



OFFICIAL REPORT  
AITHISG OIFIGEIL

DRAFT

# Meeting of the Parliament

Wednesday 29 January 2025

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# Scottish Parliament

Wednesday 29 January 2025

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

## Portfolio Question Time

### Constitution, External Affairs and Culture, and Parliamentary Business

**The Deputy Presiding Officer (Annabelle Ewing):** Good afternoon. The first item of business is portfolio questions, and the first portfolio is constitution, external affairs and culture and parliamentary business. As ever, in order to get in as many members as possible, I would appreciate succinct questions, and answers to match.

#### Historic Sites (Reopening)

**1. Graham Simpson (Central Scotland) (Con):** To ask the Scottish Government what measures it is undertaking to reopen historic sites that are managed by Historic Environment Scotland over the coming months. (S6O-04250)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** Questions regarding the day-to-day operational matters of Historic Environment Scotland, including queries relating to the timeline of site reopenings, are best answered directly by Historic Environment Scotland. I have asked its chief executive to respond directly to the member with a full reply to his question in writing.

I know that the member shares my interest in traditional skills, including stonemasonry, and no doubt we will both want to support HES in that regard.

**Graham Simpson:** The cabinet secretary is absolutely right to mention traditional skills, because a lack of traditional skills such as stonemasonry has been part of the problem that we face in getting some of those sites open.

I discussed the issue with HES when I visited its excellent skills centre in Stirling last week. I know that skills are not part of the cabinet secretary's remit, but he appears to agree with me that they are important, so I wonder whether he could raise it with colleagues in Government.

I will also just be cheeky and ask that a list of sites that will be open for the spring be published on HES's website, and that indicative dates be given for the others.

**Angus Robertson:** It is worth putting on record that the Scottish Government recently made changes to allow Historic Environment Scotland more financial freedoms in relation to its commercial income.

I am keen to support Historic Environment Scotland in a number of ways, which I discussed with the chief executive only a few weeks ago. That included skills such as stonemasonry. I am sure that she and HES colleagues will look closely at the suggestions that have been made about the website.

#### Cultural Organisations (Rural Areas)

**2. Finlay Carson (Galloway and West Dumfries) (Con):** To ask the Scottish Government what support it is providing to cultural organisations in rural areas. (S6O-04251)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** We are committed to creating, protecting and nurturing cultural opportunities for everybody in Scotland, regardless of where they live. That is why we support and fund organisations that work in rural and island communities. For example, via our regular funding to Creative Scotland, we support many organisations across rural areas, including Shetland Arts, Timespan in Helmsdale, Alchemy Film & Arts, which is based in Hawick in the Scottish Borders, the Wigtown Festival Company, and the Stove Network in Dumfries and Galloway.

**Finlay Carson:** The cabinet secretary mentioned the Wigtown Festival Company, which provides support to a range of performing arts activities and stages its famous and fabulous book festival, which is now in its 20th year. Like many rural arts organisations, it is still facing a challenging environment, despite the additional investment in culture in the budget. It is warning that rural audiences have been slow to return following the Covid pandemic, which is affecting box office returns. It could put up its prices, but it insists that it wants to make events accessible to as wide a range of audiences as possible.

Given the importance that culture plays in the sustainability of rural communities as a whole, what additional support can be provided to such organisations?

**Angus Robertson:** The timing of Finlay Carson's question is excellent. I confirm that Creative Scotland will, tomorrow morning, announce details of its multiyear funding for cultural organisations and venues right across Scotland, rural and urban. That will be transformational for the sector, and it is possible because of the record financial commitment to culture and the arts in the forthcoming Scottish

budget. I urge all MSPs and all parties to look out for that announcement and to vote for the forthcoming budget.

**Emma Harper (South Scotland) (SNP):** I am sure that members share my concern about the impact of the United Kingdom Government's increase to employer national insurance contributions on culture organisations in Scotland, including those in rural communities. It will no doubt put huge pressure on their resources. Can the cabinet secretary provide any update on the assessment that the Scottish Government has made of the impact on the sector of the national insurance hike?

**Angus Robertson:** We estimate that the increase to employer national insurance contributions could add around £500 million in costs for the public sector as a whole unless it is fully reimbursed. The Scottish Council for Voluntary Organisations estimates that the national insurance hike will cost the third sector £75 million, which will affect many of our most valued cultural organisations, such as local theatres, museums and galleries.

The UK Treasury must fully fund the actual costs for Scotland's culture sector. However, it has indicated that the sector will instead receive a much lower-value Barnett share of the spending in England. On 3 January, the First Minister and the Convention of Scottish Local Authorities president, supported by 48 public and voluntary sector organisations, wrote to the chancellor to raise concerns about the impact of the increase to employer national insurance contributions and to seek clarity on funding.

**Neil Bibby (West Scotland) (Lab):** Cultural organisations in rural areas, like those in urban areas, are awaiting Creative Scotland's multiyear funding decisions. Given what the cabinet secretary has said about increased funding for the culture sector, is he confident that all the cultural organisations that are currently in receipt of Scottish Government funding will not lose that funding by the time that he gives his statement to the Parliament tomorrow, and that those organisations will not be left, in effect, on standstill funding?

**Angus Robertson:** I thank Neil Bibby for inviting me to pre-announce both Creative Scotland's announcement, which is to be made at 10:30 tomorrow morning, and my statement, which will also take place tomorrow. He will understand that it is not appropriate for me to give any indications about those statements. I look forward to answering his questions in more detail, and I hope that he will be as enthused as I am about what will be, I believe, a foundational change to the funding of cultural and arts organisations across Scotland.

### **Cultural Venues and Theatres (Lothian)**

**3. Sue Webber (Lothian) (Con):** To ask the Scottish Government what support it is providing to cultural venues and theatres across the Lothian region. (S6O-04252)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** The Scottish Government wants to ensure that everyone in Scotland has access to culture.

Through its regularly funded organisations network, Creative Scotland provides, with Scottish Government funding, nearly £14 million per year to organisations across the Lothian region, which includes £4.1 million that is specifically for cultural venues and theatres. The Scottish Government has also provided £10.3 million towards the redevelopment of the King's theatre in Edinburgh, and it will provide the national collections with just over £78 million in the 2025-26 draft budget.

I urge Sue Webber to look out for Creative Scotland's announcement tomorrow on multiyear funding for cultural organisations and venues, and I hope that she votes for the budget provisions.

**Sue Webber:** The Brunton Theatre Trust recently announced its new programme of events, but the closure and proposed demolition of the actual theatre building, which is due to the presence of reinforced autoclaved aerated concrete, means that patrons inside and outside Musselburgh will not have the same experience. Given that the Scottish Government awarded significant money to help to redevelop the King's theatre, as the cabinet secretary said, how will he work to ensure that smaller theatres, such as the Brunton theatre in Musselburgh, can be similarly redeveloped?

**Angus Robertson:** I commend Sue Webber for raising the theatre, as other colleagues have done, including my colleague who is the constituency MSP. I agree that we should be supporting cultural venues right across Scotland.

Where there are particular issues and distresses associated with finances or, as in this case, RAAC at local organisations, venues and cultural outfits, my officials and I are very keen to speak with them. We have worked very hard in recent years to ensure that the cultural infrastructure of Scotland is protected. If the member passes on my invitation to the theatre, I will be content to meet its representatives and discuss any plans or requests for support that they may have.

**Sarah Boyack (Lothian) (Lab):** Following on from Sue Webber's question, I raise the particular issue that the Brunton theatre is on the risk register, so it is a real priority. My colleague Foysoil Choudhury and I met Michael Stitt, the theatre

board's chair. There is also a fantastic petition that I want to make the cabinet secretary aware of. The Brunton theatre really needs funding, so I make a plea to the cabinet secretary to ensure that it is on his list. East Lothian Council and the Brunton Theatre Trust need our support now.

**Angus Robertson:** When we have portfolio questions, I reflect on the passion of colleagues across the chamber for the support of important cultural venues, which I share with Sarah Boyack and other colleagues.

I have already been questioned about the situation affecting the Brunton theatre, and I have expressed my willingness to look closely at any plans and to look sympathetically at any way that we can ensure that cultural provision in East Lothian Council and all other parts of the country is appropriately supported.

As a first step, I encourage Sarah Boyack to look closely at the announcement that Creative Scotland will make tomorrow about multiyear funding support for cultural venues and organisations. We are turning a tanker in the provision of support for the culture sector in Scotland and are heading in the right direction. As we do that, we need to ensure that there is support for organisations and venues across the country, whether they are supported through multiyear funding or not.

**The Deputy Presiding Officer:** Mr Coffey has a brief supplementary. I remind the member that the principal question relates to support for venues and theatres across the Lothian region.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** It is very welcome that the Scottish budget will deliver much-needed rates relief for grass-roots music venues across Scotland. Could the cabinet secretary say any more about how the targeted relief will support the sector?

**The Deputy Presiding Officer:** Again, the principal question that we should be mindful of is about support across the Lothian region.

**Angus Robertson:** Music venues in the Lothians, as in Kilmarnock, have been hit hard in recent years by the coronavirus pandemic and the cost crisis. It is estimated that music venues in Scotland are, on average, making only half a per cent profit on their turnover. The targeted relief that has been announced by the Scottish Government will reduce overheads for eligible venues and support the wider cultural ecosystem and night-time economy within the limited finances that are available. That is what will happen in Edinburgh, in Kilmarnock and right across the country.

## Galleries

4. **Brian Whittle (South Scotland) (Con):** To ask the Scottish Government how it is working to support galleries. (S6O-04253)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** I commend Brian Whittle for his timely question. The Scottish Government is working hard to support galleries, both nationally and locally, which is why we are continuing to provide support to the sector with £2.7 million in funding in 2024-25, increasing to more than £4.2 million in the 2025-26, awarded to Museums Galleries Scotland, which is Scotland's national museums and galleries development body. The Scottish Government is also set to provide £27.4 million in 2025-26 to the National Galleries of Scotland, which is a 9 per cent increase on its 2024-25 budget allocation.

**Brian Whittle:** A few weeks ago, the National Galleries of Scotland reported that it needed substantially more funding. Now, Aberdeen Performing Arts and Dundee Contemporary Arts have both posted losses. What is the cabinet secretary doing to ensure that more galleries and cultural institutions do not face further hardship?

**Angus Robertson:** As I have already outlined, the Scottish Government is doing a lot to deliver support for galleries and the wider culture sector, and I hope that Brian Whittle will vote for that in the budget. I acknowledge there are still challenges that the sector is not yet able to fully manage and also opportunities that it cannot yet make the most of. The Scottish Government is about to be halfway to fulfilling our commitment to increase the annual culture spend by an additional £100 million. I hope that Brian Whittle welcomes that, as it will make a significant difference. I give a commitment that galleries are an important part of the financial and wider considerations as we review culture provision for the years ahead.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** It is welcome that, in the Scottish budget, the National Galleries of Scotland will receive a 9 per cent increase to its overall budget, including a capital allocation above what it requested in the last capital spending review. Does the cabinet secretary agree that the United Kingdom Government needs to give urgent clarity on the future capital budgets of the devolved administrations so that the culture sector and the wider public sector can have more certainty for the future?

**Angus Robertson:** I commend Rona Mackay for her question, because she is absolutely right. Understandably, we spend a lot of time talking about revenue budgets and how they impact the

culture sector, and perhaps pay too little attention to the capital side of things.

I agree that it would be helpful if the UK Government could provide more certainty around multiyear budgets. I recognise the importance of providing multiyear capital budgets for the wider public sector, including for our national collections, as well as for the third sector, business and other organisations.

**Foysoyl Choudhury (Lothian) (Lab):** In evidence to the Constitution, Europe, External Affairs and Culture Committee, the director general of the National Galleries of Scotland stated that it was not able to afford the upkeep of its estate, putting the public and collections at risk. How will the cabinet secretary ensure that it is supported in the upkeep of our cultural infrastructure? It is a massive issue for us in Edinburgh.

**Angus Robertson:** I very much understand Foysoyl Choudhury's question. He is a Lothian MSP and I represent Edinburgh Central, so we know how important the cultural infrastructure in the nation's capital is.

It is right for us to turn our attention more towards capital financing of the cultural sector. I hope that the member agrees that that would be a very good reason for the UK Government to give greater clarity around multiyear capital funding. If we had greater clarity about that and the appropriate quantum, we would be able to do much more than is currently the case. We have delivered significantly when it comes to revenue funding for the galleries, but we have also made capital provision. I would love to be able to make more. We will continue to work with the galleries to make sure that we can do as much of that as possible in the years ahead.

### National Galleries of Scotland

**5. Alex Cole-Hamilton (Edinburgh Western) (LD):** I am conscious that the cabinet secretary has covered a lot of this ground already.

To ask the Scottish Government what discussions it has had with the National Galleries, in light of reports that some of its flagship attractions may have to close. (S6O-04254)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** I commend Alex Cole-Hamilton for his question, notwithstanding the fact that other colleagues have asked about that subject, too.

The Scottish Government is in regular dialogue with the National Galleries of Scotland as it is one of Scotland's non-departmental public bodies. My officials are currently working with National Galleries of Scotland to understand the challenges

that it is facing, despite it being set to receive £27.4 million in 2025-26, which is a 9 per cent increase since its 2024-25 allocation.

I welcome the decision by the Scottish Liberal Democrats and the Scottish Green Party to support the budget. With its record increase in spending outside Covid, it is a solid foundation for further support for national and local cultural institutions, including our galleries.

**Alex Cole-Hamilton:** I am grateful for that reply. One of the reasons why this topic has attracted so much attention in the chamber this afternoon is that National Galleries of Scotland plays host to some 130,000 individual works of art—which are priceless and irreplaceable—and, in large part, is custodian to our national heritage. In the past, it has been forced to shut from time to time, depending on the weather or due to spiralling energy costs. Now, it says that its doors could be forced to close permanently without investment in maintenance work to make it more energy efficient and in energy efficiency itself. What is the cabinet secretary doing to work with other departments to ensure that institutions such as National Galleries of Scotland have what they need in terms of energy efficiency to weather the storms to come?

**Angus Robertson:** That is a very interesting question from Alex Cole-Hamilton about energy efficiency. It is not just about what we can learn here, in this country. While I was in Germany last summer, supporting Scotland in other circumstances, when the national team was on the sporting field, I met the galleries in Stuttgart, which are world leading when it comes to energy efficiency.

I agree with Alex Cole-Hamilton that we should be looking at what we can learn—whether from here or anywhere else—about how we can reduce the costs and overheads of our national galleries and other cultural institutions so that they can maintain a healthier financial balance sheet. My officials and I would be happy to discuss that with the National Galleries of Scotland.

**Alexander Stewart (Mid Scotland and Fife) (Con):** Funding supports Creative Scotland to enable it to progress multiyear deals with performing arts organisations. However, there is still no equivalent for the museums and galleries sector. Therefore, museums and galleries continue to operate on a year-to-year basis. That adds to the uncertainty across the sector and in the local economies in which they operate. What are the Scottish Government's intentions to rectify that situation?

**Angus Robertson:** No doubt, that will form part of Alexander Stewart's submission to the review that is being undertaken of Creative Scotland and considerations for the wider creative sector. He



identifies an important question. As we fund, and launch multi-annual funding for, so much of the creative arts sector, that raises knock-on questions about the way in which the rest of our cultural ecosystem is supported. That is one reason why the review is being undertaken.

