges remain.

An ageing population, the integration of health and social care and the accompanying pressures that will be put on budgets and resourcing because of them mean that now—more than ever—we need an integrated overarching review of how our health service is able to meet the demands not just of today but of whatever awaits us in the future.

15:40

Gil Paterson (Clydebank and Milngavie) (SNP): I am pleased to speak in the debate. The Labour motion starts by saying:

"That the Parliament believes that the NHS is the country's most valued and loved public service",

yet, in 2011, the Labour leader at that time said that Labour would not ring fence the health budget, which could leave it open to being cut by the Labour Party. That is like saying to your child, "I really value you and I love you to bits but you're getting no extra clothes for the winter."

In its motion, Labour goes on to call for a review of the Scottish health service when it knows to a person that the Scottish health service has been in

constant review almost on a daily or monthly basis since the SNP came to office.

Perhaps the review that Labour wants is a review that brings about what its London shadow health minister championed—a level of delivery and service that is UK-wide. God help us if we go down the road that England has gone down: the road of no return, of privatisation and of discontent on the part of the providers—the workforce—and the users, namely the public.

Perhaps Labour is giving up the notion of free provision at the point of need. That might not be such a fanciful statement when we consider Labour in action. One example of Labour in action was just last week with Labour members turning their backs on preventative health spend when they voted against the policy of free school meals for primary 1 to 3 pupils: a policy that will have a positive impact on the long-term health of some of our most needy children.

Because that free school meals measure is universal, it will remove the invariable stigma and bullying that goes on when we means test and shine an unwelcome light on the poor. Removing the stigma and the bullying will result in significant health changes for the children we want to make the difference for, because they will participate unhindered by their richer peer group. Because the measure is universal, it will be much more successful and significant. We know that, if we reach children at an early age, the health benefits are for life.

Still, I find it hard to believe—even a week later—that a majority of members in the Labour benches actually believed in what they were being asked to do.

Neil Findlay: The member completely misrepresents what happened last week. He knows what we were voting on last week, but he just decides to make things up. That is nothing unusual; that is how his Government works—it just makes things up as it goes along.

Gil Paterson: The record will show that every Labour member voted against a measure to provide food for children who are in need in Scotland—a measure that will help those children because that age is the crucial time to intervene as it will help their health chances for the whole of their lives.

That is a fact; that is what Labour members did. I will be quite honest—if they say that they did not mean it, I will be grateful. However, if the majority of the Labour members did and do believe that they were right to vote against free school meals and the health benefits that go with them, my father—a staunch Labour man—will be birling in his grave because the legacy of the once proud Labour Party will have been trashed.

I am pleased that the Scottish Government acknowledges that universal services are partners in preventative spend, and it has shown its dedication to that agenda through its actions. A universal free prescription service not only saves individuals money but means that people are now able to take their full course of prescribed medication. They therefore do not miss out on vital parts of their treatment, which saves the NHS millions of pounds that in the past it would have had to spend on treating complications that were caused when individuals had to pick and choose what medicine to take in order to save vital household money and thereby risk damaging their recovery.

Free eye tests ensure that disease and infections are picked up at an early, inexpensive and treatable stage, rather than resulting in complications, which can develop if people are not tested early and which are extremely expensive to deal with.

Universal concessionary bus travel also contributes in a preventative way to the health of our nation, as it ensures that our older people are mobile and are out and about visiting family and friends, or even just going down the coast for a nostalgia trip. Getting out of their house to visit family or friends and being active ensures that they remain healthy in mind and body, which cuts down on the number of visits that they have to make to hospitals, thereby saving the NHS millions of pounds that can be reinvested. It is a win-win bargain.

The Deputy Presiding Officer: The member should be drawing to a close.

Gil Paterson: If the Labour Party is serious about what it describes as its love for the health service, it should put its money where its heart is and withdraw its commitment to not—I repeat, not—ring fence the health budget. I support the Government's amendment and the cabinet secretary's work in this area.

15:47

Nanette Milne (North East Scotland) (Con): Although it frightens me to think about it, next year will be the 50th anniversary of my graduation from medical school. My commitment to a national health service that is freely available to patients at the point of need has been unwavering throughout those 50 years, and it will not change.

I became part of a profession that was paternalistic towards its patients, who were passive recipients of the care that was meted out to them. On the whole, GPs worked on their own, with their surgery often in their own home, and without the back-up of the team of professionals that is essential in today's primary care setting.

The hospital was run by the medical superintendent and matron, and in the wards sister ruled supreme, while the consultant was often seen as a god-like figure on his daily ward round, talking over his patient's head to his retinue of junior staff and medical students in language that was unintelligible to the average patient whose diagnosis and treatment was being discussed.

Today's NHS would have seemed like science fiction to my generation of medical graduates, thanks to the enormous advances in technology and pharmacology that allow more and more of us to live well into old age and that can either cure diseases that were once fatal or turn them into long-term conditions, as is now the case with many forms of cancer. In my own family alone, my son has lived with a transplanted liver for more than 20 years, my daughter has had IVF and I have a new hip, all of which were unimaginable when I left medical school.

It is therefore hardly surprising that the NHS today is struggling to cope with the enormous demands that are being placed on it, with staff under severe pressure as they deal with an increasing number of patients who are living far into old age with multiple health problems, and who require significant social care as well as healthcare if their needs are to be properly met. Like most people, I have nothing but praise for the army of health and other professionals, and non-professionals, who run the NHS, which is indeed, as the Labour motion states, our

"most valued and loved public service".

There is no doubt that, with rising demands on the service and increasing pressure on resources, both human and financial, those resources need to be carefully managed at both Government and local level. One of the great tensions in today's NHS is between management on the one hand and clinicians on the other, as they try to meet the needs of the patients for whose wellbeing the service exists. The British Medical Association calls for better engagement with the medical profession to resolve some of the challenges, and Dr Keighley, its Scottish chairman, has stated that it is not the case that

"managerial and process change holds the solution to sustaining high quality care"

but rather that

"it is only by working with doctors and other healthcare professionals that a solution will be found."

For some time, the RCN has been highlighting a critical shortage of nurses and midwives and emphasising the struggle of those in post to deal with increasing workloads. The Royal College of General Practitioners has made it plain that GPs are buckling under the strain of the demands that

are being placed on them, and allied health professionals have indicated that they are too few in number to cope with the increasing demand for their services.

To be fair, the Scottish Government has responded to a number of the pleas for help, and the measures that are outlined in its amendment should begin to point the way to improving quality in Scotland's health and care services. Yesterday's announcement of an increased intake of student nurses this autumn is a welcome sign that the Government is listening and responding to the RCN's concerns, although there will of course be a significant time lag before the current shortage of nurses in the workforce is overcome.

The recent modification of the GP contract in Scotland to take out some of the bureaucracy will help to free up GPs to focus more on their patients rather than tick boxes on their computer. If the integration of health and social care goes as planned, a new culture of co-operation between health and social care workers and between community and hospital health professionals and with the voluntary and independent sectors should eventually lead to a seamless continuum of care for the growing number of people who depend on it. Of course, time will tell. The Government's plans to refocus the role of public health nurses and to reintroduce the titles of health visitor and school nurse will undoubtedly benefit young families in the crucial very early years of development and beyond.

There is therefore real optimism for the future, but there is still a long way to go to achieve the 24/7 service, fit for the 21st century, to which we all aspire. My colleague Jackson Carlaw in his opening speech clearly signposted the way in which we should approach the future. We should seek to develop our unique Scottish health service to meet the undoubted challenges that lie ahead, whether or not Scotland continues to be part of the United Kingdom, as I hope it will.

I worry about the difficulty with recruiting and retaining consultants in certain specialties, as we have seen recently in Grampian in oncology. I have spoken to consultants in specialties such as orthopaedics, ophthalmology and mental health who feel that their clinical managers are not heeding the expert clinical advice, and I see a crying need for more nurses, not least for specialist nurses in lung cancer, diabetes, epilepsy, asthma and a number of other conditions. Their expertise is invaluable—it helps to keep patients in the community and frees up GP and consultant time, which benefits patients and provides a more efficient use of scarce NHS resources.

I also worry about the increasing number of justifiable complaints from patients, such as the

one that I heard about this week from a constituent who, following her husband's discharge from hospital at 2.30 pm, waited until 7 o'clock for his medication only to be told that the pharmacy was closed and she would have to return the next day to get his prescription. That is surely no way to treat a couple in their late 80s.

I welcome this Scottish Labour debate, because it is good that we discuss what is going well in the NHS and what requires improvement. It also gives us the opportunity to acknowledge the hard work of all those who are involved in the NHS and to thank them for their unfailing dedication to the patients whom they serve.

15:53

Roderick Campbell (North East Fife) (SNP):
As Neil Findlay did, I begin by referring to Aneurin Bevan, who said in 1946:

"No longer will wealth be an advantage nor poverty a disadvantage. Healthcare will be provided free of charge based on clinical need and not on ability to pay."

Those founding principles are as important today as they were then. As members know, the Beveridge report, which was published in 1942, identified disease as one of the five giant evils that had been plaguing society since the Victorian era and even earlier. Few people argue that the foundation of the NHS as a cradle-to-grave service was not a fitting response to that report.

Jackson Carlaw referred to the history of the Conservatives and Churchill in relation to the NHS, but my understanding is that, in 1951, six years after the foundations for the welfare state were laid, the Conservative Party regained power and immediately set up a commission to review the NHS and the way in which it was funded through general taxation, under an economist called Claude Guillebaud. The commission concluded that the NHS was a cost-effective and efficient way of delivering public health services and a line was finally drawn under the issue.

Times change, however. The demands on the service increase and populations rise. In Scotland, although we have had only a 6 per cent increase in population since 1939, the population continues to rise steadily. Of course, people are living longer, but not necessarily in good health. As "A Route Map to the 2020 Vision for Health and Social Care" acknowledges, in the next 10 years, the proportion of over 75s, who are the highest users of health and care services, will increase by more than 25 per cent. Aside from our desire to respond to patients' wishes, that is why the move towards integrated health and social care is important.

The increasing number of people with dementia presents a real challenge, as do the changing nature of healthcare—the drugs and techniques

that we use to treat patients—and the changing nature of the care that patients receive when they come into contact with the NHS. That inevitably means that we cannot stand still. We are constantly having to meet new challenges, and the NHS will come under even greater pressure in the years ahead. It will need to adapt.

