The Scottish Parliament
Pàrlamaid na h-Alba

Official Report

MEETING OF THE PARLIAMENT

Wednesday 14 January 2015

Session 4

Wednesday 14 January 2015

CONTENTS

Scottish Parliament

Wednesday 14 January 2015

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

Portfolio Question Time

Health, Wellbeing and Sport

The Deputy Presiding Officer (Elaine Smith): Good afternoon. The first item of business this afternoon is portfolio questions on health, wellbeing and sport. As ever, in order to get in as many members as possible, short and succinct questions and answers would be helpful.

General Practitioner Appointments

1. Colin Beattie (Midlothian North and Musselburgh) (SNP): To ask the Scottish Government how many GP appointments were missed by patients in the last 12 months. (S4O-03881)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): As independent contractors, GP partners are responsible for their own practice appointment and patient consultation arrangements. However, the Scottish Government expects health boards and their contracted practices to ensure that satisfactory appointment systems are in place for patients, reviewing outlier performance and providing advice and support where necessary.

Additionally, as part of the negotiated general medical services contract settlement for 2014-15, access will be reviewed in Scottish GP practices by March 2015.

Colin Beattie: I have recently been in discussions with local GPs about what solutions can be employed to minimise missed appointments and so ease the burden on GP practices. Will the cabinet secretary update the Parliament on what initiatives the Government is undertaking to enable patients to cancel appointments easily?

Shona Robison: Online services are available to all GP practices in Scotland via existing clinical systems, and Scottish Government officials are actively looking to promote the uptake and usage of those services, which include online appointments and repeat prescriptions. We certainly welcome any new and innovative ideas, and I would be happy to keep the member informed of progress.

Dr Richard Simpson (Mid Scotland and Fife) (Lab): At the most recent audit, I think that only about 50 per cent of practices were using the services, so the initiative to increase their use is welcome.

The Government has announced that there will be an inspection system for general practice. That is about 18 months behind the one in England, which has been going for that length of time. When will the inspection system start?

Will the Government look at the recent article by Ron Neville, a GP in Dundee, who has an appointment system that seems to me to be absolute best practice? I hope that the Government will look at it and promote that.

Shona Robison: Work is certainly going on apace on the new inspection system for GPs, but I will update the member, perhaps at the meeting that we have towards the end of this month.

I agree that we should have a closer look at the system that Ron Neville has developed, which the member described. As I have said before, I am always keen to ensure that best practice in these matters is rolled out elsewhere. Again, I will be able to update the member further on that at the end of the month.

Nanette Milne (North East Scotland) (Con): The cabinet secretary will be aware of the pilots by a number of GP practices, using text messaging to help to reduce the number of missed appointments and to help patients to manage their healthcare. What plans does the Scottish Government have to roll that out across health boards?

Shona Robison: As I said to Richard Simpson, I welcome innovative ideas, some of which can be simple. Given the use of text messaging more generally, I think that it is an effective way of reminding people about their appointments, but also giving them opportunities to cancel appointments in advance, which means that they can be given to others.

I am keen that all these things become standard practice. Sometimes that takes longer than we would all wish. Again, I am happy to update the member on how we will ensure that we roll these things out as quickly as possible.

Autism Strategies (Local Authorities)

2. Mark McDonald (Aberdeen Donside) (SNP): To ask the Scottish Government what recent discussions it has had with local authorities that have yet to submit a draft or completed autism strategy. (S4O-03882)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): The Scottish Government is funding a national co-ordination team, which is based at the University of Strathclyde, to bridge the Scottish autism

strategy and its implementation at a local level. In the past few months, the team has made contact with all local authorities, and the nine that are yet to submit drafts are finalising them locally and submitting them to committees for sign-off. They have until 31 March 2015 to submit their action plans and strategies. The national co-ordination team will meet all local authority autism leads on 19 January to continue those discussions.

Mark McDonald: The minister might be aware that Aberdeen City Council has not yet submitted a draft or completed autism strategy. I note that the minister said that they have until 31 March 2015, but my understanding is that, when the funding was initially allocated, the hope was that the strategies would be submitted by March 2014.

I am due to meet the council leader next week to discuss the issue and I am concerned that the autism strategy appears to have been conflated with the council's school inclusion review, which, although important, is not the same thing. Has the minister received information from Aberdeen City Council about when its autism strategy will be completed, especially given the anxieties of service users and their families that this important piece of work has been on-going for some considerable time with no sign of progress?

Jamie Hepburn: I acknowledge Mr McDonald's personal and political interest in the issue. He is a great champion for it.

Aberdeen City Council has assured the Scottish Government that its autism strategy was finalised last week and will be submitted to the Scottish Government this week. I am aware that the final draft will go before the Aberdeen City Council committee this month and that, once it is signed off, the final strategy will be made public.

I emphasise the point that I have already made: the Scottish Government will continue to hold discussions with local authorities to ensure that all autism strategies and action plans are made public.

Rhoda Grant (Highlands and Islands) (Lab): Constituents have told me that the strategy is not working and that they feel that there is no access to appropriate services in Highlands, which leaves them and their families unsupported.

I am pleased that the University of Strathclyde has been asked to co-ordinate the national strategy, but what work will it do with local authorities and NHS boards, and will it include service users and their families in designing local services?

Jamie Hepburn: Highland Council is one of the local authorities that has submitted its draft strategy. We want to ensure that service users and those who take a great interest in the issue are consulted. The team to which I have referred will maintain a great interest in what is happening in the Highland Council area and across the country.

Acute Hospitals (Red Alert)

3. James Kelly (Rutherglen) (Lab): To ask the Scottish Government how many acute hospitals were on red alert in the last week of 2014 and first week of 2015. (S4O-03883)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): While hospitals have experienced pressures during the recent holiday period, none has needed to declare a major incident because of the demands that it was facing. Boards have been keeping the Scottish Government informed daily about the pressures that they face and the actions that are being taken to address them. Additional support has been provided to the boards when required.

James Kelly: There is no doubt that the crisis in Scotland's accident and emergency units has intensified in recent weeks, with many patients, including constituents of mine, facing unacceptably long waiting times. Does the cabinet secretary agree that that is unacceptable? Does she accept responsibility and can she say how many patients have waited for more than 12 hours in each of the past two weeks?

Shona Robison: It is absolutely unacceptable that anyone should have to wait longer than they should in an accident and emergency department, but departments across Scotland and the rest of these islands have been under unprecedented pressure.

For example, Greater Glasgow and Clyde NHS Board has told me in some detail about the very sick elderly patients who are turning up in numbers that the health board has not seen during winter in any other year. There have been many more admissions than normal, which of course puts pressure on the whole system.

In answer to James Kelly's specific question, the number of 12-hour waits in the Greater Glasgow and Clyde NHS Board area for the week ending 11 January was 84. That is a significant proportion of the 175 for the whole of Scotland. Those patients should not have had to wait for 12 hours, but we need to understand that accident and emergency staff were doing absolutely the best that they could. The winter pressure preparations were gone through in great detail and staff and managers had put in place everything that they could but, unfortunately, because of the surge of patients who had to be admitted, accident and emergency departments, particularly in Glasgow and Clyde, came under unprecedented pressure.

We will absolutely learn lessons from this winter and, in preparation for the coming months, will ensure that we deal with some of the pressures, in particular delayed discharges. They are not the whole story, especially given the level of admissions, but they add to the pressures that health boards are facing.

NHS Ayrshire and Arran (Meetings)

4. Margaret McDougall (West Scotland) (Lab): To ask the Scottish Government when it last met NHS Ayrshire and Arran and what issues were discussed. (S4O-03884)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Ministers and Scottish Government officials regularly meet representatives of all health boards, including NHS Ayrshire and Arran, to discuss matters of importance to local people. It was a pleasure to conduct NHS Ayrshire and Arran's annual review, which is the first one that I have done since becoming cabinet secretary.

Margaret McDougall: As the cabinet secretary knows, Crosshouse hospital has been in the headlines for the wrong reasons recently. First, £1.3 million-worth of surgical equipment was stolen and sold on the black market. That led to cancellations of operations and, of course, the cost of replacement. Secondly, an unannounced inspection found widespread blood contamination of patient equipment in maternity and accident and emergency departments. A second inspection a month later saw some improvement, but the hospital still did not get a clean bill of health.

Staff are doing all that they can, but they are underfunded and overstretched. Are those two issues indicative of what is happening to our health service across Scotland under this Scottish Government? It recently—

The Deputy Presiding Officer: Can I hurry you along, please?

Margaret McDougall: I am just coming to the end of my question. Recently, the Scottish Government announced £3.2 million for NHS Ayrshire and Arran, which will not even cover the replacement of the stolen instruments. What is the cabinet secretary going to do to ensure that our once-envied health service is properly funded and supported?

Shona Robison: Our health service is still envied across the world and is properly funded, with a £380 million rise in the budget next year, which will mean that the budget will breach £12 billion for the first time ever. By any reasonable person's standards, £12 billion is a lot of money for the health budget.

On Crosshouse hospital, I was very impressed with the hospital and the staff who were working hard when I visited. The theft of the surgical equipment was reprehensible, and the police investigation is on-going and has reached an advanced stage.

The inspection reports are important. Previously, of course, there was no such inspection regime. I think that, even when a report makes difficult reading, it is important that the Healthcare Environment Inspectorate is going in and shining a light on all our hospitals, particularly when it does so unannounced. That means that it knows where matters have to be put right, and a lot of work has been done by NHS Ayrshire and Arran, particularly in Crosshouse hospital, to address the issues that have been raised in the inspection reports.

There is still more to be done—I am the first to accept that—but let us not undersell the good things that the NHS provides or the hard-working staff within it.

John Scott (Ayr) (Con): The cabinet secretary will be aware of the on-going lack of bed availability at Ayr and Crosshouse hospitals, and the occasional closures of Crosshouse hospital, which will lead to extra burdens on staff, particularly at Ayr hospital. Notwithstanding the almost Herculean efforts of nurses and doctors at both hospitals, that entirely foreseeable, predictable and now well-documented problem remains. What is the cabinet secretary doing by way of discussion and planning with NHS Ayrshire and Arran's senior management to get this now long-standing problem resolved?

Shona Robison: That is absolutely a discussion that is going on between ourselves and NHS Ayrshire and Arran. It is important that all parts of the health system have the right number of beds in the right places with the right staff to support them at the right time.

We also need to ensure that those beds are being used to their optimum. Because of the issue and challenge of delayed discharge, that is not the case at the moment. Too many beds are being used by people who do not require them but who cannot be discharged, because of all the reasons that we know about in terms of care in the community and support requirements.

We are doing a lot on that issue, and I will have more to say about it in the next few weeks. I assure John Scott that those discussions are on-going, and I will update him on the latest news from them.

Dumfries and Galloway Royal Infirmary (Update)

5. Joan McAlpine (South Scotland) (SNP): To ask the Scottish Government whether it will provide an update on the progress of the new Dumfries and Galloway royal infirmary. (S4O-03885)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): The replacement for the Dumfries and Galloway royal infirmary is currently progressing as planned, with construction due to commence in spring 2015, following the financial close of the project in February.

The board is working in partnership with the consortium, High Wood Health, which was appointed as preferred bidder. Full unconditional planning consent for the project was obtained on 16 December. The construction and handover of the new hospital to the health board by HWH is planned for the end of August 2017, with the facility becoming fully operational by the end of that year.

Joan McAlpine: NHS Dumfries and Galloway has said that it is fully committed to delivering community benefits as part of the procurement, construction and operational phase of the hospital project. Will the cabinet secretary outline what sustainable training, employment and local development opportunities the project will provide?

Shona Robison: Yes. NHS Dumfries and Galloway has a requirement in the project agreement for targeted community benefits, which include recruitment and training, small and medium enterprise supplier development and educational opportunities.

High Wood Health, the project delivery partner, is working closely with NHS Dumfries and Galloway employment and education specialists. That work includes a commitment to create 150 new jobs, 36 of which will be apprenticeships. NHS Dumfries and Galloway's project team will, as enablers, work in partnership with HWH and agencies to maximise the opportunities that arise during the delivery of the contract.

NHS Fife (Accident and Emergency Waiting Time Targets)

6. Alex Rowley (Cowdenbeath) (Lab): To ask the Scottish Government how many times NHS Fife failed to meet its four, eight and 12 hour accident and emergency waiting time targets between 24 December 2014 and 4 January 2015. (S4O-03886)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Unvalidated figures have been reported to the Government for the two-week festive period. NHS Fife's four-hour A and E performance for core A and E departments was 87.3 per cent in the two weeks ending 4 January 2015.

Official ISD Scotland statistics on A and E activity for October, November and December of last year will be published on 3 February. A and E figures will thereafter be published monthly.

Alex Rowley: I put on record my sincere thanks to all the workers in our hospitals and throughout the public services who worked over Christmas and new year to look after and care for our elderly and the most vulnerable in our communities.

The figures that I have show that the four-hour target was not achieved 154 times, the eight-hour target was not achieved 25 times and the 12-hour target was not achieved three times. I would be grateful for a meeting with the cabinet secretary to follow up on those figures.

In her answer to the previous question, the cabinet secretary talked about delayed discharges. Is she aware that NHS Fife took the decision to shift nine patients and then another 13 patients into care homes without a social work assessment taking place, which is a form of boarding patients into care homes? Does she support such a move? Will she agree to look into whether that is a change in policy and practice on boarding patients into care homes and respond to me?

Shona Robison: I would be happy to meet Alex Rowley to discuss those issues in more detail. As I am sure he is aware, NHS Fife and Fife Council came to see me jointly to discuss the challenges of delayed discharge in their area. It was a productive meeting. From that meeting, a number of actions were agreed and Scottish Government officials have been supporting the partnership in implementing some of them.

Those measures include considering the boosting of home care to get people moving home safely. Another was the opening of what we call intermediate care beds. Those are step-up, step-down beds that can be used for people who are ready to be discharged but perhaps not ready to go home. They are not people who are boarded out—they are ready for discharge—but they perhaps need a bit of rehabilitation to be able to go home independently.

I am happy to discuss that in more detail with Alex Rowley in due course.

Commonwealth Games Legacy Sporting Facilities (Glasgow)

7. Bill Kidd (Glasgow Anniesland) (SNP): To ask the Scottish Government whether it will

provide an update regarding the proposed Commonwealth games legacy sporting facilities that will benefit the people of Glasgow. (S4O-03887)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Glasgow 2014 has been used as a catalyst to raise the profile of sport in Glasgow, accelerate the development of sport and create a lasting legacy of world-class sporting facilities.

The people of Glasgow continue to benefit from the fantastic facilities used to host the Commonwealth games, such as the Emirates arena and the Glasgow national hockey centre. Furthermore, communities throughout Scotland have been supported by the legacy 2014 active places fund. Since its launch in 2012, a total of 154 projects from 31 local authorities, including 13 in Glasgow, have received awards totalling more than £8.1 million.

Bill Kidd: I thank the minister for that answer. Can he furnish me with any information on the possibility of the development of any all-weather 3G pitches in my Glasgow Anniesland constituency?

Jamie Hepburn: I can certainly say to Mr Kidd that there has been investment in his constituency. As regards sports facilities, there are nine community sport hubs up and running in Glasgow, including an area-based hub in Drumchapel that is based in a variety of local venues, including the high school sports centre and leisure centre, and a disability sport hub that is based at Scotstoun leisure centre. I am sure that he will be interested in that.

Sportscotland has not provided any funding towards 3G pitches in the member's constituency in recent years, but various funding sources for sports projects can be applied for, including for the installation of 3G pitches. If there is any specific project in Anniesland and I can be of assistance in pointing Mr Kidd or others in the direction of those funding sources, Mr Kidd just needs to ask.

Mental Health Officers (Training)

8. Jim Hume (South Scotland) (LD): To ask the Scottish Government what plans it has to increase the number of mental health officers being trained. (S4O-03888)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Local authorities have a legal duty to appoint a sufficient number of mental health officers to discharge functions under the relevant legislation. They must decide on the number of mental health officers appointed in their area, taking into account local needs and circumstances. The Scottish Social Services Council's latest mental health officers report indicates a 39 per cent increase in admissions to mental health officer award programmes in 2013-14.

Jim Hume: Evidence from the SSSC shows that the number of mental health officers is declining and the workforce is ageing. The Mental Welfare Commission for Scotland stated that 42 per cent of emergency detentions in hospitals had no mental health officer consent, even though that should be the case, and that 62 per cent of short-term detentions did not have a social circumstances report, which is critical to patients getting the right treatment and care. When will the Government address the shortage of mental health officers? Will it look to have a Scotland-wide recruitment and training strategy for them this year?

Jamie Hepburn: Of course, we will always take seriously the views of the SSSC, the MWC and others who express a view on these matters. I go back to my original answer and make the point again that the latest mental health officers report indicates a 39 per cent increase in admissions to mental health officer award programmes in 2013-14. However, we are exploring mental health officer capacity and other issues with key stakeholders, including local authorities and mental health officers, to better understand what the issues are and what plans there are locally to address any shortfall in officers. The Government places great priority on that.

Mary Scanlon (Highlands and Islands) (Con): Given that the number of out-of-hours mental health officers is at an all-time low, what recourse do mental health patients have to the Government when there is no mental health officer to provide them with the advice and support that they need in accordance with mental health legislation?

Jamie Hepburn: The Government takes very seriously the provision of mental health services across Scotland. I have made the point that capacity is increasing. We hope to see more mental health officers come on stream.

I should make the point that workforce planning is a matter for each local authority but, as part of its mental health responsibilities, the Government announced on 20 November 2014 an additional investment of £15 million over the next three years to improve mental health services. That gives some indication of the importance that we give this area.

Women's Football

9. Richard Lyle (Central Scotland) (SNP): To ask the Scottish Government what steps it is taking to promote women's football. (S4O-03889)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): The

Scottish Government is a committed supporter of Scottish women's football and recognises the positive impact that football can have in communities throughout Scotland. In May 2014, under the cashback for communities programme, the Scottish Football Association was awarded up to £2.25 million through to 2017. That funding is supporting the development of various aspects of girls' and women's football, including proactive engagement with girls via regional development officers to increase participation for females aged between nine and 24.

Richard Lyle: I know that the minister is a committed football supporter. Sadly, Scotland's women's football team did not qualify for the 2015 world cup in Canada. What steps is the Scottish Government taking to improve our chances of qualifying for the next women's football world cup, in 2019?

Jamie Hepburn: Although the women's national team unfortunately did not qualify for the 2015 world cup in Canada, we should recognise the tremendous progress that it has made. The team performed very well in a strong qualification group; it reached the play-offs for the first time in its history and is now ranked 21st in the FIFA world rankings and 12th in the European rankings.

I hope that Richard Lyle and other members in the chamber will understand that I do not particularly want ministerial responsibility for guaranteeing that our national teams qualify for international tournaments. However, to go back to my initial answer, we are leveraging significant funding directly into women's football.

We have also committed £500,000 each year since 2008 to support the active girls programme, which aims to increase the number of girls who participate in physical education, physical activity and sport in and around schools, which of course includes football. I am sure that I speak for all members in the chamber when I wish the women's national team all the best in its efforts to qualify for the next world cup.

Heart Failure Nurses

10. Liam McArthur (Orkney Islands) (LD): To ask the Scottish Government how often the short-life working group on heart failure has met and what conclusions it has reached regarding strengthening the role of heart failure nurses. (S4O-03890)

The Minister for Public Health (Maureen Watt): The heart failure hub has met in a formal capacity twice and has been integral to two learning events, the second of which will take place on 6 February. The national programme of work that the hub is taking forward recognises that heart failure care is critically dependent on heart failure teams, with heart failure nurses being central to that. To that end, we have appointed two heart failure nurses to support the hub's work and to draw heart failure nurses even more closely into advancing that agenda.

Liam McArthur: I thank the minister for her response and belatedly welcome her to her post. She will be aware that Orkney is the only area in the country without a heart failure nurse, which is an issue that I raised in the chamber back in 2013. It is also a concern of the Orkney heart support group, which has been in regular contact with NHS Orkney. The board accepts that a heart failure nurse would be cost effective and beneficial to patients and could reduce hospital readmissions. Will the minister agree to engage with the board to see whether it can include the appointment of a heart failure nurse in Orkney in its delivery plan for the coming year?

Maureen Watt: I am happy to engage with NHS Orkney on the matter. As Liam McArthur said, the board recognises that it does not have a heart failure nurse service, as detailed in the Scottish heart failure nurse forum's report "Review of Specialist Heart Failure Nurse Services: Scotland 2013".

However, we should recognise that Orkney has two consultant physicians in post and has recently recruited a third. The care of heart failure patients in Orkney is shared between the physicians who are based at Balfour hospital, who both have previous cardiology experience; NHS Grampian; and the local primary care teams. Orkney does not have a formal heart failure nurse service, but the cardiac specialist nurse, who is a heart failure nurse practitioner, and the hospital pharmacist provide advice to any member of the multidisciplinary team who is caring for a patient with heart failure in Orkney.

Lipoedema (Support)

11. Roderick Campbell (North East Fife) (SNP): To ask the Scottish Government what support it provides to people with lipoedema. (S4O-03891)

The Minister for Public Health (Maureen Watt): The Scottish Government recognises that lipoedema can be a distressing and painful condition. As with all long-term conditions, we want people who are living with lipoedema to be able to access the best care and support wherever that is possible. The recommendation of any particular treatment is a matter for discussion between a patient and their doctor, and any issues surrounding the provision of a treatment are a matter for the relevant national health service board.