We have all been asked to contribute to the review. Dame Sue Bruce has asked for submissions to be made, and I encourage Alexander Stewart to contribute. In looking at this issue closely, the member is definitely asking the right question, and I would be interested to read his submission. I commend taking part in the review to MSPs of all parties who have views on the culture and arts sector, so that we can chart the next stage in supporting and promoting Scotland's culture and arts.

### **Heritage Assets (Community Ownership)**

**6. Liam McArthur (Orkney Islands) (LD):** To ask the Scottish Government what discussions the culture secretary has had with ministerial colleagues regarding how it delivers support for community ownership of heritage assets. (S6O-04255)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** The Scottish Government delivers support for the historic environment through our sponsorship of Historic Environment Scotland, which is the lead public body responsible for the historic environment. HES works alongside key intermediary organisations such as the Development Trusts Association Scotland, regional economic development agencies and local authorities to support community ownership or development of heritage assets. HES also works directly with community groups to advise on opportunities and risks in asset transfer; skills and material provision in conservation projects; business development; and heritage planning. HES also publishes on its website online resources for communities to provide help and advice.

**Liam McArthur:** The South Ronaldsay and Burray Development Trust is taking forward plans to purchase the world-famous tomb of the eagles site in South Ronaldsay, in my Orkney constituency. The trust is working closely and constructively with the owners, Orkney Islands Council and a range of national funding bodies, including HES. There is strong support in the community and across Orkney, and the trust aims to see the site reopened to the public in the near future. Given that we know that community ownership of local heritage assets can catalyse local access and unlock enormous benefits locally and nationally, will the cabinet secretary welcome that initiative and offer what support he can to the

development trust so that the iconic tomb of the eagles site can be opened to both locals and visitors in the very near future?

**Angus Robertson:** I very much welcome the work that has been undertaken. I would be delighted to hear from the development trust about whether there is anything that the Scottish Government or our agencies can do to help to speed up and deliver the project that Liam McArthur has outlined. I would welcome getting as much insight as possible into the project. Through his good offices, I ask Mr McArthur to pass on my best wishes to everybody who is involved in it. It would be useful for MSPs right across the chamber to learn from good examples in other parts of the country.

### **Library Services (Mid Scotland and Fife)**

**7. Mark Ruskell (Mid Scotland and Fife) (Green):** To ask the Scottish Government what discussions the culture secretary has had with ministerial colleagues regarding the potential impact on the provision of library services in Mid Scotland and Fife of the proposed local government settlement for 2025-26. (S6O-04256)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** My colleagues and I are aware of and concerned by proposed library closures in Mid Scotland and Fife. If the Parliament supports the Scottish Government budget, local authorities will receive record funding of £15 billion in 2025-26, which is a real-terms increase of 4.7 per cent, increasing funding for local priorities. Although it is for locally elected councillors to manage their day-to-day business and decision-making processes, any decision on public libraries must be considered extremely carefully, and local authorities should continue to work in partnership with communities to ensure that services are based on local needs.

**Mark Ruskell:** I welcome the real-terms increase in council funding that is coming through the budget. I hope that that will give the flexibility that Perth and Kinross Council needs to take the closures off the table when it meets next Wednesday. However, it is clear that some councils are continually making the case for rural library closures on the basis that the statutory provision can be met from mobile libraries. Does the cabinet secretary agree that that view fundamentally misunderstands the importance of rural libraries as free and accessible cultural and community spaces? Does he agree that it is time to look again at what should constitute a statutory library service, in particular in the rural context?

**Angus Robertson:** I confirm that I met with the Convention of Scottish Local Authorities only yesterday to discuss national and local

Government co-operation on culture in general and libraries in particular. The Scottish Government values library provision but greatly respects the decision-making responsibilities of local government. Nonetheless, we hope that providing additional resources for local government and for culture in the budget will provide an opportunity to protect and enhance library provision.

I remain open-minded about issues around statutory obligation, and if Mark Ruskell wishes to make that case to me, I will look closely at it.

**Murdo Fraser (Mid Scotland and Fife) (Con):** Mark Ruskell is entirely right to raise the issue of libraries under threat in Mid Scotland and Fife, although I gently say to him that he might reconsider his support for the Scottish Government budget, given that that is at the root of those challenges.

Is the cabinet secretary satisfied that the budget settlement to which he referred will mean that no libraries will have to close in Mid Scotland and Fife? Will he have a quiet word with his Scottish National Party colleagues who run Perth and Kinross Council to ensure that that does not happen?

**Angus Robertson:** I would strongly encourage local authorities across Scotland, given the new funding landscape, to look sympathetically at library provision. The last time that we discussed the matter was in relation to the review that was conducted by Perth and Kinross Council on the importance of libraries. At that stage, I asked whether Murdo Fraser wanted to forward to me the submission that I assumed that he must have provided to that review. I am still waiting for that submission, so if he is able to forward it on to me, I would be very keen to read what he provides.

**The Deputy Presiding Officer:** I can squeeze in question 8 if I have succinct questions, and answers to match. I call Jamie Halcro Johnston, who joins us remotely.

### **Constitution, External Affairs and Culture Budget 2024-25 (Spending Outside United Kingdom)**

**8. Jamie Halcro Johnston (Highlands and Islands) (Con):** To ask the Scottish Government what percentage of the constitution, external affairs and culture budget for 2024-25 was spent outside of the United Kingdom. (S6O-04257)

**The Cabinet Secretary for Constitution, External Affairs and Culture (Angus Robertson):** In 2024-25, the total allocated budget for the constitution, external affairs and culture portfolio was £332.6 million. We expect to spend £16.8 million of that on programmes and activity outside the United Kingdom, which represents 5

per cent of the total budget for the portfolio. The actual spend for 2024-25 will be available only after the end of the financial year and will be published in the final accounts after March 2025.

**Jamie Halcro Johnston:** In 2023, the Scottish Government gave a total of £750,000 to the United Nations Relief and Works Agency for Palestine Refugees in the Near East—UNRWA—to support its operations in Gaza. Concerns were then raised about the links between some UNRWA staff and the 7 October attacks, with a number of countries pausing aid to the agency.

At the time, the then First Minister, Humza Yousaf, confirmed that, despite the allegations, the Scottish Government was not pausing or withdrawing aid to UNRWA. Can the cabinet secretary advise what scrutiny and assessment the Scottish Government has undertaken of how those funds were spent, and say whether he is confident that all funding was used exclusively for relief work?

Given the current ceasefire between Israel and Hamas, can he advise whether there have been any discussions within the Scottish Government over providing further funding for use in Gaza?

**Angus Robertson:** I take the opportunity—it is the first opportunity that I have had—to welcome the ceasefire and to recognise both the loss of life in Israel from the horrific terrorist act, which also claimed the life of a Scot, and the tens of thousands, most of whom were civilians, who have died in Gaza.

We keep the relationship with UNRWA under review, as the United Kingdom Government has done. Any notion of providing funds was paused at the same time that the UK Government did so. The member is absolutely right that there will perhaps be circumstances in the future in which funding needs to be considered. I am happy to write to him to provide information about safeguards in supporting UNRWA and other United Nations agencies. However, we remain a supporter of the United Nations involvement in Gaza and the west bank through UNRWA.

**The Deputy Presiding Officer:** That concludes portfolio questions on constitution, external affairs and culture and on parliamentary business.

### **Justice and Home Affairs**

#### **Emma Caldwell (Public Inquiry)**

**1. Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Government whether it will provide an update on the public inquiry into the investigation of Emma Caldwell's murder. (S6O-04258)

**The Cabinet Secretary for Justice and Home Affairs (Angela Constance):** The First Minister

and I met with the Caldwell family on 21 January 2025 to listen to their views on the next steps, including the appointment of a chair and ways to progress the criminal investigation of the initial police inquiry. The Scottish Government will ensure that the inquiry is set up and properly resourced to carry out its work. Once a chair has been appointed, we will work alongside the chair, and Emma's family, in setting and agreeing the terms of reference for the inquiry.

Decisions on further criminal investigations are a matter for the Lord Advocate, acting independently of ministers. We continue to liaise with the Crown Office to understand the implications of the investigation for the setting up of the inquiry.

**Jackie Baillie:** I do not think that anyone can help but be disturbed at the failings of the justice system in this case. Emma Caldwell's family have been asking for a public inquiry to be chaired by a judge from outwith Scotland in order to give them confidence that the process will be truly independent. Has the cabinet secretary agreed to that? Can she provide any indication of when the inquiry is likely to start?

**Angela Constance:** I reassure Ms Baillie and other members that my position on those matters has not changed. As I informed members when I announced that there will be a public inquiry, and as I restated when I met the Caldwell family last week, what is most important is that the person who leads the inquiry has the confidence of the family, understands their trauma and has the necessary expertise to lead an inquiry of that nature. We had a very constructive conversation with the family, and it was very important for them to meet the current First Minister.

### **Criminal Proceedings (Mandatory Timescales for Charging and Prosecution)**

**2. Craig Hoy (South Scotland) (Con):** To ask the Scottish Government what discussions it has had with the Crown Office and Procurator Fiscal Service regarding the setting of mandatory timescales for decisions relating to the charging and prosecution of criminal proceedings. (S6O-04259)

**The Cabinet Secretary for Justice and Home Affairs (Angela Constance):** Decisions relating to the charging and prosecution of criminal proceedings are independent operational decisions that are made by Police Scotland and the Crown Office and Procurator Fiscal Service within the legal framework. The Scottish Government has not had any discussions regarding the setting of mandatory timescales for those matters.

**Craig Hoy:** Lord Carloway has become the latest senior figure to comment publicly on the length of time that one specific case is taking—namely, operation branchform, which relates to the Scottish National Party's finances. This week, he said that "instant justice" would never be possible, but, in relation to the branchform probe, he added:

"I don't know where the hold-up is, whether it's with the police or the Crown Office or whatever."

The cabinet secretary will not comment on what the hold-up in a live police case might be, and I will not ask her to do so. However, does she share the concern of a growing number of people that, when it takes years to investigate high-profile cases, there is the increased risk of an internal or external factor undermining the investigation or jeopardising a successful prosecution? That includes the impact on the right to a fair trial in reasonable time under article 6 of the European convention on human rights. Would not the setting of mandatory targets for the time that it takes to bring charges or mount prosecutions address fears that justice delayed can become justice denied?

**Angela Constance:** I listened very carefully to Mr Hoy's supplementary question. Despite his preface and some of his words, I fear that his question is just another attempt to lure me into commenting on live matters. He knows fine well that no minister can comment on live matters.

On discussions regarding mandatory timescales in relation to charging and prosecution, I reiterate what I have said already: I have had no such discussions, and I have not given any current thought to the matter.

### **Prevention of Death by Suicide (Prisons)**

**3. Richard Leonard (Central Scotland) (Lab):** To ask the Scottish Government what it is doing to prevent death by suicide in prison. (S6O-04260)

**The Cabinet Secretary for Justice and Home Affairs (Angela Constance):** First, I express my deepest condolences to anyone who has lost a loved one to suicide while they have been in prison. Suicide is preventable and should not happen while people are in the care of the state.

The Scottish Government has accepted Sheriff Collins's recent fatal accident inquiry findings, which form a comprehensive set of actions to deliver the systemic change that is needed. We and the Scottish Prison Service are committed to delivering the changes that were set out to the Parliament last week. We are prioritising establishing national oversight, overhauling the talk to me strategy, accelerating ligature prevention and improving information sharing between partners.

**Richard Leonard:** The prison suicide rate in Scotland is more than twice as high as it is in England and Wales and three and a half times the European median.

Last week, in the wake of the tragic and avoidable deaths of Katie Allan and William Lindsay, the cabinet secretary told us that

“the development of suicide prevention technology will be accelerated and, if viable, piloted and reviewed.”—[*Official Report*, 22 January 2025; c 53.]

We now know that, back in 2019, plans to make cells suicide proof were abandoned by the then Cabinet Secretary for Justice on the grounds of cost.

When the cabinet secretary speaks of “viability”, will she consider viability as measured by the value of human lives rather than the price of prevention technology? Will she think of Katie Allan and William Lindsay? Will it be different this time?

**Angela Constance:** In short, yes, it will be different. I fully accept the determinations made by Sheriff Simon Collins, as I hope that I made clear to Parliament last week when I laid out the immediate and short-term actions that I will pursue. I also gave a commitment to come back to the Parliament in March to give a fuller delivery plan and timescale.

I reassure Mr Leonard that, despite everything that has gone on in the past week in the world of justice, home affairs and resilience with storm Éowyn, I have been following up and pursuing matters with the Prison Service and my officials to ensure that we come good on the commitments that I made to the chamber and to the families of Katie Allan and William Lindsay.

#### **Scottish Prison Service (Prison Estate Improvements)**

**4. Mark Griffin (Central Scotland) (Lab):** To ask the Scottish Government what proportion of the uplift in the Scottish Prison Service budget for 2025-26 will be spent on improving the prison estate. (S6O-04261)

**The Cabinet Secretary for Justice and Home Affairs (Angela Constance):** The Scottish Government recognises the importance of a modern and fit-for-purpose prison estate that supports the rehabilitation and reintegration of those who are in custody back into our communities. That is why, if passed by the Parliament, the 2025-26 budget will continue to support the Scottish Prison Service’s major infrastructure improvements, namely the construction of HMP Highland and HMP Glasgow.

The SPS advises that 97.7 per cent of its anticipated capital budget for 2025-26 will be

utilised on major projects, with the remainder being allocated to a developing programme of works.

**Mark Griffin:** Last summer, we saw the emergency release of hundreds of people in custody, as almost half of Scotland’s prisons declared red status because they were struggling to cope with overcrowding and a crumbling prison estate. Starting next month, more prisoners will be released early, which the Association of Scottish Police Superintendents has said would see the public “being put at risk.”

Given that context, when will the Government take responsibility and start coming up with solutions to overcrowding that do not—according to the Association of Scottish Police Superintendents—compromise public safety?

**Angela Constance:** I hope that I have demonstrated with absolute clarity the responsibility and seriousness with which I take overcrowding in our prisons. It is not only a critical risk to the safe operation of our prisons; if we do not reform our prison system, overcrowding will have huge implications and risks for the rest of our justice system and for communities.

On the emergency release measures, whether that is the change in the release arrangements—the point of release for short-term prisoners—or the emergency release measures that we took last summer, it is important to remember that the vast majority of the released prisoners were going to return to our communities at some point in the not-too-distant future, usually in a matter of weeks or months.

I have brought a range of proposals and changes to the chamber. I was the cabinet secretary who sponsored the Bail and Release from Custody (Scotland) Act 2023 and the Children (Care and Justice) (Scotland) Act 2024, which was led by Natalie Don. There is also the work that we are doing on home detention curfew and to expand robust community justice. I wish that people would come up with solutions as well as constantly opposing the solutions that we take forward.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** Will the cabinet secretary further outline how capital funding allocated to the Scottish Prison Service in the draft budget will help to create better environments for people to live in and work in, and to aid rehabilitation, thereby reducing the risk of reoffending and supporting safer communities?

**Angela Constance:** As I said in my original answer, the funding allocated to the Scottish Prison Service will be used to progress the construction of HMP Highland and HMP Glasgow. Both those projects will deliver purpose-built

modern accommodation and provide a full range of opportunities to all the people who live in those prisons, and an overall net increase in design capacity of 464 places, which will, of course, reduce overcrowding substantially.