In Scotland, we are fortunate that our health service is largely devolved and that the current Scottish Government values and protects the founding principles of the NHS. That has meant scrapping prescription charges—an issue that Labour members resigned over in the early 1950s and did not send to cuts commissions to consider. It also means keeping under review measures to improve effectiveness. Since the SNP took office, hidden waiting lists have been tackled, patients are being treated faster than ever before and the incidence of MRSA has plummeted to the lowest level since records began. Let us also look at the trend of positive healthcare. In just one decade, the incidence of coronary heart disease fell by 29 per cent, and between 2007 and 2011 the mortality rate for under-75s with cancer fell by 6.6 per cent.

The purpose of the NHS must be to ensure that everyone receives high-quality medical care whenever they need it without ever having to worry about cost. In Scotland, we stick to that principle but other parts of the UK are not so fortunate. The growing consensus south of the border has sometimes been a move towards privatisation of the health service and, indeed, charges for services. If someone in England needs a prescription today, it will cost them £7.85. For some—however few—that means a choice between treating their illness and putting food on the table.

In addition, the provision of free personal care remains one of the great achievements of this Parliament.

In difficult economic times, it is more important than ever that we protect the services that we value and rely on as a society. We need to maintain an NHS that adheres to its founding principles. That does not mean that it is perfect—challenges continue to arise and we need to respond. Yes, the ageing of nursing staff means that the recruitment of nursing staff must be a priority and that there is a premium on experience. Yes, health is not all about physical health; it is also about mental health. In an age of austerity, joblessness will take its toll, and the comments in the Prince's Trust briefing make depressing reading. However, when it comes to providing a 24/7 service, I am sure that everyone in the chamber will want to praise the staff of NHS 24, who every year handle 1.5 million calls from the Scottish public at all hours of the day.

We clearly need to give some thought to how to improve the consistency of services at different times. For example, we need to ensure that pharmacies and physios are able to provide seven-day care. Yes, we must ensure that we have enough accident and emergency consultants, but we also need to ensure that attention is paid to alternatives to A and E. We must acknowledge the commitment and professionalism of ambulance crews, first responders, the fire and rescue service, A and E staff, surgeons, GPs, nurses and all members of NHS front-line staff, who remain dedicated to ensuring that Scotland has a health service that is accessible and free of charge at any hour of the day or night every day of the year.

When we reflect on the need for improvements—and there is a clear need—we must, as the cabinet secretary said, take into account the high level of patient satisfaction across the NHS. In a Scottish in-patient survey in 2012, 85 per cent of patients reported that the service that they received was good or excellent.

15:58

Hugh Henry (Renfrewshire South) (Lab): I commend Jackson Carlaw's speech and the comments that were made by Nanette Milne, which demonstrated that, irrespective of the aggression and confrontation that we sometimes see in the chamber on a number of subjects, as far as the national health service in Scotland is concerned the consensus across all political parties is that the NHS is a valued and valuable asset to everyone in this country. I sometimes hope that we might have a debate about the national health service that reflects the fact that we are generally starting from the same starting point and that we have much in common, rather than one that focuses on all our differences.

When I saw the motion in the name of my colleague Neil Findlay, I was surprised—I suspected that his promotion to the Labour front bench had moderated his views and tempered his natural enthusiasm to have a go and an argument. I think that his motion is perfectly reasonable, and, for once—[*Interruption.*] The Cabinet Secretary for Health and Wellbeing shouts from a sedentary position, but I was deeply disappointed by his reaction to Neil Findlay's speech because there is much in the motion on which we could build.

Neil Findlay was not suggesting that the NHS is a basket case. There is much that we can be proud of in our NHS and in much of what has happened since devolution under the previous Labour and Lib Dem Administration. Indeed, to give credit where it is due, a number of initiatives have taken place under the SNP that are still worthy of support. We know that that party has the

NHS embedded in its views and its philosophy. However, that is not what this debate is about. The debate is—or at least should be—about a recognition that the NHS is facing problems. When we highlight and articulate those problems—Roderick Campbell said that improvement is needed, and we should all be big enough to recognise that—and express our concerns and those that many of our constituents and their family members as well as NHS staff members come to us with, we are not criticising the NHS or attacking or condemning NHS staff. Rather, we are aspiring to do something better, which is in the interests of each and every one of us.

Mark McDonald: The member is making a very measured and sensible speech. However, NHS boards are reviewed annually and the NHS is also reviewed through Healthcare Improvement Scotland, and the Care Inspectorate reviews the wider care agenda. What is the Labour Party calling for that would add to that on-going work?

Hugh Henry: In many respects, I am glad that there are continuing self-evaluations and reviews of what is going on. However, interestingly, despite what the cabinet secretary said to Neil Findlay, it is not just the Labour Party that says that there is a need for a review. The Chartered Society of Physiotherapy in Scotland recommended that there should be a baseline review. What would that mean? The RCN has said that an entire system review of the NHS in Scotland, including staffing and beds, needs to take place if we are to consider providing an extended hours NHS. Does the member have difficulty in understanding that?

Alex Neil: I agree with the gist of Hugh Henry's argument. Particularly in relation to developing the detail of the 2020 vision, I am more than happy—indeed, I am very keen—to share how we do that with the other parties in the chamber. I recognise that other parties have views. We have heard Nanette Milne, Jackson Carlaw and others set out ideas. In mapping out the 2020 vision and action plan, I make that offer to all the parties. If they want to take up that offer, I will abide by it.

The Deputy Presiding Officer (Elaine Smith): You are in your last minute, Mr Henry. I can give you only a few seconds extra.

Hugh Henry: I am glad to hear that offer from the cabinet secretary. I also hope that he goes that bit further and agrees to work with all parties within and outwith the Parliament on what is needed to review the health service, because there are fundamental problems. We know that no health board has met the 12-week out-patient guarantee. On the day that I asked a question of the cabinet secretary about mortality rates at the Royal Alexandra hospital, a different set of figures to the ones produced for Ian McConaghy and highlighted

in the *Paisley Daily Express* were suddenly produced by the NHS. Either there is incompetence in some of the information that is provided or there is manipulation of the statistics. We need to look at that together because I am not criticising the cabinet secretary or making a political point—the fact is that, under freedom of information, members of the public are being given wrong information.

The Deputy Presiding Officer: You must conclude.

Hugh Henry: I regret that I lost some time because of the interventions that I took.

I think that there is much that we can agree on and that we can work together. I wish that, sometimes, we could put aside all the point-scoring arguments and concentrate on what is needed. A review would be a good place to start that process.

The Deputy Presiding Officer: Thank you very much.

I say to the rest of the members who will speak in the debate that no spare time is available and that the time for interventions—if they wish to take them—must come from the time that they are allocated for their speeches.

16:05

Jim Eadie (Edinburgh Southern) (SNP): Today's debate concerns the future of our national health service. One of the issues that has major ramifications for the operation and funding of the NHS is the private finance initiative. Jackson Carlaw talked about a "publicly funded, publicly owned" NHS; he even allowed the word "collective" to pass his lips. Hugh Henry told us that the NHS is "valued and valuable". My concern is that all that can be, and is being, undermined by PFI.

In their report for the centre for international public health policy at the University of Edinburgh, Mark Hellowell and Professor Allyson Pollock state:

"PFI projects create a debt for the NHS, which is far greater than the investment it provides."

One of the earliest and most deeply flawed examples of a PFI contract anywhere in the United Kingdom is the contract that is operated at Edinburgh royal infirmary. The debt is such that, by 2028, taxpayers in the NHS Lothian area will have paid Consort Healthcare just under £1.3 billion for ERI's maintenance.

The issue goes to the heart of a publicly run and publicly funded NHS. It matters because such inflated service charges—which, in the case of ERI, are now running at £60 million a year—rob

our health service, the staff who work in it and the patients who use its services of valuable resources.

As we have heard, the Scottish Government has acted to protect health funding by passing on all the Barnett consequential since 2011 and increasing the health resource budget by 22 per cent. However, the fact remains that, as a direct consequence of PFI, there is less money available than there would have been. Let us be clear: we are talking about valuable resources that could be used to recruit and retain hard-working NHS staff; to provide high-quality patient care; and to tackle the inequalities in life expectancy and health outcomes that exist in our most deprived communities. This is a matter that must concern every Lothians MSP and on which we should have the maximum transparency and scrutiny, and a full parliamentary debate.

The *Edinburgh Evening News* and its reporter Dan Sanderson are to be congratulated on their campaign to highlight the breaches of contract at the hospital. It was thanks to them that we learned of the totally inadequate level of fines, which means that the contractor can be fined only a maximum of £28.24 a day for serious failures in the maintenance contract. It was as a result of their investigation that we discovered a catalogue of failures that included a serious violation of hygiene standards, with flies being found in operating suites, which led to operations being cancelled; a failure in the power supply that led to some surgical operations being completed by torchlight; incomplete checks on staff; and the Healthcare Environment Inspectorate issuing criticism of hygiene deficiencies in wards and toilets. I am deeply concerned about those serious breaches of contract, and that concern should be shared by every MSP and every party across the chamber.

The Government's amendment refers to measures to

"support NHS boards to keep bed capacity requirements under regular review".

There is widespread agreement that the NHS needs to transfer health services and resources from the acute hospital sector to community and primary care settings, as Michael McMahon said, but a significant failure of the contract at ERI was the inability to anticipate and plan for the number of beds that would be required at the new hospital. The British Medical Association, Unison and my respected colleague Margo MacDonald all warned of the shortage of beds as far back as 1999. Their warnings were dismissed at the time, but the passage of time has vindicated their stance.

A more recent source of concern in relation to bed numbers is the behaviour of Consort

Healthcare. NHS Lothian was forced to agree to a no-penalty clause before agreement could be reached on the provision of a new ward with an extra 31 beds at ERI. What that means in practice is that NHS Lothian has been prevented from imposing any penalties—or what are known as “deficiency points”—for breach of contract for a period of up to five years. I do not believe that such behaviour has any place in our modern NHS. I said at the time that Consort was guilty of “financial blackmail” and of an “utterly scandalous” attempt to hold NHS Lothian to ransom, and I see no evidence to suggest that I was wrong in making that assertion.