Roderick Campbell: Will the Scottish Government consider how to improve the support that is offered to those who have lipoedema and whether that will include increasing the number of specialists employed by NHS Scotland? I understand that, at present, there are only two such specialists in Scotland.

Maureen Watt: I understand that lipoedema can cause many difficulties and can be very painful for people who have it. I am also aware that it can take some time for some patients to receive the correct diagnosis. Increasing awareness of lipoedema is important, and I am pleased to note that the Royal College of General Practitioners launched a lipoedema course for GPs and medics in May 2014, which was developed in partnership with Lipoedema UK.

I recognise the importance of the third sector in providing valuable support to those with lipoedema, and my officials have confirmed that they will update lipoedema charities about possible opportunities for grant applications for 2015-16 under the section 16B scheme.

The Scottish Government is fully committed to providing the people of Scotland with NHS services that meet their needs and maintain high standards of care. Although the Government provides the policy framework and resources for high-quality healthcare, it is for each NHS board to decide how best to deliver services to meet the population's needs.

Community Hospitals

12. John Lamont (Ettrick, Roxburgh and Berwickshire) (Con): To ask the Scottish Government whether it supports the role that community hospitals play in helping with the provision of local healthcare and freeing up beds in larger hospitals. (S4O-03892)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): Community hospitals can play a vital role in the provision of local healthcare and are being developed to provide a range of community services. For example, bed-based intermediate care services or health and social care hubs may be developed to provide a range of medical and social care services in one place. Bed-based intermediate care can be provided as step up from home as an alternative to hospital admission, or as a step down following a hospital stay. We encourage partnerships to develop more of those services as alternatives to acute hospital admission.

John Lamont: The minister might be aware that, as part of a review of clinical services, NHS Borders is considering the future of hospitals in Duns, Hawick, Kelso and Peebles. I have been flooded with emails and letters from concerned residents, patients and staff who cannot understand why busy local hospitals that free up beds in the Borders general hospital might be lost.

The Scottish Government's community hospital strategy states that community hospitals

"are more important than ever in providing both health and social care services for local communities."

As the strategy points out, the Scottish Government's vision for healthcare includes

"shifting the balance of care from large institutions into community settings."

Has the minister had any discussions with NHS Borders on the suggestion that facilities in Duns, Hawick, Kelso and Peebles might close? Given the Scottish Government's apparent support for community hospitals, will the minister join me in making it clear to NHS Borders that those local facilities must stay open, and will he rule out supporting any closures in the Borders?

Jamie Hepburn: I acknowledge that Mr Lamont is doing what we might expect, in that he is representing his constituency interests. However, we should not put the cart before the horse. Ultimately, the matter is for NHS Borders. I am aware that the board proposes to carry out a review of all of its clinical services and not just community hospitals. I expect any review to be carried out in line with our 2020 vision for the future of healthcare in Scotland. The proposals will have to give clear evidence of how the board will address the impact and the outcomes for people in communities.

NHS Lanarkshire (Staffing Levels)

13. Mark Griffin (Central Scotland) (Lab): To ask the Scottish Government whether it considers staffing levels in NHS Lanarkshire satisfactory. (S4O-03893)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): In NHS Lanarkshire, staff-in-post numbers are at a record high, the number of consultants is at a record high and the numbers of qualified nurses and midwives are at record highs. National health service boards, including NHS Lanarkshire, are responsible for ensuring that they have the correct mix and number of staff to deliver and maintain high-quality services for their patients.

We expect all NHS boards to plan for their workforce, utilising staff banks where appropriate, and we have supported the development of workload and workforce planning tools, the use of which was mandated in April 2013.

Mark Griffin: Is the cabinet secretary aware that the out-of-hours service in Cumbernauld has now been closed since June 2014 because of a lack of available general practitioners, which

means that local people now have to travel to Monklands hospital in Airdrie, which adds more pressure to that service? Does the cabinet secretary think that it is acceptable that that situation has been allowed to drag on for more than seven months? What action can she take to get Cumbernauld's out-of-hours service operational again?

Shona Robison: As Mark Griffin will be aware, NHS Lanarkshire is embarking on a review of its out-of-hours service. It is important that NHS Lanarkshire ensures that the out-of-hours service meets the needs of the local population. I hope that Mark Griffin will welcome the fact that NHS Lanarkshire will be one of the biggest gainers from the NRAC—NHS Scotland resource allocation committee—uplift that I announced this week, and is set to receive an uplift of £13.5 million in next year's budget. I am sure that that will help when the board considers the design and provision of its out-of-hours service.

Child and Adolescent Mental Health Services (North East Scotland)

14. Alison McInnes (North East Scotland) (LD): To ask the Scottish Government what its position is on the availability of child and adolescent mental health services in North East Scotland. (S4O-03894)

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): National health service boards have done significant work in service redesign to increase their capacity to meet the CAMHS target on a sustainable basis. As a result, NHS Grampian has identified where it needs to increase capacity and we support the board in the work that it has done, on the back of a process that gives sustainable performance.

In-patient facilities covering the north of Scotland, which includes NHS Grampian, are provided by Dudhope house in Dundee, in which an additional six beds will become available in May 2015. The additional six beds will increase the bed base serving the north of Scotland and improve the quality of the estate.

Alison McInnes: As the minister says, there is no CAMHS in-patient facility in the NHS Grampian area. Instead, a young patient from, say, my home town of Ellon would be placed more than 100 miles away from home in Raigmore hospital in Inverness, which currently has the sole CAMHS bed in the north. Even Dudhope house, which the minister mentioned, is more than 82 miles away. How are families to support their children at such distances?

One general practitioner who responded to a recent Scottish Association for Mental Health survey said:

"For mental health it needs to be local, local, local and, as much as possible, face to face".

The Deputy Presiding Officer: I need you to hurry along, please.

Alison McInnes: Does the minister agree, and how does he intend to improve my younger constituents' access to local, responsive and age-appropriate services?

Jamie Hepburn: There is always an important balance to be struck and I recognise that we should seek to provide services as locally as possible where we can. CAMHS are specialist services and sadly we cannot provide them at every location, which is why they are located in specialist centres.

There is always the possibility that beds can be made available at other locations, in certain circumstances where that might be appropriate. That can be taken forward.

Delayed Discharge (Adverse Incident Reviews of Deaths)

15. Mary Fee (West Scotland) (Lab): To ask the Scottish Government whether national health service boards are required to undertake adverse incident reviews for patients dying while on the delayed discharge database. (S4O-03895)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): NHS boards must ensure that a system to record such cases is in place and the medical director should consider all such cases and carry out a review if it is thought that the delay in discharge had been a contributory factor in the person's death. Any adverse incident review should be carried out in line with guidance in the "Learning from adverse events through reporting and review" document.

Mary Fee: There were 1,000 deaths of patients on the delayed discharge database—in other words, patients who were fit for discharge. A freedom of information request by the Labour health team shows that only two reviews were carried out. Does the cabinet secretary find that appropriate and, if not, what action will be taken?

Shona Robison: Reviews are carried out if it is thought that a delay in discharge has been a contributory factor in the person's death. As I described in my earlier answer, a process in the guidance in the "Learning from adverse events through reporting and review" document sets out which cases should be reviewed.

We are talking about very frail elderly people, many of whom had a number of conditions. However, I would be the first to acknowledge that, with regard to end-of-life care, many of those frail elderly people would not want to die in hospital, but would want to die with their family at home. It

is quite right that they should be given that option. It is for that reason that I have said that dealing with delayed discharge and eradicating it from the health system is my top priority.

The Deputy Presiding Officer: Question 16 has been withdrawn and a satisfactory explanation has been provided.

NHS Staff (Injuries at Work and Sick Leave)

17. John Pentland (Motherwell and Wishaw) (Lab): To ask the Scottish Government what measures it is taking to protect national health service staff in light of recent reports of high levels of injuries at work and sick leave due to stress. (S4O-03897)

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Our staff are at the heart of our NHS and their health and wellbeing is something that the Government takes very seriously. The staff governance standard for NHS Scotland commits all boards to providing a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community. Through our monitoring arrangements, we are ensuring that boards have policies and actions in place to support staff.

John Pentland: I am sure that everyone will agree that injuries and sickness in the NHS are a serious problem, whatever the cause. Does the cabinet secretary agree that it would be useful if health boards made available regular updates on the nature and incidence of such problems and the action that they are taking to address them?

Shona Robison: Yes—I agree with John Pentland. What he suggests might well be useful, so I will be happy to consider how we could do that. It is important that we understand the nature of injuries, particularly when violence has been involved, and that we understand what action boards are taking to address the issues, as John Pentland said. I am happy to take that forward and I will get back to him in due course.

Scotland's Future

The Deputy Presiding Officer (Elaine Smith): The next item of business is a debate on motion S4M-12045, in the name of Richard Simpson, on Scotland's future.

14:40

Dr Richard Simpson (Mid Scotland and Fife) (Lab): I am pleased to open this debate on Labour's motion. As usual, I draw members' attention to my declaration of interests.

The motion is wide ranging, as indeed are the amendments, and I hope that we will have a constructive debate. It is inevitable that Opposition parties must fulfil their prime duty of holding the Government to account, and the Government will no doubt defend its record as usual, but I hope that we can at least begin by agreeing that the valuable funding that is provided through the Barnett formula has proved useful over the years.

Labour increased health spend by 100 per cent between 1997 and 2008. That was the largest increase in funding for the national health service in 60 years.

Of course, decisions about what to do with the funds that are provided are wholly for the Scottish Government. In that respect, a few questions really should be answered. The independent Office for National Statistics reported that from 2008 to 2013 England increased per capita spend in real terms, while the Scottish National Party reduced per capita spend. I admit that the numbers are relatively small in both cases; nevertheless, there was a reduction in Scotland. More important, the increase in expenditure in the north-east of England, which is often used as a comparison site for Scotland and other regions and countries, was greater than that in the rest of England. I wonder whether the SNP is comfortable with the fact that, for the first time in the history of the NHS, Scotland has fewer general practitioners per capita than the north-east of England.

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): Does Richard Simpson acknowledge the £40 million investment that we announced to boost primary care? I am sure that all members welcome that investment as we take forward our plans.

Dr Simpson: I absolutely welcome the investment, and I want to acknowledge that since our Parliament reopened in 1999, Labour, the Liberal Democrats and the SNP have been on common ground in seeking to sustain a public service model for our devolved NHS that is based on collaboration and co-operation and not on competition. In June, the Conservatives joined us

in agreeing that principle. The cross-party agreement on principles for the way forward is extremely welcome.

Since 2007, demands on the Scottish NHS have increased. The number of elderly people has increased from 400,000 to 500,000 over that period, and many of those half million people will have complex morbidity. There have been advancements in medical diagnostics, and there are ever-more expensive medicines that require specialist administration, and new treatments. That is why the SNP's oft-repeated defence, whereby it compares staffing levels under Labour in 2007 with levels in 2014, is not only irrelevant but nonsensical. It is critical that we have more staff if we are to meet the greater demand, as Malcolm Chisholm will say in his speech.

The two main drivers of improvement in patient experience since 2001 have been targets and the patient safety programme. Both policies are important and welcome. There are targets for the time from referral to treatment, diagnostics, accident and emergency, cancer diagnosis and treatment, and delayed discharge, many of which were instituted by Labour. In each area, we began from a low base, and progress has been made under both Administrations. In many cases, when the initial target was reached, a new and more demanding target was set. That approach has transformed patient experience.

Comparing the targets that Labour had met by 2007 with what is now being achieved may make good soundbites that are oft repeated, but doing so is, frankly, infantile. Any comparisons should show whether there were year-on-year improvements, and until 2012 that was the case under both Administrations. The problem is that, in many instances—excluding the new targets in child and adolescent mental health services and in psychological treatments—we have been going backwards since 2012.

Mary Scanlon (Highlands and Islands) (Con): The member is talking about targets. At the Public Audit Committee this morning, we heard that the number of patients who are waiting more than 12 weeks for an out-patient appointment has increased by 4,200 per cent in the past four years.

Dr Simpson: That just emphasises the point.

There is a scandal at the centre of this targets business. I do not mind the fact that the accident and emergency waiting time target has been reduced from 98 per cent to 95 per cent. That was quite a sensible move, as the target of 98 per cent was going to be too demanding. However, the scandal is the Scottish National Party's Patient Rights (Scotland) Act 2011 legal guarantee, which has been breached every month since its introduction—and breaches of it are on a rising trend. Having a target is one thing, but it is complete and utter nonsense to have a target that is a legal guarantee if it is not going to be met.

Shona Robison: Richard Simpson will acknowledge that there was no such guarantee under Labour. He is absolutely correct that there have been 12,000 breaches of the target, but will he commend the health service for treating 600,000 patients within 12 weeks, which is a performance of 98 per cent? Surely the staff deserve credit for that.

Dr Simpson: If, cabinet secretary, your Government had taken our advice and not made it a legal guarantee—

Shona Robison: All right—so you think it should not be a legal guarantee.

Dr Simpson: No, it should not be a legal guarantee. This is an—

The Deputy Presiding Officer: Order. Could members speak through the chair, please?

Dr Simpson: Sorry?

The Deputy Presiding Officer: I am asking you to address your remarks through the chair, please, not directly to the member.

Dr Simpson: The cabinet secretary says that it is not a problem. I welcome the fact that 600,000 people—98 per cent—have been treated within 12 weeks. However, that is a completely different matter from the Government's having given a legal guarantee. We said at the time that that law was a nonsense, and it is still a nonsense. It should be abandoned because it is a bad use of the law. As the Government's amendment says, most people who required treatment were treated, but it was not us who promoted the guarantee. Every breach of the guarantee is not a number but a person whose experience is poorer.

Another crucial Labour decision was the decision to initiate a move to a largely consultant-led service. Cabinet secretary—am I allowed to say that?—it takes 10 years, post graduation, to train a consultant, so the maths is clear: not a single consultant has been trained and taken up a post under the SNP—they all began their training under a Labour plan.

Workforce planning is never easy, but it has to be done for the medium to long term. Let us look at what the SNP has done. Under SNP plans that were announced in 2011, specialist training grades were to be cut by 40 per cent and foundation year 1 and 2 posts were to be cut by 20 per cent, at a time when implementation of the European working time directive was going to require more junior and middle grades.

There have been several consequences of that. First, we have the largest number of consultant

vacancies that the NHS has ever experienced—the number is now 339, or 6.5 per cent; in some specialities, it is 20 per cent.

Shona Robison: Will the member take an intervention?

Dr Simpson: It will have to be brief.

Shona Robison: Surely when more posts are created in the system it is inevitable that there will be more vacancies until those posts are filled. Does Richard Simpson not accept that?

Dr Simpson: If you implement the right plans and do not cut the number of specialist grades, you will get more consultants—but you cut those grades.

The other thing that is happening, which is a scandal, is that 60 per cent of the consultants who were appointed in the past three years were appointed not on the nationally agreed contract for 7.5 clinical sessions to 2.5 non-clinical sessions but on contracts for nine clinical sessions to one non-clinical session. Nicola Sturgeon chose to ignore the issue in 2012, merely saying that that is the national contract and that it was for the boards to decide. When I raised the matter the other day, Shona Robison accused me of discouraging consultants from coming to Scotland. It is not me who is discouraging them; they are being discouraged by the cabinet secretary's failure to order boards to follow the national contract. The matter requires examination, at the very least.

The Grampian reports to which I am sure that Richard Baker will refer indicate the damage that is done by removing the 2.5 weekly sessions that consultants used to do audit work, research, teaching, personal development and the crucial service redesign that we need. That approach is not sustainable. We will not retain consultants if the cabinet secretary insists that they remain on a 9:1 contract.

As if those decisions on medical staffing were not bad enough, the Government cut the nursing student intake by 20 per cent, against the advice of the Royal College of Nursing and Unison. In 2011, the Government also allowed the boards to cut 2,400 nursing posts—a cut that was six times greater than the level of the cuts in England. The Government also cut the midwifery student intake by 45 per cent and closed three midwifery schools with only a few months' notice.

John Mason (Glasgow Shettleston) (SNP): Will the member taken an intervention?

Dr Simpson: No, I am sorry—I have taken enough interventions.

That happened at a time when the birth rate had increased by 10 per cent, the number of complex births had increased, conditions related to drugs and alcohol were being increasingly recognised and there was a shortage of midwives in the United Kingdom. That was a parochial, bad decision.

I welcome the fact that almost all the decisions on cutting student intake numbers have been totally reversed. However, for the Government to reverse its decisions within two years of the announcement of its workforce plan is a disgraceful sign of poor planning. John Pentland will illustrate the consequences of that in Lanarkshire.

We have been calling for an independent, robust and integrated monitoring and inspection system. That should happen now, with an examination of the emergency systems in each board. There should be more thorough inspections, through Healthcare Improvement Scotland's programme of inspecting elderly care and involving the Healthcare Environment Inspectorate, of boarding out and delayed discharge. As the cabinet secretary said in answer to an oral question earlier this afternoon, the whole integrated system of emergency care must be looked at.

There are problems across the whole NHS community and hospital system. This is about demand: there are inadequate preventative or reablement measures, there is inadequate diversion to keep people out of hospital and there is pressure on accident and emergency. Those are partly due to a lack of a whole-system approach to the NHS, GP out-of-hours services—we heard about the situation in Cumbernauld during oral questions today—and delayed discharge. Rhoda Grant will talk a little bit more about care in the community in relation to the motion.

The problems have never been seen more clearly than over Christmas and the new year when A and E departments were swamped. Patients lay on trolleys for up to 24 hours. Some patients were readmitted, having just been discharged, only to lie on trolleys for 14 hours. Hospitals were closed to new admissions. I can validate the fact that consultants were seriously having to be dissuaded by medical directors from leaving at the door the next patients who arrived in ambulances. We have not seen such a situation since 1997. We have not even had the challenge of a bad winter. The level of flu is subnormal at the moment, although my advisers say that it is about to rise.

In 2008, Shona Robison proudly announced that Labour's target of zero delayed discharges from hospital of more than six weeks had been met, but her hubris led her to say that not only had the Government achieved that important target but delayed discharges would remain at zero. That

was a claim too far. In 23 out of the 27 subsequent reported quarters, that level of zero delayed discharges—promised by Shona Robison, now the cabinet secretary—has not been achieved.

Despite that failure and the damaging and unprecedented squeeze on local authority care budgets, Nicola Sturgeon, in one of her last acts as Cabinet Secretary for Health, Wellbeing and Cities Strategy, set new targets for maximum delay of four weeks from April 2013 and two weeks from April 2015. That is another extraordinary decision for a system that is under huge pressure and in which staff who are serving above and beyond are being required to do even more.

The critical issue is that when beds are blocked, admissions from A and E are delayed, resulting in the trolley waits that I have described. Since 2012, the number of occupied bed days has risen by 25 per from 30,000 to 42,000 a month, excluding code 9 patients. That masks a vast variation. For the over 75s, Renfrewshire has reported a rate of only 308 occupied bed days per 1,000 people, whereas Aberdeen city has reported 2,212 occupied bed days per 1,000 people. That is another example of variation that needs to be properly inspected. Will the cabinet secretary invite HIS and the Care Inspectorate to examine the reasons for that variation? Will she commit to working with local authorities, particularly in the cities of Aberdeen and Edinburgh, which have the bigger problems?

In my remaining 60 seconds, I turn to the UK mansion tax. That is an example of risk sharing and benefit sharing. The tax will be levied by Labour to support the NHS not just in Scotland, but in every area across the UK. It will be paid only by those with residences that are worth more than £2 million, and there are only 895 such residences in Scotland. Our proposal is about the redistribution of wealth that has been accumulated in London. I know that Boris Johnson objects, but we all contribute to that wealth. We all contribute to the development of that megacity, so redistribution from it is entirely appropriate.

I said at the beginning of my speech that it is the duty of an Opposition to be critical, but I acknowledge that, until 2011, the Scottish Government was making good progress. I welcome the Government's acknowledgement in its amendment of some of the pressures and challenges that exist, which are reflected in the worsening statistics. We share common principles with the Government, but we need to resolve the problems before our hard-working staff burn out.

I move,

That the Parliament believes that the NHS in Scotland is under extreme pressure, with waiting times rising at accident and emergency (A&E) departments across the country, people waiting on trolleys for hours and waiting time targets missed in many hospitals; pays tribute to the hard working staff of the NHS; notes that the NHS staff survey reported that 75% of Scotland's nurses think that there are not enough of them to do the work; welcomes Scottish Labour's commitment to fund 1,000 extra nurses in the NHS from a UK-wide mansion tax that will pool and share the resources of the UK for the benefit of Scotland's health service; notes the impact that these nurses will have on pressure points for the NHS services in mental health, A&E and community nursing; further notes that delayed discharge targets are not being met across Scotland; deplores the Scottish Government's record in breaking its own law guaranteeing treatment in 12 weeks over 12,500 times across the country, and notes the situation of those patients who have had their legal rights breached by the Scottish Government.

14:55

The Cabinet Secretary for Health, Wellbeing and Sport (Shona Robison): I welcome the opportunity to be able to set out the Government's priorities. It is a great honour to be cabinet secretary for health, which comes with a great responsibility not only to address concerns about NHS performance, but to praise the achievements that our NHS staff deliver on a daily basis. I want to take the opportunity to thank all our hard-working staff for their efforts, particularly over the festive season, and for their continuing work in treating the more than 2 million patients whom the NHS sees every year.