The new prisons, working collaboratively with our partners, are expected to strengthen skills and employability, improve mental health among the population in their care, create a safer working environment and improve professional development and support opportunities for staff.

**Liam Kerr (North East Scotland) (Con):** The failure to improve the estate means that the Scottish Government has failed for years to provide the amount of space that is required. With the average daily prison population up 6 per cent last year, Scotland desperately needs to increase capacity to ensure that dangerous criminals are kept off the street. Rather than releasing dangerous criminals after only 40 per cent of their sentence, does the Scottish Government have a proper long-term strategy to increase the capacity of the prison estate?

**Angela Constance:** In short, yes, we do. I look forward to engaging with Mr Kerr and others on issues such as the further innovation that is required in community justice services to prevent people from going into prison in the first place, when that is safe to do, and on the innovation around electronic monitoring vis-à-vis home detention curfew. There is also work on the implementation of the Bail and Release from Custody (Scotland) Bill, so we are not short of actions on that side.

It is a shame that every time we come forward with another piece of the jigsaw to reform the system, members of the Opposition resist it strongly.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** Will the cabinet secretary provide an update on the Scottish Government's plans for the replacement of HMP Greenock?

**Angela Constance:** The Scottish Government has invested to improve the fabric of the building at Greenock, specifically to tackle areas of water ingress, and the health centre. We are absolutely committed to having buildings that meet the needs of people in the care of the prison service, but Stuart McMillan will be aware that HMP Highland and HMP Glasgow remain the key priorities for major infrastructure improvements in the prison estate. I am grateful to the member for constantly being a champion for his local prison.

#### **Policing (Remote and Rural Communities)**

5. **Tim Eagle (Highlands and Islands) (Con):** To ask the Scottish Government what support it gives to Police Scotland to increase visibility in

remote and rural communities and deliver the community policing model, as outlined in the Chief Constable's 2030 vision for safer communities, less crime, supported victims, and a thriving workforce. (S6O-04262)

**The Cabinet Secretary for Justice and Home Affairs (Angela Constance):** The Scottish Government welcomes the publication of Police Scotland's 2030 vision and its accompanying three-year business plan, including the emphasis that is rightly placed on tackling rural crime and designing victim-centred models of care for local public protection for remote and rural areas.

In 2025-26, the Scottish Government will increase police funding to £1.62 billion. That includes almost £57 million in additional resource funding, which will support front-line service delivery and allow Police Scotland to make progress in the key areas of transformation that are outlined in the three-year plan, including the delivery of enhanced community policing across the country.

**Tim Eagle:** Constituents of mine in the Highlands and Islands, including members of Breasclate community council in the Western Isles, have raised concerns that they no longer see police officers but do see an increase in antisocial behaviour. Visible police patrols can provide communities with a sense or feeling of security, and there is some evidence to say that such patrols can help to reduce crime. I know that the police service is under various pressures, but what more could the cabinet secretary do to reassure my constituents and improve visible community policing?

**Angela Constance:** Although recruitment and deployment of resources are operational matters for the chief constable, I note that, on 16 January, 124 new recruits were sworn in to Police Scotland, bringing the number of officers to 16,614. The three-year plan outlines a new community policing focus that aims to increase the capacity and capability of our local policing teams with prevention and local problem-solving approaches, as well as a clear ambition to increase confidence levels in our communities and among partners.

**Katy Clark (West Scotland) (Lab):** Given the specialist roles that many police officers now undertake, does the cabinet secretary agree that the most effective way of improving the visibility of the police in our communities and the service that our constituents receive is to increase police numbers?

**Angela Constance:** As I said in my earlier answer, I am pleased to report to the Parliament that there is stability in the number of police officers, which is currently around 16,600. It is by design of the Parliament that operational matters

are for the chief constable, as opposed to being for me, but I know that her comments about visibility in the community are reflected in Police Scotland's plans.

**Willie Rennie (North East Fife) (LD):** Too often, the police have to step in where other public services are not able to provide support: either they are failing or they do not have the capacity. That is particularly the case with mental health services, and police officers can be tied up for hours supporting an individual who is going through a crisis. What particular support is the justice secretary making available through Police Scotland to ensure that services are there for people when they need them and that the police can be free to do their job?

**Angela Constance:** I very much agree with the point that staff such as police in public protection roles often have to deal with issues that could have been resolved further upstream.

A wealth of work has been undertaken, particularly the partnership work led by the partnership delivery group. I gave extensive evidence to the Criminal Justice Committee at the start of this year, along with our psychiatric clinical lead colleague from Mr Gray's health portfolio. I am happy to write to Mr Rennie with further detail, as a wealth of activity is taking place, which changes the support that is received by individuals while recognising that the job of a police officer is to be a police officer. Of course officers have duties of care, but it is not acceptable for police officers to be spending extensive time at accident and emergency departments.

### HMP Barlinnie (Replacement)

**6. Sandesh Gulhane (Glasgow) (Con):** To ask the Scottish Government whether it will provide an update on the replacement of HMP Barlinnie, including in relation to the delivery date and cost. (S6O-04263)

**The Cabinet Secretary for Justice and Home Affairs (Angela Constance):** HMP Glasgow will bring significant benefits to those living and working there, as well as to the surrounding community. The new facility will strengthen skills and employability, improve mental health and create a safer working environment for staff.

The Scottish budget includes a capital allocation of £261 million in 2025-26 for HMP Glasgow. I am pleased that very good progress has been made in the pricing and commercial process, and I expect to be able to update the Parliament on costs and timescales in the very near future.

**Sandesh Gulhane:** Given the state of our prisons, the Scottish National Party Government is letting hundreds of prisoners go free early. HMP Glasgow is exactly the type of delivery failure that

we have come to expect from the SNP Government. Aside from being over budget by about £230 million and delayed by at least two years, the new HMP Glasgow will not solve the problem of overcrowding. Barlinnie has an average population of around 1,400 inmates, yet the new replacement prison is projected to have a capacity of only 1,200. There is clearly no long-term planning, despite the cabinet secretary's previous answers.

Why was the new prison not designed to cover the current population? What will happen when, inevitably, the new prison becomes overcrowded?

**Angela Constance:** Part of the long-term plan is to replace ageing prisons. HMP Barlinnie is 140 years old. I have always been clear that the rebuilding of prisons is not, in itself, a silver bullet. There are other actions that we have to take, including around robust community justice, to reduce the prison population. The replacement of HMP Inverness with HMP Highland and HMP Glasgow replacing Barlinnie will, of course, increase capacity.

Mr Gulhane has a bit of a cheek, bearing in mind that it was the previous Tory Government that starved this country of capital investment for years, and we are still facing the economic consequences of Brexit five years on, particularly in the construction industry.

**Pauline McNeill (Glasgow) (Lab):** Will the cabinet secretary clarify the capacity of the new HMP Glasgow? The Criminal Justice Committee was told that it is 1,344.

His Majesty's Inspectorate of Prisons for Scotland's most recent annual report stated that, although the rising prison population remains a concern across the Scottish Prison Service estate, it has a particular impact on HMP Barlinnie, which has a capacity of 1,400. Is it planned that the new HMP Glasgow will have surge capacity built into its design? What will that look like?

**Angela Constance:** I confirm that the design of the new HMP Glasgow is for a capacity of 1,344. It will have a range of facilities, such as a purpose-built additional care unit and segregation units.

Where surge capacity is needed in an estate can vary at any point. I will get back to Pauline McNeill on the detail of that.

### Draft Budget 2025-26 (Access to Justice)

**7. Maggie Chapman (North East Scotland) (Green):** To ask the Scottish Government whether it will provide an update on how its draft budget 2025-26 will help enable individuals and communities to access justice. (S6O-04264)

**The Minister for Victims and Community Safety (Siobhian Brown):** The 2025-26 draft

Scottish budget outlines that we will invest almost £4.2 billion across the justice system, which is a 9.5 per cent increase on this year's budget. We are committed to ensuring fairer access to justice, whereby individuals can be supported in criminal, civil and administrative law settings.

Additional funding can be provided only if Opposition parties support the Scottish budget. It is welcome news that the Green Party and the Liberal Democrats got around the table for budget negotiations so that we can deliver for the people of Scotland. I urge the Scottish Labour Party and the Conservatives to work together with us to pass the budget and allow us to uphold the rule of law, safeguard rights and protect individuals and communities from harm, which is fundamental to the functioning state and to the people of Scotland.

**Maggie Chapman:** The Human Rights Consortium Scotland says:

"Scotland faces a critical shortage of civil legal aid solicitors, which leaves countless individuals, particularly those in poverty, unable to get the legal representation they need to address injustices and uphold their rights."

Parents in urban and rural areas in the north-east are struggling to access advice following family breakdown, often as a result of domestic violence. A lack of legal aid provision leaves them and their children without support. Poverty, poor health and the loss of sustained and positive contact between children and parents are the results.

Will the minister outline any planned actions to increase the availability of legal aid provision in the north-east for parents who are separating, many of whom face issues with the safety and wellbeing of their children as well as themselves?

**Siobhian Brown:** The Scottish Government recognises that reform is needed in the legal aid system for legal aid to be responsive and user-centric and to work effectively in the delivery of agreed actions in the way that is expected of public services.

In the short term, we have identified priority changes that we believe will impact positively on users and providers. Officials are currently developing a legal aid action plan for reform, and we will engage with that soon. I am aware that the Scottish Legal Aid Board is currently undertaking a geographical analysis of legal aid throughout Scotland.

I am happy to meet Maggie Chapman to discuss any constituent experiences that she wants to discuss or if she would like to provide input to the reform.

**Douglas Ross (Highlands and Islands) (Con):** I remind members that my wife is a sergeant in Police Scotland.

One area in which communities can access justice is through the incredible work of our highly trained and skilled police dogs, of which there are 150 in Scotland. The minister will be aware of the shocking story at the weekend of police dog Zara, who was put down rather than the force paying veterinary bills of £12,000. Will the minister explain why police dogs are not routinely insured in Scotland? Does she agree with Dave Wardell, the dog handler of police dog Finn and an author and campaigner, who said:

"These dogs are amazing. They've given up their lives for service. The difference they make to policing is incredible ... This needs looking into. Poor PD Zara could and should still be alive."

Has the minister raised that shocking situation with Police Scotland?

**Siobhian Brown:** I appreciate all the work of police dogs and the importance of their welfare. I will write to Douglas Ross on specific details of the insurance of police dogs.

## Health and Social Care Workforce

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a debate on motion S6M-16252, in the name of Jackie Baillie, on supporting Scotland's health and social care workforce. I invite members who wish to participate to press their request-to-speak buttons.

14:56

**Jackie Baillie (Dumbarton) (Lab):** Let me begin on a note of consensus. The staff of NHS Scotland and those who work in social care do an incredible job. They are the backbone of the national health service and of social care; without them, the services would collapse, so they deserve our heartfelt thanks. However, they are firefighting in a broken system, and they are telling us that things cannot go on like this. Staff are leaving the NHS and social care in their droves and far too many are being signed off with exhaustion and poor mental health. They are burnt out because our NHS and our social care system are in a state of crisis. Responsibility for that lies squarely with the Scottish National Party Government.

Right now, more than 863,000 Scots are stuck on an NHS waiting list, and more than 100,000 of them have been there for over a year. In Scotland, more than 7,000 patients have waited more than two years for surgery. In contrast, in England—which has a population more than 10 times the size of Scotland's—only 151 people have been waiting more than two years. Cancer patients are being let down as treatment targets are not met. Thousands of children are stuck on child and adolescent mental health services waiting lists while countless others are turned away. Health inequalities are widening and life expectancy is declining. Two thousand Scots are currently stuck in hospital who have been medically cleared to leave but are unable to do so.

I say very politely to the First Minister—who was very animated with me last week—that, across a whole host of measures, things are getting worse and not better. To deny the pressures that the NHS in Scotland is facing is, frankly, delusional, and I am tired of the Cabinet Secretary for Health and Social Care telling me that things are actually okay. The situation is causing moral injury to the staff. It compromises patient safety and results in worse outcomes. However, members should not just take my word for it. In the Royal College of Nursing's damning report on corridor care, which is now the norm, one nurse said:

"I am now in the process of leaving the NHS ... It is fraying at the seams and has left me with mental health problems and trauma."

The crisis cannot be blamed on winter flu cases or Covid-19. The NHS was sailing into troubled waters long before 2020 and the SNP has been in charge for all of that time. For 18 years, it has failed time and time again to protect the health service and to plan for its future.

Let me be honest: attempts at workforce planning have been woeful. The SNP must own the consequences of that, because the evidence is there for all to see. Audit Scotland reports that the target of 800 more general practitioners by 2027 is unlikely to be met. The British Medical Association tells us that an extra 1,000 GPs are needed just to stand still and meet current demand, and it also points out that, despite the Government's promise, GP numbers are declining and not increasing. At the same time, patient numbers are rising. GPs simply cannot care for more people with the current capacity. It is little wonder that people vote with their feet and head to out-of-hours or accident and emergency departments because they cannot get appointments.

Last night, we were told about GPs in the Lothians who are unemployed. I will repeat that: they are unemployed. At least one is working for Uber. Others go to Australia to work for one month on and one month off. At a time when we are short of GPs and patient demand is increasing, what is the Government thinking? It is a shocking waste of talent that could be deployed in our NHS.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** Will Jackie Baillie give way?

**Jackie Baillie:** I will do so briefly.

**Alex Cole-Hamilton:** Does Jackie Baillie recognise that the problem in Lothian is particularly bad among GP locums?

**Jackie Baillie:** I do indeed. That is the situation that I was describing. Alex Cole-Hamilton and I are of one mind on this.

The BMA says that there are more than 1,000 consultant vacancies, which is enough to staff two large hospitals, but the Scottish Government reports only 397. That shows yet more understaffing, which does not help to tackle waiting lists. Since 2019, the NHS has spent more than £900 million on private agency nurses and locum consultants in a desperate attempt to plug the gaps. That is a sticking plaster instead of real solutions, and it comes at a cost that is greater than the cost of employing those staff directly in the NHS. We also know there are not enough nurses in the NHS to meet demand and provide safe care. High vacancy levels persist, and the latest data shows that 2,380 nursing and midwifery jobs are lying vacant.



The Royal College of Paediatrics and Child Health produced a report last year called “Worried and Waiting”. It includes a number of recommendations to deal with critical workforce pressures, including a call for a specific strategy for the child health workforce. It also highlights rota gaps, which are not good for patient safety. Has any of that been addressed? Macmillan Cancer Support warns about a “cancer care gap” as the numbers of people with cancer rise but that is not matched by an increase in the workforce. Marie Curie tells us about the lack of palliative care staff and even a lack of training for generalist staff about end-of-life care.

I turn to mental health. Scottish Action for Mental Health reports a significant increase in demand for services for adults and children, and we also know about that from our constituency casework. The SNP promised access to a mental health worker for every general practice. A thousand new people were to be recruited, but the budget was cut in 2023. That is another pledge that was jettisoned by the SNP.

We all know that the SNP Government received record funding from the United Kingdom Labour Government in the latest budget, yet it has chosen not to invest in a proper workforce plan. To be clear, I note that that is a political choice that the Government has made. The SNP has the money and the power but it has simply chosen not to use them. It knows that staff are crying out for support, yet those staff are being ignored—so much so that the First Minister could not be bothered to invite Unison to his health meeting last week. He is happy to use health and social care staff as his human shield, but he is not happy to sit down with them to understand the challenges that they face.