It is for all those reasons that I sought, through a motion that I lodged in July 2013, to achieve cross-party support for a debate on Consort Healthcare’s abuse of power at Edinburgh royal infirmary. It was my second attempt to secure such a debate and on that occasion I received the support of SNP and independent colleagues, including Margo MacDonald, whose track record on the issue is second to none. I also received the backing of Unison and BMA Scotland.

I wanted to work with colleagues in all parties to bring the maximum scrutiny to bear on the operation of the contract; I wanted to explore with the Scottish Government the further measures that it could take to address the contract’s operation; and, most of all, I wanted us to hold Balfour Beatty and Consort Healthcare to account for their actions.

Our first duty as parliamentarians is to listen to, reflect on and act upon our constituents’ concerns, which, in my case, means the people who use and work at ERI. PFI is a matter of huge public interest on which there is growing and justifiable public anger, and that public anger demands a united and concerted response from MSPs of all parties. It is, as Jackson Carlaw, Hugh Henry and others have made clear, time to put aside the political blame game and today I call on all my Lothians MSP colleagues to heed that call, act in our constituents’ interests and back all future attempts to bring this vital issue before the chamber and allow it to be discussed.

16:11

Kevin Stewart (Aberdeen Central) (SNP): In every debate that we have on the NHS in Scotland, we inevitably think about the part that it plays in dealing with the illnesses and ailments of our loved ones, whether they be friends or family, and I want to pay tribute to all the staff in the NHS in Scotland, from cleaners to consultants. I think that they are second to none.

Like everyone else in the chamber, as an MSP I often have folks coming to my door, writing to me

or phoning me to raise the failures that they have experienced. I have to say that such things are almost inevitable in a large organisation but in most cases that I deal with the NHS responds by trying to deal with any mistake that might have been made.

On such occasions, I often think about how different it would be for the folks who require treatment if they lived in other places, whether on these islands or around the world. We in Scotland are extremely fortunate to have a publicly funded and delivered health service, and I am glad to hear colleagues say this afternoon that that is the right thing. Mr Carlaw and I often disagree but I think that the Tory party north of the border has shown a different way from the party south of the border. For example, with regard to privatisation in certain day-to-day contracts, Dr Jacky Davis of the keep our NHS public campaign south of the border said today:

“This isn’t privatisation by the back door, it’s privatisation by the front door, and it is really putting patients’ lives at risk.”

We are following a different path up here and I am proud that, in the main, we agree on most points. Of course, there will always be areas of disagreement, but such is life.

The challenges of the future—whether they be the challenges of austerity, which have not really hit our NHS in Scotland as much as they could have because this Government has ring fenced the NHS budget, the challenge of the costs of new treatments as they come along or the major challenge posed by demographic change—need to be kept under constant review. That is why I am really pleased by the strides made by the Government in integrating health and social care. I realise that there is much work still to do in that respect but it is the right way forward.

I am glad that we have had the reviews of workforce planning tools and bed-planning tools, as they are extremely important.

Many members have talked about delivering the seven-day service, in relation to which there has been a £4 million investment to look at innovative approaches. That is the right approach. There is also, of course, the £50 million that has been put into the unscheduled care action plan. However, we still need to look at budgets in particular and see the shift happening a little quicker, perhaps, than it is at present in moving resource to primary care, as prevention is better than cure.

We have seen a number of Government initiatives to ensure prevention. There has been investment in telemedicine, free prescriptions, free eye tests, free personal care—as a number of folk have mentioned—and initiatives such as family

nurse partnerships, which I think are making great gains out there.

Colleagues have mentioned the policy that was agreed to last week to ensure free school meals for primary 1, 2 and 3 pupils. Some folk may think that that has very little to do with health, but the chief executive of One Parent Families Scotland, Satwat Rehman, has said:

"The benefits of free school lunches are particularly important to children from low income families but poor diet and obesity affects children from all backgrounds.

Healthy free school lunches have been shown to help tackle health inequalities, as well as reducing the poverty trap faced by parents trying to move into employment."

Those prevention initiatives are the way forward.

We have heard that the Labour Party wants a wholesale review of the health service, but that would be a wrong move. I agree with other members. I would much rather see resources being put into the front line than an expensive review that may very well come up with nothing.

Finally, I cannot pay enough respect to the folks who work in our NHS in Scotland.

16:17

Margaret McCulloch (Central Scotland) (Lab): I, too, apologise for my absence for part of the debate.

Following the publication of the Healthcare Improvement Scotland review of the safety and quality of care in NHS Lanarkshire, I took the view that three things should happen. First, there should be on-going independent scrutiny to ensure that the review panel's findings are implemented. I understand that that is happening. Secondly, there should be a full parliamentary debate on the health service, such as the one that Labour has secured today, to give members the opportunity to discuss the review and wider issues that the NHS in Scotland faces. Thirdly, the Scottish Government should support Labour's call for a full inquiry into the pressures on our NHS because, as the Royal College of Physicians of Edinburgh has said, the problems in Lanarkshire will be familiar to clinicians across the country.

I want to focus on how the experience of patients and staff in NHS Lanarkshire strengthens the case for the full and comprehensive review that Labour calls for in our motion. Mortality rates in Lanarkshire's three acute hospitals triggered the HIS inquiry, which reported at the end of last year. We now know that mortality rates at Hairmyres and Wishaw are closer to the national average than first anticipated, but Monklands remains an outlier. However, the panel's findings across the three sites should give us all cause for serious concern.

I am not aware of anyone in the Scottish Government who disputes or contests a single finding of the HIS report. To the best of my knowledge, the Scottish Government has accepted the report in full and therefore accepts that there was "a significant disconnect" between what the leadership team thought was happening in Lanarkshire and what was actually happening on the ground; that there was a "lack of sustained delivery" in accident and emergency; that there was an underreporting of risk; that there were examples of clinicians not escalating concerns about the safe provision of care, because they did not think that anything would change as a result; that there was a

"persistence of practices which represent an unacceptable risk to safe patient care",

such as a lack of consultant cover; that the pressures of providing services across three acute sites were a recurring theme, not least in respect of staffing and workforce recruitment; and that staff at all levels in NHS Lanarkshire believed that unscheduled care was in

"a state of perpetual crisis".

If the Government accepts those findings, surely people in Lanarkshire are entitled to ask how on earth our Government allowed such a grave situation to develop when the problems faced by the health board are so well documented. It should not have taken a spike in mortality rates in Monklands hospital, or in any hospital, for ministers to see that the pressures that were being felt across the NHS were being felt so acutely in Lanarkshire.

Time and again, I have raised with the Government, the health board and Lanarkshire communities my concerns about pressure points in the health service, especially on A and E. The HIS review panel stated:

"there is a growing evidence base linking poor flow and sub-optimal scheduling in healthcare to an increase in mortality, adverse events, readmissions and poor financial performance ... there is evidence that congestion in the accident and emergency department and the hospital increases the risk of death for patients admitted to hospital."

Last month, the *Sunday Mail* reported on the longest waiting times in A and E—over 12 hours—doubling across Scotland and trebling in Lanarkshire. NHS Lanarkshire and a Scottish Government support team are looking at how to improve patient flow and, hopefully, address those long-standing issues.

However, we have been here before, and the report makes clear that

"previous interventions to support NHS Lanarkshire to achieve the 4-hour standard have not resulted in sustained delivery."

The Government cannot just pass the buck to the board on A and E, because there are questions to be asked about its own effectiveness. Whenever I raise my concerns about the A and E crisis in Lanarkshire, the health secretary refers to decisions that were taken seven years ago to retain Monklands A and E. However, HIS has shown that the Government has retained three A and E units in Lanarkshire without addressing any of the underlying issues that compelled the health board to consider moving to two A and E units in the first place.

Alex Neil: Will the member take an intervention?

Margaret McCulloch: I will just continue, if the cabinet secretary does not mind.

Minor injuries units have been scrapped in Cumbernauld and new investment in Hairmyres and Wishaw was cancelled. On medical staffing, the review team stated that

“the inescapable conclusion is that the actions taken to date are inadequate.”

NHS Lanarkshire faces a series of grave, recurring challenges, but we cannot look at that health board in isolation. We have to look at decision making and leadership in the health service at all levels, including the decisions that come from the top. That is why I believe that a root-and-branch review is needed now and that is why I support the Labour motion.

16:22

Mark McDonald (Aberdeen Donside) (SNP): I said in my intervention during Hugh Henry’s speech that I thought that it had struck a very measured tone. I thought that Hugh Henry was a little uncharitable about my intervention, but I asked my question in a genuine spirit of trying to understand where exactly the Labour motion is coming from, because the term “review” in it covers many options. We have heard Labour members say that they want a wholesale review, but they have also said that they want to look at baseline reviews in certain areas. Would a review cover everything? Would it cover only some things? Would it cut across the other work that I highlighted in my intervention as being done and therefore risk duplication of effort, particularly in terms of annual reviews?

We do not know the answers, because no real terms of reference for a review or ideas about where a review would go and lead to have been laid out. The Labour Party needs to work out whether it is trying to be an Opposition party aspiring to government or a lobbying organisation. If it wants to be a party that aspires to government, there is nothing wrong with it coming to the

chamber and articulating the concerns that are expressed by others. However, all that we have at the moment is a skeleton that is absolutely bereft of the meat of policy intention from the Labour Party. We need to know what exactly the Labour Party hopes to get out of a review.

Neil Findlay: If the member is supporting the call for a review, I would happily discuss the terms of reference with the minister; I am sure that the minister would accept the member’s input into that, too. However, can I nail something on this? We are reflecting the call from stakeholders from across the national health service, including a number who were at *The Herald’s* health conference and who called for a major review of social care as well. It is not just us who are calling for a review, but people from across the NHS.

Mark McDonald: I think that, rather than nailing that, Mr Findlay hit himself on the thumb. He needs to understand that, as I said, I do not have a problem with people coming to the chamber and articulating the concerns that are expressed outside it, but the point is that the Labour Party has to add to that by describing what its policy intentions would be in relation to such a review. I will come back to that, perhaps, at the end of my speech.

Neil Findlay: Oh dear.

Mark McDonald: Mr Findlay is ever the dramatist.

I could cite many improvements in NHS performance, as colleagues throughout the chamber have done, and I will highlight some of them later, but I could also highlight areas in which the NHS has identified, or it has been identified by others, that there is a need for improvement. Other members on the SNP benches have done that as well.