I want to begin by addressing some of the current issues in the system that have been highlighted. I recognise that the NHS has had to cope with significant pressures this winter. As has been said, an ageing population, seasonal flu and increasing demand are features of not just this winter but past winters, and staff should be commended for their efforts, which, despite the pressures that I have mentioned, have resulted in nine out of 10 patients being seen within four hours in A and E. Those pressures have affected all parts of the healthcare system across the UK. We should remember that, because all the main parties in the Parliament are—in one way or another—in charge of the NHS somewhere on these islands. We all face the same issues, and we should perhaps bear that in mind when we scrutinise the performance of the NHS here in Scotland.

Jenny Marra (North East Scotland) (Lab): As happens in other parts of these islands, will the cabinet secretary consider publishing the A and E waiting times on a weekly basis?

Shona Robison: As Jenny Marra should know, ISD, which is independent of the Government, decides when statistics should be published. It consulted in public, as she should know, and came up with the publication of A and E performance information on a monthly basis,

which will take place from February onwards. If Jenny Marra does not think that that is correct, she should take that up with ISD. I think that publication on a monthly basis is correct, and that is what will happen.

Jenny Marra *rose—*

Shona Robison: Let me make some progress.

It is essential that preparations are made for winter, and there has been a huge amount of preparation for this winter. So far, as part of our £50 million national unscheduled care plan, we have made £28 million available this year to improve general performance over winter, which includes tackling delayed discharges, and the number of A and E consultants has almost tripled: it has risen from 75.8 to 207.4. In addition, we have increased the number of intermediate care beds by 200—that is on top of the 500 that are already in the system—and, over the next few weeks, we will continue to work with the royal colleges, which have endorsed that plan, to make further improvements. I absolutely accept that further improvements need to be made.

I turn to delayed discharge. As I said earlier, tackling delayed discharge is my top priority. I want to eradicate it from the system. Richard Simpson was quite right to go back to when we did that. The challenges have been to do with the existence of two systems that do not always work together. That is why we brought in through legislation the biggest public sector reform in years, which will bring those two systems together.

Delayed discharge has no upside. It is the worst outcome for individuals at the highest cost to the system. I am very confident that integration will help to tackle the problem. The Parliament is also convinced of that and has passed the legislation to make that a reality from April. We have not waited for integration to take place. We have been taking action to tackle delayed discharge now. My officials have been working closely with seven partnerships, including those in Aberdeen and Edinburgh, to tackle some of the worst delays in the system.

I am encouraged by signs that this is starting to bear fruit. Some partnerships are investing the additional resources in more home care, as we would want them to, but we are also seeing the development of intermediate care and technology solutions; more care home places of improved quality; and the recruitment of our workforce and training to retain and motivate them.

Mary Scanlon: Health and social care have been integrated for two years now in the Highlands, and yet there are still people such as Debbie Michie whose discharge was delayed for more than 12 months. It is not the only answer.

Shona Robison: If Mary Scanlon wants to write to me about that particular patient, I will look into the circumstances.

I am not saying that this is the only answer, but it represents a significant shift. As Mary Scanlon will know, if there are two systems with two different budgets, there is sometimes a perverse incentive not to move someone out of one system. That is a difficulty, and bringing those two systems together will be a real step change in tackling this problem.

With regard to workforce, the NHS is a huge organisation, employing in excess of 159,000 staff, and it offers those staff the opportunity to work in a world-class, modern and well-equipped healthcare system. Of course, we have a good record in staffing, and I am absolutely determined to highlight that as often as possible. The staffing total itself is up by 7.6 per cent, but within that, we should look, for example, at the number of consultants, which Richard Simpson referred to. Up 36.8 per cent, NHS consultants are now at a record high and, having listened to the Royal College of Emergency Medicine and taken on board what it had to say, we have increased A and E consultants by more than 173 per cent.

As for nurses, the number of qualified nurses is up more than 1,700—and there are more to come. In the past year alone, the number of nursing and midwifery staff rose by more than 1,000, and board projections indicate a further increase of more than 400 nursing and midwifery staff by the end of the current financial year and a further 500 community nurses coming into post over the next two years. In short, we have 1,700 nurses already delivered and 1,000 nurses being delivered.

We expect boards to have rigorous recruitment processes in place to ensure that posts are filled appropriately and that they have the correct mix and number of staff to provide safe, effective care. We are backing that up with significant investment. Only last week, for example, the First Minister announced that an extra £2.5 million will be invested in the specialist nursing workforce; we have already committed £41.6 million over the next four years to increase the number of community nurses substantially; and we will continue to look at ways of attracting the best talent to NHS Scotland. This is about real nurses in real posts, not about a general election slogan for short-term political expediency.

We need to make it clear, as the RCN has, that this is not just about nurse numbers, but about the whole healthcare system and the integration of health and social care. [*Interruption*.]

The Deputy Presiding Officer: Order, please.

Shona Robison: We agree with the RCN on that matter.

Jenny Marra: Will the cabinet secretary give way?

Shona Robison: Very briefly.

Jenny Marra: How much of the £440 million Government underspend has the cabinet secretary asked John Swinney for to spend on health?

Shona Robison: As Jenny Marra used to be the finance spokesperson for her party, she will know that only £145 million of that money could have been spent on public services—and that money has been put into those services. [*Interruption*.] If, as the previous finance spokesperson, Jenny Marra thinks that, say, student loan money could somehow have been transferred into public services, she really was not doing her job in her last portfolio. She needs to do her homework.

I will turn to money, because it is important. In our 2011 manifesto, the SNP guaranteed that the NHS's revenue budget would be protected in real terms, and I can confirm that each year since 2010-11 the health resource consequentials have been passed on in full. Since 2010, there has been a 4.6 per cent increase—and that is despite Westminster cutting the Scottish Government's resource budget by 6.7 per cent in real terms over the same period. As John Swinney announced in October as part of the 2015-16 draft budget, we will exceed that commitment in 2015-16 by passing a further £54 million of health resource into the budget.

That means that the Scottish health budget will top £12 billion for the first time next year. That is a lot of money by any stretch of the imagination and how it is spent is important. That is why it is important that we set out the clear priorities that we expect the health service to deliver with that resource. It is, of course, also important that we acknowledge that the health service is treating more people than ever before.

I want to say a word about waiting times. Let me be very clear. Every patient should receive timely and quality treatment, and it is not acceptable that anyone has had to wait beyond the targets. However, the Government has set tougher targets than was ever the case before 2007, and the NHS has performed better against those targets than was the case prior to then.

I will give members an example of that. Since the introduction of the treatment time guarantee, more than 600,000 patients have been treated within 12 weeks. That is a 98 per cent performance against the target. Although 12,000 people were not treated within 12 weeks—I have said that that is not acceptable—let me contrast that with the previous situation. In an exchange between Nicola Sturgeon and the former First Minister Jack McConnell at the end of Labour's tenure in power, Nicola Sturgeon said:

> "More than 23,000 patients have now been waiting for treatment for more than six months and 12,000 patients have been waiting for more than a year."—[*Official Report*, 8 December 2005; c 21578.]

I know that 12,000 patients should not wait for more than 12 weeks, but Labour should not lecture us about its record on waiting times when 12,000 people had to wait for more than a year for treatment.

Dr Simpson *rose—*

The Deputy Presiding Officer: You should draw to a close, please, cabinet secretary.

Shona Robison: I will not take an intervention from Dr Simpson. No, thank you.

The Deputy Presiding Officer: Dr Simpson, the cabinet secretary is closing.

Shona Robison: I will take no lectures from a party that, when in power, had such an appalling record on waiting times.

Let me be clear. We have a vision and a direction for our health service that are based on quality and sustainability, and our 2020 vision for health and social care has secured significant achievements over the past few years.

I will end on a consensual note. I am more than happy to work with parties across the chamber to take that vision forward and I will put out an invitation at our meeting at the end of January. I am more than willing to hear good suggestions about how we can take the health service forward, but that works both ways. There have to be proper health suggestions and policies, not off-the-cuff general election slogans.

The Deputy Presiding Officer: Cabinet secretary, you really must close, please.

Shona Robison: I welcome any ideas from across the chamber and I look forward to working with parties and to the meeting at the end of the month.

I move amendment S4M-12045.3, to leave out from "under extreme pressure" to end and insert:

> "an institution greatly valued by the people of Scotland; recognises that even with additional funding of £28 million for winter pressures being made available, there have been challenges in meeting the increasing demands in A&E departments; pays tribute to the health services' dedicated and hardworking staff who ensured across the festive period that nine out of 10 patients were seen within four hours; acknowledges that further steps are required to reduce delays in discharge, improve patient flow and ensure that A&E targets are sustainably met in the future; notes that health resources are at a record £12 billion in 2015-16, an increase of £2.7 billion since 2006; further notes that NHS Scotland staffing is at a record high, with over 1,700 more qualified nurses and midwives than 2006,

and welcomes that treatment times have improved significantly in recent years, with 98% patients of patients, over 600,000 people, having received treatment within the 12 week treatment time guarantee."

15:07

Jackson Carlaw (West Scotland) (Con): Owing to a family situation, this is the first occasion in a short while on which I have been able to participate in a health debate in the chamber. Although I have welcomed in my own way at the appropriate time the ministers individually to their portfolios, it is a pleasure to participate in a debate with them together as a team. I look forward to challenging them and, I hope, to working with them in the period ahead.

Tone is very important this afternoon. This is the first major health debate of 2015, and the issue is important to the public like no other is, of course.

Our amendment in a way reflects the point that the cabinet secretary made. With the Labour Party in charge of health in Wales, the Conservatives and the Liberal Democrats in charge of health in England and the SNP in charge of health in Scotland, there is no part of these isles that has not found its NHS not only under enormous seasonal pressure, but under pressure way beyond that, for which it has to find a solution.

In many respects, comparisons of the health service in Scotland with that in England are invidious. Because of the Blair reforms and the subsequent coalition reforms, the divergence of our health services south of the border and in Scotland since devolution is such that we really have to examine our own path and strategy, and judge what the success of that strategy has been and how it has to be altered in order that we make progress.

That is really why, as Dr Simpson was kind enough to acknowledge, the Scottish Conservatives accepted some 18 months ago a collective approach that is based on the principle of a health service that is free at the point of need, and of delivery within the public service in Scotland. I remember that there was almost an intake of breath at my use of the word "collective", as if I had ushered language that would not be known to a Conservative.

All the political parties' acceptance of that principle was fundamental if we were going to work together to move forward. I said when I made that commitment that it also means that it would not materially add to the debate or the agenda if, in the face of adversity or a deteriorating or crisis position, at the first opportunity Opposition spokesmen were simply to stand in the chamber and shout at the Government that it is all its fault and responsibility, and that if we were in charge all would be different.

I could say, after 16 years of having nothing to do with management of the health service in Scotland—some people in Scotland might say "Rejoice! Rejoice!" at that news—that Scottish Conservatives could quite happily stand back and say that responsibility lies elsewhere. However, Scotland's health service is the responsibility not just of the Scottish Government but of the Parliament, and its destiny is ours. It is therefore important that we work together to achieve an objective and strategy that will be successful.

I have concerns about the Labour motion, although I thought that in many respects Dr Simpson made some telling points in his speech. It would be unfair not to acknowledge that some of his barbs struck home, so I do not think that we can simply dismiss all his points as being nothing more than Labour rhetoric. However, partly because of the tone of the Labour motion, if not the way in which it was introduced, I am concerned that with the new Labour leadership in Scotland there is something of a Westminsterisation of our agenda. Whereas Mr Murphy's ultimate boss wishes to "weaponise" the NHS in England as an electoral tool, I very much hope that that does not happen here. However, I suspect that there will be an unavoidable temptation, if not an appetite, to allow the next few months to be dominated by the weaponisation of the Scottish NHS purely for electoral purposes.

I have to say that that will come on the back of a lot of agreement about how we might move forward being slightly undermined by the previous health secretary, who a month before the referendum sought to politicise the health service in a way that we had not previously seen. I am afraid that we are now in an environment where that tactic has become pre-eminent. I very much regret it and hope that we can row back from it, because people including Malcolm Chisholm, Hugh Henry and Duncan McNeil recognise the way in which we must move forward if we are going to be successful.

Our motion mentions the money, and the cabinet secretary has referred to the full passing on of the consequentials. I refer back to the answer that Alex Neil gave a year ago, almost to the day, in which he set that out. However, what has also been revealed is that it is the consequentials that are being passed on that have been the moneys on which the health service in Scotland has had to rely. Without those additional consequentials, the actual core budget for health in Scotland would have been frozen, whereas in England, as well as the consequential spending, the budget has increased. One could argue that, in net terms, there has been greater health funding

elsewhere in the United Kingdom than here in Scotland. That is a concern, but in itself it really is not a response to the measure of the situation.

I will be summing up later, when I will want to come back to points that were made by the RCN last week, which I think the cabinet secretary touched on. However, I say to the cabinet secretary that she is the third cabinet secretary in this session of Parliament with responsibilities for health. The first, who is now the First Minister, was a very effective crisis manager, but I found her to be slightly Stalinist in her approach. I would characterise it by saying, to be frank, that she lacked a certain amount of imagination in terms of responding to the wider dynamic that we have to face over the next 20 years in order to get healthcare right.

I found Alex Neil to be a bit more of an LBJ, if I can characterise him in that way. I think that he is a bit of a fixer and a man who likes to find accommodations and solutions to problems. He is certainly still centre-left in his dynamic, but before we had the introduction of the referendum and the rhetoric that spurted forth at that point, I think that he was working with other parties to seek a collective strategy that we could all support.

The question now is where the cabinet secretary sees herself in the equation. She is one half of the imperial second family of the SNP that is now responsible and she has to define where she will go. Our motion calls for an early debate on that, and I am delighted to see that we will, in fact, have it next week and that she wishes to pursue the cross-party meetings that we saw being embarked on.

The Deputy Presiding Officer: I must ask you to close.

Jackson Carlaw: I hope that in her summing up the cabinet secretary will define very carefully how she hopes to work and I wonder whether she believes that she has the breadth of vision and imagination to arrive at a consensus around which the whole Parliament can unite. Only if it can—I fear—will we respond successfully to the many well-documented challenges that we have detailed in recent months.

I move amendment S4M-12045, to leave out from first "is" to end and insert:

", as elsewhere and throughout the UK, is under considerable seasonal pressure, particularly at A&E departments, and acknowledges the resulting and unacceptable inconvenience to thousands of patients; notes the additional funding resource being committed to the NHS in England, which has resulted in consequential funding for the NHS in Scotland in excess of £1.4 billion between 2010 and 2016; notes that the total health budget for England has been protected in real terms while similar protections have not been put in place by the Scottish Government; acknowledges that, for the NHS in Scotland to achieve a sustainable future in the face of the many well documented challenges with which it is now confronted, it requires all political parties to agree and unite in support of a long-term strategic plan, and calls on the Scottish Government, without further delay, to lead the development and implementation of such a plan within the current parliamentary session.

The Deputy Presiding Officer: We now turn to the open debate. I am afraid that we have no time in hand, so interventions must be taken within members' six minutes.

I call Linda Fabiani, to be followed by Malcolm Chisholm.

15:14

Linda Fabiani (East Kilbride) (SNP): Thank you, Presiding Officer. That was unexpectedly quick.

When I saw the title of this Labour debate, "Scotland's Future", I was quite pleased and I decided that I would like to take part because I thought, "Here we go—a bit of a shift in thinking." I thought that we were going to move on from negativity to genuinely looking at our nation's future, perhaps with recognition that, for the benefit of Scotland and everyone within it, we should be looking to Westminster and discussions on the Smith commission proposals with a view to trying to get something that is coherent and that works to the benefit of us all.

It was with great disappointment that I read the Labour motion, not because it is about health, but because it is a question of Labour saying, "Here we are again—let's just have a go at everything we possibly can because it's the SNP that's in government and we don't like it." That is certainly how it seems.

There are concerns in the national health service, but I would like to read out a quote:

"we have come a long way. A decade ago, many of us who are sitting around the table were inundated with cases involving people who could not get an operation. They have disappeared in my case load—touch wood—so there have been tremendous gains."—[*Official Report, Health and Sport Committee*, 4 November 2014; c 39.]

That quote is from Labour MSP Duncan McNeil, who, perhaps alone among his colleagues, recognises that since the SNP came into government—as a minority Government in 2007 and majority Government since 2011—we have made things better within the NHS.

Like me, Duncan McNeil remembers the first eight years of the Scottish Parliament, when Labour and the Lib Dems were in charge. Our cabinet secretary just read out some of that stuff. We have heard a lot of talk today about targets, and I remember targets being set by the Labour Party. It set loads and loads of targets for health,

and I remember that, when it was not meeting any of them, they all disappeared and we did not have targets any more. It was a question of saying, "This is showing us up, so we're not going to have them any more." They were written off completely.

Jenny Marra: Will the member take an intervention?

Linda Fabiani: No, thank you.

That is the difference between Labour in government in Scotland and the SNP in government in Scotland. We know that things are hard and things have to get better. We know that it can be the long term before we can really make the difference. It would be all too easy just to walk away and say, "No, we're not doing this any more", but that is not what we are about. We are about making Scotland better. We are about making life better for our citizens, and we are about shaping a better health service.

All that we have to do is to look at the wording that is used. The Labour motion is all "woe is me". It states:

"delayed discharge targets are not being met".

Let us get that into perspective. In October 2014, 321 patients were delayed from being discharged for more than four weeks. In October 2006, under Labour, the figure was 908 patients. Things are getting better, but the honesty of the Cabinet Secretary for Health, Wellbeing and Sport in this Government is shown in her amendment, which

"acknowledges that further steps are required to reduce delays in discharge"

It is not about running away from responsibilities; it is about facing up to them. That is why we have the discussion going on, the moves going on and the decisions being made about delayed discharge being a top priority and about linking that in—because it is all about linking in—with greater joint working between health and social care services, additional funding having been given for that.

That is difficult, because we have entrenched attitudes in our public institutions, be that in local authorities through social work or in the health boards. It is difficult, but the commitment has been made to move forward. We are doing good stuff. The SNP has really grasped this and moved on, with the recognition that it is not perfect and a lot more still has to be done.

I would like to raise a couple of other things before I close—I know that we are short of time, Presiding Officer. The Labour motion states:

"the NHS in Scotland is under extreme pressure".

Yes, it is, but I will tell members one of the most extreme things: the amount of money in the NHS budget that is spent on paying off Labour's blooming private finance initiative debts. NHS Lanarkshire will spend around £1.5 billion paying off capital investment of £127 million. That is what Labour did for our health services.

Now we hear talk about extra nurses being funded by a mansion tax. I do not have time to go into the bad accounting that lies behind that proposal, but the money raised by a mansion tax will be absolute peanuts compared with the austerity measures that Labour walked through the lobbies with the Tories to vote for yesterday. Perhaps Labour should look at that and the thousands of millions of pounds in cuts and austerity measures.

We are talking about Scotland's future. Because of the NHS and other issues, it is clear to me that Scotland's future will be best served by the SNP.

15:20

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): The cabinet secretary's speech to some extent, and Linda Fabiani's speech to a greater extent, illustrated the SNP Government's main response whenever it is challenged on the NHS: it compares what is happening now with what happened under the Labour-Liberal Administration.

I have two points to make about that. First, we expect continuous improvement from the base that we inherit. The reality is that the SNP inherited a good base in 2007 and, as its amendment emphasises, it has had £2.7 billion—

Kevin Stewart (Aberdeen Central) (SNP): Will Malcolm Chisholm give way?

Malcolm Chisholm: In a minute; let me make my point.

The SNP has had £2.7 billion extra to spend, so we would expect continuous progress.

Secondly, completely contrary to what Linda Fabiani said, during the years when we were in government there was continuous improvement from the base that Labour inherited, which included waiting times of 18 months—a lot more in many cases. I can give one example of that. On delayed discharges, the Audit Scotland report of 2005 says that from autumn 2000 to the end of 2004, which just happens to be when I was hanging around the health department, there was a 40 per cent drop in the number of delayed discharges. From July 2012 to September 2014, the number of bed days occupied by delayed discharge patients increased by 30 per cent from 95,000 to 124,000.

Shona Robison: Will the member take an intervention?

Malcolm Chisholm: We expect continuous progress. We had continuous progress under Labour and the Liberal Democrats, but we are now going into reverse, which is the basis of our concerns. Going into reverse leads to, for example 15 per cent of beds in Lothian being occupied by delayed discharge patients, which is slightly higher than the 9 per cent figure for Scotland. That, plus the extreme financial difficulties of NHS Lothian, means that we are extremely concerned that we have only £4 million out of the £65 million. The health secretary indicated that she wanted to intervene so perhaps she can comment on that.

Shona Robison: We will work with NHS Lothian and the City of Edinburgh Council to address those issues. Will Malcolm Chisholm acknowledge that the targets that we set are tougher than the targets that were set previously and that the NHS has performed better against them? I agree that we need to see continuous improvement but surely, being the generous individual that he is, Malcolm Chisholm will acknowledge that our targets are much tougher than the ones set when he was in charge of the health department.

Malcolm Chisholm: During the past seven years, I have been happy to acknowledge when progress has been made, but the basis for our concern is that we have gone into reverse.

Accident and emergency is another concern included in our motion, but it is not about tougher targets. The most recent Audit Scotland report from 2013-14 says that progress in accident and emergency figures since 2008-09 has gone into reverse.

"The number of people delayed in A&E while waiting for a hospital bed has increased fourfold since 2008/09."

We have to register the fact that the trends are in the wrong direction and that we are concerned about them.

What is the answer? Finance is important, and we should remember what the RCN said:

"It's time to stop thinking of A&E, and indeed hospital care, in isolation from the rest of health and social care."