I mentioned the Cabinet Secretary for Health and Social Care. He is supposed to be responsible for health and social care at the top table of Government, but he has been distracted by limogate and sidelined by his boss. However, to be frank, I am not sure that the First Minister is any more competent. As finance secretary, John Swinney cut £70 million from social care while people were stuck in hospitals because they were unable to get care packages. As finance secretary, he cut £65 million from primary care services, making it more difficult for people to get a GP appointment. As Deputy First Minister, he was at the heart of Government and was responsible for overseeing delivery when delayed discharge soared, A and E waits went up and the Scottish Government failed to meet the 62-day cancer target in every year since 2012.

**Clare Adamson (Motherwell and Wishaw) (SNP):** Will Jackie Baillie give way?

**Jackie Baillie:** I will not.

I genuinely worry about what John Swinney will do next.

Instead of taking any responsibility, the SNP hides behind the staff and repels every criticism as, somehow, the Opposition talking down the staff and suggesting that they are incapable. For the record, I note that it is not NHS staff or social care staff that are incapable—it is this SNP Government. I will give the Parliament a few examples. The Scottish Government spends around £60,000 for each student nurse to train at a Scottish university, when we take into account study and bursary costs. That is money well spent for such an important role. However, last year, almost 100 graduate paediatric and adult nurses were told that there were no jobs for them, despite staff shortages. Budget cuts meant vacancy freezes. In fact, last year, the SNP quietly cut 1,500 nursing and midwifery jobs from the establishment records before any budget cuts had even begun. Posts were simply wiped out overnight.

Since then, I have been contacted by paramedic graduates who have experienced the same problem, and by junior doctors who have been told that they will need to undertake their speciality training in Northern Ireland as there is nothing happening in Scotland. I have heard from graduate pharmacists, such as Abbie, who have been told that, due to a lack of funding, there will be no foundational training year for them in Scotland and that they will have to go to England if they want to continue. The Scottish Government is paying to train health and care staff for the benefit of every NHS in the UK except NHS Scotland. If that is not incompetence, I do not know what is.

The current pressures in our hospitals are due in part to this Government’s failure to fix the problems in social care. More than 9,000 Scots are waiting on care assessments or packages. We know that there is a chronic shortage of support because we do not have the staff, but we do not have the staff because they are not treated with the respect that they deserve so they head for the exit door. Is it any wonder that many of them are going to work in retail, where they are often paid more and have less stress? Year after year, Labour has consistently argued for a minimum of £15 an hour with finance ministers Kate Forbes and John Swinney, who are both deaf to the plight of social care staff. What happened to the missing £50 million for fair work to improve terms and conditions for social care staff? It was cancelled by ministers at the 11th hour. That tells us all that we need to know about how much the SNP values social care.

Scotland cannot keep paying the price for the SNP’s financial mismanagement and waste. Its recklessness is a betrayal of the NHS and social

care staff who have gone above and beyond to keep services going and patients safe. After nearly 18 years of failure and decline from the SNP, it is time to change the team. Scottish Labour will ensure that our NHS and social care sectors have a 10-year workforce plan that creates enough medical and nursing training places; values nurses, doctors and all NHS staff; and meets the needs of future generations of patients. We will deliver faster access to GPs and tackle long waits for treatment once and for all by taking full advantage of our untapped potential.

Scottish Labour is and has always been the party that is willing to stand up for workers, protect our NHS and invest in social care. Scotland's NHS needs a new direction and Scottish Labour is ready to deliver it.

I move,

That the Parliament deeply regrets that there is a continuing crisis in both the NHS and social care; recognises that staff are the backbone of the NHS and that the Scottish Government has failed to effectively workforce plan; understands that the consequences of this failure are that patients are suffering from poorer outcomes, hard-working staff are experiencing moral injury, and NHS graduates are not being employed, and calls on the Scottish Government to urgently bring forward a 10-year health and social care workforce plan that meets the needs of the people of Scotland.

**The Deputy Presiding Officer:** I call Neil Gray to speak to and move amendment S6M-16252.1.

15:08

**The Cabinet Secretary for Health and Social Care (Neil Gray):** I welcome this debate, which is very timely in the light of the speech that was given by the First Minister on Monday on protecting and renewing our health and social care system—a plan of substance, and that is to deliver. In his remarks, the First Minister acknowledged the central role that those most cherished of public services play in all our lives, which is why we, as a Government, attach so much importance to supporting our health and social care system and the people who work in it.

I agree with Jackie Baillie that staff are the backbone of our health and social care system. Without their skills, expertise and endeavours the system simply could not operate. I have been privileged to witness at first hand their dedication and professionalism in my role as health secretary.

We also know that services are struggling. People are waiting too long for treatment and there have been periods of real crisis in recent weeks linked to the unusually high flu prevalence that we have seen. I want to record my thanks to staff and my admiration for their resilience in the face of those extreme pressures. We are all

grateful to them for their efforts. We must also acknowledge that the sustained and significant pressure that the system has faced, and continues to face, places real pressure on staff. Change is clearly needed.

Although a shift in demographics and changes in the burden of disease mean that reform of our health and social care services would always have been necessary, the pandemic has undoubtedly impacted on the scale of change and pace of change that are required.

Our efforts to recover have certainly not been helped by decisions that have been taken at Westminster. A decade and a half of austerity, coupled with the shock of inflation, has meant that our already stretched resources have been able to deliver less.

Furthermore, Brexit continues to impact on staffing in our social care sector and will, coupled with the UK Labour Government's decision to continue the Tories' cruel policy of preventing care workers from bringing dependants to the UK, have deep and lasting consequences. Home Office statistics show a staggering 82 per cent drop in health and care worker visa applications between April and December 2024, compared with the same nine-month period in 2023.

**Clare Adamson:** Will the cabinet secretary take an intervention?

**Neil Gray:** I will make some progress, first.

More recently, the decision that has been made by Jackie Baillie's colleagues in the UK Government to increase employer national insurance contributions is expected to cost the NHS alone more than £191 million, with those costs rising to around £315 million when we take account of NHS contractors including GPs, dentists, optometrists and pharmacists, as well as the adult social care workforce. It is therefore vital that the UK Government fully funds the increase in order to avoid Scotland being punished for investing in key public services.

I give way to Clare Adamson.

**Clare Adamson:** I should have waited, as the cabinet secretary has almost answered my question.

Does the cabinet secretary share my concern that the national insurance rise has been described by the British Medical Association as presenting an "existential threat" to general practice?

**Neil Gray:** Yes, I do, and I could list the names of those who signed the letter on that subject that was sent by the First Minister and the president of the Convention of Scottish Local Authorities. The wealth of experience and dedicated commitment

of those signatories from civic Scotland underline the need across health, social care and all elements of public service to see the issue being resolved at source.

Looking ahead, I believe that the draft budget provides strong foundations for the improvements that we all want and need to be delivered, including our commitment to providing funding to enable social care workers to continue to be paid at least the real living wage.

The budget represents a package of investment to reduce the immediate pressures across the NHS and to speed up the rate at which individuals can be treated by delivering an additional 150,000 planned care procedures over the coming year.

The investment will also shift the balance of care from acute services to the community by expanding the hospital at home service, opening more frailty units and ensuring that a greater proportion of new NHS funding goes to primary and community care. Furthermore, it will enable use of innovation—digital and technological—to improve access to care.

Our NHS workforce is central to delivering all those improvements, and we simply cannot afford to underestimate the role that social care staff will play in enabling and realising the ambitions.

**Brian Whittle (South Scotland) (Con):** The cabinet secretary knows of my interest in technology. The pandemic demonstrated to us the impact that technology can have on healthcare and the speed at which it can be deployed. Why has the ability to do that been lost since then? Now, we have only the option of an app that is already being deployed in the rest of the United Kingdom.

**Neil Gray:** I do not believe that that is the case. Progress is being made through the likes of the accelerated national innovation adoption—ANIA—pathway and, on Monday, I was able to see the incredible innovation that is coming through the National Robotarium. I look forward to my scheduled meeting with Mr Whittle to discuss some such areas.

We know that improvements to social care will strengthen our NHS and our communities, and we remain determined to invest and deliver the vital changes that are needed. I recognise the problems and challenges. It is easy just to point to them; we, however, are focused on resolving them.

**Tess White (North East Scotland) (Con):** Will the cabinet secretary take an intervention?

**Neil Gray:** I need to make some progress.

We will never shy away from the challenges that are facing our NHS and social care services. We

will act quickly to deliver much-needed change and we are starting from strong foundations. The Scottish Government has overseen a 26.6 per cent increase in NHS staffing, including 12 consecutive years of workforce growth, which contradicts the false assertion that is made in Labour's motion regarding graduates.

**Jackie Baillie:** Will the cabinet secretary take an intervention?

**Neil Gray:** I will make some progress, then come back to Ms Baillie.

We have planned for and driven workforce growth through investment in training our workforce of the future, with an increase in funded undergraduate places for health and social care professions. Our workforce planning will continue to evolve to account for the shift that is required in the shape and size of the workforce. Part of that will be consideration of the skills mix that is needed to deliver the service improvements and reforms that have been mentioned. We will set out more detail as part of our medium-term approach to health and social care renewal, which we are committed to publishing before the summer recess.

Some required changes are already taking place, including in pharmacy education, in which, from 2026, all graduates will be independent-prescriber trained at the point of registration. That, coupled with our planned expansion of the pharmacy first service, presents a new opportunity for patients to benefit from that expertise and for GPs to be freed up to focus on the care that only they can provide.

Our budget will also enable the number of domestic intakes to university dental courses to increase by 7 per cent, which will ensure that we build a strong workforce pipeline in the medium and longer terms.

Since 2021, we have increased the number of medical undergraduate places by 300, while also offering alternative routes to medicine as a career and doing more to support a pipeline of doctors for our remote and island communities.

Retaining and recruiting GPs is vital, and we remain committed to increasing their number. There are currently over 5,000 GPs in Scotland, the number of which we have increased by 307 since 2017. There are just over 1,200 GPs in training in Scotland, which is extremely encouraging. We have published a GP recruitment and retention plan, which includes new actions that will support the attraction and retention of GPs, including work on expanding fellowships and flexible retention schemes.

In the coming weeks, we are due to publish the nursing and midwifery task force report, which is also focused on recruitment and retention.

Finally, through continuation of work on the national care service, we will continue to support improvement and innovation across the system via the establishment of an advisory board, which will have a clear focus on national and local workforce planning, high-quality learning, and development and leadership support for social care staff.

Growth in the workforce alone cannot be the solution to the challenges ahead: we must also take account of emerging opportunities in order to enhance workforce productivity and wellbeing, including reducing workload through use of new technology and artificial intelligence, and enhancing the quality of care for patients across the country by using staff expertise in different ways.

That is why, last year, we published “Improving Wellbeing and Working Cultures”, which sets out our ambition to enhance working cultures across the system, and why we continue to support national wellbeing, leadership and equalities interventions. That approach, and the support that is offered, have been and will continue to be shaped by the voices and lived experiences of our staff.

The joint social services task force has also taken forward important work to present a range of opportunities to improve the experiences of our valued social care, social work and allied health professional staff.

Those are great examples of the practical steps that we are taking to support the workforce of today and tomorrow.

The immediate steps that I have outlined are critically important as we seek to improve the experience of staff who work daily in our hospitals and communities. They form part of a comprehensive package that will allow us to deal more effectively with the immediate challenges that the system faces and, at the same time, support staff to respond to future demands.

In closing, I reiterate my heartfelt thanks to health and social care staff across the system for all that they do. Although I am the first to recognise that the system is not without its challenges, their efforts continue to make a real difference to the lives of people across Scotland every day, and this Government will continue to do everything that it can do to support them.

I move amendment S6M-16252.1, to leave out from “there is a continuing crisis” to end and insert:

“current high wait times mean that too many are waiting too long for treatment; thanks hardworking NHS and social care staff who provide extraordinary care across the

country; recognises that there are crises facing too many parts of the NHS; notes investment of over £11 billion in the NHS workforce and an estimated £950 million to ensure that adult social care workers, including those in the third and private sectors, are paid at least the real Living Wage; recognises that the biggest threat to the health and social care workforce comes from the UK Government’s decision to increase employer national insurance contributions, and demands that the UK Labour administration reimburse the Scottish Government in full; supports the calls for the publication of a medium-term approach to health and social care reform, including workforce planning, before the Parliament’s 2025 summer recess, and believes that the aim of the medium-term reforms must be to ensure that everyone can access the treatment and care that they require, in the right place, at the right time.”

**The Deputy Presiding Officer:** I call Sandesh Gulhane to speak to and move amendment S6M-16252.2.

15:18

**Sandesh Gulhane (Glasgow) (Con):** I refer members to my entry in the register of members’ interests, which states that I am a practising GP.

Today, I speak not only as a politician but as someone who has witnessed at first hand the consequences of years of SNP mismanagement in our health and social care sectors. There is groaning from members on the SNP back benches, but they should listen to this. The SNP has had 18 years to deliver on its promises to improve Scotland’s NHS and support Scotland’s health and social care workforce, and yet, here we are again, discussing the same problems, which have worsened due to its managed decline of services.

A decade and a half of neglect and a failure to act has left Scotland’s health service at breaking point. Under Neil Gray’s tenure as health secretary, our NHS has been allowed to slip further into a permanent crisis. Waiting lists have hit record highs, with one in six Scots now stuck waiting for care.

More than 9,000 patients have been left languishing on waiting lists for more than two years—two years, Deputy Presiding Officer. Those are not just statistics; they are our families, our friends, and our communities.

Patients are waiting at A and E departments. Recent figures revealed that around 40 per cent of A and E patients are not being seen within four hours—a target that the SNP has not met anywhere since July 2020. Meanwhile, Scotland has the lowest life expectancy in western Europe, and delayed discharges are at a record high, occupying 650,000 hospital days in 2023. That is the SNP’s legacy: unmet targets, broken promises, and a health service that is in decline.

Let us not forget cancer treatment waiting times, which is another area in which the SNP has failed

miserably. The target to start cancer treatment within 62 days of urgent referral has not been met in more than a decade. That is utterly unacceptable.

It is clear that one health secretary after another has failed Scotland, including the current office-holder, Neil Gray. The problems go far beyond his incompetence; they are systemic and the result of a Government that is more focused on excuses than solutions. When Neil Gray admitted that there was, effectively, nothing new in his most recent plan to prevent the NHS from winter collapse, he confirmed everything that we already know. He has no vision, shows no leadership and has no ideas. What is his role now if John Swinney must step in to clean up his mess? John Swinney's sudden involvement as interim health secretary speaks volumes about the SNP's lack of confidence in its health secretary, and his empty-rhetoric speech was heavy on spin. Our NHS staff and patients deserve a health secretary who is not sidelined by their own Government and distracted by personal scandals.

The blame does not end with Neil Gray. For 17 years, the SNP has failed to plan effectively for Scotland's health and social care workforce. Staff are the backbone of our NHS, yet they have been treated as an afterthought. Nurses, doctors and social care workers are burning out under the strain of staff shortages, increased demands and insufficient resources. Our healthcare workers have experienced moral injury. Dedicated professionals have worked in a system under the SNP that has treated staff as though they are expendable resources, rather than the essential lifeblood of our health service.