The difficulty that I have with the way in which the debate is framed—this is why I was struck by the approach that Mr Henry took—is that, too often, we hear from the Opposition cries of, “You’re being complacent” when things are going well and cries of, “Everything’s in crisis” when things need to be improved. The reality tends to be in neither of those extremities.

We entirely understand that, in a human organisation such as the national health service, there will always be areas that need to be improved. With the volume of patients who are seen each day, things will sometimes go wrong. We all get constituents coming to our surgeries to tell us of individual circumstances in which things have not gone to the high standards to which we aspire. The big danger that we may fall into is to take individual cases and try to describe them as the norm and as what is happening elsewhere in the national health service. That is not something

that is recognised by the health professionals to whom I speak when I raise constituency concerns in my area.

I want to touch on dentistry, which has not been mentioned in the debate. Indeed, it is not mentioned much in health debates. We can see the improvements that have taken place in that area since the Government came into office. I recall, prior to the 2007 election, the queues round the block in the town of my birth—Inverurie in the north-east of Scotland—and many other north-east communities as people sought to gain access to NHS dentistry. However, since 2006, across Scotland, there has been a 32.6 per cent increase in the number of NHS general dental services registered dentists. That is 793 additional dentists since 2006.

As a result, the waiting lists for NHS dentistry in Grampian have plummeted and the number of people who are waiting to access NHS dentistry is almost at zero. That is due to the additional NHS practices that have opened up in the city of Aberdeen—I cite Dyce in my constituency as having a new dentist in the community that is accepting NHS patients—but I suspect that it is also down to the Aberdeen dental school, which was opened in 2009 by this SNP Government. I recall that, at the time, the Liberal Democrats doubted the potential of that facility to eradicate dental waiting lists in the NHS Grampian area. Mike Rumbles said that it would not remove the waiting list problems. I note that it is not just NHS dental waiting lists that have been virtually eradicated in the north-east of Scotland since that bold statement was made by Mike Rumbles; it is also the Liberal Democrats.

As always with the NHS, the issue is about choices, and it is about parties laying out the choices that they would make. In every budget, the Government lays out the choices that it is making in relation to the national health service, and my colleagues will know that, at every meeting of the Health and Sport Committee at which the budget was discussed, I raised the question of disinvestment versus additional investment. When I raised that with Mr Findlay, he said that that is what he wants a review for. He wants a review to tell him how the NHS money should be spent. If he wants to be the next health secretary, he needs to stop leaving it to other people to do his homework for him.

16:28

Jim Hume: We have had a robust debate on a subject that is clearly dear to all our hearts. I am grateful to Neil Findlay for bringing a debate on the NHS to the chamber, but I regret that there was little in the motion that provided many ideas. I

would rather pay for front-line nurses than expensive inquiries that may take some time.

In my earlier speech, I concentrated on several issues that I believe need to be addressed, and I did so constructively. In particular, I noted the disparity in treatment times for cancer, staffing vacancies, problems for staff regarding overworking and stress, and waiting times for A and E.

We know that there are specific problems in certain areas, such as NHS Grampian, but blaming problems on retirements and relocations, which do not happen overnight, is simply not good enough and is little consolation to the 20 per cent of colorectal cancer patients and 50 per cent of head and neck cancer patients who are waiting longer than 62 days.

Of course, those patients are not alone; the target is not being met for urological cancer patients, with some 25 per cent of patients in Lanarkshire, 17 per cent of patients in Dumfries and Galloway and 15 per cent of patients in Fife waiting longer than 62 days. On head and neck cancer treatment, in addition to the excessive waiting times in Grampian, 12.5 per cent of patients in NHS Highland and more than 41 per cent in NHS Ayrshire and Arran are waiting for longer than 62 days.

Jim Eadie intervened during my opening speech to ask whether I welcome the increase in students. If he had read the last line of my amendment, he would have seen that it

“welcomes the increase in the number of nursing and midwifery students beginning their training in autumn 2014.”

Jim Eadie also mentioned the arrangements for Edinburgh royal infirmary and called on fellow Lothians MSPs to work together on the matter. Many constituents from South Scotland, which includes east Lothian, use ERI, so I will be happy to work constructively with Jim Eadie on the matter.

The amendment in the name of the cabinet secretary—oh, I see that he is off out of the chamber—says that patients are being treated “faster than ever”. There is no doubt that good work has been done. However, there are particular problems for cancer sufferers in certain areas, such as NHS Grampian, which I know have had an impact on patients in Orkney and Shetland. The cabinet secretary—or perhaps the Minister for Public Health—must explain why problems have arisen with urological and head and neck cancer patients. The figures in some areas are appalling. The detect cancer early initiative, record-breaking treatment times and the patient safety programme mean nothing to patients who are waiting for a phone call or letter to tell them that their

radiotherapy or chemotherapy is finally about to start.

Many of our emergency departments were plunged into crisis last year, and concerns remain. We hope that staff will have an easier time this year, but compliance with targets has fallen again nationally, with nine of our 14 health boards failing to meet the four-hour target in the three months to September—and that was before winter, with all the pressure that that brings. The cabinet secretary's assertion that patients are being treated "faster than ever" does not stand up to scrutiny.

Between the July and September of the SNP Government's first full year in office, just 7,385 patients were not treated in and discharged from emergency departments within four hours. The figure for the corresponding period last year has almost trebled to just over 20,000. The stats do not tell us how many of those people waited on a trolley for six, eight or even 12 hours. Time will tell whether the cabinet secretary's unscheduled care action plan will be a success. I hope that it will be a success. However, are 18 consultants enough to drive back a threefold increase in the number of people who are not treated within four hours?

I regret that I cannot support the cabinet secretary's amendment. I nearly supported it, but it glosses over the legitimate concerns that I have raised and the stats on cancer treatment and A and E waiting times, which are all available on the Information Services Division Scotland website. However, I am happy to take up the cabinet secretary's offer—he is still absent—to work together on the 2020 vision for our NHS, and I appreciate his constructive comments in that regard.

These are challenging times for the NHS, particularly as there appears to be a consensus, and rightly so, on creating a 24/7 service that is fit for the 21st century and takes a person-centred approach. That will require resources and adequate staffing, which simply are not there in many areas.

Our NHS is our nation's most loved and valued service. We face the challenges that I mentioned in my opening speech, as well as challenges in relation to staffing and recruitment. We need to address the disparity in waiting times and cancer treatment times—addressing the shortage in cancer specialists should go a long way to help in that regard.

I commend NHS Scotland staff's commitment, professionalism and dedication, which are key for patients. For that reason I nearly supported the cabinet secretary's amendment. However, the amendment glossed over serious issues.

I do not agree that we should spend resources and waste time on full and comprehensive reviews, when much of the NHS works well. We need to concentrate on reviewing and acting timeously on the parts that need improving.

16:35

Jackson Carlaw: Never on any previous cold, wet Wednesday afternoon in January have the charms of Cowdenbeath proved to be more compelling or distracting.

The debate started with Mr Findlay saying that even Jackson Carlaw cannot support the reforms in the health service in England; it occurred to me that Mr Findlay could no more support the reforms of the Blair Government over the previous 15 years because, of course, the Labour-led devolved Administration did not introduce or follow those reforms here in Scotland.

I was taken with the cabinet secretary's speech in a number of ways. He referred to the ring fencing of health spending and the consequential in Scotland. I sometimes wonder how much more has been spent over and above the consequential that have been obtained from Westminster. I will facilitate the cabinet secretary's answer to that by lodging a written question, just so that we can fully understand that dynamic.

Jim Hume said that the cabinet secretary was kept up at night. I can only observe that at his venerable age, many and varied are the possible reasons for that, and indeed for his missing Mr Hume's closing speech. However, I agree that the ageing demographic and the concerns of the RCN ought to be one worthy explanation.

Michael McMahon illustrated that there is no shortage of people who can regale us with the problems in Scotland's NHS. Of the reports that existed a decade ago, I do not think that the Kerr report offered the correct model for going forward. While I accept that it is very difficult for any report to offer the correct model, it would be better if we were to go forward with greater unanimity.

One of the things that the Kerr report did not anticipate effectively a decade ago was the ageing demographic. Scottish Conservatives have today revealed that there were 116,000 emergency admissions to hospital among the over-75s in 2003. Last year, there were nearly 150,000. That further illustrates the enormous change and challenge that the ageing demographic represents.

I was struck by Kevin Stewart's contribution. He was absolutely right: if every patient who was treated by the NHS came to MSPs dissatisfied with the service that they had received, we would do nothing but deal with them. In fact, it is still the

exception rather than the rule that a person suffers the shortcomings of the service. We should be fearless in rooting out those shortcomings and learning from them, but we should also recognise a point that is appreciated on all sides of the chamber, which is that the job that is done by the overwhelming majority of the people who work in the NHS is the very best and the most admirable that we could wish or hope for.

I was slightly saddened by Gil Paterson's contribution. I hold Mr Paterson in some regard, but for him simply to perpetuate the tribal argument fails to serve. To rattle on about the privatisation—if that is what it is—of the health service in England is as irrelevant as rattling on about the status of the health service in Australia. The matter is devolved.

Mark McDonald: Jackson Carlaw must accept that there is a link in respect of the Barnett consequential, and that any reduction in health spending south of the border would impact on the health budget of this Parliament. I accept that the link is not complete, but it is still there.

Jackson Carlaw: I hope that Mr McDonald will acknowledge that health spending in England has been ring fenced and that it is as a result of that that huge consequential has come to the Scottish Parliament to spend on a devolved decision-making basis. He can have no complaint.

Roderick Campbell, too, expanded on the English example. What was the purpose of devolution if not to allow us to have our own health priorities in line with our experience? No party in this chamber is advocating the Labour, Liberal or Conservative model of healthcare in England. The Scottish Labour Party, the Scottish Liberal Democrats, the Scottish Conservatives and the Scottish National Party have distinct health policies that are appropriate to the health service in Scotland.

Gil Paterson: The point that I was making has nothing to do with the English health service; it was about the Labour Party and its calls for a unified system throughout the United Kingdom. That is what scares me to death.

Jackson Carlaw: I turn to Hugh Henry. I thank Mr Henry for his appreciation of my contribution and that of Nanette Milne, and for his understanding of what I hope was my substantive point. Scottish Conservatives stand with Scotland's NHS, and not with England's.