For the purposes of the debate, however, let us look at accident and emergency and delayed discharges. Everybody should look at the front page of *The Herald* from Friday 9 January. Professor Derek Bell, the number 1 United Kingdom expert on emergency care, who established the emergency care collaborative in England, which I visited before it was set up in Scotland, said:

"Waiting times in A&E were better five years ago"

when the programmes of the emergency care collaborative were in operation—why not bring them back? He said that the recent surge was predictable and that

"we need to develop far more robust and realistic plans that engage and support the workforce."

We should listen to experts on issues such as that one—which is a matter not of money but of organisation.

Moving on to delayed discharge, the level of community infrastructure is clearly fundamental, as is the amount of money that is going into social care. However, there are also issues of leadership, learning and micromanagement, and we can learn a lot not only from the expert group report on delayed discharge from 2012 but also from the 2002 action plan, which, again, included suggestions such as learning networks and ring-fenced money. I have to say that I was pleased that the first paragraph of the 2012 expert group report quoted something that I said at the launch of the 2002 action plan.

However, enough about that; I want to spend the last minute of my speech on nursing—I am sorry that I have not had time to take another intervention, but we need to cover all three elements of the motion.

Labour's announcement about 1,000 nurses should be welcomed by everyone in this chamber and by the whole of Scotland. We all know that nurses are at the heart of the NHS workforce. As I emphasised in my members' business debate on nursing last week, they are not only involved in traditional roles but in the vanguard when it comes to innovative roles, compassionate care in the community and addressing health inequalities.

I hope that the Government will not only follow the Labour lead in terms of committing to extra nurses but support the RCN's campaign for consistent, long-term funding for the kind of posts that were highlighted by the RCN's nursing at the edge initiative, which involves nurses working against health disadvantage in the community, and its call for the forthcoming health and care partnerships to prioritise that kind of work.

Clearly, the solution to these problems involves not only integration but the development of new kinds of services in the community by the integration authorities. I hope that the Government will follow the RCN's advice on nursing and Labour's advice on all of those matters.

15:26

Stuart McMillan (West Scotland) (SNP): Today's debate comes at an important time for Scotland's NHS, as does the debate, which is entitled, "Scotland's Future".

Paragraph 58 of an Audit Scotland report that was published in October 2014 highlights the

issues that are relevant to this debate and to the situation of the NHS. It says:

"Longer-term forecasts to 2018/19 by the Office for Budget Responsibility show a real-terms reduction in total UK public sector expenditure of 0.7 per cent in both 2016/17 and 2017/18, before levels are maintained in 2018/19. Reductions in spending at a UK level will affect the level of funding available in Scotland. The Scottish Government will need to plan for health spending within an overall reducing budget."

The pressures on public spending and the NHS are well known and they are explained in that report, and those issues were discussed in this morning's meeting of the Public Audit Committee. However, last night, we saw Labour MPs from Scotland walk hand-in-hand with the Tories to impose more austerity cuts on the public sector, as well as to introduce further tax rises. Those austerity cuts, which are promoted by the coalition Government and backed by Labour MPs—particularly Scottish Labour MPs—will lead to more cuts to Scotland's budget and more pressure put on not only our NHS but all our public services.

If the Labour Party members opposite are concerned about Scotland's NHS—I genuinely believe that many of them are—maybe they should have been lobbying their own MPs to stop them backing Tory cuts to Scotland. The continuation of the austerity policies of the UK parties will put greater pressure on all of the public services in Scotland, including our NHS.

While Labour refuses to match the SNP's commitment to protect the NHS budget, this Scottish Government has managed to increase it, with the health resources budget rising to a record £12 billion in 2015-16, which represents an increase of just more than £3 billion, or 32.4 per cent, under the SNP.

However, the Scottish Government can do only so much to protect Scotland's NHS while Labour teams up with the Tories to slash public spending. Instead of supporting the NHS, Labour has lodged another motion that represents another attack in the long line of attacks on Scotland's NHS. I wonder whether it has been inspired by the appointment of a new aide to the leader of the Labour Party in Scotland, who has stated:

"The NHS needs the savings that privatisation creates."

Of course, Labour has previous on privatisation of Scotland's NHS. It outsourced cleaning services to private companies and burdened the NHS with the private finance initiative debts that we have already heard about. It took an SNP Scottish Government to bring Stracathro hospital back into the NHS and stop the privatisation of cleaning contracts.

Dr Simpson: Will Stuart McMillan take an intervention?

Stuart McMillan: I am sorry but I have only six minutes. I will try to let Dr Simpson in later on.

As was stated in this morning's Public Audit Committee meeting, there will always be pressures on the NHS whatever the funding levels, not least because of demographic changes. For instance, between 2012 and 2037, the percentage of the population aged 65 or over is projected to increase from 17 to 25 per cent, the percentage of the population aged 75 or over is projected to increase from 8 to 13 per cent and the number of people aged 100 years or older is projected to increase by a massive 879 per cent.

In contrast to Labour's attacks on the NHS, the Scottish Government has been working with health boards and other public bodies to explore options to improve services. For example, there was a move to ensure greater joint working between health and social care services. Additional funding of £173 million has been provided in 2015-16 to support that transformation. That has included joint work between the NHS and local government to reshape care for older people to ensure quicker discharge from hospital or find alternatives to hospital treatment when that is appropriate. Under joint working arrangements, NHS boards and councils are combining their budgets for adult social care, adult primary healthcare and aspects of adult secondary healthcare. That provides a good opportunity for NHS boards and their council partners to redirect resources and move towards more community-based and preventive care.

In contrast to Labour's claims about the staffing levels in Scotland's NHS, the real figures show that the number of front-line NHS staff has increased under the SNP to record levels. Overall NHS staffing is up 7.6 per cent, which is an increase of just under 9,700. NHS consultant numbers are at a record level, with an increase of 36.8 per cent, which is more than 1,300 more. The number of qualified nurses and midwives is at a record high and up 4.2 per cent, which is just over 1,700.

There is much to be proud of in Scotland's NHS. I am sure that we can all agree on that. Despite Labour's manipulation of the figures, waiting time targets are improving. More than 600,000 patients—98 per cent of all NHS patients—have been treated within the 12-week waiting time guarantee since it was introduced in 2012.

Dr Simpson: On a point of order, Presiding Officer. Is it appropriate for a member to accuse other members of manipulation?

The Deputy Presiding Officer (John Scott): The words are for the member who is making his speech. That is not a point of order, but your point has been made.

Stuart McMillan: Thank you, Presiding Officer.

There is much more that I could say, but time is against me. Scotland's NHS is doing a good job. It is not perfect—it can improve and certainly it must always strive to improve—but, with the continuing alliance of Labour and the Tories on the austerity cuts, more pressures will be placed on our NHS and all of Scotland's public services.

15:33

Richard Baker (North East Scotland) (Lab): I am pleased that Scottish Labour has given the Parliament the chance to debate health services because, although there are concerns throughout Scotland about the ability of our health services to meet patient need, that has been particularly the case for NHS Grampian, as Dr Simpson said earlier.

That was reflected in comments at the board's annual review, which I attended on Tuesday. Although the interim chief executive, Malcolm Wright, was correct in apologising on the board's behalf for the failures that were identified in the Health Improvement Scotland report on NHS Grampian, the fact is that ministers must also realise that they have simply not done enough to enable our local board to meet the specific challenges that it faces. That support must now be forthcoming to the new leadership team if we are to move forward, as the cabinet secretary said she wishes to do.

I welcome the appointment of Malcolm Wright and the new chair of the board, Steve Logan. I am sure that Mr Logan's experience at the University of Aberdeen will be invaluable in moving NHS Grampian forward. However, he and Mr Wright will require more support than the former chief executive, Richard Carey, and the former chair, Bill Howatson, received because, as some 20 consultants said in a letter to the board just over a year ago, underfunding of NHS Grampian has been a key factor in services reaching what they described then as a "critical" situation. Since then, as Dr Simpson pointed out, we have had three critical reports about services at NHS Grampian.

John Mason: Is the member arguing that NHS Grampian should get more money at the expense of other NHS boards or at the expense of the college sector, for example, or some other sector?

Richard Baker: The underfunding of NHS Grampian specifically has been recognised across the board. I will come specifically to the issues around that as my speech develops. Under the Government's own formula, NHS Grampian has been underfunded by £158 million over five years and more than 400 nursing posts have been cut over three years. The impact of that is clear. NHS Grampian continues to be the worst performer in Scotland against the 62-day referral-to-treatment waiting target. According to the latest statistics, A and E waiting times against the four-hour standard are going backwards.

I point out to Stuart McMillan that more than £7 million has been spent on sending NHS Grampian patients to private hospitals over the past two years. NHS Grampian spent £6.6 million on agency locums in the past year—more than NHS Lothian, which covers a larger population. In August, NHS Grampian spent more than £2,000 bringing a consultant from India to cover a weekend shift in A and E. The board has spent £4 million on temporary cover since June last year. A cash-strapped board is having to spend millions on temporary staff—that is why the issue of recruitment is so important.

It is vital to patients because so many of the problems that I have detailed are caused by the recruitment crisis in NHS Grampian—

Kevin Stewart: Will the member give way?

Richard Baker: If I have time later on.

It is also vital for the staff who are currently working at NHS Grampian. It is only due to their amazing efforts that we still have a safe service and that so many patients still receive excellent treatment. However, the situation that I have described is not fair to them, because NHS Grampian has received hundreds of complaints from its own workers about staff shortages. On 625 occasions in the space of just 12 months, staff members have made complaints about staffing levels. That simply was not happening in previous years.

At the annual review meeting, I suggested to the cabinet secretary that more serious consideration needed to be given by ministers to an Aberdeen weighting in salaries to aid recruitment in our health service. The cabinet secretary has acknowledged that the high cost of living locally is an important factor in making it more difficult to recruit—indeed, I think that she wants to make an intervention.

Shona Robison: Given that we are four minutes into his speech, I was wondering whether at some point Richard Baker will welcome the accelerated NHS Scotland resource allocation committee moneys that will be going to NHS Grampian next year—in total, it will get a £49.1 million uplift next year, which is the highest of any mainland board.

Richard Baker: I will welcome any additional funding for NHS Grampian as an improvement, but it has to be put against a backdrop of years of underfunding by this SNP Government.

I have been talking about the effect of cost-of-living issues on recruitment. The Scottish

Government has talked about plans for affordable housing locally and some of the specific schemes are welcome. However, those plans will not provide all the answers. Affordable housing is a longer-term solution, but these recruitment issues are with us now.

Leaving it to the health board alone to create incentives for recruitment and retention simply means that, once again, pressure will put on a local NHS budget that—even with the changes that have finally been outlined by the cabinet secretary—will receive millions less than other boards. That is why the Scottish Government must provide additional support, such as has long been provided to public sector staff in London who face similar cost-of-living issues. John Swinney said that he would give the issue serious consideration last May; it is now time for action from ministers.

The Scottish Government has said that the problems that were outlined in the Healthcare Improvement Scotland report will be addressed. It is imperative that that is what happens and that ministers change an approach that saw a fairer funding formula, which was agreed for NHS Grampian by Labour when we were in the Scottish Executive, not being implemented for eight years of this Government.

For the sake of patients in Grampian and our hard-working NHS staff, it is vital that our new chief executive and chairman achieve the improvements in local NHS services that they have said they are determined to bring about. I am confident that they have the ability to do that, but it will require a greater level of support from the Scottish Government for our local health services than we have seen from ministers over the past eight years.

15:39

Christian Allard (North East Scotland) (SNP): First, I must say to Richard Baker that I was at the meeting that he mentioned—as he might remember, given that I was only two seats away from him. I do not recall hearing him speak out and share all the problems that he has just described—

Richard Baker: Will the member take an intervention?

Christian Allard: Yes, if Mr Baker will let me finish my point.

Richard Baker did not speak out at that meeting and share those problems with the cabinet secretary, who was also there; with NHS Grampian; and with the packed public audience. The meeting was very positive, and I do not remember him disturbing the positive tone on that day. What has happened since Monday to change his attitude?

Richard Baker: My speech focused specifically on the recruitment crisis, which was exactly the issue that I raised with the cabinet secretary, along with the issue of incentives to recruit staff to the Aberdeen area and the further issue of GP recruitment.

Christian Allard: That is fair enough—I heard that you received a very positive answer, which I will speak about in my contribution.

I was surprised, just as Linda Fabiani said she was, on reading the motion that was lodged this week. To a certain extent I was surprised again by Richard Simpson's opening speech in today's debate, in which he took a totally different tone from that of the motion.

I do not know whether, in my speech today, I should talk about the motion or about what Richard Simpson said. It is quite confusing. The Labour members who are present want to say one thing about the NHS, and the motion says something else. I wonder whether that relates—as Jackson Carlaw said—to Mr Miliband's comment this week about wanting to "weaponise" the NHS.

Jim Hume (South Scotland) (LD): Christian Allard speaks about a party wanting to "weaponise" the NHS. Does he recognise that the Yes Scotland campaign weaponised the NHS with its NHS for yes campaign?

Christian Allard: I am sorry, but I have only six minutes, so we will not run the referendum debate again. I will leave it to Jim Hume, in his six minutes, to do that.

Since the beginning of the year, in the chamber the Labour Party has been desperate to paint a picture of the NHS that is not based on facts. One would think that there was an election looming, as some members have mentioned. It is a desperate attempt by Labour to run in Scotland the same campaign against the NHS that it has run across the UK. Today, the Labour Party has been found out, and its plan will not work.

Let us look at the performance of accident and emergency departments across the country over the Christmas period. Performance against the four-hour accident and emergency performance target was 88.8 per cent in Scotland during the period of high pressure, while in England it was 82.8 per cent. That is a difference of 6 per cent in the same difficult circumstances.

We have to understand that the debate should not be about the past; it should be about what is happening today across these islands. We can judge different Governments by how they react to the problems and challenges that we face, and I think that we have performed very well.

The cabinet secretary was at the meeting on Monday in Aberdeen, so she will know that NHS Grampian's performance during Christmas and new year was even better than the Scottish average, at 90.6 per cent. That is why she went to the meeting: to thank those NHS staff for their hard work under pressure.

The NHS in Scotland is not a political football for Labour to play with. It is delivering under this Government, and our accident and emergency departments are performing better than those in the rest of the UK—there is no getting away from that.

We heard last week that the First Minister was at Ninewells hospital in Dundee to announce money for additional nurses in our national health service. This week, the health secretary was in Aberdeen, announcing extra funding for NHS Grampian. The new board is now receiving a £49.1 million increase to its budgets for next year. Despite what Richard Baker said, underfunding was introduced under a Labour Government, and this Government is reducing that underfunding before stopping it in a few years' time. It is important that we recognise that.

The SNP Government is showing commitment to deliver for the north-east. NHS Grampian is now within 1 per cent of parity with other NHS boards in Scotland, one year ahead of schedule. It is important to recognise what has been done for NHS Grampian and at a Scottish level. The number of front-line NHS staff has increased to record levels under the SNP. In Grampian, there were 100 more nurses in post in 2013, and there are 100 new posts this year. The board wants another 40 new posts this year, which will be funded with the increase from the Scottish Government.

The will of the board is to increase the number of permanent staff and to decrease the number of back-office staff. That has to be welcome, too, because it is very important. The staffing is coming from abroad and from students who are studying at Robert Gordon University.

The cabinet secretary's predecessor met NHS Grampian to discuss the problem with housing, and one solution has been found.

The Deputy Presiding Officer: Draw to a close, please.

Christian Allard: The site of Craiginches prison will now be available for affordable houses for the public health sector.

We are making fantastic progress. Next week, I will have the opportunity to talk about the future of the NHS but, unfortunately, today, despite the title of the motion, we cannot talk about that.

It is important to conclude in this debate—

The Deputy Presiding Officer: It is.

Christian Allard: —that the reason why the Government has public support is that it has a vision for our national public services. It is protecting funding for the NHS, stopping privatisation and recruiting more nurses.

15:45

Jim Hume (South Scotland) (LD): I am pleased to have the opportunity to discuss the NHS again. Clearly, it would be better if we were not discussing a crisis, but that is what we are facing. The Labour motion sets out well the pressure points in our health service—the A and E waiting times, the people waiting on trolleys for hours on end because of a lack of beds, and the waiting times missed. We will support the Labour motion at decision time, if it is unamended.

Shona Robison: Will the member reflect on the point that Jackson Carlaw made that all the main parties, including Jim Hume's party, have responsibility for delivery of the health service across these islands? People in glass houses should not throw bricks—it is never wise.

Jim Hume: I will come on to say how much I want to work with the member's party. I am well aware that the NHS is the responsibility of us all, but it is our duty, as members of the Opposition, to hold the Government to account, and that is what we will do. It is nothing personal, cabinet secretary.

Our NHS is an institution that is greatly valued. I put on record again my thanks and respect, and that of my Liberal Democrat colleagues, for the vital contribution that those who work across the NHS make. However, as Liam McArthur said in yesterday's debate, we need no persuading that making that contribution has been more difficult in recent times because of the need to rebalance the country's finances. We accept that.

We all want a strong NHS, but we need a credible economic plan behind that to ensure that we can fund it. The Government's amendment notes the challenges but does not pay enough attention to the real concerns that are being raised, which is a wee bit disappointing. We cannot ignore the warning signs. Serious concerns are being raised not just in the chamber by MSPs from across the parties but by the bodies that represent our healthcare workers.

On 7 January, the Royal College of Nursing Scotland's senior officer said:

"Many nursing staff working in Glasgow have been in contact with us to let us know how worried they are and concerned about how they can care for patients safely when there are so few staff and equipment is in such short supply."

It is clear that we have issues to address in our NHS and that the pressure on departments such as A and E is not seasonal but continues throughout the year. We have an increase in demand, which directly correlates to the increase in the age demographic of the country. I am afraid that the baby boomers of the 1950s and 1960s have now got old.

There is no doubt that there are bed shortages. I am all for the integration of health and social care and for providing care in people's homes as much as possible and whenever possible, but it is difficult to see how that can be done when we have fewer district nurses, combined with the extra demand across the NHS as well as the fact that district nurses are expected to be children's named persons. I believe that there is a mismatch, which is why we need a long-term workforce plan across the NHS. I repeat that I am happy to work with any party and with the new ministerial team and stakeholders to look at how we can do that. I hope that the issue is on the agenda for the cabinet secretary's meeting with health spokespersons later this month, to which she referred.

I will beef up the concerns that others have raised. On 11 January, RCN director Theresa Fyffe warned that the cycle of A and E departments struggling to cope, delayed discharges, too few staff, pressure on waiting times, delayed operations and so on will continue unless there is action to address the pressures.

The First Minister is keen to talk about consensus and on this issue it is essential that we reach it. I agree with the point that the cabinet secretary made in her intervention. With that in mind, I do not wish to spend the remainder of my time reading out a list of areas where targets have been missed, although improvements need to be made in the areas of life-saving cancer treatments and vital mental health services for young people. In addition, patients have had their rights breached, as Richard Simpson mentioned.

I met the Mental Welfare Commission for Scotland about two weeks ago, I met the RCN yesterday and I am meeting the Royal College of General Practitioners tomorrow, and I want to share some of the concerns that they have raised with me in the meetings to date. The crisis that we are seeing is not seasonal. The older generation is already having an impact: there are simply more people with more complex health needs. There is a continual increase in the use of agency staff. Vacancy rates are going up. More nurses are being trained, but there is a time lag between nurses being trained and their having sufficient experience to act independently. Staff are under such time pressures that they have no time to update the datix system. There is concern about the integration of health and social care, and delays are often caused by a lack of appropriate community support. Primary health services need to be improved and mental health services are under enormous strain, with demand continually outstripping supply. GPs are not referring people to psychological therapies because the waiting times are so long. I echo my call for parity in law between physical and mental ill health.

I hope that the minister will set out actions in those areas. The minister must listen to constructive criticism, not just pay lip service to it. The Government must ensure that all aspects of the health service move in the same direction, that health and social care integration is successful and that we have the workforce that we need with the necessary skills now and in the future. It is time to have a strategy that will future proof the workforce.

15:52

Mark McDonald (Aberdeen Donside) (SNP): This is probably not reciprocated, but I genuinely have a lot of time for Dr Simpson when it comes to discussions on health issues. We spent time together on the Health and Sport Committee. Large sections of his speech were constructive in their approach. I disagreed with some elements, which I might come back to at the end of my speech, but in comparison with some of the health debates that the Labour Party has brought to the chamber in recent years, a large part of what he said was constructive.

I will address a couple of subjects and I will be unashamedly parochial in doing so. I warmly welcome the cabinet secretary's announcement at the start of the week of the additional funding to bring NHS Grampian within 1 per cent of NRAC parity one year early. That is extremely welcome and will be welcomed by not just health professionals but patients.

I am sure that I am not telling tales out of school by saying that it is important to look into the reports on NHS Grampian and recognise that additional funding is not the only solution to the challenges that it faces. Extra money does not buy an improved management ethos; that must come through appropriate leadership in the NHS board. It is therefore vital that all politicians in the north-east get behind the new leadership team of Malcolm Wright, the interim chief executive, and Professor Stephen Logan, the new chair, and ensure that they are supported.

The Labour Party's approach during the process at NHS Grampian has left a lot to be desired. There appears to have been—at the very best—a grudging acknowledgement of the funding that is

being provided, despite it being what Labour politicians said was needed.

When the board chair vacancy came up, the Labour Party pushed for Barney Crockett to be the new chair. I say to those who are unfamiliar with him that he is the councillor who the Labour Party deposed as leader of Aberdeen City Council because it did not think that he was up to the job of running the council. It then tried to promote him as someone who was up to the job of running the local health board.