Social care remains in chaos, and patients are paying the price. Just look at the SNP's handling of its flagship policy, the national care service. We could see how flawed it was; so could the trade unions, the Convention of Scottish Local Authorities and other experts. However, the SNP pressed on regardless, led by an overmatched, though self-assured, minister for public health, and flushed £30 million down the drain—money that could have gone to the front line. That is what oblivious incompetence looks like.

As Matt McLaughlin of Unison put it, John Swinney's promises are little more than "reannouncements" of pledges that the SNP has already failed to deliver. Colin Pullman of the Royal College of Nursing described the state of Scotland's hospitals as "distressing", with staff forced to provide patient care in corridors and other inappropriate locations. Dr Iain Kennedy of the BMA warned that without urgent reform, the NHS might not survive another year.

We cannot afford more dithering from the SNP. The Audit Scotland report could not have been

clearer. There is no credible plan for NHS reform. Instead, the SNP continues to lurch from one crisis to the next, with no strategic vision and no leadership. The Government is failing both patients and staff.

The Scottish Conservatives are not here just to criticise; we are here to propose solutions. We have a policy paper, "Modern, Efficient, Local: A new contract between Scotland's NHS and the public", which sets out how we would implement a 10-year workforce plan that prioritises recruitment, retention and support for front-line staff. We would reinvest the funds wasted on the SNP's failed national care service into localised, effective social care. Mental health spending would reach 10 per cent of the NHS budget, ensuring support for the growing number of Scots who are struggling with mental health issues. We would hold Scottish Government ministers and NHS managers accountable for their failures and focus resources where they are needed most. We would also take decisive action to reduce waiting times by standardising best practice across Scotland's hospitals, introducing initiatives such as super Saturdays for elective surgery and making better use of off-peak scanning.

It is time for change. The SNP has had 18 years, and it has failed. Patients are suffering, staff are burned out, and our NHS is on life support. Neil Gray is not the answer; he is not the leader that Scotland's health service deserves. Today, we urge Neil Gray to do the right thing and resign as health secretary, and for Maree Todd, who said she was in charge of the failure of the flagship national care service, to be held accountable—although I will not be holding my breath that the SNP Government will do the right thing. The people of Scotland deserve better: better leadership, better care and a better future for our NHS.

I move amendment S6M-16252.2, to insert at end:

“; notes that the Scottish National Party administration has failed to deliver improvements to social care in Scotland, despite wasting nearly £30 million and years of civil servants' time on its failed National Care Service, and calls on Neil Gray to resign as Cabinet Secretary for Health and Social Care, following his disastrous tenure in office.”

**The Deputy Presiding Officer:** I call Gillian Mackay, who joins us remotely, to speak for around six minutes.

15:25

**Gillian Mackay (Central Scotland) (Green):** I will start by apologising to the chamber. My Surface has had a moment with Zoom over the past five minutes, so I currently have my phone propped up while I try to make this speech. I hope to get the issue fixed ahead of my closing speech.

I thank Labour for bringing this important debate to the chamber. I hope that, together, we can recognise the importance of our health and social care workforce. Despite the workforce's dedication, it continues often to face significant challenges that require not only urgent attention but concrete action. I hope that we can use this opportunity to highlight the key issues raised by those working on the front lines and to discuss the steps needed to ensure a sustainable and effective workforce for the future.

I will start by talking about mental health. I thank Scottish Action for Mental health for the support and briefing provided ahead of this afternoon's debate. We know that access to timely mental health support remains a serious concern in Scotland. The on-going lack of meeting the 18-week waiting time for NHS psychological therapies and child and adolescent mental health services points to a system that is struggling to meet demand. Although there has been a 69 per cent increase in the NHS psychological services workforce over the past decade, and a 128 per cent increase in the CAMHS workforce since 2006, demand continues to outstrip capacity. That is particularly evident in the lack of community-based mental health provision and the vacancies in some health boards, including in NHS Forth Valley in my region, which has a significant number of unfulfilled psychiatrist roles.

The Scottish Government's mental health and wellbeing workforce action plan sets out some priorities that are generally welcome, including a commitment to evidence-based workforce planning. However, SAMH points out that there are clear gaps that need to be addressed. The plan does not provide essential benchmarking or mapping, nor does it set out targets or an assessment of workforce needs. It also fails to fully recognise the third sector's vital role in delivering mental health treatment and support. SAMH poses the question to the Scottish Government whether it will conduct a needs assessment of the mental health workforce, including the third sector, to establish clear targets. In addition, we need to see the Government guaranteeing sustainable funding for third sector mental health providers, which are doing huge amounts of work.

In the 2021 programme for government, a commitment was made that, by 2026, every GP practice would have access to a mental health and wellbeing service, which would be backed by funding for 1,000 additional dedicated staff. That was to be supported with an annual investment of £40 million by 2024-25. However, it is disappointing that the commitment has been paused due to financial pressures. I hope that, with additional money coming from Westminster, we will see it restarted.

As at March 2023, 17 per cent of GP practices in Scotland reported having no access to mental health workers. The need for investment in primary care is clear, and we must ensure that people can access the mental health support that they require at the first point of contact.

The Royal College of General Practitioners has shared important information on GPs. The single most impactful outcome for primary care would be an increase in the number of general practitioners—and that needs to be measured by whole-time equivalent rather than by headcount.

Data shared by the royal college, which originated from the GP workforce survey, reveal that the number of WTE GPs has decreased, with a reduction of 0.7 per cent between 2023 and 2024. Since 2015, the WTE GP workforce has declined by 4.2 per cent, while the number of WTE medical and dental consultants has increased by 21.2 per cent. The divergence is particularly concerning as GPs carry out 90 per cent of NHS patient consultations on any given day.

It must be recognised that some progress has been made, and the royal college welcomes the Scottish Government's general practitioner recruitment and retention action plan. However, the royal college stresses that the plan must be adequately resourced and effectively implemented, as must other plans.

Workforce and workload data for Scotland's GP workforce remains poor.

The number of GP practices in Scotland has already decreased, reflecting a concerning trend towards fewer practices overall. Evidence consistently shows that countries with strong primary care systems have better health outcomes and lower rates of unnecessary hospitalisations. The RCGP has also welcomed the First Minister's recent speech on renewing the NHS, and his commitment to increasing the proportion of new NHS funding that is allocated to primary and community care. However, we need that to be progressed at pace.

The BMA highlights its on-going frustration with Scotland's workforce plans, which in its opinion have lacked the necessary detail and long-term solutions. It continues to call for a comprehensive plan that sets out the required number of doctors in both primary and secondary care, along with clear strategies to improve recruitment and retention at every stage.

Alcohol Focus Scotland is calling for urgent action, as many feel undervalued and at risk of burnout. The alcohol and drug workforce survey highlighted high workloads, large case loads and heavy performance-reporting burdens. Among respondents from statutory services, 63 per cent reported feeling under pressure most or all of the

time. Additionally, Audit Scotland has noted slow progress in implementing the Scottish Government's drugs and alcohol workforce action plan, particularly in workforce mapping and developing a competency framework.

Scotland's health and social care workforce is the very backbone of our country's wellbeing yet, across mental health, primary care, general practice, social care and addiction services, we see challenges, staff shortages, unsustainable workloads and a lack of long-term workforce planning. Reform and workforce planning need to happen at the same time, and we need to ensure that we have the workforce to sustain and improve services and produce the workforce plans that we need to realise ambitions on reform. Both have to be done at the same time; otherwise services will continue to struggle to meet demand.

I welcome the First Minister's renewed focus on supporting and strengthening the NHS. His commitment to increasing the share of new NHS funding that is directed to primary and community care is a step in the right direction. However, now is the time for the Scottish Government to deliver the solutions, investment and commitments that our workforce and the people whom they care for deserve.

15:32

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I am grateful to the Labour Party and Jackie Baillie for making time in the chamber for this important debate. As I am sure is the case for all members in the chamber, hardly a day goes by when I do not receive an email, phone call or visit to the constituency office from someone who has been waiting for months, often in pain, for a routine operation or procedure, weeks for an important diagnosis or days just to speak to someone on the phone at their GP surgery.

That is part of our day job, but it is also part of our daily and personal life. Before Christmas, my father had a significant health event in October. He went for scans, but it was three weeks before those were properly looked at, because no consultants were available to process his readings. He is in mortal danger and is still waiting for a procedure that will make him well.

I have lost count of how many such debates we have had over the past few years, yet the frighteningly long waiting lists just are not getting shorter, and patient experience is not getting better. Our NHS is on its knees—it is in dire straits—and we simply cannot continue merely to talk about how bad things have become; we need meaningful action to make things better, both for the patients who rely on our health service and for our hard-working doctors, nurses and support

staff, who are on the front lines and who, on a daily basis, are in increasingly difficult circumstances. None of this is their fault. In fact, they have to bear the brunt of it daily, and many are at breaking point. They are the first point of contact for frustration and for the patients who cannot be seen. That is laid bare by the large increase in absence due to mental ill health and staff burn-out.

At the heart of the debate are the on-going workforce issues, which have been well rehearsed already this afternoon, and in particular the SNP Government's failure to properly plan ahead through workforce planning. Members do not need to take my word for it. In response to the First Minister's speech on NHS recovery this week, the chair of BMA Scotland said:

"there is now an urgent need for a plan to deliver the kind of reforms that are required to make the Scottish NHS sustainable for generations to come."

He went on:

"we still lack the detail and comprehensive vision needed to make any plan a reality."

We still lack the vision. The Government has been in power for nearly two decades, and it has no vision as to how to make things right.

A BMA survey that ran just before Christmas was utterly damning. Of the respondents to that survey, 70 per cent said that they believed that the health service

"is operating on ... crisis mode all year round"

and not just in the winter months; 84 per cent did not think that

"the NHS is staffed adequately to cope with"

winter pressures; and 86 per cent

"had no ... confidence in the Scottish Government to put the NHS on a sustainable"

long-term

"footing."

The personal impact of that is huge—it is demonstrable. I know one person in Glasgow who worked as a midwife for 30 years and quit last year because of the utter mental and physical exhaustion and a chronic lack of safety on the ward as a result of inadequate staffing. That is happening again and again.

Last month, an investigation revealed that mothers and babies at the Simpson maternity unit in Edinburgh came to harm in part due to short staffing. In total, 17 safety concerns were flagged, and the toll that the situation has taken on staff has been evident in the form of a 200 per cent increase in absence rates due to sickness.

Across the NHS, we are seeing the same vicious cycle at play. We know from a survey that Unison Scotland conducted that stress and burn-out are also primary causes of sickness absence among social care staff. Again and again, survey respondents are saying that stress has been exacerbated by staff shortages and having to work long hours—it is the same story.

We have to start undoing the damage that has been caused by the Government's mismanagement of our health service for the entirety of its tenure. Liberal Democrats believe that we need to make a serious about-turn if we are finally to alleviate this crisis—the state of permacrisis that we are warned about every week—and take steps in the right direction. We need to retain existing staff by making working for our NHS less of an ordeal. We want Government to get to grips with recruitment—something that successive health secretaries have singularly failed at, both in our NHS and in the social care sector, which underpins the NHS in our communities.

We can no longer rely on agency staff to fill the gaps and to put out the fires. I am pleased that the Government is finally listening to the Lib Dems, who have been opposing the ill-fated national care service from day 1, and is no longer attempting its ministerial takeover of our social care sector. That will save hundreds of millions of pounds—there is no question about that—and that money is desperately needed to make care the profession of choice on the front line once again.

Everyone is entitled to fast access to their GP and to a wider range of skilled local healthcare staff, which should increase access to mental health support and physiotherapy. That is why my party has fought for, and won, extra funding for both social care and local healthcare in the coming budget.

Supporting primary care is one of the routes out of the crisis—there is no question about that. The Government must also finally listen to Liberal Democrat calls for a staff assembly that puts the lived experience and expertise of front-line staff at the forefront of designing a solution and a pathway forward.

I finish with this. Although I am glad that, this week, the First Minister finally admitted to the crisis that is engulfing our health service, I make it clear that the real change that our NHS needs and that its hard-working staff and patients who are waiting in pain need—indeed, the real change that Scotland needs—is a change of Government.

**The Deputy Presiding Officer:** We move to the open debate. For the avoidance of confusion, I note that Labour Party members have opted for more, but shorter, speeches.

15:38

**Carol Mochan (South Scotland) (Lab):** Broken promises, missed targets, poor delivery and lack of ambition—that is the truth of the SNP NHS. Ask any constituent—they all have a story about the dedication of NHS staff and the dismal failure of the SNP Government.

The SNP Government has fallen short on so many national commitments that it is simply too hard to keep track of all its failures. Today, I, along with many other Scots, feel what can only be described as frustration over the Government's inability to deliver many of its pledges and develop an NHS that is fit for our future and for our patients and staff.

The Government cannot argue with the facts. One in six Scots are on an NHS waiting list; more than 5 million bed days have been lost to delayed discharge in the past decade; and Scotland has the worst life expectancy rates across the UK, and one of the worst rates in western Europe—

**The Minister for Social Care, Mental Wellbeing and Sport (Maree Todd):** I want to correct the record, as it is important that we have a healthy debate and discuss the actual facts. I recognise that people are waiting too long, but it is factually inaccurate to suggest, as Carol Mochan suggested—and as Sandesh Gulhane did, too—that nearly one in six Scots are on NHS waiting lists. Public Health Scotland has had to correct that publicly, as it causes alarm among the public—

**The Deputy Presiding Officer:** Briefly.

**Maree Todd:** —and I ask the member to correct the record.

**The Deputy Presiding Officer:** I can give you the time back, Ms Mochan, but interventions will have to be briefer.

**Carol Mochan:** Thank you, Presiding Officer. In Scotland, 863,000 people are on waiting lists. Scotland has the worst life expectancy rates across the UK and the worst in western Europe. Under the SNP Government, inequality has widened and our national health service is crumbling. The minister has to accept those points.

Staff are forced to deal with rising demand without sufficient planning or action from the Government to help. It is not just MSPs in the chamber who are saying that; respected professional bodies, such as the royal colleges and others in the medical profession, are saying it, too. In its briefing for today's debate, the BMA says that there is no serious plan and that the Scottish Government is failing to provide a true picture of the stark reality of the challenges in recruiting and retaining senior doctors.



The latest Royal College of Nursing report, which has been mentioned, highlights the damning consequences of the lack of planning in relation to corridor care. It has become accepted in hospitals that that is how patients are cared for. Staff are caring for multiple patients in single corridors and are unable to access oxygen, cardiac monitors or other life-saving equipment. Nurses have reported feeling ashamed, demoralised and distraught that they cannot care for patients in the way in which they have been trained to do and in which patients deserve to be cared for. Frankly, it is shameful that things have got as bad as they have. It is undeniable that NHS staff and patients are bearing the brunt of the Government's failure—the Government's failure.

When the Government clearly lacks ambition and competence in workforce planning, how do we solve a workforce crisis that has cost the taxpayer more than £9 million in spending on temporary nurses, locum doctors and consultants? Scottish Labour has been telling the Government for years that ineffective planning has led hard-working staff to breaking point. Graduates cannot get jobs, and a lack of staff has meant that remote and rural communities continue to experience inequalities when accessing services. That is why the Parliament must support Scottish Labour's motion.

The Government needs to develop a 10-year health and social care workforce plan that meets the needs of the people of Scotland. The people of Scotland are crying out for a new direction, and they deserve a lot better than what the SNP Government is delivering. I hope that members will support our motion to move things forward.