My appreciation of Hugh Henry's contribution goes far beyond that, however, because I applaud his understanding that asking questions about the future of the NHS in Scotland is our duty and is not a criticism of everything that we are seeking to do. That led, in turn, to an interlude of reason in this afternoon's debate. I very much welcome the

cabinet secretary's offer to participate in the kind of mapping-out discussion that is required. I am prepared to believe him because it is my experience of him to date that he means what he says.

I asked at one point in the debate whether it is futile to expect that we can move our imaginations, enmities and ambitions beyond the sterile name-calling between the various parties in the chamber. For a significant part of this afternoon's debate, I doubted that that was possible, and I suppose that I will probably do the same in debates in the future. However, for a few moments this afternoon, I believed that perhaps it might be.

16:41

The Minister for Public Health (Michael Matheson): As every health debate in the chamber does, this one has proved to be interesting. There have been a number of measured and constructive speeches. Jackson Carlaw, Aileen McLeod, Nanette Milne and Hugh Henry all made considered contributions on how they see things moving forward in the NHS in Scotland in the years to come.

Jackson Carlaw got us off to a good start when he outlined the shared values that we all have with regard to our NHS, and noted that every one of us recognises its value and the importance that it has in our society. A big part of that is probably because it is a public service that we have all made use of and benefited from at some point. It is also the service that we hope will put things right when our health goes wrong and we lose a bit of control over our lives because we are unwell as a result of some condition or other. It is the body whose staff will help to give us back that control. Those practical and personal reasons explain why it is an issue that cuts across political boundaries and why we value so highly our NHS and the contribution that it makes to our society.

It follows, therefore, that we all have a vested interest in ensuring that we have the best possible NHS—that we have an NHS that is a world leader that is able to deliver the best standard of healthcare for every citizen, as and when they require it. We all have that shared value, and it is important that the debate around health is informed by it. Of course, there will be times when parties will disagree about the approach that has been taken by a particular Government at a particular point with regard to how it seeks to achieve the best possible health service. However, as Hugh Henry noted, underlying that is a shared agenda, which involves a desire to achieve the best possible healthcare system.

As others have done, Jim Hume acknowledged that the vast majority of work that goes on in our

NHS is fantastic. We are rightly proud of the staff in our NHS and of what they achieve.

I say this not for political ends, but it is a reality that our NHS is better today than it was five, 10, 15 or 20 years ago. It continues to evolve. During the quarter ending September 2013, 98.3 per cent of patients were treated within the 12-week legal treatment time guarantee period. That compares with 85 per cent of inpatient day cases that were seen within 18 weeks in the quarter ending March 2007. In September 2013, 95.4 per cent of patients waited less than the 12-weeks standard for their first outpatient consultation, which compares with 84.2 per cent back in March 2007. Those statistics demonstrate the progress that has been made in our NHS. Some of it is because of policy and direction—set by Government and delivered by NHS boards—and some of it is because of science in terms of how our NHS has moved on and the diagnostic programmes that we now have.

However, although those improvements are taking place as our NHS evolves and develops over the years, we must face up to the challenges that the service faces and which the cabinet secretary set out in his speech. In particular, I refer to the demographic challenge that we have as a society, with an ageing population—people are living longer; that is great, but as they live longer, they are more likely to have a number of long-term conditions—and how that impacts on how we design and deliver our NHS.

I will pick up on a couple of points that members made about changes to address some of the challenges.

Neil Findlay raised seven-day working. He challenged us on the progress that we are making on that because of the lack of staff across a range of disciplines in our NHS. However, a bit of research would have helped him to understand that we have started the process. We have established a task force to help us to identify what staffing levels we need to put in place to ensure that we can deliver services seven days a week.

It is not about criticising where we are now; it is about where we are trying to get to and the measures that we are taking to achieve that. If Mr Findlay had given further consideration to that, he may have realised that and understood it more fully.

Several members raised delayed discharges, which have been a long-standing problem in our NHS and in the linkage between our health and social care systems. A week or so ago, I was in Ayrshire at Crosshouse hospital meeting the staff in the frail elderly unit and talking to them about the challenges that they face. Delayed discharges are one of the major problems that they face, as a

result of obstructions in the patient pathway and in their ability to discharge patients. We accept that that is a problem, which is why we have taken a range of measures to address it, and why we are integrating healthcare and social care to ensure that we deal with delayed discharges much more effectively. We need to ensure that the back door in our hospitals is as big as the front door so that we can get patients moving through the system much more effectively.

Neil Findlay: Is not it the case, however, that a social care system that is based on driving down contracts, terms and conditions and standards cannot meet the demands that are being placed upon it?

Michael Matheson: Part of the challenge in Ayrshire concerns how the local councils operate. The problem is the failure to create proper links between them in order to have staff working in partnership. The front-line staff tell me that that is their experience day in, day out. That is why we must make the system much more effective.

Mr Findlay also asked how we can ensure that we deliver the right services when, in a board such as NHS Lothian, there are only something like 25 doctors on at the weekend. That is utter nonsense. It would hardly be possible to staff an accident and emergency department with 25 doctors over a weekend.

Neil Findlay: Will the minister give way?

Michael Matheson: Sit down.

Neil Findlay: NHS Lothian said it.

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

Michael Matheson: That is another example of misleading information that does not help the debate. That is why it is important that, if we are going to make sure that we continue to make progress in our NHS—

Neil Findlay: On a point of order, Presiding Officer.

The Deputy Presiding Officer: Minister, I have to ask you to resume your seat. I have a point of order from Mr Findlay. [*Interruption.*] Order, please.

Neil Findlay: To clarify, NHS Lothian itself provided the information to which the minister referred.

The Deputy Presiding Officer: That is not a point of order.

Michael Matheson: Not only is it not a point of order, it is a load of baloney.

The Deputy Presiding Officer: Minister, could we stick to parliamentary language, please?

Michael Matheson: The facts will prove that there are not only 25 doctors in NHS Lothian at weekends.

The Deputy Presiding Officer: You must conclude.

Michael Matheson: It is important that we not get sucked into inertia through a review that would take us to a never-never land that is, basically, a fig leaf for a party that has nothing to contribute on how we take our NHS forward in the years to come. We need to get on with the actions that we have already put in place to ensure that we deliver an NHS that is fit for purpose. We need a vision for the future; we have that, and the Government is prepared to work with others who have serious ideas about how we will ensure that our NHS continues to evolve to be a world-leading service.

16:49

Rhoda Grant (Highlands and Islands) (Lab): As many speakers have pointed out, the NHS is valued not only by all our constituents but by all the parties in the Parliament. The NHS is a national treasure. It needs to be protected and allowed to grow to meet our communities' needs in the future. Many speakers—including Michael McMahon, Roderick Campbell and Nanette Milne—mentioned the change in demographics that will mean an ageing population. The NHS will need to work with the complex health conditions of many in the ageing population, not to mention conditions such as dementia, which we have not dealt with in the debate.

The NHS needs to develop and change to meet those needs. That is why we brought the debate to the Parliament. We have brought to the chamber the concerns of dedicated NHS staff in the hope that the cabinet secretary would listen to them.

Like Hugh Henry, I was disappointed that, instead of giving voice to their constituents' concerns, many SNP back benchers were apologists for the Government. That was not our wish for the debate; we wished to raise the concerns of people who use and work in our NHS.

Jim Eadie: Will the member take an intervention?

Rhoda Grant: It is clear from the debate that the SNP has no vision for the health service, other than crisis management, as was pointed out in some of the comments that we have brought to the chamber. The Auditor General for Scotland put the NHS on financial amber warnings last year and has signalled similar concerns this year about long-term financial planning. That comes not from us but from the Auditor General.

Mark McDonald: Will the member give way?

Rhoda Grant: No. Mark McDonald might think that he has all the answers, but it would do him good to listen to the experts, instead of pretending that he knows what to do, ignoring the rest and not allowing them to be part of a review. He thinks that he knows it all.

Michael McMahon pointed out that the Scottish Government failed to recognise the impact—

Mark McDonald: Will the member give way?

The Deputy Presiding Officer: Mr McDonald, Rhoda Grant is not giving way.

Rhoda Grant: The Scottish Government failed to recognise the impact of slashing local government budgets, which has halted the shift of the balance of care in its tracks. Cuts to community-based services are putting pressure on the NHS because of unscheduled admissions and delayed discharges.

Bob Doris: Will the member give way?

The Presiding Officer (Tricia Marwick): Mr Doris, Rhoda Grant is not giving way.

Rhoda Grant: The minister, Michael Matheson, mentioned that those issues are big problems for the NHS in Scotland.

After years of rhetoric, health inequalities remain Scotland's shame. We are presided over by a Government that has slashed anti-poverty funding.

Kevin Stewart: Will the member give way?

The Presiding Officer: Mr Stewart, Rhoda Grant is not giving way.

Rhoda Grant: The Government has failed to recognise that poverty is the greatest driver of health inequalities in our nation. It needs to listen to the warnings. Along with the RCN, the BMA and many others, we believe that a comprehensive review of the NHS is needed to identify the pressure points. That would enable us to deliver an NHS that is fit for the 21st century, which is what we wish to do.

On that basis, we are delighted to accept the cabinet secretary's offer of involvement in developing the 2020 vision. We are more than happy to work with the Government, as we were when we offered to work with it on GP contracts. I very much hope that the offer will come to fruition, unlike that on GP contracts.

We all acknowledge that staff are our biggest and best resource in the NHS. Dedicated and skilled people are working to keep the NHS going. Some of them are doing that in their own time and unpaid.

There are more than 1,000 fewer nurses and midwifery staff than there were four years ago, a drop which puts a strain on our NHS staff.

Between 2011 and 2013, the spend on agency nurses and midwives increased by 62 per cent, which shows the desperate need for staff. The RCN tells us that that puts significant pressure on the workers who are there and that 58 per cent of nurses say that they are under too much pressure.

Some of the responses to our freedom of information requests have talked about huge numbers of staff being off work as a result of stress, which is because they are working under far too much pressure. They are working unpaid hours beyond their contractual hours to keep the system going.

The system is creaking and we need to listen to those people who are working in it. We have also seen cuts in trainee places of 20 per cent. Yes, people have come together and welcomed a 4 per cent increase, but that is against a 20 per cent decrease in the past. We need to do more.