The Labour Party's approach to supporting NHS Grampian has left a lot to be desired. I hope that we will see a new chapter in the party's approach now that the health brief is under new stewardship.

Issues to do with delayed discharge merit exploration. Dr Simpson mentioned Aberdeen. During my time in the administration there, delayed discharge figures were reduced to zero as a result of a focused effort at health board and local authority levels to drive down delayed discharges and ensure that the pathways from the acute setting to the social care setting were such that delayed discharge did not happen.

I am dealing with a number of constituency cases that relate to delayed discharge. The difficulty is the lack of availability of care packages—that is blocking the system. I have heard it said on a number of occasions that the answer is financial and that, if we offer incentives for individuals to work in the care sector, we will create capacity. The difficulty is that the situations in Aberdeen city and Aberdeenshire are not the same. If cost pressures were arising in north-east Scotland, we would expect the same problem to manifest itself in Aberdeenshire. However, that is not happening. We must consider what is being done in Aberdeen city that could be creating difficulties.

Aberdeen City Council has introduced a step-down facility at Clashieknowe, in my constituency, to enable people to move between the acute setting and the home or other setting. That is a welcome development, which we support. However, some individuals who ought to be at home with a care package have been put into care homes by the council. That is not an appropriate way of managing delayed discharge, either for the system or for the individual who ought to be at home with a package in place.

The council's direction of travel in establishing Bon Accord Care, which is an arm's-length social care company with no scrutiny of its operations by elected members, is troubling. It is also troubling that the council has decided to abolish its social care committee. The council's education committee looks at children's services, but there appears to be no strategic or elected-member oversight of adult and older people's services in the council.

When the cabinet secretary discusses delayed discharge, I ask her to look carefully at whether social care is being appropriately monitored, in particular through elected-member scrutiny, in Aberdeen City Council. I have big concerns about the issue, which should transcend political divides.

I will talk briefly about what Dr Simpson said—

The Deputy Presiding Officer: You are in your final 40 seconds.

Mark McDonald: I welcome Labour's apparent ditching of its "review the whole NHS" shtick, which used to be the only thing that it brought to debates about the national health service. On the pledge to use the mansion tax to fund 1,000 extra nurses, I understand that Labour has promised to provide 1,000 extra nurses whatever the SNP promises, so I presume that, if we say that we will use the mansion tax money to fund 1,000 extra nurses, Labour will have to find another 1,000 extra nurses.

Labour misunderstands how the Barnett formula works. It is based not on an assignment of revenue—how much is taken in—but on expenditure, and the £250 million that Labour is talking about is more than the Barnett consequentials would be from any expenditure at UK level. Labour must explain how it arrived at that figure. It is all very well to complain about catchy slogans and sticking-plaster solutions, but if Labour's only suggestion is 1,000 extra nurses, that betrays a lot of the constructive content of Dr Simpson's speech.

15:58

Rhoda Grant (Highlands and Islands) (Lab): After months and years of warnings, we watch in despair as the NHS crumbles under winter pressures. That is not a failure on the part of the hard-working staff, who have been vocal in expressing concern about the state of the NHS. They too have been ignored, which is sad. We know that much of the NHS operates as a result of the good will of staff who go above and beyond in their work to try to keep patients safe, often to the detriment of their own health. Despite their efforts, operations are cancelled, bed blocking increases and care in the community diminishes.

I know how frustrating I find all that; I cannot imagine the frustration of the people who work so hard on the front line of the NHS. We have a Government that ignores what it is told and hides behind its majority in the Scottish Parliament, as I am sure that it will do again tonight. That does

nothing to help the staff and patients who suffer as a result of the Government's failure.

Winter brings no surprises. It comes round every year, roughly around this time, and it brings an increase in pressure on the NHS. This year, the Christmas and new year holidays butted up against weekends. That additional issue should not have been underestimated. It should have been flagged up, and plans should have been put in place to ensure that there was capacity in the system.

Operations have been and are being cancelled, and people are being discharged before they should be, while others wait on trolleys. That is becoming an annual occurrence under the SNP Government. How many more times must that happen before there is adequate planning for winter pressures?

Shona Robison: Does the member acknowledge that £28 million went into preparing for winter pressures? NHS Highland received a fair share of that resource. Does she welcome the NRAC funding that NHS Highland will receive next year? That will help to address some of the delayed discharge issues that she is raising.

Rhoda Grant: I certainly welcome additional funding. However, it is clear that the planning that has gone into preparing for this winter has been inadequate, and the funding is coming too late to do anything about the crisis that is occurring right here, right now.

We need to keep people out of hospital, and to do that we need to ensure that they receive adequate care in the community when it is required to prevent their health from deteriorating. People can wait for days before they get a GP appointment. Given that many surgeries were closed for eight days out of the 11 over the festive period, it is little wonder that people's conditions deteriorated to the point at which they needed to go into hospital.

Patients have been told to manage their own health and not go to A and E departments unless that is necessary, but that was impossible to achieve over the festive period. Not only were GP practices shut, but there was very limited pharmacy cover over Christmas and the new year. In NHS Highland and NHS Argyll and Bute, which cover a huge area, only one pharmacy was open on Christmas day and only six were open on boxing day, while it was a similar story for hogmanay. In the NHS Borders area, only six pharmacies were open over the same period. Given the huge geographical areas that those health boards cover, that is absolutely shocking.

If we are to keep people out of hospital, we need an NHS that is both reactive and proactive in our communities. People are living longer, which is a good thing, but that often means that they are living with complex conditions. We can now treat and manage those conditions to give people additional years, but the conditions become more complex to manage and the treatments for one condition often exacerbate or lead to another. We need the expertise in the community to help people to manage their conditions in order to keep them out of hospital. However, we have seen a decline in the number of specialist nurses, many of whom are being pulled away from their specialist areas to fill gaps elsewhere. I welcome the announcement of funding for motor neurone disease nurses and pay tribute to Gordon Aikman for campaigning successfully for that. Nevertheless, we need specialists in all disciplines in our communities to deal with the complex conditions that occur in order to maximise health and manage care at home.

We need the ability to pull in such services quickly along with social care services to support someone when they are beginning to struggle. Intensive intervention in someone's home or in the community could prevent the chronically ill or elderly from having to go into hospital at all. Allied health professionals are underutilised in that respect; they can help people to become more active and can assist with speech and swallowing, among other things. If someone is struggling at home, surely it is better to call a physiotherapist or an occupational or speech therapist to help them at home than it is to wait until they hit a crisis and have to go to hospital.

We hear terrible stories about old people being left on trolleys in corridors when they are frail and unable to look after themselves. Even a short time in hospital can disenable people who are used to looking after themselves at home. Even after a short period when they are unable to move about and fend for themselves, it can take months of physiotherapy to re-enable them.

Much of what is happening in our hospitals is a result of the Government's cutting of nurses and beds and its refusal to invest in our communities to change the balance of care. The Government's inability to deal with the situation is causing hardship and suffering. We cannot wait for the Public Bodies (Joint Working) (Scotland) Act 2014 to be implemented; we need to change the balance of care now to relieve the pressure on our hospitals.

The Deputy Presiding Officer: Thank you for finishing so swiftly.

16:03

Sandra White (Glasgow Kelvin) (SNP): I am sure that all members will join me in paying tribute to and thanking the staff of our health service—not

only the consultants, nurses, doctors and ambulance staff but all the staff who ensure that our health service is run as smoothly as possible.

I appreciated Jackson Carlaw's speech, which was measured and might even have contained a cry for unity in some parts. One aspect touched on a very important area: the creeping introduction of Westminster Labour policies into the Scottish Parliament.

I will go through some of the motion. Like others, particularly SNP members, I cannot quite fathom how a motion called "Scotland's Future" is only about how the Labour Party, if it ever gets into power, would do a better job on health than the SNP. It does not ring true to me that a motion about Scotland's future should mention only that one topic.

The motion mentions

"Scottish Labour's commitment to fund 1,000 extra nurses".

Members have spoken about that commitment. Malcolm Chisholm mentioned the RCN in relation to the commitment, which Mr Murphy proposed. However, when the RCN was asked about how the figure for the extra nurses came about, it had no idea. It certainly never came up with the figure of 1,000 nurses. Perhaps only Mr Murphy and Labour Party members know where the figure came from. If they do, I would be happy if they said how they got to the figure.

Rhoda Grant: Do I understand from what Sandra White and other members of her party have said that they do not welcome the commitment to have an extra 1,000 nurses and that her party will not match that commitment? [*Interruption*.]

Sandra White: I think that someone else just answered the member's question.

The Deputy Presiding Officer: Can we cut out the front-bench interchange and allow Sandra White to proceed, please?

Sandra White: Thank you, Presiding Officer. I will repeat what was said from the front bench: that is nonsense. Rhoda Grant has her answer.

The motion talks about the mansion tax. People must know about that proposed policy. It will be introduced only if Labour wins the Westminster election, so Labour members are being a wee bit—[*Interruption*.]

The Deputy Presiding Officer: Can we let Sandra White make her speech, please? Everyone else should keep quiet.

Sandra White: Thank you, Presiding Officer.

As Mark McDonald mentioned, when members look at the mansion tax proposal, they will see that the Labour sums do not even add up. Jim Murphy, the Labour Westminster MP, said that a UK-wide mansion tax would fund an additional 1,000 nurses in Scotland. Labour claims that the tax would generate £1.2 billion across the UK and that it would expect £250 million of that to come to Scotland, which is more than 20 per cent of the total revenue raised. That is one point.

Mark McDonald's other point was that, even if that amount of money was raised, the allocation to Scotland under the Barnett formula would be less than Labour suggests. Let us just say that the figures are nonsense.

I will take the mansion tax issue further, because it is mentioned in the motion that is said to be on Scotland's future. Let us look at what Labour MPs are saying about the mansion tax, which was proposed by one of their Scottish MPs. Margaret Hodge, chair of the Public Accounts Committee, said that the policy was

"too crude to work properly ... I don't think it is the world's most sensible idea."

Jenny Marra: Will the member give way?

Sandra White: Let me finish.

I think that we have all heard what Diane Abbott said on Radio 4 a couple of days ago:

"Jim Murphy isn't helping matters by firing off without consulting ... There's a lot of discussion and debate that needs to go on about how we can implement a mansion tax fairly ... Jim Murphy is jumping the gun in a highly unscrupulous way."

I am trying to get across the point that it would have been much more honest for the Labour Party in the Scottish Parliament to say that its motion was on health, which it is, and for the ideas in the motion to have come from the Labour Party in Scotland. However, the motion basically reiterates a Jim Murphy press release.

Jenny Marra: Will the member take an intervention?

Sandra White: I am sorry, but I am in my last minute.

I find that approach despicable. It is also quite sad. There is a pool of people who have been elected by the Scottish people and they cannot even bring their own ideas to this Parliament for a debate on health, which is nothing to do with "Scotland's Future"—the title of the motion.

Labour needs to think about why its members cannot introduce their own ideas, instead of reiterating those from a press release by Jim Murphy—a Westminster MP who has not even identified a seat for the next Scottish Parliament elections.

16:09

Nanette Milne (North East Scotland) (Con): This has been another Labour debate in which we have had another predictable war of words between the two major parties over the health service. Given that it comes so soon after a very recent Labour debate on health on 3 December, I found it quite difficult to find anything very new to say.

I think that we all agree that the current failings of the NHS in Scotland need to be addressed. What we need in order to bring about an improvement in health provision and a sustainable future for the NHS in Scotland is clearly stated in Jackson Carlaw's amendment. If NHS Scotland is to achieve a sustainable future in the face of the many challenges that it faces today, all political parties must

"agree and unite in support of a long-term strategic plan and work"

with the Government to develop and implement

"such a plan in the current parliamentary session."

That task is urgent, and we cannot afford to sit around and argue while the express train carrying the demographic time bomb hurtles along the tracks towards us.

We all agree that A and E services have been under severe pressure in recent weeks for a number of reasons. I remember being called in to help on my night off as a hospital resident doctor in 1966, because there were so many admissions from A and E that patients had to be spread across wards throughout Aberdeen royal infirmary, and the on-duty staff on the receiving ward simply could not cope without more help. The seasonal pressure on emergency services is not a new phenomenon. What is new is that many more people turn up at A and E with conditions that would be better treated by self-medication or by their GP. What is also new is that A and E departments are busy throughout the week instead of just at the weekend, because more people abuse alcohol and drugs.

Another thing that is new is the serious difficulty that is experienced in finding care in the community for an increasing number of frail elderly people who are fit for discharge from hospital, but who cannot access appropriate care at home. Having to keep those people in hospital, which only increases their frailty, leads to difficulty in finding hospital beds for people who need to be admitted from A and E, and results in patients being detained in that department or, when casualty wards are full, on trolleys. At a time of year when icy pavements are a hazard, as I discovered to my cost this morning, and when flu, colds and chest infections are common, attendance at A and E rises dramatically and the system becomes stressed, which results in cancellation of routine procedures so that acute cases can be dealt with.

I agree with the cabinet secretary that improving patient flow through the system is key to solving the A and E problem, although patient awareness of the appropriate point at which to access the NHS needs to be addressed, as does the issue of how to attract and retain more medical staff, particularly at consultant level, into the emergency medicine specialty. At present, because a significant volume of people attend A and E departments inappropriately, the existing staff, who are highly qualified in trauma medicine, are often unable to use their specialist skills, and the job becomes unrewarding, particularly when they are on a 24-hour, seven-day-a-week rota of work.

I also agree that, if it works effectively, the integration of healthcare and social care should help patient flow significantly, but I do not think that we should underestimate the fact that many hurdles are yet to be overcome in breaking down the professional barriers that still exist between healthcare and social care, at least in some parts of the country.

With regard to funding, there are on-going party-political arguments about commitment to fund the NHS in Scotland, but there is no doubt that the Conservative Party is committed to doing that, both at Westminster and here. The fact that the NHS in Scotland has received nearly £1.4 billion of Barnett consequentials since 2010 is testament to that, as is the more recent substantial extra funding for the NHS that the Chancellor of the Exchequer announced in his autumn statement.

To be fair, I must acknowledge the extra funding for health boards that the cabinet secretary announced this week, which is welcome. From my point of view, the £5.2 million that has been allocated to NHS Grampian, which under the NRAC formula has undoubtedly been significantly below parity with other health boards for a number of years, is particularly welcome.

The NHS will always absorb any resources that are available to it, and it is crucial that we maintain a commitment to safeguarding its funding, but the answer to the problems that the NHS undeniably faces, particularly in community care and A and E, is not necessarily to throw more money at them but to sit down and plan properly for the future. I think that that has to be done on a cross-party basis, because patients want results, not political point scoring, and I think that we would do politics as well as patients a lot of good if we took a joint approach to strategic planning within the NHS.

Jackson Carlaw and I had a good working relationship with the previous health team—at least, as we have heard, until just before the

referendum—and I hope that the same will develop under the new health secretary. I look forward to the meeting that she has arranged later this month with Opposition spokesmen, and I hope that it will be the start of a positive working relationship with her and her team of ministers.

I know that people outside this place are tired of political sniping, and I think that if we can overcome that behaviour in the interests of developing and sustaining our precious and much-loved NHS, we will be doing an enormous service not only to politics but to the large and very dedicated body of people who work in NHS Scotland, and the patients who depend on their services.

16:15

John Mason (Glasgow Shettleston) (SNP): I want to start by highlighting the NHS's strengths. We should remember that we do not have a system like that in the United States in which richer people get a gold-plated service and poorer people get the absolute minimum. Nor should we forget that many parts of the world have almost no health service at all, either public or private. The Canadian friend whom I have quoted in a previous debate and to whom I was speaking just after new year said to me, totally unprompted, that if one thing annoyed him, it was people in Scotland slating the NHS. He has lived in a number of countries around the world, and he reminded me that, in most of them, people are very jealous of what we have here.

Of course, it is the Opposition's job to look for things that are wrong instead of welcoming the things that are going well—I occasionally did the same thing myself in a past life—and, to be fair, Labour mentions the hard-working NHS staff in its motion. However, let us keep things in perspective. Like others, I am of course happy to accept that there is and always will be room for improvement but, as Nanette Milne has just suggested, it would be good if we could have a mature debate on that issue instead of just rhyming off easy slogans.

I suggest that in committee we are sometimes able to have more nuanced discussions than we can in the chamber. For example, the Finance Committee has had number of evidence-taking sessions with an emphasis on preventative spending. Do we really believe in that? If so, how should we be spending our health money? Those are the kinds of questions that we should be discussing. After all, putting more and more resources into accident and emergency services is ultimately a sign of failure; if we do only that, it shows that we have given up on preventative spending.

The Finance Committee has also examined the question whether we should emphasise inputs such as the number of nurses, outputs such as the numbers of people who are treated at A and E or outcomes such as a healthier population. Should we make the number of nurses the key factor? Where do we want to go in the long term? I presume that we want a healthier population, which will mean fewer hospitals and fewer nurses—or if there are to be more nurses, they will keep people at home instead of treating them at A and E. Surely that would be a success. However, the challenge with sticking to outcomes is that they are often harder to measure, are more long term and do not have such a close link with the budget.

The easy way out is to count the number of hospitals and nurses. As an accountant, I must confess that my profession can be guilty of emphasising what can be measured easily, but if we are serious about outcomes and preventative spend, we will all need self-discipline and political leadership that avoids petty point scoring. I feel that the last part of the Conservative amendment runs along those lines, and I think that Jackson Carlaw got the tone right in his speech.

However, not only will the Government have to produce a long-term strategic plan, which I presume will emphasise outcomes and preventative spending, but Opposition parties will have to place less emphasis on inputs. We cannot spend money on everything; in fact, during the budget process, witnesses told the Finance Committee that they thought that we were spending too much on health, and that we would be better spending more on growing the economy and getting more people into jobs, which might help people's health in the longer term. I have to say that I do not particularly agree with that argument, but it has been made.

As well as the choices that are to be made on whether we spend on health or on other parts of the budget, there are also choices to be made on how we spend money within the health sector. For example, should we spend more on early years and less on older folk? Should we spend more on preventative measures and less on reactive measures? Should we spend more on healthy food for children and less on end-of-life drugs? Let us be clear: we have to make choices in all of this. Labour can pretend that we can have more money for everything, but I do not believe that that can be done, the public does not believe that it can be done and simple arithmetic says that it cannot be done.

The intended Lib Dem amendment emphasised mental health, which many of us would welcome. I presume, however, that if there are to be more mental health beds and nurses, the Lib Dems want to cut mainstream beds and nurses. That is a

valid choice for them to make, but perhaps they would have more credibility if they had said that in the amendment.

It is worth saying again what others have said: accident and emergency services are not the most appropriate place for every health problem. When the announcements about the extra funding were made on Monday, I think that I heard correctly a radio piece that said that some 30 per cent of people who go to A and E could have been better attended to elsewhere.

Other members have mentioned privatisation in the health sector. In a people-intensive area such as healthcare, it is pretty likely that if the private sector can do something cheaper, it is because the organisation has fewer staff or the staff are on poorer terms and conditions. If we are serious about the living wage, doing away with zero-hours contracts, proper holiday entitlements and decent pension provision, let us not be hoodwinked into thinking that a cheaper bid has come about through some kind of magic formula and that money has been produced out of nowhere. No. Nine times out of 10, such a bid has come about because there will be fewer staff, lower pensions, longer hours and so on.

That is not to say that the NHS could not do things better. I am not entirely sure why GPs and dentists are self-employed rather than employed; that seems to be a bit illogical. Let us look at how we could use the current resources better, but let us also be realistic about the financial resources that we have.

We have an NHS to be proud of. Let us always seek to improve it, but let us also keep our eyes on the long-term goals and not just on what is easy to count.

16:21

John Pentland (Motherwell and Wishaw) (Lab): NHS Lanarkshire did unbelievably well with the Scottish Government's treatment time guarantee, with just eight breaches. That came as something of a surprise in the light of reports that I have had from constituents. People can wait for a long time to see a consultant and then wait for many more weeks for tests. There can be another long wait for an appointment to get a diagnosis and to discuss treatment. The guarantee kicks in only then. If tests have to be repeated, other tests have to be done or appointments are at unsuitable times, that all adds to the time. Referring a patient back to their GP resets the clock. Therefore, a year or so can pass before a person goes to the actual treatment. Suffice it to say that Lanarkshire's performance on the 18-week target is not quite so good.

Before I go any further, I have to make it clear that NHS workers are without any doubt extremely hard working and dedicated. They have to cope with extreme pressure under a heavy workload in the face of staff shortages that are due to unfilled posts and sickness absences. That is not just my opinion. In June, the chair of the British Medical Association said:

"What I have seen over the past five years is the continuing crisis management of the longest car crash in my memory".

Just last week, the RCN Scotland director, Theresa Fyffe, said:

"The whole system is creaking at the seams and the last few weeks have seen a perfect storm of conditions that demonstrate just how perilous the state of the NHS is."

That echoes statements that Lanarkshire NHS Board made about the fragility of services including A and E. Plans are already lodged with the Scottish Government for closures of up to 48 hours and plans are being developed for longer-term closures.

The fragility is due to a lack of staff, especially in certain posts and disciplines. When I look at NHS Lanarkshire's staffing reports, I cannot help thinking that far too many shortages are highlighted in red and amber. In one year alone, NHS Lanarkshire staff complained about staffing shortages 434 times—more than 35 times a month. Rarely a day goes by without a complaint.

Whistleblowers bravely went to the press about their worries about the lack of suitably trained workers. In response to their concerns, the independent report on NHS Lanarkshire neonatal services concluded that the complaints about the lack of specialist neonatal staff were justified.