15:42

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** In my view, four key determinants are affecting the pressures on, and the delivery of, health and social care in Scotland today.

Covid disrupted the delivery of health services for two years. It brought a direct impact through deferred diagnoses, increases in mental health issues and long Covid. Covid meant that cancer was diagnosed at a later and more critical stage; many health services were paused during lockdown, which had an impact on health inequalities; and mental health was impacted. Therefore, the delivery of health and social care today has been profoundly altered. The idea that Covid is done and dusted is for the birds. That page has not been turned.

Brexit, too, had and is having a long-term impact on recruitment and retention across the health and care sectors. That has been well documented.

The next issue is Scotland's demographics. With our population getting older, there are now more than a million people aged 65 or over in Scotland—20 per cent of the population. That is more than a quarter of a million higher than the number of people under 15. Pressures on the NHS and the care sector grow with ageing, as I know, as I am having to use NHS services more often.

The final issue relates to inflation, austerity and poverty. Inflation has an impact on energy, food and building costs, just for starters, and it has led to an increase in the number of people falling into poverty. Thankfully, the Scottish child payment—£26.70 for each child under 16 in a family that qualifies for certain benefits—is helping. For the coming winter, there is the £100 winter fuel payment for all pensioners who are not on pension credit. Getting rid of the two-child benefit cap will also help, because poverty, at whatever age, inevitably leads to both physical and mental ill health.

The Labour Secretary of State for Health and Social Care, Wes Streeting, admitted that, when it comes to NHS funding, Westminster is damaging Scotland's NHS because of the austerity that we have suffered for 14 years. That page has not been turned; Wes can add the impact of the hike in employer national insurance contributions, which will have an impact across the health and care sector. I know that there are GP practices that are not taking on GPs because of the national insurance hike.

Those are the four things that have affected health and social care in Scotland: Covid fallout, Brexit, demographics, and inflation and austerity.

Each and every member of our health and care workforce became a hero during Covid. The Scottish Government values them, and so do I. Scotland remains the only country in the UK to have successfully averted NHS strikes over pay, and the pay deals that were offered by the Scottish Government played a crucial role in retaining Scotland's NHS workforce, recognising their value and improving their wellbeing.

In September, unions voted unanimously to accept the pay uplift of 5.5 per cent for 2024-25. That is investment of more than £448 million and takes the total investment in pay over the past two years to over £1 billion. The Scottish Government puts its money where its mouth is.

Contrast that with Labour-run Wales, where, in January 2024, junior doctor strikes led to the cancellation of 6,500 outpatient appointments and 4,000 planned operations, which undoubtedly impacted on waiting times. That was dwarfed by the situation in England, where over 1.5 million medical appointments have been cancelled due to

strike action since March 2023, at an estimated cost of over £3 billion.

I began by stating that, since Covid, the delivery of healthcare has changed—sometimes for the better and sometimes not. Increasing demands have led to innovatory improvements such as hospital at home, which was piloted in the Scottish Borders—where £600,000, the bulk of the national funding pot for the programme, has been allocated. Hospital at home does what it says on the tin and is delivered depending on clinical suitability and—of course—on the consent of the patients, most of whom are elderly. Over 90 per cent of patients who opted for it thought that it was grand to be treated in their own home and, of course, it freed up much-needed beds.

Pharmacy first is another innovation, and it will be expanded where there is an appropriately-qualified pharmacist, which can allow community pharmacies to give people expert help for treating conditions like sore throats, earaches and cold sores. That will divert them away from GPs and A and E. Thirty-two per cent of the Scottish population used pharmacy first in the most recent 12 months that were reported on—April 2023 to March 2024. It is early days, but those are good signs.

On the downside, the pandemic exposed the inequalities across the care sector, despite the dedication of the care workers who delivered care above and beyond expectations, and often did not even go home. We need to tackle that inequality and I would rather that the national care service had been labelled “national care standards”, because the issue is about standards.

I find that the accessibility of some GP practices is not the best. It is not uncommon to be required to phone for an appointment between, say, 8 am and 10 am, and then to have a phone call from the GP rather than a face-to-face appointment. Of course, that is a matter for GP practices, which are, in the main, contracted to the NHS. It is not a matter for the NHS and it is not a matter for the Scottish Government; it is a matter for GP practices. I hope that, if we can shift the balance to pharmacies, opticians and other allied health professionals, more GPs will revert to the personal touch.

I welcome this debate, but let us not ignore context, whether that is the pandemic, Brexit, an ageing population, inflation eating into NHS budgets, the national insurance tax hike on GP practices and allied professionals, and increasing poverty. All of that matters and cannot just be ignored in this debate.

15:49

**Neil Bibby (West Scotland) (Lab):** I welcome the opportunity to speak in support of the motion in the name of Jackie Baillie, which calls on the Scottish Government to urgently bring forward a 10-year health and social care workforce plan. As Jackie Baillie said, we will not solve the crisis in our NHS if we do not solve the staffing crisis that is affecting patient care.

As Alex Cole-Hamilton and Carol Mochan said, we are reminded by our constituents every day of the impact that the crisis is having on them. Just this week, I was contacted by a concerned and terrified constituent who will have to wait three to four weeks just for results to be sent to their GP from an urgent X-ray appointment. Such situations induce even greater anxiety in patients. That is just one of the countless stories that I hear from my constituents day in, day out.

It is clear that despite the very best efforts of our staff, our NHS is in crisis, is inefficient and, on too many occasions, is failing to get the basics right for patients. One of those key basics is having enough beds. It is no wonder—although it is shocking—that people are being treated in corridors when the SNP has significantly reduced the number of beds over time. Compared with 2012, there are nearly 100 fewer beds at the Royal Alexandra hospital in Paisley, which is a reduction of nearly one in eight. The Vale of Leven hospital has had one in eight beds cut during that time, too. Over the past decade, more than 60 beds have been lost at Inverclyde royal hospital, which is a cut of almost one in six beds.

As we heard from Jackie Baillie, that process started while John Swinney was finance secretary, and now John Swinney as First Minister plans for a further 22 beds to be cut at the RAH in Paisley, with the proposed closure of ward 36 for older adults. That is despite the views of nearly 6,000 local people who signed a petition opposing the closure of that important ward. Serious concerns about the impact that that will have on patients and the pressure that it will put on the wider hospital have been raised and, so far, ignored.

There should be a full public consultation, but there has not been any, and the health board is pressing ahead with its controversial plans. Unison reps at the RAH tell me that they want to work in partnership, but not on the closure of that ward. The Scottish Government therefore needs to intervene. We heard from Jackie Baillie that the Cabinet Secretary for Health and Social Care and the First Minister had a meeting last week to discuss the NHS but, regrettably, did not invite Unison. Unison reps, who raised concerns about staff morale at the RAH, want to meet the cabinet secretary to discuss the need for a consultation and to keep ward 36 open.

I have said repeatedly that the cabinet secretary should attend sporting events when appropriate, but if he has time to attend football matches and intends to stay in post, surely he has time to take the ministerial car to the RAH in Paisley and meet representatives of the staff there who are working on the front line. If it helps, we can call it a boxing match. I look forward to hearing from the cabinet secretary whether he will take time to accept that invitation from NHS staff or duck it.

I have also spoken to workers at Inverclyde royal hospital, who are deeply concerned about the impact of staffing shortages there. The accident and emergency department does not have enough staff, particularly at night, and the overreliance on agency staff working in the accident and emergency department, who, through no fault of their own, are not familiar with working there, creates what the staff have warned is a dangerous situation. That sticking-plaster approach is simply not good enough. Although staff there have not seen instances of corridor care, they have seen instances of care in ambulance queues, which puts even more pressure on our Ambulance Service.

Like their counterparts at the RAH, staff at Inverclyde royal are working extremely hard in difficult circumstances. The reality is that the common denominator in such situations is SNP mismanagement. The NHS workforce, patients and our constituents deserve better. Our NHS needs a new direction and a proper workforce plan.

15:53

**Douglas Ross (Highlands and Islands) (Con):**

I welcome the fact that Labour has brought this debate to the chamber—it is important that we discuss the NHS and lengthy waiting times—just as I welcome the fact that the Scottish Conservatives used their debating time last week on education and rising violence in our schools.

It is telling that it is Opposition parties that bring those issues to the chamber. When Christine Grahame spoke about context, I thought that one context that she missed was one that we do not discuss enough—the SNP's record in government over the past 18 years. The reason why these debates always come from Opposition parties is because the SNP does not want to or cannot defend its record.

This is a vital issue. I know that we have statements and questions but, yet again, on the crucial issues for our constituents, it is Opposition parties that use their debating time to hold the Government to account.

**Neil Gray:** Does Douglas Ross recognise that we debated the investment that we are making in public services just yesterday?

**Douglas Ross:** The SNP loves to have those general debates, but this is a very specific debate about waiting times in our NHS and the crisis in our NHS and social care. The SNP likes general debates because it can pick and choose the bits that it can defend best. The SNP's record is on show here, and it does not make for pretty reading.

**Christine Grahame:** *[Made a request to intervene.]*

**Douglas Ross:** I would give way, but I have only six minutes.

Many members have spoken about individual constituency cases today, and I want to add to their number, because the shocking waiting times are simply that—they are shocking, they are unacceptable and they are indefensible. One issue that I wrote to the cabinet secretary about earlier this year—I got a response to it on Monday—concerns a constituent who came to speak to me about her referral from her GP to see a gynaecologist. She phoned up the department in NHS Grampian to get her appointment, and she was told the waiting time—I will come on to that. I got a lengthy, three-page letter from the cabinet secretary, which starts off with an apology. He accepts that things are not good enough. He finishes his letter by saying:

“I understand that she”—

my constituent—

“will naturally be concerned by the delay. However, please be assured that her treatment and care is the utmost priority for the Scottish Government ... I fully expect NHS Grampian to schedule your constituent's appointment as soon as possible.”

My constituent was told, following her GP referral, to see a gynaecologist, and the waiting time is two years and seven months. Is that really as quickly or as soon as possible? Does the cabinet secretary honestly believe that my constituent could read his letter and think that her treatment was of

“the utmost priority for the Scottish Government”

and for NHS Grampian if she has to wait for two years and seven months to see a gynaecologist?

I move on to another case that I have written about—and I have had a response, so far, from NHS Grampian. This is a constituent I met in Elgin who, by the stage that she spoke to me, had already suffered significantly. She struggles to sleep, because she has issues with sleep apnoea. She went to her GP, and she has been referred to the sleep apnoea clinic in Aberdeen. From the health board, we again get an apology. It accepts

that things are not good enough. She was referred by her GP on 2 June 2023, which is now well over 18 months ago. Her letter from NHS Grampian told her that

“The current waiting time”—

for what is a routine appointment—

“is over 5 years.”

People go to their GP, in Scotland, to be told that their issue means that they need to be seen by a specialist, only to wait 18 months and not know anything. They contact their representative and then find out what information that representative has got from the health board: a further five-year wait to be seen at that clinic. How can that happen? As I said, such cases are unacceptable and indefensible.

On the national care service, the Conservative amendment is right to examine the shambolic nature of the attempted passage of the National Care Service (Scotland) Bill through the Parliament. I was reminded about it earlier, and I have raised this point before, but it was in May 2023 that Maree Todd told the Health, Social Care and Sport Committee:

“it has been a little hard for me to get my head around”—  
[*Official Report, Health, Social Care and Sport Committee*, 9 May 2023; c 12.]

the issues of the national care service. Neil Gray is shaking his head, but that is what the minister said to the committee scrutinising the National Care Service (Scotland) Bill. Even the minister in charge of the bill was struggling to get her head around it, yet, £30 million later and a lot of money down the drain, the bill was finally dropped.

There were so many warning signs. If the Government had not been so determined to forge ahead with its views and had instead listened to Parliament, to COSLA and to others, we would have been in a better situation.

In the final minute of my speech, I must address a point on which I have tried to get answers. The cabinet secretary’s future revolves around trust. He needs to ensure that he has the trust of the Parliament and of health professionals outwith it, but he has still not been straight on the issue of what he knew about his misleading of the Parliament and his correction of the record.

Can the cabinet secretary now answer the question that John Swinney avoided last Thursday and that Jamie Hepburn avoided last Wednesday? When did Neil Gray know of the responses to the freedom of information request that showed that there were no minutes of the meetings—minutes that he said did exist? When was he made aware of that? That was the point when he became aware that he had misled Parliament. Would Neil

Gray like to set the record straight on that point today?

Mr Gray will not. He stares straight ahead. At some point, Mr Gray will have to answer those questions. I do not know why he will not take the opportunity today to set the record straight.

**The Deputy Presiding Officer (Annabelle Ewing):** I ask you to resume your seat, Mr Ross. Knowing the procedures of the Parliament very well, as you do, you will be aware that, while challenges to opinions and the accuracy of facts are perfectly in order, the chair will not tolerate an accusation that a fellow member has been deliberately untruthful or has knowingly misled the Parliament. I just put that out there; I hope that you were not intending to do either of those things.

**Douglas Ross:** I genuinely did not intend to do that. If I did so, I apologise. Neil Gray corrected the record, and the point that I was trying to make is that the question is whether he did so as soon as he became aware. He has chosen not to set the record straight in the chamber today. I think that he will have to at some point.

Patients deserve better, but all that they get from the SNP Government at the moment is deflection, dithering and denial. They need a health service that delivers for them day in, day out. Under the SNP for the past 18 years, it has not done so. It must and needs to get better.

16:00

**Bob Doris (Glasgow Maryhill and Springburn) (SNP):** I welcome this afternoon’s debate, which—once we have removed the raw politics that are clearly at play—is a hugely important debate about how we support Scotland’s health and social care sector to deliver for the communities that we all serve.

There is also—and I must only whisper it—probably broad agreement that, in addressing the significant pressures and challenges that clearly exist, we must ensure that an appropriately structured, skilled and resourced health and social care workforce sits at the heart of any solution.

The Labour motion speaks of the need to “urgently bring forward a 10-year health and social care workforce plan”.

If someone took that at face value, they might reply, “Absolutely, we should!” However, the Labour motion completely fails to acknowledge that much of the work that it is calling for is already well under way by our SNP Government.

In March 2022, the Scottish Government published a national health and social care workforce strategy. I had a look at it ahead of this afternoon’s debate. Although the strategy is very

detailed and thorough—with 71 short-term, 26 medium-term and 12 long-term action points—I noted that it would benefit from a clearer, more slimmed-down approach to summarising the strategy and from being focused on clear milestones for delivery.

However, there is some good stuff in the strategy. There are some good points with reference to acute oncology—we have heard about cancer in the chamber this afternoon. We have also heard about staff retention, and the strategy contains a health and social care career pathway endeavour. We have heard about ambulances and paramedics, and there are plans to recruit more paramedics. There is real, concrete stuff in the strategy—a strategy that already exists.

Given that the strategy was published in 2022, it might benefit from a refresh. I would therefore welcome details from the cabinet secretary as to how the strategy is monitored, how delivery is tracked and how it links into the Scottish Government's commitment, in its amendment, to

“the publication of a medium-term approach to health and social care reform”,

including workforce planning, before the Parliament's 2025 summer recess.

**Brian Whittle:** Will the member take an intervention?

**Bob Doris:** Apologies, but no.

I wholly agree with the strategy's aim to deliver reforms to ensure that everyone can access the treatment and care that they require in the right place, at the right time.