We also need to take into account, as Jackson Carlaw said, the demographic profile of the nurses who are working in the NHS, because we will need many more in training in the future to fill the gap. There is also a gap in consultant vacancies. I think that it was Jim Hume who quoted the numbers, but we are also told by the BMA that it is not a short-term problem, as figures show difficulties in filling training posts in some specialties, which is not sustainable. It is the BMA that is saying that it is not sustainable. It also tells us that medical staff are working over and above what is expected of them and that they feel under considerable strain as a result. Again, that is clearly not sustainable.

We have seen the situation with junior doctors and we need to tackle it now. We are asking in this debate that the cabinet secretary take seriously our plea to review the situation, to ensure that we can tackle the problems. Sadly, as Margaret McCulloch eloquently said, we have seen in NHS Lanarkshire that it was mortality rates that raised alarm bells for the cabinet secretary to go and examine the situation. The Royal College of Physicians tells us that the findings of the review make depressing but not surprising reading. Clinicians across Scotland recognise the challenges facing colleagues in Lanarkshire. It is not a problem for Lanarkshire alone but for the whole of Scotland, and the cabinet secretary is ignoring it. I appeal to him to consider a review, even based on that information. *[Interruption.]*

The Presiding Officer: One moment, Ms Grant.

I ask members who have just come into the chamber, and members who have been here for a while, to stop their chattering and let Ms Grant finish her speech.

Rhoda Grant: The latest figures show that nine health boards are failing to meet their A and E targets, and the SNP has not met its A and E

targets for Scotland as a whole for four years. Even Bob Doris conceded that the weekend service is basically an emergency service, but it is failing. Jayne Baxter pointed out the sad problems in the Victoria hospital, which does not even provide an emergency service at weekends, when patients need to travel to Dundee in the case of an emergency. That is not sustainable—emergency cases need to reach treatment as quickly as possible—and the problems are not unique to that area.

The NHS is under financial pressures because of changes to care and the way in which it is delivered. That will create financial pressures, and the Auditor General has pointed that out to us, as some members have said during the debate. I sincerely hope that the cabinet secretary is listening to those concerns.

The cabinet secretary talked about C diff and infection control. I have to say that I am concerned about the numbers, because I do not believe that they are realistic, and I ask him to look into whether C diff is being investigated properly. I have reason to suspect that it is not, from a local outbreak that happened in the Highlands, and I am concerned that the same could be happening elsewhere in the country.

Health spending is a barometer of the nation's wellbeing. We cannot leave people in poverty, out of work, in poor housing and dependent on food banks for nutrition and not expect all of that to impact on the NHS. The Government has been so taken up with tearing our country apart that it has stopped doing its job. The money that it spent on a white paper promising childcare in never-never land should actually have been spent on providing it now. It has put Scotland on pause and spent our money on dreams while our services are suffering, and the health of the nation is in jeopardy because of that.

In conclusion, I quote Theresa Fyffe from the RCN, who said:

"It is not sustainable to manage the health service in this way, as shown all too clearly by missed waiting times targets, growing vacancy rates for nurses and other healthcare staff and an increasing reliance on bank and agency staff as well as private healthcare."

The cabinet secretary needs to listen to those concerns. He cannot continue ignoring staff who are buckling under the strain of his mismanagement. If he does not listen, we will face the consequences. That is why we in the Labour Party are calling today for an honest and comprehensive review of the NHS in Scotland.

Business Motions

16:59

The Presiding Officer (Tricia Marwick): The next item of business is consideration of business motion S4M-08760, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a revision to the business programme for tomorrow, Thursday 16 January.

Motion moved,

That the Parliament agrees to the following revision to the programme of business for Thursday 16 January 2014—

delete

2.30 pm Parliamentary Bureau Motions

2.30 pm Stage 3 Proceedings: Regulatory Reform (Scotland Bill)

and insert

2.00 pm Parliamentary Bureau Motions

2.00 pm Stage 3 Proceedings: Regulatory Reform (Scotland) Bill

followed by Scottish Government Debate: Town Centre Action Plan—[Joe FitzPatrick].

Motion agreed to.

The Presiding Officer: The next item of business is consideration of business motion S4M-08759, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees the following programme of business—

Tuesday 21 January 2014

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Final Stage Debate: Burrell Collection (Lending and Borrowing) (Scotland) Bill

followed by Scottish Government Debate: Suicide Prevention

followed by Preliminary Stage Debate: The City of Edinburgh Council (Leith Links and Surplus Fire Fund) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 22 January 2014

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Justice and the Law Officers;

Rural Affairs and the Environment

followed by Stage 1 Debate: Budget (Scotland) Bill 2014-15

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 23 January 2014

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

Tuesday 28 January 2014

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Wednesday 29 January 2014

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions
Health and Wellbeing

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 30 January 2014

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

12.30 pm Members' Business

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time—[Joe FitzPatrick].

Motion agreed to.

Decision Time

17:01

The Presiding Officer (Tricia Marwick): There are three questions to be put as a result of today's business. I remind members that, in relation to the debate on the national health service, if the amendment in the name of Alex Neil is agreed to, the amendment in the name of Jim Hume falls.

The first question is, that amendment S4M-08752.3, in the name of Alex Neil, which seeks to amend motion S4M-08752, in the name of Neil Findlay, on the NHS in Scotland, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Keir, Colin (Edinburgh Western) (SNP)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)

McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stewart, David (Highlands and Islands) (Lab)

Abstentions

Brown, Gavin (Lothian) (Con)
 Carlaw, Jackson (West Scotland) (Con)
 Davidson, Ruth (Glasgow) (Con)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Johnstone, Alex (North East Scotland) (Con)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Milne, Nanette (North East Scotland) (Con)
 Scanlon, Mary (Highlands and Islands) (Con)

Scott, John (Ayr) (Con)

Smith, Liz (Mid Scotland and Fife) (Con)

The Presiding Officer: The result of the division is: For 64, Against 38, Abstentions 11.

Amendment agreed to.

The Presiding Officer: The amendment in the name of Jim Hume falls.

The next question is, that motion S4M-08752, in the name of Neil Findlay, on the NHS in Scotland, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Central Scotland) (SNP)
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
 Allard, Christian (North East Scotland) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Biagi, Marco (Edinburgh Central) (SNP)
 Brodie, Chic (South Scotland) (SNP)
 Brown, Gavin (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burgess, Margaret (Cunninghame South) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Campbell, Roderick (North East Fife) (SNP)
 Carlaw, Jackson (West Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Crawford, Bruce (Stirling) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Davidson, Ruth (Glasgow) (Con)
 Dey, Graeme (Angus South) (SNP)
 Don, Nigel (Angus North and Mearns) (SNP)
 Doris, Bob (Glasgow) (SNP)
 Eadie, Jim (Edinburgh Southern) (SNP)
 Ewing, Annabelle (Mid Scotland and Fife) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Fergusson, Alex (Galloway and West Dumfries) (Con)
 Finnie, John (Highlands and Islands) (Ind)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gibson, Rob (Caithness, Sutherland and Ross) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
 Johnstone, Alex (North East Scotland) (Con)
 Keir, Colin (Edinburgh Western) (SNP)
 Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
 Lochhead, Richard (Moray) (SNP)
 Lyle, Richard (Central Scotland) (SNP)
 MacAskill, Kenny (Edinburgh Eastern) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 MacKenzie, Mike (Highlands and Islands) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 Maxwell, Stewart (West Scotland) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse)

(SNP)

McLeod, Aileen (South Scotland) (SNP)
 McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
 McMillan, Stuart (West Scotland) (SNP)
 Milne, Nanette (North East Scotland) (Con)
 Mitchell, Margaret (Central Scotland) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robertson, Dennis (Aberdeenshire West) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Salmond, Alex (Aberdeenshire East) (SNP)
 Scanlon, Mary (Highlands and Islands) (Con)
 Scott, John (Ayr) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Urquhart, Jean (Highlands and Islands) (Ind)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Wilson, John (Central Scotland) (SNP)
 Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Richard (North East Scotland) (Lab)
 Baxter, Jayne (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Boyack, Sarah (Lothian) (Lab)
 Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Griffin, Mark (Central Scotland) (Lab)
 Harvie, Patrick (Glasgow) (Green)
 Henry, Hugh (Renfrewshire South) (Lab)
 Hume, Jim (South Scotland) (LD)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Rutherglen) (Lab)
 Lamont, Johann (Glasgow Pollok) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 Macintosh, Ken (Eastwood) (Lab)
 Malik, Hanzala (Glasgow) (Lab)
 Marra, Jenny (North East Scotland) (Lab)
 Martin, Paul (Glasgow Provan) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McCulloch, Margaret (Central Scotland) (Lab)
 McDougall, Margaret (West Scotland) (Lab)
 McInnes, Alison (North East Scotland) (LD)
 McMahon, Michael (Uddingston and Bellshill) (Lab)
 McMahon, Siobhan (Central Scotland) (Lab)
 McTaggart, Anne (Glasgow) (Lab)
 Pearson, Graeme (South Scotland) (Lab)
 Pentland, John (Motherwell and Wishaw) (Lab)
 Rennie, Willie (Mid Scotland and Fife) (LD)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Drew (Glasgow) (Lab)
 Smith, Elaine (Coatbridge and Chryston) (Lab)
 Stewart, David (Highlands and Islands) (Lab)

The Presiding Officer: The result of the division is: For 76, Against 38, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament believes that the NHS is the country's most valued and loved public service; commends NHS Scotland's staff's commitment, professionalism and dedication as being key to patients, who are being treated faster than ever and at a time when the NHS is seeing more patients than ever before; welcomes the mandatory implementation of the nursing workload and workforce planning tools, and how staffing projections have been informed by these tools, which will be published regularly from summer 2014; notes the development of the new bed planning toolkit, which will support NHS boards to keep bed capacity requirements under regular review; considers that these evidence-based tools are vital to ensuring that the health service has the right skills and capacity in place to meet the needs of the people of Scotland; recognises that the Scottish Patient Safety Programme is a world leader in patient safety and has been the central force in driving up standards in Scottish hospitals since its inception; believes that health and social care integration will empower service planning and delivery, and welcomes the Scottish Government's 2020 vision for health and social care in Scotland and the route map to focus on improving quality in Scotland's health and care services.

Throughcare Support Project (HMP Greenock)

The Deputy Presiding Officer (John Scott):

The next item of business is a members' business debate, in the name of Annabel Goldie, on the throughcare support project at HM Prison Greenock. The debate will be concluded without any question being put. Sadly, Annabel Goldie cannot be with us, for very understandable reasons. I therefore call Jackson Carlaw to open the debate.