Shona Robison: I am not going to argue for a second that finance is the answer to all the issues. Of course, the problem is partly the challenge in recruiting people for some specialties. However, I am sure that John Pentland will welcome the fact that NHS Lanarkshire is going to be one of the main beneficiaries of NRAC uplift for next year, which I hope will help with some of the expansion of posts that he alluded to.

John Pentland: As any member would, I welcome the money. However, the cabinet secretary needs to realise that what she is offering is only a short-term fix because NHS Lanarkshire has been moving from crisis to crisis.

We see the impact of staffing and resource problems in the repeated failure to meet such targets as A & E waiting times. For example, in October and November last year, 170 Lanarkshire patients waited 12 hours or more to be treated in our hospitals, but across the rest of Scotland over the same period only 142 patients waited 12 hours

or more. Audit Scotland has highlighted, too, NHS Lanarkshire's failure to meet targets in relation to outpatient waiting times and delayed discharges; and the infamous leaked chief executives' document showed a £400 million gap in sustainable funding and highlighted the problems that have been caused by the lack of service reconfiguration in NHS Lanarkshire.

Lanarkshire's mental health services are still dealing with problems arising from the mental health reconfiguration plans. In addition, nearly a year ago the rapid review of NHS Lanarkshire highlighted the problems of Lanarkshire's A and E services, but A and E is still under pressure and all the more so as a result of the disintegration of GP out-of-hours services in Lanarkshire, which the NHS says

"have reached the point where it is becoming extremely difficult to provide a safe service."

The Deputy Presiding Officer: You should draw to a close, please.

John Pentland: The cabinet secretary needs to realise that when staff, patients and stakeholders are criticising and using words and phrases such as "perilous", "fragile", "creaking at the seams" and

"the longest car crash in memory",

the Scottish Government has to stop pretending that everything is basically okay. I hope that the cabinet secretary will agree with me that NHS Lanarkshire is in crisis.

The Deputy Presiding Officer: I call Kevin Stewart, after whom we will move to closing speeches.

16:27

Kevin Stewart (Aberdeen Central) (SNP): Yesterday, I welcomed the £15.2 million additional funding for NHS Grampian, which means an uplift in the next financial year of £49.1 million, and I mentioned the late Brian Adam, who campaigned for years to get parity for NHS Grampian. He did so before he came to this place and when there was a Tory Government in power at Westminster, and he did so when Labour was in power at Westminster, when there was a Labour-Liberal Democrat Executive here and while the SNP was in power. We have seen the shift with this Government from the Arbuthnott formula to NRAC, and we are now seeing parity take place. I am sure that Brian Adam would be very proud that that has been delivered.

I also pay my respects to others who have done as Brian Adam did, such as Dr Milne, whose speech today was good and, as per usual, very thoughtful about the health service. I know that Dr Milne consistently called for the parity of funding that Brian Adam called for. However, what annoys me are the chancers who discovered only in recent times that that parity was required, but I probably should not say very much more about that.

Like some others, I attended the NHS Grampian annual public review on Monday. For me, one of the most refreshing things about the review was NHS Grampian's complete and utter honesty about where it thought that it could do better and where it was not doing as well as it should be. That was extremely refreshing, and it was not the case even a few months back.

The difficulties that the board mentioned are exactly the same as the issues that have been crossing my desk—and probably the desks of a large number of my colleagues in the north-east—for some time. They are about orthopaedics, dermatology and mental health services for young folk. The board recognises those difficulties, and it seems that it is taking action to try to resolve them. That is extremely good news.

Jim Hume: The member mentioned mental health services for young people. During the deliberations in the meeting with NHS Grampian, was it brought up that Aberdeen city does not have a single CAMHS bed? Is the board looking to address that?

Kevin Stewart: That was not mentioned at the meeting, but I have raised it separately and there is a promise from the new team that it is looking at these things very carefully indeed. Again, the responses that I have been receiving have been particularly refreshing. The member will understand that we sometimes do not get into the finer detail at annual reviews, but I know that that issue is being looked at.

The strapline that the board used in its presentation was "caring, listening and improving". Sometimes I do not agree with the use of such straplines, but I think that that was the right one. From what I heard on Monday and what I have heard from the new team since it came into post, it is certainly caring about the areas where it thinks there are difficulties; it is certainly listening—and not only to parliamentarians, as we heard on Monday how it is dealing with the views of groups and individuals; and I think that we are already seeing signs of improvement.

We can do what politicians do all the time and snipe at one another about the bad things and forget to mention the good things, but often we do not give folk time to breathe and improve on what is in place. We need to take a different attitude and a different tack when we are discussing our national health service so that we can, in all honesty, point out where there are some difficulties and then get on with the job of trying to improve those areas of the business to ensure that

patients are treated as well as they can possibly be treated.

Dennis Robertson: Will the member take an intervention?

Kevin Stewart: I will take a very brief intervention from Mr Robertson.

The Deputy Presiding Officer: It must be very brief. You have 30 seconds left.

Dennis Robertson: Will the member acknowledge that the patient satisfaction within Aberdeen is testament to the hard work of the staff?

Kevin Stewart: I would certainly agree with that. We have been told about all the difficulties that there have been, but the staff in NHS Grampian have performed absolutely brilliantly during this time, including under a lot of media pressure and a lot of unnecessary pressure from politicians. I would always say, "Hats off to those folks who deliver on a day-to-day basis for the people of Scotland and deliver for the national health service."

The Deputy Presiding Officer: We move on to the closing speeches.

16:33

Jackson Carlaw: I begin by thanking Jim Hume, who observed that the baby boomers have now got old. I hope that I do not feel as old as Mr Hume looks, if I can put it in that way. I thank him for his observation and will move smartly on, as one of those baby boomers.

As the debate wore on, there were a lot of speeches to which I warmed, but I will concentrate on just a couple. I want to pick up on something that Christian Allard followed up on, which was my concern about the potential for the health service to be weaponised, in the language of Mr Murphy's leader at Westminster. Mr Allard said that it will not work. The problem is that it does. It was the most effective yes campaign tool in the referendum.

When the yes campaign weaponised the NHS with the outright bilge that it would be privatised on 19 September if we did not vote yes, hundreds of thousands of Scots were motivated to vote in the referendum on that basis. I am afraid that the truth is that weaponising the health service—to use the new language that we have suddenly evolved—works. Parliament and the political parties have to be prepared to rise above that, although I am concerned, and I say this not because of Dr Simpson's conduct when he moved the motion but because of its tone, that there is a temptation to do exactly that.

That brings me to my taxi driver this morning. He is a former shop steward and lifelong Labour voter. He said to me that he was absolutely dismayed by the mansion tax and that it reminded him of the rabbit-out-of-the-hat spin politics of the Blair and Brown era. This is a man who lives in East Renfrewshire and has voted for Mr Murphy. He was concerned that Mr Murphy has gone from being the quiet, deliberate man to being the angry man who is now going to demonstrate his credentials by standing up for Scotland, which has to be through the most flaccid, flashy, flim-flam mansion tax—a preposterous confection of a policy, which Sandra White, Mark McDonald and other members illustrated as completely ridiculous.

Rhoda Grant asked whether we do not want these 1,000 extra nurses, as if they are standing ready and waiting to cross over the border if only the SNP will embrace them. It is an ephemeral nonsense.

Scottish Conservatives have argued for 1,000 extra nurses on the basis of a tough decision that other parties do not agree with: the reintroduction of the prescription charge at the level at which it was when it was abolished. That would be a properly costed way to underwrite the policy. However, other parties do not agree and I accept that.

It is also true that other health services within the United Kingdom also need additional nurses. The right way to proceed is to increase health spending when possible and for the consequential that would arise from that to come to Scotland, or for the Scottish budget to be directed in that way. To simply talk about a mansion tax is to insult voters' intelligence. If that is weaponising the health service, I hope that it does not work during the election campaign that we are about to enter.

Richard Simpson made some telling points in his speech and the Government would do well to take note of them. As he said, the motion is a change from the kind of motions that we have seen recently from Labour. That is true. Dear old Neil Findlay was forever asking us to look to Cuba and Venezuela for our health service policy, so it was interesting and refreshing to hear Dr Simpson concentrating on the actual dynamic with which we are confronted.

Across Scotland, as we speak, the pressure that we have talked about is not illusory. It is not some fanciful debating point for the chamber, and it is not past and over. Doctors and nurses are rushing around packed wards, many of which have been closed because of norovirus and are under pressure from bed-blocking because patients cannot be moved to other parts of the hospital to be treated. They are managing as best they can. Their legs are as exhausted as their spirit, and a debate in here that is based on nothing more than recrimination can do nothing for their morale or expectations.

We all know the measure of the task, although I say to Mr McMillan that it might be a bit late in the day to say that we have just discovered that we have an ageing population. We understand the consequences of that for mental health, primary care, avoidable conditions, dementia and the contract that we need the public to have with the NHS. The reward for staff is not just financial; it is about the atmosphere and their job satisfaction, and far too many of those whom we train are seeking employment in health services elsewhere.

Those are the challenges that we have to face, and I look to the concluding spokesmen for the Government and the Labour Party to inspire the public and the staff in the NHS with hope that this will not be a political tribal fight but a genuine effort to find a strategic way forward for the health service in Scotland around which we can all unite and deliver.

16:39

The Minister for Sport, Health Improvement and Mental Health (Jamie Hepburn): I have listened closely to the debate, and I will try to pick up on a number of points that were made.

First, I want to turn to the speeches that were made by Jackson Carlaw and Nanette Milne. They both spoke of the ambitions for the NHS being shared. Indeed, John Mason reminded us of the advantageous position of the health service in Scotland, compared with the health services in many other parts of the world. I recognise that everyone in this chamber has a collective interest in the NHS working effectively. I absolutely agree with that point. It is clear from today's debate that we will not always agree with one another on every point, but, where we can work together, we should seek to do so. The cabinet secretary said in her opening remarks that she will seek to work with Opposition spokespeople on a consensual basis, and I make that commitment as well. I know that the Minister for Public Health will work on that basis, too.

Of course, I should say that we recognise that the NHS faces challenges. The Government does not shy away from that fact. Indeed, our amendment recognises that there have been challenges in meeting the increasing demands in A and E departments and it acknowledges that further steps are required to reduce delays in discharge. The cabinet secretary has set out that view many times since she was appointed. We also acknowledge that further steps are required to improve patient flow and ensure that A and E targets are sustainably met. We are not shying away from the task that is before us. Indeed, we have put that in our amendment, which I commend to members.

I would make the point that this Government has a clear vision and direction for our NHS, and we are committed to delivering that vision and ensuring patient-centred care so that each and every person in Scotland receives a fair and appropriate service each and every time that they require it, which is no less than they deserve. Of course, next week the Parliament will debate the 2020 vision for the NHS, and members can contribute to that.

We continue to work with our NHS boards, putting in place a range of actions to support the delivery of our vision. We have set targets for CAHMS, psychological therapies, alcohol and drugs treatments and in vitro fertilisation treatment, all of which will offer patients the best available care. We can do that because of the record levels of funding that we have put in place, the record levels of staffing that we have and our commitment to invest in the NHS capital and infrastructure.

I want to put on record the fact that there have been some achievements. Under this Government, waiting times have dramatically improved since March 2007, when only 85 per cent of new in-patient day cases were seen within 18 weeks, and, indeed, it was this Government that removed the availability status code that meant that 35,000 patients had no guarantee of a treatment time, with some patients waiting well over a year for their treatment.

At this juncture, it is appropriate to thank those who work in the NHS for their efforts, which are the reason for those improvements in waiting times.

Having mentioned targets, I want to turn to the speech by Dr Simpson, because he touched on that issue. He also raised concerns about the number of GPs per capita. I thought that it was interesting that he was quite selective in focusing on the north-east of England, because, over the piece from 2006 to 2014, GP headcount in Scotland is up 6.9 per cent, and we have one GP per 1,077 people whereas in England there is one GP per 1,339 people. We have a good record in that regard.

Dr Simpson: I used the north-east as an example not for my own reasons but because the Nuffield report used the north-east of England as a comparator, because it has very similar problems to Scotland. It got 115 per cent of the increase that was given by the UK Government, while Scotland deployed only 99 per cent.

Jamie Hepburn: Over the piece—2006 to 2014—we have increased GP headcount by 6.9 per cent so, in that regard, we are delivering more GPs per person in Scotland.

On the treatment time guarantee, it is clearly disappointing that some patients are not seen within the timeframe. The six-month data from ISD's new ways data warehouse indicates that, in the majority of cases that breached the 12 weeks, the patients were seen within 16 weeks, so those who were not seen within the 12-week target time—we absolutely want to achieve that target—were seen pretty quickly thereafter. However, I make it clear that we expect boards to achieve that target.

We should also make the point that 600,000 people have been seen in that time since the guarantee was introduced. That is why Duncan McNeil made the point that we have come a long way in the past decade. He said that, a decade ago, many members of the Parliament's health committee were inundated with cases that involved people who could not get an operation but that such cases had disappeared from his case load.

We will not abandon that guarantee. It was interesting to hear from Dr Simpson that the Labour Party would not have put that guarantee in place and that, if I picked him up correctly, he would seek to remove it. Without that commitment, we would be in danger of letting standards slide and moving backwards. The cabinet secretary made the point that tough targets lead to good results and she was correct to do so. I will look with great interest to see whether Labour's manifesto commits to removing the commitment to treat people within 12 weeks. If the Labour Party is returned to government, we will return to the days of 35,000 patients languishing on hidden waiting lists.

I turn to some of the other comments that were made in the debate.

Jim Hume mentioned mental health. John Mason mentioned that the Liberal Democrat amendment, which was not accepted for debate, set out issues around mental health. I totally agree that that should be a priority. We held a debate on it last week, and we should return to the subject.

I accept that there have been challenges in mental health services too. Some of them are born of good news. For example, CAMHS are under pressure because more people are presenting and want to access help and assistance from those services. That is not, of itself, a bad thing; it is a good thing that more people are seeking assistance. However, I expect health boards to achieve our targets on that too.

John Pentland spoke about the challenges in NHS Lanarkshire. I acknowledge that there are challenges in that board; it covers my area as well. He spoke of long waits before treatment. I confirm that NHS Scotland has consistently achieved the 18-week referral-to-treatment target in Lanarkshire. In September 2014, 93.4 per cent of patients were seen within that period—that is more than the 90 per cent standard. In Wales, where the Labour Party runs the health service, there is a 26-week referral-to-treatment target—

The Deputy Presiding Officer: You should draw to a close, please.

Jamie Hepburn: But only 85.7 per cent of patients were seen and treated within the target during September 2014. That is one indication of many why the NHS is safe in the hands of the SNP.

16:48

Jenny Marra (North East Scotland) (Lab): The biggest issue in the health service in Scotland today is delayed discharge. Shona Robison said this afternoon, as she did on television on Sunday, that she would be the first to admit that we have a problem with delayed discharge in our hospitals. She also said that it is her biggest priority, and we welcome that.

We all heard appreciation throughout the chamber of the complex challenge that delayed discharge represents. Every situation is different because we are talking about individuals, the choices that they make and the packages of care and support that surround them perhaps in the last years of their lives. My initial meetings with the chief executives of health boards up and down the country reflect that challenge.

We know that blocks in patient flow, as Nanette Milne said, exacerbate the pressures. We have seen that in our A and E departments over the past couple of weeks, as they are not able to move patients through the hospital. It is a planning and organisational challenge as well and it is an issue that has been highlighted by Audit Scotland. However, I also think—and I hope that members across the chamber agree with me—that it needs extra resource.

On that point, I ask the cabinet secretary a couple of questions. I know that she is committed to interim beds, but the £65 million that she reannounced at the weekend has been calculated on the NRAC formula—letting the health boards catch up, as it were. The Scottish Government press release that was issued at the weekend specifically says that that money is for the cost of expensive new drugs, so where is the extra resource to address delayed discharge, which is her biggest challenge? Also, can the cabinet secretary tell us what is happening to the other £60 million from the autumn statement?

Shona Robison: I am very happy to confirm that the health service will get £380 million of

additional money next year. We have said what we will do with £65 million out of the £127 million that has been announced. I will be making further announcements about the rest of that resource, but the NRAC uplift is for boards to meet a whole range of pressures. It is up to them to decide on what their priorities are.

Jenny Marra: I welcome the cabinet secretary's comments, but I hope that she will make some money specifically available for the challenge of delayed discharges, as she has made it her priority.

Labour will not support the Government's amendment tonight for the simple reason that we cannot, in a Parliament, vote for a Government amendment that congratulates itself on breaking the law. The cabinet secretary herself does not seem to understand—this was also highlighted by the minister's closing speech—the difference between Government targets and the law of this land.

It was the SNP Government's decision to vote what should have been a health target for treatment within 12 weeks into a legally binding law.

Shona Robison: Will the member give way?

Jenny Marra: Allow me to make a little bit of progress on this.

For 12,500 people across this country, this Government has broken the legally binding law of this land. What is their legal recourse? Usually, when a law is broken, the person against whom the breach has been committed has some sort of recourse in this country. Will the cabinet secretary do the decent thing and at least apologise to the 12,500 people who have had their legal rights breached by this SNP Government, or is this a Government with so little respect for that law that it will use it as a PR stunt to convince people that it is the custodian of our NHS?

Shona Robison: I am not sure that I got the last point. I absolutely regret anybody not being treated within the targets that we set. However, let me just remind the member of what was said by Jamie Hepburn. The vast majority of those 12,500 people were treated within 16 weeks. Compare that with the year-long waits that happened under Labour. Can Jenny Marra confirm that Labour would abandon the legal guarantee that patients have? Can she confirm what Dr Simpson said, which is that Labour would remove that legal guarantee?

Jenny Marra: We would very much like to meet the law of this land as passed. The cabinet secretary and the minister have referred to it as a target. It is not a target; this Government put it into law and has a legal obligation to deliver it. The Government has breached that obligation and those 12,500 people deserve at least an apology for that breach.

I asked the cabinet secretary when she opened the debate whether she would publish weekly waiting times for A and E departments across this country and I was very surprised to hear her response. Shona Robison abdicated responsibility to the ISD, which has advised her to publish the information monthly. She is the cabinet secretary. A political decision has been made in England and Wales to publish figures weekly. Surely the cabinet secretary has the power, in the interests of patients across this country, to override that rule and demand weekly published figures on A and E waiting times.

We understand that the cabinet secretary is apprised daily of A and E waiting times. Why does she not publish the results every week, so that patients can have the information to which she is privy? Is she saying that, although she is prepared to break the law on the right to treatment for 12,500 patients throughout the country, she is not prepared to override advice from a quango that says that she can publish figures only every four weeks? Frankly, one has to ask who exactly is in charge here.

I am very new to this job, as members know, so I have been doing a bit of reading to carry out a health check on our health boards across the country—[*Interruption*.]

The Presiding Officer (Tricia Marwick): Order.

Jenny Marra: I ask members to bear with me because, going from board to board, the figures make for quite interesting reading.

In NHS Ayrshire and Arran there were 137 breaches of the Scottish Government's treatment time guarantee, and Audit Scotland reported a staffing crisis in the board. Half of the maintenance that the board is due to carry out is classed as high risk or significant risk. The board was forced to postpone operations after £1.3 million of surgical equipment was stolen, and this month some patients waited more than 12 hours for a bed.

In NHS Borders there were 250 breaches of the legal treatment time guarantee, which the board has breached every month since the Government passed the law. The board has a maintenance backlog of more than £6 million.

In NHS Fife there were 354 breaches of the SNP law, which the board breached in every month apart from one. The board had the largest increase in Scotland of future maintenance costs—an increase of more than £13 million-worth of work waiting to happen. It had the second-worst vacancy rate in Scotland and the second-worst

record on cancer waiting times in the country, with one patient waiting for five and a half months after diagnosis for treatment.

In NHS Highland there were 1,475 breaches of the SNP law on the 12-week treatment time. In the last month, the law was breached 143 times, and the board has a maintenance backlog of £83 million.

In NHS Lothian there were 6,760 breaches of the 12-week waiting time guarantee. In the last month alone, the law was breached 420 times. NHS Lothian was one of the worst-performing health boards in Scotland on waiting times and delayed discharge, and its spending on private healthcare has rocketed by 12 per cent, or nearly £2 million.

Shona Robison: Will the member give way on that point?

Jenny Marra: With respect, I think that members probably want to hear this.

NHS Lothian has a maintenance backlog of £96 million. In NHS Tayside there were 363 breaches of the SNP law, which the board breached every month. The Audit Scotland report said that NHS Tayside was relying on selling property to make ends meet and that it met less than half of its targets for waiting times and delayed discharge.

That is not a very good record for the cabinet secretary in her first week of office, nor for her predecessor, Alex Neil, or his predecessor—

Shona Robison: Will the member give way?

Jenny Marra: No—I have taken an intervention already.

We have committed to 1,000 extra nurses—[*Interruption*.]

The Presiding Officer: Order, order. Let us hear Ms Marra.

Jenny Marra: We have listened to staff across the country. The staff survey that was published just before Christmas showed that 75 per cent of nurses feel that there are not enough of them to do the job. Scottish Labour has committed to 1,000 extra nurses in pressure points across our NHS, paid for by the mansion tax and measures on tax avoidance—[*Interruption*.]

Presiding Officer, it is clear to me that SNP members do not agree with a mansion tax—[*Interruption*.]

The Presiding Officer: Order. Ms Marra, you have about 40 seconds left.

Jenny Marra: The SNP Government has pressures in A and E departments and a massive problem with delayed discharge across the country, yet we heard last week that John Swinney has an underspend of £440 million. How much of that money will the cabinet secretary ask John Swinney for? Why was Alex Neil not banging down his door to ensure that the pressures in the NHS did not build up?