I am not sure why Labour would not acknowledge the strategy in its motion. The motion is fatally flawed from the outset, as it calls for a strategy that, well, um, already exists, and which has been built on by our SNP Government—crazy stuff.

Workforce strategies have to deliver results, and we all agree that this remains work in progress. However, the number of nurses increasing each and every year for the past decade and an additional 153 training posts for junior doctors in 2023—an extra 880 training places during the past decade—are two examples of where it is working.

There is much more to be done. I acknowledge that. It is not enough to train more clinicians; we need to retain them. I have no doubt that the 5.5 per cent NHS pay uplift for agenda for change healthcare staff—making them the best paid in the UK—will assist in that endeavour. That was an additional £448 million investment during the past year and an extra £1 billion during the past two years.

I ask the Scottish Government to say in its summing up whether Labour's tax grab on our public services with its national insurance raid might impact on how many more staff we can recruit in the future in Scotland's NHS and social care sector. Will Labour's national insurance grab mean more doctors, nurses and social care staff, or fewer? We need to know the answer to that.

The challenges faced by health and social care in Scotland are not unique to our nation. They are replicated across the UK and beyond. Before I make my next point, let me be clear that the rest of those challenges are the responsibility of no one other than us in Scotland. However, sometimes, perspective and context, which Christine Grahame talked about, are very important.

Recently, there were headlines in Labour-controlled Wales about Welsh hospitals' waiting lists being at record levels—again. At the turn of the year, the Welsh ambulance service declared a “critical incident” across Wales: 340 calls to 999 went unanswered for a long time, and more than half the ambulances in Wales were stacked up outside hospitals because the patients could not be transferred over.

I sincerely wish the Welsh Government every success in tackling those enduring, entrenched problems. I recognise the challenges that it is facing—we are also facing those challenges here in Scotland. To pretend that the pressures faced by the Scottish NHS and social care system are unique to Scotland or that they were solely created by the Scottish Government is—to use the word of one Labour speaker—delusional.

For many years, SNP Scotland and Labour Wales have been impacted hugely by Brexit, Covid and UK austerity. That is why, before Labour took power in the UK, the now UK Labour health secretary, Wes Streeting, was clear that, in relation to the NHS,

“All roads lead back to Westminster”.

However, when the Labour Party gets a whiff of power, and it gets into power in London, it forgets the reality of the matter and plays politics with Scotland's NHS and social care system. That is why I will vote against Labour's motion this evening, and why I will back this Government and this health secretary to turn our NHS and social care system into the one that we want to see for all the people of Scotland in future.

16:06

**Pauline McNeill (Glasgow) (Lab):** We have heard that the Scottish Government is going to overhaul NHS waiting times and improve access to GPs, but it has already been criticised widely for recycling old pledges. That announcement is an

admission that we cannot go on like this: it is the same old promises from a tired Government, with no detail. It is not a detailed plan for progress or reform.

We have heard other members talk about how, every day, patients are failed at every level of care, because the Government did not plan effectively for known challenges. In its 17 years in power, it has known about a lot of them. People now worry about the times when they might be ill and need acute care, an ambulance or a life-changing operation, because, all the time, in their own communities, they witness ambulances that cannot get patients into hospitals when they have rushed to get there.

Public confidence in our NHS is diminishing. It is not the fault of the dedicated workforce who have worked tirelessly in the hardest of circumstances.

**Alex Cole-Hamilton:** Pauline McNeill mentioned ambulances stacking up outside A and E, unable to discharge their patients. Does she recognise that that is not a deficiency of emergency care but a symptom of the interruption in flow caused by bed blocking as a result of there being no social care in our communities?

**Pauline McNeill:** I have no difficulty agreeing with Alex Cole-Hamilton's point.

It is unbelievable how many people who would never have dreamed of using private healthcare are now being forced to use their life savings to put their health first. However, many other people cannot do that. For basic operations such as hip operations and knee replacements, people are now anxious about calling their GP for a simple appointment. When people are ill, they have to go through the 8.30 phone queue and they have deep anxiety when the countdown starts.

That must change. Scottish Labour would openly say that it is something on which we will work with the Government, but it must change and there must be reform. Although support for the NHS remains unwaveringly high, satisfaction levels with NHS performance are at a record low.

GPs themselves are crying out for reform. They have asked the Government to help them to reform the system. They are willing to do more to broaden out the primary care services that are the cornerstone of our NHS. If they are given the power and resources to do it, they will. GPs are natural problem-solvers. A study in the *British Journal of General Practice* shows that GPs can reduce mortality by up to 30 per cent if people get to see their own GP regularly. That speaks for itself.

However, reform seems stagnant. There is really no excuse for not planning a decade ago for some of this. We might not have predicted a

pandemic—albeit that some people did—but we knew that there was an ageing population and a mental health crisis. The short-term and piecemeal approach to investment and workforce planning has meant that NHS Scotland has paid a heavy price, and it will take more than money to turn things around. In a fresh report, Audit Scotland has said that the Government has

“No clear plan”

for NHS reform, while

“commitments to reducing waiting times have not been met”

and

“the number of people remaining in hospital because their discharge has been delayed is the highest on record”.

I emphasise that point. The chairman of the BMA, Dr Iain Kennedy, said:

“At this stage, we still lack the detail and comprehensive vision needed to make any plan a reality.”

The Government needs to convince the general public not only that it has a plan but that people can have confidence in the detail of that plan and in the 800 GPs that it says that it will deliver to transfer the NHS that people love so dearly.

16:11

**Emma Harper (South Scotland) (SNP):** The SNP Scottish Government values Scotland's NHS workforce and is committed to investing in it. The staff in our NHS are the backbone of our nation's healthcare, and I thank every member of staff for all the care and support that they provide.

I remind members that I am still a registered nurse and am a former employee of NHS Dumfries and Galloway.

The challenges that Scotland's NHS faces are not unique. Labour's Secretary of State for Health and Social Care, Wes Streeting, admitted that, when it comes to NHS funding, Westminster is damaging Scotland's NHS because of the austerity that we have suffered for 14 years. He said:

“All roads lead back to Westminster”

and added:

“The NHS is in crisis and all decisions that are taken in Westminster don't just affect England—but Wales, Scotland and Northern Ireland.”

Scotland is not alone in facing challenges that relate to the NHS, but the SNP Scottish Government is committed to ensuring that our health service is not just the best in these islands but the best that it can be.

The Scottish Government is choosing to invest more than £21 billion in health and social care in

2025-26. That will be record funding to ensure that people have access to high-quality health, mental health and social care services, driving forward the vision of a Scotland in which people live longer, healthier lives.

The budget includes almost £200 million to reduce waiting lists and reduce delayed discharge—to ensure that, by March 2026, no one waits more than 12 months for a new outpatient appointment or day case treatment.

I took a note of what Douglas Ross said about sleep apnoea assessment. I am co-convenor of the cross-party group on lung health. We have taken lots of information about new AI technology that can be used to aid assessment, then diagnosis, more speedily. I look forward to hearing that NHS Grampian picks up that process, which is being trialled in Inverness and other areas, including Dumfries and Galloway.

In addition, £16.2 billion is allocated to front-line NHS boards to improve health in communities and to assess and deliver the most effective care for the people whom they serve. There is £2.2 billion for social care and integration, which exceeds our commitment to increasing funding by 25 per cent by more than £350 million.

**Finlay Carson (Galloway and West Dumfries) (Con):** Will Emma Harper take an intervention?

**Emma Harper:** No—I am sorry.

There is £1.3 billion for mental health services, which more than doubles direct investment since 2020-21.

There is an additional £139 million in capital spending power to progress the Belford hospital, Monklands hospital and Edinburgh eye pavilion projects. The SNP Government spent £200 million to build a new hospital in NHS Dumfries and Galloway: the Dumfries and Galloway royal infirmary.

There has been sustained record funding to address the public health challenges of drugs and alcohol, including the commitment to provide an additional £250 million over this parliamentary session.

Those commitments are welcome and they demonstrate how the Scottish Government is working to address the challenges in our health service.

The Scottish Government continues to address the challenges that are faced in our healthcare system, but it is constrained at every step by UK Governments of whatever colour. The impact of the UK Labour Government's increase in employer national insurance contributions is expected to be "catastrophic" for Scotland's social care sector. That change was brought about without any

understanding of how the care sector currently works, without any consultation with stakeholders and without modelling the impact of the change. Donald Macaskill, the chief executive of Scottish Care, has called it

"the straw that breaks the camel's back."

The Labour chancellor's national insurance hike, which other members have mentioned, could impact public services in Scotland to the tune of £700 million and is likely to cost the social care sector in Scotland more than £84 million. That issue is clearly more pressing than any discussion about the medium-term and long-term improvement of our social care system; it is an immediate threat to our social care system in Scotland. The UK Government must cover the cost in full—no ifs, no buts—if Scotland's healthcare sector is to survive that catastrophic decision by Labour. Just like the UK Government has done to our farmers, our social care sector is now being shafted, too.

The Labour motion makes reference to healthcare graduates not being employed in our NHS. That is simply not correct. The Scottish Government continues to support health boards to ensure that graduates can secure jobs in NHS roles and it works with boards to ensure that they are maximising the opportunities for newly qualified nurses to find employment. Under this Government, the number of qualified nurses and midwives has increased by 16.1 per cent, and the Government's nursing and midwifery task force is working collaboratively with stakeholders to develop actions that will build a sustainable, attractive and respected workforce.

The Scottish Government has increased Scotland's medical undergraduate intake from 848 in 2015-16 to 1,417 in 2023-24, which is a 67 per cent increase in the number of available medical school places at Scottish universities. Indeed, this SNP Government conceived of and implemented the Scottish graduate entry medicine programme—ScotGEM—to train the next generation of rural GPs, including across Dumfries and Galloway. I welcome updates regarding ScotGEM's progress.

**Finlay Carson:** Will Emma Harper take an intervention?

**The Deputy Presiding Officer:** The member is about to conclude.

**Emma Harper:** There is so much that could be said, but, in closing, I note that Labour members are again talking down our NHS and that their colleagues in Westminster are working to constrain it, while this Government continues to support our NHS to meet the demands of 2025.

16:17

**Tim Eagle (Highlands and Islands) (Con):** I remind members that my wife is a GP.

I congratulate Scottish Labour and Dame Jackie Baillie on holding this debate, and I associate myself with Jackie Baillie's comments that the staff are the backbone of our NHS and something that we should cherish. There is no doubt that we are experiencing a crisis in both our NHS and social care in Scotland, but that is not because Labour is talking them down—it is because the SNP has fundamentally failed to deliver what is required. For example, we are increasingly hearing that corridor care has been normalised. A Scottish nurse who is quoted in the recent RCN report noted:

"Department with capacity for 13 beds, we had 40 in, with patients on chairs having treatments administered, also sitting in the waiting room on cardiac monitors, using privacy screens to put around patients to use the bedpan."

We have also heard the BMA warning that the NHS will struggle to make it through another year without urgent reforms. Dr Iain Kennedy, who is the Scotland chairman, said:

"Doctors have heard a lot of warm words recently from the first minister ... but words must be matched with a clear vision, a timetable for reform and action. The NHS as we know it will struggle to see out another year."

I want to pause and repeat that statement:

"The NHS as we know it will struggle to see out another year."

It is arguably our greatest institution and is a source of national pride, yet, for too long, both staff and patients have been let down.

What are the SNP's priorities at this time? It has a cabinet secretary who is engulfed in a scandal that is, maybe dangerously, distracting him and his office as well as the office of the First Minister, who is repeatedly having to come to the chamber to defend him. The SNP Government is also distracted by the disaster that is its National Care Service (Scotland) Bill. The SNP ignored the warnings of a raft of experts, including trade unions and local authorities, who argued from the outset that the NCS bill was fatally flawed. It has wasted £30 million, with repeated delays and redrafts, only to scrap the flagship part of it. That £30 million could have been spent on investment in remote and rural healthcare, especially in my Highlands and Islands region, where we are still waiting for the new Belford hospital in Fort William, upgrades to Dr Gray's hospital in Moray, and the replacement hospital on Barra.

I speak to a lot of medical staff, and I also speak as someone who, for many years during my time as a councillor, sat scratching my head on the local integration joint board as we were asked to shut community hospitals despite having no plan

for the patients who went into them, which meant that more patients ended up in community hospitals much further away—a long way from friends and family. Managers would tell us that we should move to care in the community, but with little in the way of plans to deliver that.

I have seen health boards shut minor injuries units, de-skilling local staff and adding to pressures on ambulances and A and E departments. That approach has led to more and more pressure being put on primary care. Yesterday, I was shocked when Christine Grahame—who has, sadly, left the chamber—stood up in the debate on public services and told me that the reason why we cannot get through to our GPs on the phone is that they are private practices. That is not the reason. The reason why we struggle to get through to GP practices is, as I think Pauline McNeill pointed out, that the failures of secondary care are putting ginormous pressure on them, meaning that more people are phoning and more people need appointments. Let us not blame GPs for the SNP's crisis in the NHS.

My new boss, Russell Findlay, talks a lot about common sense, and I am with him on that. I often wonder whether we overcomplicate things. Why can this Government not recognise the value of primary care and allow the profession to restructure itself? If we want more community care, it makes sense that GPs will be a big part of that. Money has to flow between secondary and primary care much more freely. Why can this Government not change its attitude to the caring professions more quickly? Why can it not pay more, create a better job structure and provide benefits in recognition of the fact that those professionals play one of the most important roles in our society?

Why can this Government not do more to put money into preventative health plans such as Planet Youth in Scotland? If members do not know what that is, I urge them to look it up, because I am convinced that it is a model that we can use to solve Scotland's alcohol and drug problem in young people by getting behind sport and recreation.

We all need to be more open about obesity and food and how we educate people, young to old; we need to be better with mental health prevention and support; and I cannot shout enough about putting more and better incentives in place to encourage a strong rural workforce and accepting that rural healthcare simply costs more. We also need to widely encourage large urban centres to do more research and to invest in pioneering medical technology, which I am sure that my colleague Brian Whittle will talk about later. Some might say that we should have a modern, efficient and local health service that works for all, which



just happens to be the title of the Scottish Conservative plan for the NHS, as Dr Gulhane mentioned earlier.

Everyone can see that the SNP has run out of road and out of ideas. Matt McLaughlin, Unison co-lead for health, criticised John Swinney's recent health speech as being full of re-announcements of previous pledges. He said that Swinney

"completely missed the key issue, which was how do we improve social care to make sure that the delayed discharge problem is tackled once and for all."

Today, the Scottish Conservatives are calling on Neil Gray to resign but, in many ways, I feel for him. He has spent a year in a job that was always going to be a poisoned chalice, under a tired and failing Government. Our NHS, our NHS staff and our communities all deserve better.

16:23

**Rhoda Grant (Highlands and Islands) (Lab):**

This Government continues to design and deliver services with urban areas in mind. The way in which training is delivered does not work for those who live in rural Scotland. It forces them from their communities to access training, which means that we are ignoring a potential workforce, and we know that those who leave to access training very seldom return.

In the Highlands and Islands, we have high levels of consultant vacancies—per 100,000 people, NHS Western Isles has 41 vacancies, NHS Shetland has 37 and NHS Highland has 30—and that mismanagement leads to eye-watering locum costs.