Motion debated,

That the Parliament notes the Through Care Support Project being operated at HM Prison Greenock, which involves members of staff acting as Through Care Support Officers; understands that this offers prisoners preparing for release known members of staff whom they trust and whom they have confidence to seek advice from; notes that these officers support the prisoners prior to and after release; believes that this is an effective and constructive way to support prisoners back into the community that positively addresses the challenge of reoffending, and commends this project as a positive model for Scottish prisons.

17:04

Jackson Carlaw (West Scotland) (Con):

I stand in my best Jaeger two-piece, and I am delighted to speak on behalf of my colleague Annabel Goldie, who unfortunately cannot be here because she is unwell. She has asked me to read the following message:

"I am sorry not to be with you for the debate and am most grateful to Jackson Carlaw for stepping in. Lest my political opponents get too excited I'm on the mend and hope to be back to normal next week. I thank everyone for their kind messages of support."

She tells me that she hopes to get out of hospital tomorrow, with oral antibiotics, which I suppose are preferable to any other, I say with some relief. I know that she is disappointed to be missing the debate, because she very much wanted to sing the praises of HM Prison Greenock's throughcare support project. It is my pleasure to stand in, particularly as the project does good work in a prison in my constituency and as I welcomed the announcement of the pilot in May last year. I thank members from all parties for supporting the motion.

The idea for the debate came after a visit to HMP Greenock in December, when Annabel met the acting governor, William Stuart, to see at first hand the work of the pilot project, which is designed to extend the supportive role of Scottish Prison Service staff beyond the prison gates. The project has had an investment of approximately £70,000 and employs throughcare support officers to assist offenders who leave custody with accessing services on issues such as housing,

benefits and addiction. That strikes Annabel and me as common sense. In short, HMP Greenock has recognised that prisoners who leave custody need assistance and support.

The project acknowledges that, when prisoners are released, they face a daunting situation. They have been incarcerated in a safe environment, fed, sheltered and given routine. The moment that a prisoner is released, they need to be organised, to have access to services, to be able to fill in forms, to find transportation and to face the practical and immediate problem of finding for themselves. That is difficult enough for offenders leaving a controlled environment and entering the big bad world, but we know that prisoners are likely to have literacy and numeracy difficulties, which bring even greater challenges.

The throughcare support officers provide vital support to prisoners who have signed up to the scheme—it is not compulsory. They carry out six weeks of preparation with the prisoner prior to their release and then assist the individual in the community for six weeks after their release. That can make a real difference to an individual—the difference between a prisoner who has no help in the outside world and who reoffends and a prisoner who is assisted and encouraged and given the right tools to start a rehabilitated life in the outside world. Of course, the end goal is to prevent the individual from reoffending, and this helping hand might well be the right tool to do it.

Individuals need help to quickly find and access the appropriate services and to make new positive connections with the community. The officers undertake various tasks, from accompanying individuals to appointments to simply being the voice at the end of the phone that offers assistance and guidance. They are known to the individual and, more important, they are trusted.

On visiting HMP Greenock, Annabel was impressed with the ethos behind the project; the can-do attitude of the staff; the commitment to look at a prisoner as an individual; and the officers' desire to see the potential in an individual and not just view them as someone who is no longer the prison's responsibility once they are released. On my own account, I repeat the comment that I made in a previous debate that it is also the responsibility of employers across Scotland to recognise that they have to give some opportunity and show some understanding if prisoners are to be properly rehabilitated and brought back into society.

Annabel understands that HMP Low Moss is trialling a similar scheme, with a dedicated throughcare worker and care plan for every short-term prisoner. We know that throughcare projects work. Moving on Renfrewshire, a mentoring scheme that is managed by Action for Children

and which works with young offenders at Polmont, found that 74 per cent of those working with the scheme had not returned to custody within two years, compared to a figure of only 50 per cent among young offenders who were not on the programme.

Such projects are important because, although reconviction rates are falling, they remain far too high. Nearly 45 per cent of offenders who are released from prison reoffend within a year. Although that has fallen from a high of 50 per cent in 2003-04, it still compares poorly with the reconviction rates among those who receive other sentences. In 2012, an Audit Scotland report on reducing reoffending found that more than a fifth of offenders who were convicted in 2010-11 had ten or more previous convictions.

We simply cannot afford to do nothing about that. The Scottish Government estimates that the total economic and social cost of reoffending is about £3 billion annually. Although the Government spends about £128 million a year on reducing reoffending, rates remain far too high, and we continue to spend more than £250 million punishing the same offenders time and again.

The United Kingdom Government is pushing throughcare as a priority, and provision of throughcare is arguably wider south of the border. The Secretary of State for Justice there, Chris Grayling, is leading a rehabilitation revolution that will include a roll-out of prisoner mentoring and throughcare schemes. In England and Wales, statutory supervision and rehabilitation will be extended to those who are sentenced to less than 12 months, and a nationwide through-the-prison-gate resettlement service will be established, meaning that most offenders will be given continuous support, from custody into their community, by one provider.

The key difference between that and the approach in Scotland is that Chris Grayling is exploring the use of payment by results so that the public, voluntary and private sectors can all compete for funding and will be rewarded if they achieve real reductions in reoffending. The use of public-social partnerships at HMP Low Moss will open reoffending projects to the third sector, but if results can be achieved by the private sector that should not be ruled out.

More needs to be done on reducing reoffending in Scotland. Projects such as the throughcare support project at HMP Greenock are certainly a step in the right direction and I commend the staff there for their excellent work in tackling reoffending. I hope that best practice from the pilot can be shared and adopted across the prison estate.

17:11

Mary Fee (West Scotland) (Lab): I apologise for my hoarseness, Presiding Officer—I will try to keep going.

The motion at the heart of the debate is similar to that for the members' business debate on reducing reoffending that I held in May last year. I thank Baroness Goldie—and Jackson Carlaw, who stepped in so ably—for allowing us once again the opportunity to discuss reoffending. The issue must be kept alive and debated if we are to achieve the significant reduction in reoffending that we all want.

The throughcare support project is a welcome initiative, as effective and well-established throughcare is an essential tool in tackling reoffending. However, we know that, too often, there are major cracks in the system, through which prisoners fall upon release. Throughcare can, if not properly thought out and—crucially—if not joined up with other services, go only part of the way towards repairing the damage caused by imprisonment to the individual, their family and the community to which they return.

As I have stated clearly many times, throughcare should start as soon as the offender is sentenced. Work with the offender and their family can be effective and worth while in tackling reoffending, as research continues to show. Not only can we take steps to break the cycle of reoffending; by re-establishing bonds between the prisoner and their loved ones, we can also support the offenders' children, who are more likely than their peers to enter the criminal justice system later in their lives.

Prisoners can be placed back in the community successfully only when the stigma is tackled and they can go out and look for employment. It is absurd that when the state has a section of its population under direct supervision, it struggles to properly re-educate, rehabilitate and reskill them. There are many opinions on what meaningful activity is. I believe that Colin McConnell of the Scottish Prison Service will strive to get it right and will provide activity that truly makes a difference.

Prison is the severest form of punishment that our courts have at their disposal, yet it is also the most destructive. Earlier this week, there was a timely and important intervention on the issue by Lord Carloway, who called for a change in culture in the way that we view punishment and in how we address sentencing. There were comparisons with Scandinavian countries such as Finland and Sweden, which have halved their prison populations by changing the mindset of people and the culture of the media over decades as well as by introducing creative sentences, such as

having non-violent offenders serve a sentence over different periods.

During my members' business debate last year, there was consensus, which I am sure will occur again today. If members are serious about addressing the issues and advancing their ideas, I encourage them to come along to the cross-party group on families affected by imprisonment on 5 February.

The Deputy Presiding Officer: Thank you, and well done.

17:15

Stuart McMillan (West Scotland) (SNP): I congratulate Annabel Goldie on securing the debate and Jackson Carlaw on his speech. I wish Annabel Goldie well in her recovery.

Towards the end of 2013, I went to HMP Greenock and throughcare support was one of the issues discussed. I was greatly interested by the project as the revolving-door syndrome has blighted the Scottish criminal justice system for far too long and action is required to break that cycle. I also know that no one-size-fits-all strategy will suit everyone. However, for any system to be successful, a number of factors must be in existence. One such factor is a prison estate in which overcrowding is at a minimum or non-existent. Locking prisoners in their cells for 23 hours a day is no good to them, the prison officers or society. I offer my thanks to the Scottish Government and the Scottish Prison Service for improving the prison estate, which has aided this particular project.

I am aware that an evaluation event on the throughcare support project took place today. I was contacted after that meeting by an individual who had informed folk that they would be in touch with me. As part of the discussion, we talked about what one issue—what part of the system that needs to be improved—they would raise in this debate. The person suggested housing. Part of their email said:

"We need to examine ways in which the process can be finely tuned to better meet the needs of returning citizens. This would involve better planning, resources being made available and a move away from the attitude that returning citizens do not deserve or need the same access to housing as others within the community."

That was a very important point.

Jackson Carlaw rightly highlighted the project details, so I will not repeat what he said. However, I will highlight a few brief points. First, I commend all the staff who are involved in the project. They appreciate the necessity of intervention to aid people's journeys, so that they do not return to prison. Secondly, the project initiation document is detailed enough while retaining flexibility to aid

prisoners. The project is in its infancy, so regular scrutiny and evaluation of its success is critical to its long-term viability and in delivering for prisoners and society. Thirdly, in order for any multi-agency project to be successful, the delivery of the plans needs to be robust, which is certainly the case for the housing issue that I mentioned.

I was informed about an example in which one person who was released—not from HMP Greenock, but from another prison in the estate—had various issues, including mental health issues. The project at that prison did not work for that person. The charity Positive Prison? Positive Futures stepped in to assist and it has ensured that that individual has remained out of the criminal justice system and prison.

I whole-heartedly welcome the throughcare projects across the prison estate, particularly in HMP Greenock. Once again, I congratulate Annabel Goldie and Jackson Carlaw on the debate and I thank all those who are delivering for the project. We must always strive to deliver the best service that we can. I am sure that the initiative at HMP Greenock will continue to aid more prisoners and our society.

17:19

Hanzala Malik (Glasgow) (Lab): In case Annabel Goldie is watching, I personally thank her for securing the debate and allowing us to share the fantastic and worthwhile good practice that is happening in HMP Greenock. I genuinely wish her a speedy recovery and I hope to see her very soon in the chamber.