The Presiding Officer: You need to close now.

Jenny Marra: I look forward to working on the health brief and with the cabinet secretary to solve those problems.

Business Motions

17:00

The Presiding Officer (Tricia Marwick): The next item of business is consideration of business motion S4M-12048, in the name of Joe FitzPatrick, on behalf of the Parliamentary Bureau, setting out a revision to the business programme for Thursday 15 January 2015.

Motion moved,

That the Parliament agrees to the following revisions to the programme of business for Thursday 15 January 2015—

Delete

followed by	Scottish Government Debate: Commending the People who Keep Scotland Safe in Emergencies

and insert

followed by	Election to the Scottish Parliamentary Corporate Body
followed by	Scottish Government Debate: Commending the People who Keep Scotland Safe in Emergencies
followed by	Scottish Parliamentary Corporate Body Debate: Re-appointment of a Member of the Standards Commission for Scotland
followed by	Legislative Consent Motion: Modern Slavery Bill – UK Legislation—[*Joe FitzPatrick*.]

Motion agreed to.

The Presiding Officer: The next item of business is consideration of business motion S4M-12049, 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 20 January 2015

2.00 pm	Time for Reflection
followed by	Parliamentary Bureau Motions
followed by	Topical Questions (if selected)
followed by	Scottish Government Debate: Tackling Inequalities
followed by	Public Bodies Consent Motion: Public Bodies (Abolition of the Home Grown Timber Advisory Committee) Order 2015 – UK Legislation
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business

Wednesday 21 January 2015

2.00 pm	Parliamentary Bureau Motions
2.00 pm	Portfolio Questions Infrastructure, Investment and Cities; Culture, Europe and External Affairs
followed by	Stage 1 Debate: Budget (Scotland) Bill 2015-16
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business

Thursday 22 January 2015

11.40 am	Parliamentary Bureau Motions
11.40 am	General Questions
12.00 pm	First Minister's Questions
followed by	Members' Business
2.30 pm	Parliamentary Bureau Motions
followed by	Scottish Government Debate: 2020 Vision, the Strategic Forward Direction of the NHS
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time

Tuesday 27 January 2015

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 28 January 2015

2.00 pm	Parliamentary Bureau Motions
2.00 pm	Portfolio Questions Education and Lifelong Learning
followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time
followed by	Members' Business

Thursday 29 January 2015

11.40 am	Parliamentary Bureau Motions
11.40 am	General Questions
12.00 pm	First Minister's Questions
followed by	Members' Business
2.30 pm	Parliamentary Bureau Motions

followed by	Scottish Government Business
followed by	Business Motions
followed by	Parliamentary Bureau Motions
5.00 pm	Decision Time—[*Joe FitzPatrick*.]

Motion agreed to.

Parliamentary Bureau Motions

17:01

The Presiding Officer (Tricia Marwick): The next item of business is consideration of four Parliamentary Bureau motions. I ask Joe FitzPatrick to move en bloc motions S4M-12050 to S4M-12053, on approval of Scottish statutory instruments.

Motions moved,

That the Parliament agrees that the Advice and Assistance (Assistance by Way of Representation) (Scotland) Amendment Regulations 2015 [draft] be approved.

That the Parliament agrees that the Regulation of Investigatory Powers (Covert Human Intelligence Sources - Code of Practice) (Scotland) Order 2015 [draft] be approved.

That the Parliament agrees that the Regulation of Investigatory Powers (Modification of Authorisation Provisions: Legal Consultations) (Scotland) Order 2015 [draft] be approved.

That the Parliament agrees that the Regulation of Investigatory Powers (Covert Surveillance and Property Interference - Code of Practice) (Scotland) Order 2015 [draft] be approved.—[*Joe FitzPatrick*.]

The Presiding Officer: The question on the motions will be put at decision time.

Decision Time

17:01

The Presiding Officer (Tricia Marwick): There are four questions to be put as a result of today's business. The first question is, that amendment S4M-12045.3, in the name of Shona Robison, which seeks to amend motion S4M-12045, in the name of Richard Simpson, on Scotland's future, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (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)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burgess, Margaret (Cunninghame South) (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)
Dornan, James (Glasgow Cathcart) (SNP)
Eadie, Jim (Edinburgh Southern) (SNP)
Ewing, Annabelle (Mid Scotland and Fife) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
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)
Harvie, Patrick (Glasgow) (Green)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
Johnstone, Alison (Lothian) (Green)
Keir, Colin (Edinburgh Western) (SNP)
Kidd, Bill (Glasgow Anniesland) (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)
Swinney, John (Perthshire North) (SNP)
Thompson, Dave (Skye, Lochaber and Badenoch) (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)
Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (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)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Henry, Hugh (Renfrewshire South) (Lab)
Hilton, Cara (Dunfermline) (Lab)
Hume, Jim (South Scotland) (LD)
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)
Murray, Elaine (Dumfriesshire) (Lab)
Pentland, John (Motherwell and Wishaw) (Lab)
Rowley, Alex (Cowdenbeath) (Lab)
Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
Smith, Drew (Glasgow) (Lab)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Stewart, David (Highlands and Islands) (Lab)

Abstentions

Brown, Gavin (Lothian) (Con)
Buchanan, Cameron (Lothian) (Con)
Carlaw, Jackson (West Scotland) (Con)
Fergusson, Alex (Galloway and West Dumfries) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Goldie, Annabel (West Scotland) (Con)
Johnstone, Alex (North East Scotland) (Con)
Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
McGrigor, Jamie (Highlands and Islands) (Con)
Milne, Nanette (North East Scotland) (Con)
Mitchell, Margaret (Central 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 63, Against 39, Abstentions 14.

Amendment agreed to.

The Presiding Officer: The next question is, that amendment S4M-12045.2, in the name of Jackson Carlaw, which seeks to amend motion S4M-12045, in the name of Richard Simpson, on Scotland's future, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Brown, Gavin (Lothian) (Con)
Buchanan, Cameron (Lothian) (Con)
Carlaw, Jackson (West Scotland) (Con)
Fergusson, Alex (Galloway and West Dumfries) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Goldie, Annabel (West Scotland) (Con)
Johnstone, Alex (North East Scotland) (Con)
Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
McGrigor, Jamie (Highlands and Islands) (Con)
Milne, Nanette (North East Scotland) (Con)
Mitchell, Margaret (Central Scotland) (Con)
Scanlon, Mary (Highlands and Islands) (Con)
Scott, John (Ayr) (Con)
Smith, Liz (Mid Scotland and Fife) (Con)

Against

Adam, George (Paisley) (SNP)
Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)
Allard, Christian (North East Scotland) (SNP)
Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Baker, Richard (North East Scotland) (Lab)
Baxter, Jayne (Mid Scotland and Fife) (Lab)
Beamish, Claudia (South Scotland) (Lab)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Biagi, Marco (Edinburgh Central) (SNP)
Bibby, Neil (West Scotland) (Lab)
Boyack, Sarah (Lothian) (Lab)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burgess, Margaret (Cunninghame South) (SNP)
Campbell, Roderick (North East Fife) (SNP)
Chisholm, Malcolm (Edinburgh Northern and Leith) (Lab)
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)
Dornan, James (Glasgow Cathcart) (SNP)
Dugdale, Kezia (Lothian) (Lab)
Eadie, Jim (Edinburgh Southern) (SNP)
Ewing, Annabelle (Mid Scotland and Fife) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
Fee, Mary (West Scotland) (Lab)
Ferguson, Patricia (Glasgow Maryhill and Springburn) (Lab)
Findlay, Neil (Lothian) (Lab)
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)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Harvie, Patrick (Glasgow) (Green)
Henry, Hugh (Renfrewshire South) (Lab)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hilton, Cara (Dunfermline) (Lab)
Hume, Jim (South Scotland) (LD)
Hyslop, Fiona (Linlithgow) (SNP)
Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
Johnstone, Alison (Lothian) (Green)
Keir, Colin (Edinburgh Western) (SNP)
Kelly, James (Rutherglen) (Lab)
Kidd, Bill (Glasgow Anniesland) (SNP)
Lamont, Johann (Glasgow Pollok) (Lab)
Lochhead, Richard (Moray) (SNP)
Lyle, Richard (Central Scotland) (SNP)
MacAskill, Kenny (Edinburgh Eastern) (SNP)
MacDonald, Angus (Falkirk East) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
Macdonald, Lewis (North East Scotland) (Lab)
Macintosh, Ken (Eastwood) (Lab)
Mackay, Derek (Renfrewshire North and West) (SNP)
MacKenzie, Mike (Highlands and Islands) (SNP)
Malik, Hanzala (Glasgow) (Lab)
Marra, Jenny (North East Scotland) (Lab)
Martin, Paul (Glasgow Provan) (Lab)
Mason, John (Glasgow Shettleston) (SNP)
Matheson, Michael (Falkirk West) (SNP)
Maxwell, Stewart (West Scotland) (SNP)
McAlpine, Joan (South Scotland) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McCulloch, Margaret (Central Scotland) (Lab)
McDonald, Mark (Aberdeen Donside) (SNP)
McDougall, Margaret (West Scotland) (Lab)
McInnes, Alison (North East Scotland) (LD)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
McLeod, Aileen (South Scotland) (SNP)
McLeod, Fiona (Strathkelvin and Bearsden) (SNP)
McMahon, Michael (Uddingston and Bellshill) (Lab)
McMahon, Siobhan (Central Scotland) (Lab)
McMillan, Stuart (West Scotland) (SNP)
McTaggart, Anne (Glasgow) (Lab)
Murray, Elaine (Dumfriesshire) (Lab)
Neil, Alex (Airdrie and Shotts) (SNP)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Pentland, John (Motherwell and Wishaw) (Lab)
Robertson, Dennis (Aberdeenshire West) (SNP)
Robison, Shona (Dundee City East) (SNP)
Rowley, Alex (Cowdenbeath) (Lab)
Russell, Michael (Argyll and Bute) (SNP)
Salmond, Alex (Aberdeenshire East) (SNP)
Simpson, Dr Richard (Mid Scotland and Fife) (Lab)
Smith, Drew (Glasgow) (Lab)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
Stewart, David (Highlands and Islands) (Lab)
Stewart, Kevin (Aberdeen Central) (SNP)
Swinney, John (Perthshire North) (SNP)
Thompson, Dave (Skye, Lochaber and Badenoch) (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)
Yousaf, Humza (Glasgow) (SNP)

The Presiding Officer: The result of the division is: For 14, Against 102, Abstentions 0.

Amendment disagreed to.

The Presiding Officer: The next question is, that motion S4M-12045, in the name of Richard Simpson, on Scotland's future, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (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)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burgess, Margaret (Cunninghame South) (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)
Dornan, James (Glasgow Cathcart) (SNP)
Eadie, Jim (Edinburgh Southern) (SNP)
Ewing, Annabelle (Mid Scotland and Fife) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
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)
Harvie, Patrick (Glasgow) (Green)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Ingram, Adam (Carrick, Cumnock and Doon Valley) (SNP)
Johnstone, Alison (Lothian) (Green)
Keir, Colin (Edinburgh Western) (SNP)
Kidd, Bill (Glasgow Anniesland) (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)
Swinney, John (Perthshire North) (SNP)
Thompson, Dave (Skye, Lochaber and Badenoch) (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)
Yousaf, Humza (Glasgow) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (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)
Gray, Iain (East Lothian) (Lab)
Griffin, Mark (Central Scotland) (Lab)
Henry, Hugh (Renfrewshire South) (Lab)
Hilton, Cara (Dunfermline) (Lab)
Hume, Jim (South Scotland) (LD)
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)
Milne, Nanette (North East Scotland) (Con)
Murray, Elaine (Dumfriesshire) (Lab)
Pentland, John (Motherwell and Wishaw) (Lab)
Rowley, Alex (Cowdenbeath) (Lab)
Smith, Drew (Glasgow) (Lab)
Smith, Elaine (Coatbridge and Chryston) (Lab)
Stewart, David (Highlands and Islands) (Lab)

Abstentions

Brown, Gavin (Lothian) (Con)
Buchanan, Cameron (Lothian) (Con)
Carlaw, Jackson (West Scotland) (Con)
Fergusson, Alex (Galloway and West Dumfries) (Con)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Goldie, Annabel (West Scotland) (Con)
Johnstone, Alex (North East Scotland) (Con)
Lamont, John (Ettrick, Roxburgh and Berwickshire) (Con)
McGrigor, Jamie (Highlands and Islands) (Con)
Mitchell, Margaret (Central 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 63, Against 39, Abstentions 13.

Motion, as amended, agreed to,

That the Parliament believes that the NHS in Scotland is an institution greatly valued by the people of Scotland; recognises that even with additional funding of £28 million for winter pressures being made available, there have been challenges in meeting the increasing demands in A&E departments; pays tribute to the health services' dedicated

and hardworking staff who ensured across the festive period that nine out of 10 patients were seen within four hours; acknowledges that further steps are required to reduce delays in discharge, improve patient flow and ensure that A&E targets are sustainably met in the future; notes that health resources are at a record £12 billion in 2015-16, an increase of £2.7 billion since 2006; further notes that NHS Scotland staffing is at a record high, with over 1,700 more qualified nurses and midwives than 2006, and welcomes that treatment times have improved significantly in recent years, with 98% of patients, over 600,000 people, having received treatment within the 12 week treatment time guarantee.

The Presiding Officer: The next question is, that motions S4M-12050 to S4M-12053, in the name of Joe FitzPatrick, on approval of Scottish statutory instruments, be agreed to.

Motions agreed to,

That the Parliament agrees that the Advice and Assistance (Assistance by Way of Representation) (Scotland) Amendment Regulations 2015 [draft] be approved.

That the Parliament agrees that the Regulation of Investigatory Powers (Covert Human Intelligence Sources - Code of Practice) (Scotland) Order 2015 [draft] be approved.

That the Parliament agrees that the Regulation of Investigatory Powers (Modification of Authorisation Provisions: Legal Consultations) (Scotland) Order 2015 [draft] be approved.

That the Parliament agrees that the Regulation of Investigatory Powers (Covert Surveillance and Property Interference - Code of Practice) (Scotland) Order 2015 [draft] be approved.

Peshawar School Attack

The Deputy Presiding Officer (Elaine Smith): The final item of business is a members' business debate on motion S4M-11929, in the name of Hanzala Malik, on the Taliban's attack in a school in Peshawar. The debate will be concluded without any question being put.

Motion debated,

That the Parliament condemns the actions of the Taliban's attack in a school in Peshawar, where it opened fire on children and staff members; understands that seven Taliban attackers wearing bomb vests entered the public school and opened fire on children as young as five; understands that at least 132 children and nine staff members are already dead and that a further 125 children were wounded before all seven attackers were killed; believes this to be the deadliest attack by the Taliban; recognises the deep sadness of the Pakistani community in Glasgow and the rest of Scotland; supports the Pakistan government and its agencies in bringing these attackers' network to justice, and offers its deepest condolences, thoughts and prayers to the families of the children and teachers.

17:07

Hanzala Malik (Glasgow) (Lab): Like the terrorist attacks in Lockerbie and Paris, the massacre in the school in Peshawar in Pakistan on 18 December 2014 was a stark reminder of the reality that the world is in conflict today. The Peshawar school massacre is a horror story that drives home a powerful image of what the people of Pakistan face daily. In a country that is, sadly, used to bad news, the deaths of 141 people, including 132 children, were shocking and disastrous.

The events in Peshawar brought home the stark brutality of the conflict. There was no apparent strategic or political aim behind the attack apart from to spread terror. It was terrorism in its purest form: the Taliban wanted to show that it could and would attack anybody at any time, anywhere.

However, that very personal act of terror, in which gunmen went from classroom to classroom, shooting children at point-blank range, has brought about a very strong response in Pakistan. The country's civilian and military leaders are now standing side by side for the first time, working to frame clearly the country's anti-terrorist strategy.

It is at this watershed moment, more than at any other time, that Pakistan needs international support and understanding. Since the attacks on the twin towers on 11 September 2001, which marked a turning point in the way terrorism and Muslims have been viewed, it is important to remember that terrorism harms people all over the world, not just in the west.

Over the past 13 years in Pakistan more than 70,000 people have lost their lives and the economic damage is estimated at more than $80 billion. That is a price that Pakistan cannot afford to pay. For things to change, we have to consider the link between poverty and illiteracy, and the terror threat that the Pakistan Taliban poses.

The word “taliban” simply means “student”. Poor people send their boys to madrasas, or religious schools, because sometimes that is the only means whereby the children can get any form of education. Over time, the schools have become recruiting grounds for terrorist organisations, which prey on poor and disadvantaged young people who have little hope of finding employment.

Pakistan’s huge energy shortage has hurt industry, thereby increasing unemployment and creating more unrest. Factories without power have closed down and have laid off workers who would normally provide for their families and help the country’s economy.

I am sure that many members are aware of our close historical links with Pakistan, which go back to the days of the British empire, when soldiers from the region fought with us in the first and second world wars. Pakistan was created in 1947, and many of the country’s institutions, including its education and judicial systems, are modelled on the British system.

Today, the relationship between Pakistan and Scotland has developed, and the Pakistani diaspora makes an important contribution to the economy of Scotland. Scottish institutions are twinned with Pakistani schools, colleges, universities and children’s hospitals, and there are twinning arrangements between cities, such as that between Glasgow and Lahore. Therefore, trouble in Pakistan troubles the hearts of people in our Scottish communities. Whether or not we have lost family members or friends, at times like this relations between Scotland and Pakistan should be a great source of strength.

The work that Gordon Brown has undertaken to support literacy in Pakistan, as United Nations special envoy for global education, has had a huge impact on the country and will continue to do so for generations to come. The British Council is re-opening its libraries—I hope that that will happen in July—to win hearts and minds and help to deal with the challenge of illiteracy in Pakistan.

We in Scotland should look at the Pakistan country plan and consider how we can explore the possibility of working together and playing our part in bringing prosperity to our friends in Pakistan, as we have tried to do in the past.

We need to remember all those people around the world who have lost loved ones directly or indirectly through terrorist attacks. We must be united and stand firm against such acts. We must support one another to fight this cancer, especially in countries like Pakistan, which cannot do it alone, as we know. We need to show that Pakistan is no longer alone and that its allies and true friends have rallied round in support of its Government and people. We should never abandon allies. It is essential that the people of Pakistan realise that they have friends in Scotland who will stand shoulder to shoulder with them, in good times and bad. I pray to God that we will have the opportunity to fulfil that promise.

There is a good, warm working relationship and a deep understanding between Lahore and Glasgow. We have had many exchanges over the years and the twinning arrangement has played an important role in enabling us to identify friends with whom we can work. Every time we have had an issue in Scotland, our friends in Lahore have sent us their sympathy and support, and it is only appropriate that we do the same. I hope that people in Pakistan will appreciate that the Scottish Government and Parliament have openly declared support for them.

17:14

Kenny MacAskill (Edinburgh Eastern) (SNP): I thank Hanzala Malik for bringing this debate to the Parliament and for the impressive tenor and content of his speech.

It is right that we record the tragedy and offer our sympathy. Scotland has been scarred by its own terrorist incident—if we can call it that—in Dunblane. It was not on the same scale, but the pain and suffering were felt by all.

However, it is not just people in Peshawar and Pakistan who have suffered as a result of what happened: the heartache is clearly greatest for those who were there, and the Pakistani community in Scotland is an integral part of our country, but it was a crime against humanity for people to wantonly slaughter youngsters for perverse and prejudiced reasons. That is something that the whole human race must stand up to and condemn outright.

I am grateful to Hanzala Malik for giving the Scottish Parliament the opportunity to record its sadness and to support him in seeking a solution. We are having the debate against the backdrop of the wanton slaughter that took place in Paris. Therefore, it is appropriate that we record and understand that terrorism is not just a western European phenomenon. Watching the television and reading in the newspapers about the tragedies that have affected Madrid, London, New York and now, sadly, Paris, we might think that the only people who suffer terrorism are those of us

who live in the western world. Yet, as Hanzala Malik said, the statistics make it clear that that is not the case, whatever we have suffered in those tragedies, which must be condemned outright.

A recent Pew Research Center report shows that the five countries that have suffered most from terrorism are Pakistan, Afghanistan, Iraq, Nigeria and Syria. Yet, if we were to ask people in Scotland and the United Kingdom about it, they would probably say that those are the countries that the terrorists come from rather than the countries where terror is suffered most. Therefore, it is important that we raise awareness of the fact that the solution to terrorism lies in tackling it globally, and of the fact that people in those countries suffer more than people in western and European countries and western democracies.

Equally, it is important that we make it clear that terrorism is to be condemned regardless of where it occurs and by whom it is carried out. It is important that we condemn equally the actions that have been carried out in Paris and in Pakistan. It is important that we condemn the terrorism in Madrid, but it is equally important that we condemn the terrorism in Gaza. It is right that we should condemn the Taliban and speak out against al-Qa'ida, but whether it is because of Israeli actions in Gaza or drone use by the United States in Pakistan, all children grieve the same—the tears and the blood that are shed are equal whether they are shed in the western world or in the third world.

Hanzala Malik made some important points about support. If we were to give Pakistan support in education, literacy and health, it would be worth so much more than the suffering that is inflicted on them because of the actions further west. Pew Research Center research also tells us that, as well as suffering the most victims of terrorism, Pakistan has the most refugees because of what is happening in Afghanistan and elsewhere. We need to condemn terrorism wherever it occurs, provide support to the Pakistani Government when it takes action and, equally, ensure that the actions of the west are productive rather than counterproductive. Those actions should support and enhance governments; they should not undermine them and should not damage their security. We need to give support in education, literacy and health while ensuring that we do not cause collateral damage through bombs, drone attacks or whatever else.