Over time, I have had the opportunity to visit many prisons around the world in places such as Pakistan, India, Iran, Iraq and Kurdistan, and I would never wish it on anyone to be a prisoner in any of those prisons. Gone are the days when people in prison were treated as less than human and gone are the days when we expected our prisoners to live on bread and water.

Experience in our country has shown us that if we take our prisoners seriously and treat them as human beings, there is half a chance that they will not reoffend when they come out. That is important. It is also important that we allow people to readjust to family life, because prisoners often have wives and children, and they all need one another. For a family unit to be successful, it is necessary for people to be supported through what is a difficult time. Sometimes, people go to prison who are in extremely difficult circumstances and it takes a lot of support and wisdom to help them to get back on the straight and narrow. The throughcare support that is provided at Greenock prison is an exceptional example of that, which I think that we can export, not only to other prisons

but internationally. It offers an opportunity for people to learn about a worthwhile practice.

Over the years, there has been a lot of debate about whether prisoners should be treated as less than human and with unkindness because they are in prison to be punished, but there has always been the argument that prisoners are human beings. If they have erred or made a mistake, they should be given the chance to rekindle their lives, to readjust and to become valuable citizens. I am of the same mind—people should always have an opportunity to better themselves. When prisoners are released from prison, it is important for them to be able to readjust to society. Whether they are part of a family is not important; what is important is that they realise that they are human beings whom we care for and who are valued members of our society.

Time and again, I see projects such as the throughcare project at Greenock prison enriching people's lives. In enriching those lives, we are enriching our communities. If anyone who has been affected in that way receives such support, it means that society does not have to bear the whole burden and that people can recover sooner rather than later, which is extremely important. A guilt factor sometimes comes into play, whereby people can be hesitant about admitting to the fact that they have had difficulties.

Jackson Carlaw made a very good speech. I am sure that Annabel Goldie would be proud of him for delivering the speech that he did on her behalf. You have done a good job, sir—thank you very much.

On a serious note, supporting our prisoners is like supporting our school kids. It is essential that we support our people when they are at their most vulnerable.

17:23

Anne McTaggart (Glasgow) (Lab): I am delighted to participate in tonight's members' business debate on the throughcare support project at HMP Greenock. I thank Jackson Carlaw for stepping up to the plate and enabling the debate to go ahead, and I wish Annabel Goldie a speedy recovery.

As members will be aware, I have a professional interest and experience in youth and adult offender education. In my position in social work in Glasgow, I witnessed the vital role that education can and does play in assisting offenders to rehabilitate themselves in their local community and in providing them with a means to gain meaningful employment after release.

I want to focus on two things: the pilot throughcare support project in HMP Greenock and

some of the comments that have been attributed to Lord Carloway.

Turning first to the throughcare project, it is plain that the figures speak for themselves. The Scottish Prison Service has invested some £70,000 in taking forward the initiative. Those are moneys well spent, particularly when one considers that reoffending costs the Scottish economy £3 billion per year. Given that in 2009-10 more than 47,000 Scots were convicted of a criminal offence; that 30 per cent of those individuals were reconvicted within a year; and that one in five offenders in Scotland has 10 or more previous convictions, we need the kind of initiatives that are promoted within HMP Greenock, with their strong emphasis on training and education. I understand that the scheme's benefits are secured by the team of throughcare support officers to whom Jackson Carlaw referred, who assist offenders leaving custody in accessing services such as housing, benefits and addiction support. That approach, along with interagency working in communities, can provide both pre-release and post-release support to not just prisoners but their families and the wider community.

In recent days, Lord Carloway, the Lord Justice Clerk, has suggested that Scotland's prison population is too high and that the wrong people are too often placed behind bars. He has also argued that prison sentencing should shift from a culture of retribution to one that takes greater account of the impact on inmates and wider society and stated that agencies should look at models in Scandinavia where prison populations have been significantly reduced. Last year, Sweden, which is known for its emphasis on rehabilitation and liberal approaches to sentencing, announced plans to close four of its prisons because of a significant fall in the prison population. In that country, reoffending is roughly half that of Scotland's. Perhaps that example provides us with one more reason why it is important for initiatives such as HMP Greenock's throughcare project to be undertaken and properly evaluated to assess their impact on offenders and rates of offending and reoffending.

Educational initiatives such as the throughcare project are vital as we strive to battle the problem of reoffending, and I look forward with interest to the publication of the evaluation of the project's first operational year, which I believe is expected in the spring. I am especially interested in understanding more about how the project actually worked in practice and offenders' opinions about its success. In Scotland, we need a culture shift in our sentencing of offenders to ensure that rehabilitation and restorative justice are prioritised over the futile and counterproductive short sentences that we have become used to. I believe that such projects are the first step in realising that

prison should be more than punishment and that they will provide compelling evidence to inform our future approaches to criminal justice.

17:28

The Minister for Community Safety and Legal Affairs (Roseanna Cunningham): This debate has been short but no less important for that, and I am grateful to Annabel Goldie for highlighting the excellent work being done by the throughcare support officers at HMP Greenock and, of course, to Jackson Carlaw for stepping in at the last minute to lead this members' business debate. Given that Mr Carlaw spoke in the previous debate, he has certainly earned his money today. Nevertheless, I hope that he transmits my best wishes for Annabel Goldie's speedy recovery.

As Mary Fee has reminded the chamber, we debated this very issue last year, when members welcomed the then £70,000 investment announced by the Scottish Prison Service to pilot this new approach. Eight months on, I am pleased to announce that the investment has increased to £90,000 and that the new approach is making a real difference to the reintegration needs of the 34 offenders who have successfully completed the programme so far.

Of course, it is essential that we evaluate new approaches and gain an understanding of the lessons learned. An interim evaluation of the Greenock pilot has been carried out by the University of Edinburgh, but the report was received only on 8 January and time will be needed to consider and reflect on it. I can say, though, that its overall tenor is positive and that it will be used to inform the pilot's progress and to influence next steps.

The person-centred approach to rehabilitation and reintegration reflects the Scottish Prison Service's new vision of

"Helping to build a safer Scotland—Unlocking Potential—Transforming Lives",

which was launched in November 2013 by the chief executive of the Scottish Prison Service, Colin McConnell. That new vision recognises that the existence of a supportive and trusting relationship between officer and individual can support an individual to stay away from crime and ensure continuity of support between custody and community. Both Jackson Carlaw and Annabel Goldie recognise that.

There is no one-size-fits-all approach to reducing reoffending, and the Government is committed to testing approaches that meet the needs of short-term offenders through our reducing reoffending programme. That can be

seen in our programme of work with partners to support offenders on liberation from prison.

In April last year, we launched the £10 million reducing reoffending change fund. Like the throughcare support programme at Greenock, the change fund recognises that offenders who are leaving custody very often need support, so the fund has established two national and four specialist mentoring projects across Scotland.

HMP Greenock is also taking part in the wider community reintegration project, which involves a partnership between the Scottish Government, the Scottish Prison Service and the Scottish Court Service. As well as HMP Greenock, the project works with certain short-term prisoners in Cornton Vale, Edinburgh and Perth prisons. It is examining an improved throughcare case management system and trialling enhanced support for the prisoners in both custody and the community. Both approaches are making a difference.

I remind members that I am, of course, the drugs minister. I want to say a little about that specific aspect.

We know that more than two thirds of prisoners admit to drug use before they arrived in prison. To address that, the Scottish Prison Service's drugs misuse strategy sets out a joint approach that involves improved security measures to prevent illicit drugs from getting into prisons in the first place sitting alongside a person-centred, therapeutic approach to reducing harm and risk, and providing fast and effective treatment and support. Local alcohol and drug partnerships, as strategic leads, are responsible for commissioning appropriate recovery-focused services to ensure continuity of care for individuals between prison and the community. That is another component of the desire to follow a prisoner outside the prison walls and into the community.

A positive example of that approach is the national naloxone programme. In recognition of the increased risk of an illicit drug overdose in the first three months following liberation from custody, we are working with the SPS to deliver the provision of take-home naloxone at the point of release in all Scottish prisons.

Improved linkages between prisons and community agencies will require significant cultural change across public services and society as a whole, and that has to happen now. Jackson Carlaw recognised that, but he went on to extol the virtues of what is happening south of the border. Perhaps I should gently point out to him that, as recently as 9 January, when she was stepping down, Her Majesty's inspector of probation, Liz Calderbank, said about the situation in England and Wales that

"the same problems remain"

and that

"The current offender management model is not working, and neither will the new rehabilitation programme".

Therefore, the approach south of the border is not without its critics.

It was for a general reason and to help to embed the change across the wider public sector that the Cabinet Secretary for Justice established a ministerial group on offender reintegration. I and six other ministers sit on that group. Stuart McMillan's raising the issue of housing need in that client group and Anne McTaggart's discussing her experience with offender education reminded us of how just wide-ranging the responses have to be.

The group will drive through changes that will enhance the way in which our communities respond to the needs of offenders to boost their chances of succeeding in reintegrating and rehabilitating themselves, and it acknowledges that that requires to be done across a number of portfolios. I am sure that members will agree that that vital work cannot be the sole responsibility of criminal justice services. I think that Jackson Carlaw raised the issue of employers, as well.

The Government will continue to ask everybody in the public and voluntary sectors and wider society to look carefully at what they could do to respond to the wide-ranging needs of offenders. We need to ensure that the right support is available when an individual decides to go straight, repay their debts to society, and make a new and better life for themselves.

Hanzala Malik used an important phrase when he said that we have to treat prisoners "as human beings". That is important, because some rhetoric suggests that that is often forgotten.

Let me close by again commending the continued work of HMP Greenock in testing the new approach and thanking Annabel Goldie for again bringing the matter to the attention of Parliament.

Meeting closed at 17:35.

Members who would like a printed copy of the *Official Report* to be forwarded to them should give notice to SPICe.

Available in e-format only. Printed Scottish Parliament documentation is published in Edinburgh by APS Group Scotland.

All documents are available on
the Scottish Parliament website at:

www.scottish.parliament.uk

For details of documents available to
order in hard copy format, please contact:
APS Scottish Parliament Publications on 0131 629 9941.

For information on the Scottish Parliament contact
Public Information on:

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

e-format first available
ISBN 978-1-78392-493-6

Revised e-format available
ISBN 978-1-78392-510-0