I fully support Hanzala Malik's comments and put on record my condemnation—indeed, I believe, the condemnation of all the people of Scotland—of terrorism. Terrorism is a global phenomenon that needs to be addressed by the whole of humanity.

17:18

Johann Lamont (Glasgow Pollok) (Lab): I congratulate Hanzala Malik on securing the debate, which has received cross-party support. I commend him particularly for the way in which he expressed his arguments in speaking to the motion.

This is an important opportunity for us not only to express our sympathy and condolences to those who are suffering in Peshawar but to recognise that the tragedy has touched families in my constituency, across Glasgow and throughout Scotland. Although the headlines will move on, their grief will continue to affect them for many years to come and it is important that we do all that we can to support them as they deal with the tragedy.

It is important to express solidarity in the face of that brutality and to show unity against all those who use terror to pursue their own goals, to show how strong they are and to strike fear in their communities. How horrific it is to see them particularly targeting children, recognising as they do that there is an opportunity for them to reinforce and amplify their brutality and their willingness to do almost anything to meet their goals. How communities must shrink back at what more might be possible.

In attacking a school, it is clear that the Taliban sees education as a particular target. We recognise the power of education to liberate people from poverty and to create greater equality across our world, particularly for girls and people who are vulnerable and deprived. For groups such as the Taliban, education becomes a legitimate target because education is how our world takes on those who would seek to terrorise us. We know that education gives the world hope. Therefore, it is no surprise that the Taliban and similar groups see it as a legitimate target.

It is no surprise that the Taliban targeted Malala Yousafzai. Her articulate perseverance in the face of unbearable threats represented the courage that all too many people need in order to secure education for the poorest and the most vulnerable. We should stand in awe of her and all those who face that threat with amazing courage. On Malala Yousafzai's global campaign for education and the United Nation's global education first initiative, we recognise, as they do, that it will be through education that we can best take on those who seek not to liberate but to terrorise.

We live in frightening times, and not just in Peshawar. The world seems to be holding its breath as we see terror, fear and tragedy around us. In the face of that horror, the danger is that our world becomes paralysed and that we think that

there is nothing we can do to take on those who would do anything to secure their goals.

Yesterday, on our televisions, we saw young people and their teachers return to school in Peshawar. We saw the continuing grief of their parents, the teachers and the schools pupils. They saw things that no one ought to see; they are suffering things that no ought to suffer. As a commentator said:

"In a country where fear stalks virtually every aspect of public life, something as simple as going to school has now become an act of courage and bravery."

We salute that courage. In expressing our solidarity with all those who are suffering here and abroad, we should commit ourselves to doing all that we can to match that bravery with our determination to resist those who would use brutality and violence to secure their ends. The power of education, solidarity, commitment and courage can take on those forces. We can play our small part in recognising all those across the world who, in the face of brutality, take courage and stand up for what is right and resist those who want to deny them the freedom and opportunity that they deserve.

In standing in solidarity with those across our communities, we recognise the scale of the challenge. It also gives us great hope for the future.

17:23

John Lamont (Ettrick, Roxburgh and Berwickshire) (Con): I, too, thank Hanzala Malik for securing time for this important members' business debate and for the way in which he addressed the issue in his speech.

On Monday, the doors to the army public school in Peshawar opened for the first time to students following the barbaric Taliban attack in December last year. I join members in denouncing the depraved violence that senselessly killed scores of schoolchildren and teachers. Our thoughts are with the victims, their families and their loved ones as they struggle to come to terms with loss on an unimaginable scale.

The barbarity of the attack is unfathomable not only because the Pakistani Taliban targeted innocents but because they attacked a school. Sadly, it is but one of many in northern Pakistan to have been targeted by Taliban forces over recent years. According to Human Rights Watch, there were at least 838 attacks on schools in Pakistan between 2009 and 2012.

The Taliban accuses schools of

"promoting western decadence and un-Islamic teachings",

but schools are also seen as soft targets. That is the height of cowardice.

I applaud the brave students and staff in Peshawar who have defiantly returned this week to the scene of unspeakable brutality but, as the UN secretary general Ban Ki-moon said following the attack,

"Going to school should not have to be an act of bravery."

The International Crisis Group reports that the education of hundreds of thousands has been disrupted after their families fled militant violence in Pakistan, while more than 9 million children are not currently receiving a primary or secondary education. Every child must have the right to go to school, and every child on every continent should feel safe in their school.

On the same day as the attack on the army public school in Peshawar, 40 countries and 10 international organisations convened in Geneva to unveil the "Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict". Those guidelines underline existing rules under international humanitarian law and are intended to promote better understanding and implementation of the Geneva conventions. That is a step in the right direction, but if we are to have a real and enduring impact, we must target the root cause of the issue, which is the scourge of violent extremism.

Extremism has dominated the headlines over recent days, weeks and months, and events in France provide a stark reminder that we are talking about a global concern. The cancer of violent extremism exists everywhere, from Peshawar to Paris, and from the towns and villages of north-eastern Nigeria to the central business district of Sydney and Parliament Hill in Ottawa.

Let us not forget that Nigeria, a country that is beset by violence at the hands of Boko Haram—which we should remind ourselves translates as meaning that western or non-Islamic education is a sin—endured a massacre last week, the death toll of which was nearly 2,000. Shockingly, four days ago, a little girl of about 10 years of age detonated explosives that were hidden under her veil, killing almost 20 people. The Catholic Archbishop of Jos has urged the west not to overlook the crisis in Nigeria, and we must act to combat violent extremism at home and abroad.

The global problem requires a global response, and I welcome the announcement from Washington that the White House will next month host the delayed summit on countering violent extremism. Closer to home, the UK Government is working hard to combat extremism with its prevent strategy, which supports community-based campaigns to rebut terrorist and extremist

propaganda. The UK Government is also working closely with its international partners to combat the deadly threat of violent extremism that is posed by Isil, al-Qa'ida, the Taliban and other networks. That collaborative approach is key.

As we struggle to understand why almost 150 children and teachers lost their lives in an act of total depravity, and as we come to terms with the loss of 17 victims following the attacks in Paris last week, it seems apposite to end with the words of Malala Yousafzai. In 2013, the 16-year-old Nobel prize winner addressed the UN with the somewhat prescient words:

"Let us pick up our books and pens. They are our most powerful weapons."

17:28

Malcolm Chisholm (Edinburgh Northern and Leith) (Lab): I congratulate Hanzala Malik on lodging the motion and offering us the important opportunity to express our support and condolences for, and our solidarity with, the people of Pakistan—particularly those who have been directly affected by the tragedy. The debate also gives us an opportunity to acknowledge the particular impact that the tragedy has had on the Pakistani community in Scotland.

Rightly and understandably, the Peshawar massacre sent ripples of horror through the international community, because no act of terrorism can be more horrific than the massacre of innocent children. The Taliban wanted this one, cowardly assault to strike so much fear into schoolchildren that no Pakistani child who sat in front of a teacher in a classroom would ever feel safe again.

I am sure that we were all delighted to see on our televisions this week that, in spite of that, the school has reopened. It has of course done so amid tight security. At present, the school needs to be like a high-security unit, but if that is what has to be done to reassert the importance of education—that should be done for all the reasons that Johann Lamont outlined—those are the conditions in which the children concerned must learn.

The tragedy is one of a number around the world in which children have been targeted in cowardly attacks on the most innocent for the purposes of recruitment and intimidation. Such attacks have rightly galvanised leaders to speak out in defence of the right to learn and teach without fear. Most notably, there has been the campaigner Malala Yousafzai, whose spirit and determination have been an inspiration to millions.

A campaign for the promotion and protection of children's rights by the online petition site Avaaz had, by Monday, received 1,176,043 signatures. The petition recognises that Governments across the world have made a commitment to ensuring that all children have access to education by the end of 2015; it calls on us all to

"join the campaign to honour the memory of the children of Peshawar"

and it will be delivered by Gordon Brown, UN special envoy on education, to the Prime Minister of Pakistan and others.

In his role as education ambassador, Gordon Brown has been vocal in his outright condemnation of the targeting of young people. In an article following Peshawar, he stated:

"in my role as UN special envoy on global education, I have seen how schools are increasingly used as theatres of war. Afghanistan, Colombia, Pakistan, Somalia, Sudan and Syria have each experienced a thousand or more attacks on their schools and universities since 2009. In total 9,600 have come under assault ... The list is heartbreaking. Only yesterday, as children died in Peshawar, 15 boys and girls were blown up on a school bus in Yemen."

In the article, he describes the safe schools initiative, which was launched in 2014 to help improve the situation for students in Nigeria, where Boko Haram has wreaked havoc not just by kidnapping schoolchildren but by shooting nearly 200 teachers and hundreds of pupils.

It is important that we recognise that, as Kenny MacAskill and others have reminded us, terrorism is an international phenomenon. Last week, we rightly stood shoulder to shoulder with the people of France in condemning the terrorism that they had endured, but we must never forget that this is an international phenomenon and that we must show solidarity with all the countries and communities that are the victims of terrorism. We can never say that one act of terrorism is worse than another, but surely we cannot think of any act of terrorism more terrible than the slaying of innocent children in their schools.

I again thank Hanzala Malik and congratulate him on lodging this important motion. Today, it is important that we express condolences to and solidarity with all the people who have been affected.

The Deputy Presiding Officer: I inform the chamber that, to accommodate all the members who still wish to speak in the debate, I am minded to accept under rule 8.14.3 a motion from Hanzala Malik to extend the debate by up to 30 minutes.

Motion moved,

That, under Rule 8.14.3, the debate be extended by up to 30 minutes.—[*Hanzala Malik.*]

Motion agreed to.

17:32

Sandra White (Glasgow Kelvin) (SNP): I thank Hanzala Malik very much for securing this debate, and I want to acknowledge the work that he does in the community in Glasgow, his own links with Pakistan and the links that he has made between Glasgow City Council and areas in Pakistan.

What happened in Pakistan and the on-going terror in that country and throughout the world are absolutely terrible, and I pay tribute to the many people in Pakistan and Scotland who have supported the people who suffered in, and are still suffering from, the horrific attack. There were 132 children and nine teachers killed, and 125 were wounded, but we do not know how many of them have died since. The act was truly horrifying.

I know that Hanzala Malik knows Jahangir Hanif, a Scottish National Party councillor from the south side of Glasgow who was on Glasgow City Council with Mr Malik and Anne McTaggart. He lost two nephews in the horrific attack—and I believe that it could have been three, except that one did not attend the school that day. Our thoughts and prayers go out to him and his family. I want to mention the graciousness of the people of Glasgow and the Pakistani community in the support that they gave Jahangir as he flew over to Pakistan, and I know that if he were here he would want to say a great big thank you to everyone who contacted him with their thoughts and condolences.

Although we are talking about the horrific attack in Pakistan, many members have mentioned that terrorism knows no bounds and that the most cowardly thing to do is to attack children. We have heard about various areas. I think that Malcolm Chisholm mentioned Boko Haram. Some acts that we hear about are absolutely horrific. Boko Haram took young girls from their villages for forced marriage to its so-called soldiers. We have had no word yet about where those young girls are. We do not know what has happened to them. We in the west seem to be able to go into countries on other grounds, but we cannot seem to go into such countries to find young girls. A whole village was wiped out in a recent attack: thousands of people were killed. It is absolutely horrific for us to sit and watch what is happening on the television, but can members imagine living in that area? It must be horrifying to get up in the morning. People do not know what will happen.

I thank Kenny MacAskill for mentioning Gaza because, as we know, horrific things have also happened there, and in Syria and Lebanon. It is incumbent on us in the west who have at our fingertips methods to broker some form of peace or some talk round the table to stop those horrific things happening, and continuing to happen, throughout the world.

I thank Hanzala Malik for lodging the motion. I know that the issue is very personal for him, but he has been able to open up a good discussion in Parliament. I hope that we in the Parliament can move further to try to stop horrific acts of terrorism wherever they happen in the world.

17:37

Anne McTaggart (Glasgow) (Lab): I thank my colleague Hanzala Malik for securing this important members' business debate.

We have all been shocked by the barbaric actions of the Taliban in Peshawar. There are many Pakistani residents in my region, which is Glasgow. I express my deepest sympathies to the victims, their families and anyone else who has been affected by the terrorist attack that we are discussing. That terrible tragedy demonstrated that children in Pakistan are not safe even when they are in school.

According to UNICEF UK, a child dies from violence every five minutes somewhere in the world. We need to make efforts to end violence against children not only in Pakistan, but across the world. We also need to enhance stability in Pakistan following the tragedy. Like other members, I believe that, in the long run, education provides one of the best assurances of stability.

The education system in Pakistan is unequal. More boys than girls get the opportunity to go to school. In total, 6,807 students were produced by Pakistani universities in 2010. Over 76 per cent of them were male and only 24 per cent were female. Out of 1,068 of the overseas scholarships that were awarded, 926 were received by males and only 142 were received by women.

I was therefore delighted by the Scottish Government's announcement in October 2013 that £300,000 had been awarded for a two-year masters scholarship scheme to help 30 to 40 young Pakistani women from disadvantaged backgrounds to go to university. Those scholarships will immensely help women who have fees and travel expenses to pay to finish their degrees. I thank the minister, Humza Yousaf, for all the work that I know he has done to make that happen.

As in many other Parliaments, the gender representation in the Pakistani Parliament is still unequal. There is a high majority of male representatives, even though a quota is guaranteed by the constitution to reserve certain seats for females. Out of 323 seats in the lower house, 60 are reserved for women. However, there are currently only 67 women, which means that 20.7 per cent of the lower house are female members. Pakistan's Senate, the upper house,

has only 17 women senators out of 104 seats, which is 16.3 per cent.

As chair of the sub-group on women's issues in the cross-party group in the Scottish Parliament on the middle east and south Asia, I believe that it is vital to establish comprehensive education and mentoring programmes that will help millions of Pakistani woman to unlock their full potential. Although progress has been made, largely through the efforts of women activists, on the advancement of women into the political sphere, I would like to see more representation by women in the Pakistani Parliament in the near future.

I hope that my colleagues in the chamber will agree that we need to end violence against innocent children. It is also vital that we support the people of Pakistan in these difficult times, that we provide aid to improve education and that we continue to work together internationally to counter terrorism.

17:41

James Dornan (Glasgow Cathcart) (SNP): Thank you, Presiding Officer, for letting me at such a late stage take part in this debate.

We have all lost people at some stage in our lives, but hardly anything could be less bearable than to lose somebody in such circumstances as the parents, families, relatives and friends of the children in Peshawar have lost them. Terrorism is becoming fairly commonplace—we see it on the television every day—but in many cases a terrorist event does not really make a connection with us unless it has—I think—at least one of two aspects: it is close to us or it involves children. For me and others in the chamber, the Peshawar attack has both aspects. Maybe it is because I am a grandfather, but the idea of children being attacked in such a cold-blooded way is completely beyond my comprehension. Further, as Sandra White has mentioned, a good friend of mine—Jahangir Hanif—has lost relatives in the Peshawar attack, and that is just unbearable. I hate to think how Jahangir and his family are feeling just now.

We have to remember that it is not just in Peshawar that terrorist attacks have happened. As other members have said eloquently in what has been a very good debate, they have been happening all over the world. When the Peshawar attack happened, the first thing that it reminded me of was the Beslan massacre in Chechnya, which had the same principle of targeting children as the most vulnerable in society in order to make some obscure political point. If people have to go to such lengths to make a political point, it is clearly not worth making in the first place.

I do not know what Jahangir Hanif will be like just now. Unfortunately very few of us have had the opportunity to see him, but I believe that he will come back this weekend. However, things cannot be easy for him.

I talked about events being close to us, and we have seen the reaction to the horrific events in Paris last week. There were two reasons for that reaction: a lot of the events were on mainstream media and they were close to home for us. However, we should never forget that what went on in Paris is multiplied many times over in other areas across the world. At the same time as the horrific events were taking place in Paris—Sandra White might have touched on this; I know that Malcolm Chisholm did—Boko Haram was destroying a village in Nigeria. I do not know whether anybody else saw the photos of that event that I unfortunately came across the other night, but they were unbearable.

All that we can do from here is give support to the people who are affected by terrorism in Peshawar, Nigeria and other areas across the world and tell them that we are with them. I know that the Scottish Government has been very supportive of communities across the world in situations such as those in Peshawar and that it will continue to be so. I hope that at some stage in the future we get to a situation whereby when people have a political point to make, they make it with their voices and not, as people have done recently, with weapons of destruction.

17:44

The Minister for External Affairs and International Development (Humza Yousaf): I thank my colleague and friend Hanzala Malik for lodging his motion and securing cross-party support for it, and I thank members for their eloquent and articulate but also insightful speeches. I will try to touch on a few of them.

I think that I speak for everybody when I say that this is one of those members' business debates that we would rather not be having, but nonetheless it gives us the opportunity to express our solidarity with the people of Pakistan, the Pakistani community worldwide and those who stand in defiance against terror.

I note, as other members did, Hanzala Malik's personal endeavours in fostering closer relationships between Scotland and Pakistan, and indeed between his and our beloved city of Glasgow and Lahore. He has done well to foster those links and they are strong and enduring.

Members will be aware that Pakistan is a country that is close to my heart and close to Hanzala Malik's heart because of our family connections. My father was born there and, although my mother was born in Kenya, her parents came from Pakistan. Hanzala Malik has family from Pakistan, too. However, such was the

depravity of this attack that it did not matter whether somebody had a link to Pakistan. People felt the absolute suffering, the anger at what happened and the absolute sadness of the events that took place regardless of whether they have such family connections.

I want to touch on a couple of points that were made in the debate. It is worth while to reiterate a point that Hanzala Malik made in his opening speech. Pakistan is up there with the countries that have suffered the most—if not the country that has suffered the most—because of the so-called war on terror. For a country that had nothing to do with the incident that led to the war on terror—the dreadful attacks on 9/11 on the twin towers in New York—it has, as Hanzala Malik said, lost $80 billion from its economy, tens of thousands of innocent people have been killed and millions have been displaced from their homes. Kenny MacAskill was also correct to remind us that countries in the developing world are the worst affected by terror.

Countries such as Pakistan continue to suffer from terrorism, as we saw from the attacks on 16 December. Who would not be moved by what we saw on our television screens? Those images will stay with us, chillingly, for ever. The children's shoes scattered across classrooms, blood-soaked jotters, desks riddled with bullet holes—that is not what a school should look like.

I pay tribute, as Malcolm Chisholm and Johann Lamont eloquently did, to the bravery of those children who returned to their school in Peshawar just yesterday. The children of Pakistan must be the bravest in the world, if we think of those who have returned to school and, of course, Malala Yousafzai as well. Children who have been fired at and been the target of Taliban brutality have not thought twice but have gone back to the very school where their schoolmates and playmates in the playground lost their lives less than a month ago. I salute them and stand in absolute admiration of their courage.

So horrific was this attack that, when it took place, it was even condemned by the Afghan Taliban, who are not known for their compassionate streak by any stretch of the imagination. Such was the brutality of the attack that even the Afghan Taliban said that it was "unIslamic".

I think that, as a result of the attack, there has been a step change in Pakistani attitudes. It would be wrong to say that there was not some modicum of sympathy for the Pakistani Taliban in Pakistan. There was, as those who have travelled to Pakistan and those who know the Pakistani community will know. That was not born out of any belief that what the Pakistan Taliban was doing was correct. It was probably an anti-western reaction more than anything else, and Kenny MacAskill made an important point in that regard.

When we are fighting terrorism—and we have every duty to do so—we must be careful that we do not give terrorists any ammunition or get them any public sympathy because of unjust actions such as the drone attacks that have taken many innocent lives, or by not being careful enough about who we support on the global stage. The Taliban is a classic example of that, coming out of the mujahideen, which was trained by the United Kingdom, the United States and other western forces. We must be careful that we in the UK, in Scotland and in the rest of the western world, are voices of compassion and that we do not give terrorists any ammunition whatsoever.

Colleagues have touched upon the fact that one of our friends, Councillor Jahangir Hanif, lost two family members, and I express the Scottish Government's condolences to him and his family. I know that Hanzala Malik and Mr Hanif are very close. If I am right, they are also related, so my sympathies go to them all.

Hanzala Malik touched on the important point that education is vital to ensuring that we defeat the scourge of terrorism and radicalisation. I am pleased about the project that Anne McTaggart mentioned for the scholarships that have put girls and women through university, and we will look to build on that. The refresh of the Pakistan plan that we are aiming at could look to promote gender equality more strongly than it has done in the past.

Education is certainly the key to defeating radicalisation. Yes, there is no doubt that a military solution is needed—those who will take up guns against children have to be defeated—but if we want to defeat radicalisation we must recognise that we cannot kill an idea with a bullet. We have to challenge it through education.

That gives the Muslim community a big challenge in relation to al-Qa'ida and ISIS-inspired terrorism: the challenge is for moderates within the community to ensure that we are educating people in the progressive Islam that we know is the core of the religion.

There is also a challenge for us all when a common enemy, such as that which we face through the worldwide extremist threat, will kill anybody, Muslim or non-Muslim. If there is a common enemy, there must be a common solution and we must stand in solidarity. We must not allow those who seek to divide us to do just that. An assault on one must be seen as an assault on us all.

Meeting closed at 17:52.

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 978-1-78534-678-1

Revised e-format available
ISBN 978-1-78534-697-2

Printed in Scotland by APS Group Scotland