It is difficult to attract staff to rural areas because the training does not equip trainees with the skills that they need for rural practice. Training is based on superspecialism and working in teams that see a conveyor belt of patients, whereas people in rural practice need different skills, such as self-reliance and a breadth of knowledge. Depth of knowledge is valued more highly in pay and status, and breadth of knowledge is not recognised. That is true not only of consultants but in all other health careers. To be frank, I am not sure that that approach works for anyone, because diagnosis can take much longer under the system that we are pursuing.

Superspecialism also leads to centralisation, because a specialist needs a huge cohort of patients with very specific conditions in order to keep their skills honed. Patients need to travel, which comes at a huge personal and financial cost.

Social care is also suffering from staff shortages. Between March 2022 and April 2024, five independent sector care homes closed in

Highland. During that period, the public sector acquired a care home that was in administration in order to prevent its closure and a further loss of bed provision. That meant that, at the end of April 2022, in-house and external social care services in Highland were able to provide 14,497 hours of care between them each week. By the end of February 2024, that had reduced to 13,423 hours, which represents a decrease of 1,074 hours in just two years even though demand has actually increased. That is placing pressure on hard-working staff, who are leaving for better-paid jobs that lead to less burn-out.

At the same time, people who experience delayed discharge in NHS Highland are delayed by an average of 88 days. One patient experienced a delay of four years and 147 days. Such cases are heartbreaking for the people who are involved. What hope is there for frailty teams where there is no alternative to hospital?

When it comes to attracting staff, there are complex issues to consider, such as housing, facilities and services. I have spoken to those in the chamber again and again—and, sadly, I will no doubt return to them—but I will not go into them today.

Previous solutions have had very little impact. What has been the impact of the national centre for remote and rural health and care? What are the outcomes? What has it done? I also note that ScotGEM has provided only two GPs since 2016. I feel that those projects are diversions to take attention away from failures and that they do nothing. We know that urban healthcare is in crisis, but rural healthcare is always lagging behind. We need both of them to improve and we need a degree of equality in service provision throughout Scotland.

16:27

**Gordon MacDonald (Edinburgh Pentlands) (SNP):** I remind members that my wife is an NHS nurse.

Our NHS staff are fed up with the health service being used as a political football, and with the constant negativity from the opposition parties and their friends in the mainstream media, who continue to undermine patient and staff confidence in our NHS. It may be that that is what this debate is all about: that will come as no comfort to staff or patients.

There are challenges in our NHS, but let us put them into context, because all NHS trusts and health boards across the UK face challenges. NHS England has 7.5 million people on waiting lists and, in October, NHS Wales hit a record number of 800,000 people on waiting lists. So

much for Labour having all of the answers—it cannae implement them in Wales.

In May 2007, the SNP came to power and was immediately met with the global financial crisis, as global banks collapsed and UK Government debt soared under Labour, which ushered in 14 years of Tory austerity. Cuts to public spending and welfare exacerbated inequality and increased levels of poverty and ill health which, in turn, put more pressure on NHS finances and waiting times.

In 2016, Tory Brexit happened, which brought uncertainty in our relationship with the European Union. Changes to immigration patterns created labour shortages, especially in our health and care sectors: Home Office stats highlight that there has been an 83 per cent drop in health and social care visa applications.

If that was not enough, we then had the Covid-19 pandemic in 2020 and 2021, which led to lockdowns, NHS staff falling ill and wards closing in order to stop infection spreading. The result was more delays and increased waiting times.

The inflation and cost of living crisis, which started in 2021 and continues to the present day, and which was caused chiefly by substantial energy price increases, has impacted the NHS budget. There is also the Labour job tax of around £140 million for the NHS, which is still to come, from April.

Those difficulties continue to this day, but it is more important to ask what the SNP has achieved against the backdrop of economic crisis that has been caused by Westminster mismanagement. First, it has doubled the NHS budget, from £9 billion in 2006-07 to £19 billion this year, with an additional £2 billion in the provisional budget for next year. We should compare that to Rachel Reeves's decision last August to inform the Department of Health and Social Care in England that it had to find around £1.3 billion of savings in advance of the budget.

NHS Scotland's staffing levels have benefited from a long-term trend of workforce investment and growth. Since the SNP took office, there are 31,300 more doctors, nurses and other staff working in Scotland's NHS, which is an increase of nearly 25 per cent since 2006.

Qualified nurses on band 5 have a higher salary than those south of the border do, and nurses do not incur tuition fees when they are training and do not pay hospital parking fees. That is why the Scottish Government has been able to increase student nursing numbers every year for the past decade.

There has been capital investment in new hospitals, including the Royal hospital for children

and young people in Edinburgh and the Queen Elizabeth university hospital in Glasgow, which is the biggest hospital in the UK, with 1,667 hospital beds.

**Alex Cole-Hamilton:** Will the member take an intervention?

**Gordon MacDonald:** No.

In my Edinburgh Pentlands constituency we have seen, since 2011, investment in primary care, with new doctor surgeries in Colinton Mains, Ratho and Wester Hailes. People in Edinburgh also welcome the fact that the proposed budget includes funding to progress the replacement for the Edinburgh eye pavilion.

On NHS waiting times, an Office for National Statistics survey that covered the UK asked:

“Are you currently waiting for a hospital appointment, test, or to start receiving medical treatment through the NHS?”

In Wales, 29 per cent of people were on a waiting list. In England the percentage was 25 per cent, but in Scotland it was 22 per cent—the lowest in the UK.

Compared with 2019, more people are being seen within the CAMHS waiting time target, in psychological therapies more are being helped with drug and alcohol dependencies, and more people are being seen within the cancer diagnosis and starting treatment targets.

In accident and emergency departments, no healthcare service anywhere in the UK has hit the four-hour waiting time target; however, the ONS analysis confirmed that NHS Scotland has had the best performing A and E services in Britain for well over a decade. That is backed up by NHS Scotland, which highlighted that in the year to September 2024 more than 1 million patients were seen within the four-hour target.

**Pam Duncan-Glancy (Glasgow) (Lab):** Will the member take an intervention?

**The Deputy Presiding Officer:** The member is about to conclude.

**Gordon MacDonald:** Let us take stock of where we are in Scotland's NHS. We have record health spending, the best-paid NHS staff in the UK, the highest number of qualified nurses and midwives in the UK, the highest number of GPs in the UK and the best A and E services.

Ninety-five per cent of people are registered for NHS dental care, which is the highest percentage in the UK. We have free prescriptions, 96 per cent of all hospital discharges happen without delay and hospital at home services have been expanded, thereby ensuring that older Scots get the care that they need at home.

Yes, there are challenges, but there has been progress. Under the SNP, there is a healthcare system that is more resilient, more compassionate and more determined than ever to serve the people of Scotland.

16:34

**Monica Lennon (Central Scotland) (Lab):** I do not believe that any member of the Parliament has taken part in the debate to talk down the NHS—not at all. No one is denying that healthcare services beyond Scotland's borders face challenges of their own. However, this is the Scottish Parliament. Our constituents sent us here to improve their lives and to make good decisions about their public services.

It is evident from members' speeches that we all care deeply about the NHS and about social care. Scottish Labour will always champion our health and social care workforce—that is why we secured this debate. We MSPs are not unique, but through our advice surgeries and casework, we know more than most people do about the challenges, pressures, delays and barriers that people experience, and about what it is like for people who are trying to access care and for their families and the workforce. We heard from Alex Cole-Hamilton the poignant example of his father, who has had a health scare and is anxiously waiting for results. Sadly, it is the case that all of us have such cases in our casework.

Let us not sugar coat what is going on. There is a lot to celebrate in the NHS, and Gordon MacDonald gave us a good reminder of that. However, if we come to the chamber only to help out the Government front bench and to pretend that everything is okay, we do a disservice to our constituents, who are scared and who have, sadly, seen their loved ones die because they waited for an ambulance that did not come, or because they had to be parked in a corridor or cared for in a cupboard. That is the reality.

It is not a word that I use lightly, but the term that comes to mind is “permacrisis”. It is not winter pressure or a seasonal issue. It is the new normal for our NHS and for social care, but it does not need to be like that. To colleagues who want to spend their time describing waiting times and the performance of other health trusts and other Governments, I say that they should think about their own constituents and the reality that they experience. They are the people whom we have to get this right for.

Scottish Labour has come to the chamber today with solutions. We have, rightly, proposed a 10-year workforce plan, because the SNP has failed to act in the long-term interests of the NHS and social care for too long. I see that in NHS

Lanarkshire, NHS Forth Valley and NHS Greater Glasgow and Clyde—the health boards that I deal with day to day—and people have had enough.

In NHS Lanarkshire, almost 79,000 nursing and midwifery days were lost to mental ill health. That shows the number of staff who are burned out. They are at breaking point.

What about safe staffing levels? Apparently, we have legislation on that. When is it going to make a difference? The NHS in Scotland has spent at least £900 million on agency nursing staff and locum doctors since 2019. The NHS is haemorrhaging money because of the SNP's failure to recruit and retain staff.

In my final seconds, I will say a brief word about mental health and the children who are being let down. Not once has the Government met its CAMHS targets of 90 per cent of referrals being seen within 18 weeks. My constituent Karen McKeown from Bellshill lost her partner to suicide. That has affected her life and the lives of her children. She fights for reform and has a petition lodged in Parliament. I ask the Scottish Government when it will get real and respond to Karen McKeown and the many others like her who have had their lives destroyed because it is failing to listen and to act in the long-term interests of this country.

**The Deputy Presiding Officer:** George Adam will be the last speaker in the open debate.

16:38

**George Adam (Paisley) (SNP):** When I come to a debate on a topic such as this, I have an idea of how it will go and have initial thoughts on what I will say. However, if I speak near the end of the debate, I tend to change things, as the debate will have moved on.

One thing that has never changed, though, is my appreciation of the work that those in the health and social care sectors do. They do a fantastic job and are very much appreciated by me and my constituents, even though, as everyone acknowledges, they work in very challenging circumstances and environments.

There is always negative talk. I have had complex constituency cases in which we have had to work through the NHS and deal with some of the issues. However, I will give the example of my wife's 86-year-old dad. Stacey's dad was not feeling great over Christmas and ended up in the Royal Alexandra hospital with flu, along with a stack of other individuals of a similar age. There was an issue with the numbers—they were challenging—but staff managed to deal with him and everyone else who was on the ward.

When we have such debates, we sometimes need to balance things up and say that those who are working in health are delivering for our constituents. One circle that I find difficult to square is that, although we heard from the Conservative Party about how important the debate is, and Douglas Ross went as far as saying that it should have been in Government time, during two members' speeches in the open debate—Pauline McNeill's and Emma Harper's—there was nobody on the Conservative front bench. For me, that sums up the Conservative Party. Conservative members are here for their soundbite and for a wee bit of argy-bargy, and then they go—they do not care about the rest of the debate.

We need to use this opportunity to set out the true state of Scotland's NHS and social care workforce. Quite frankly, Labour's motion is a masterclass in political amnesia. Labour claims to support our NHS, yet it fails to acknowledge its complicity in austerity. Labour's Westminster front bench has already signalled its intent to stick with Tory spending plans, which will starve our public services of much-needed funding. Now, here in Scotland, Labour members stand before us pretending that they have all the answers.

Before the Labour Party was in government, Wes Streeting said that

"All roads lead ... to Westminster",

and that

"The NHS is in crisis and all decisions that are taken in Westminster don't just affect England—but Wales, Scotland and Northern Ireland."

He also mentioned that the NHS suffered over the 14-year period when the Tories were in government. However, when Labour got into government, the approach seemed to change, as many things have changed.

The SNP Government has been funding our NHS, with funding more than doubling. The Government is investing more than £21 billion in health and social care in 2025-26, which will ensure that Scotland's health service remains the best resourced in the UK. Staffing levels are at a record high, with more than 31,300 additional doctors, nurses and other professionals since 2006, which is a 24.6 per cent increase.

Crucially, Scotland remains the only part of the UK to have successfully averted NHS strikes. Unlike in Labour-run Wales, where junior doctors were forced on to the picket lines, here in Scotland, we delivered a record pay deal to make our junior doctors the best paid in the UK. That stability has protected patients from the chaos that we have seen down south, where more than 1.5 million appointments have been cancelled because of the strike action in NHS England.

Labour wants to lecture us about workforce planning, but we already have a national health and social care workforce strategy. Just last November, we announced an additional 153 training posts for junior doctors, which brings the total number of extra training places since 2014 to 880. The Scottish Government has also increased nursing student numbers every year for the past decade. The Scottish Government is taking a comprehensive approach to ensure that workforce shortages are addressed in the short term and the long term.

Labour's motion is not just misleading; it is complete hypocrisy, but let us take a look at the Tory amendment, which is even worse. The party that gave us breakfast—breakfast? I mean Brexit. They don't give you nothing, Presiding Officer—you get nothing from the Tories.

The party that gave us Brexit and slashed migration routes for health and care workers now wants to talk about workforce shortages. The Home Office immigration policies have been catastrophic, with an 83 per cent drop in visa applications from health and care workers last year alone. That is not an accident; it is a deliberate choice by the Tories, and it is having a devastating effect on Scotland's social care sector.

Unlike the Conservatives, we recognise the importance of international recruitment, but we also recognise the need to support our home-grown workforce. That is why, in this budget, the Scottish Government is delivering minimum pay for adult social care workers in the third, private and independent sectors, with a 5 per cent increase on top of a 10.1 per cent uplift in 2024-25. That is real action to make social care a more attractive and sustainable career.

Speaking of funding, let us not forget the Labour UK Government's catastrophic national insurance hike, which is a tax raid on Scotland's public services that will cost our social care sector more than £84 million. The chief executive officer of Scottish Care has described it as

"the straw that breaks the camel's back."

Labour's choices at Westminster will rip resources out of front-line services in Scotland, yet Labour members have the audacity to come here and tell us that it is the party of the NHS.

The Tories are calling for the resignation of Neil Gray, but let us be honest—that is nothing more than political grandstanding from a party that has utterly failed on health policy. Neil Gray has been working tirelessly to improve our NHS and social care—

**The Deputy Presiding Officer:** Mr Adam, you will need to conclude.

**George Adam:** —and investing billions in support. In closing—

**The Deputy Presiding Officer:** No.

**George Adam:** —the people of Scotland—

**The Deputy Presiding Officer:** Please just conclude.

**George Adam:** —want to hear more; they want to see what we have to do—

**The Deputy Presiding Officer:** Thank you.

**George Adam:** —and the Scottish Government has that—

**The Deputy Presiding Officer:** Thank you very much.

We move to closing speeches. I advise members that there are about 10 or 20 seconds in hand time-wise, which is obviously not very much.

16:45

**Gillian Mackay:** Many colleagues on all sides of the chamber have made robust contributions to the debate, and the discussion has made it clear that, while there is widespread recognition of the dedication and resilience of those in our health and social care workforce, there is also deep concern about the challenges that they continue to face.

Many Labour members have mentioned a lack of workforce planning, and that is a fair challenge to Government. However, we need multiple workforce plans that address variety and gaps not only across specialties and across some hospitals in the same health boards but across the country. We need a GP workforce plan in the Highlands that is different from what we need in the central belt. If some hospitals are struggling in particular specialties, we need to investigate why. We cannot pretend that we have solved all the issues of poor culture in different bits of the NHS, and we cannot take our eye off that.

One of the most important things that we can do to help NHS workers is give them the tools to be able to work more efficiently and to deliver care in the most accessible place. For example, wait times for treatment in secondary care are far too long, and some people could be helped to stay well for longer before invasive treatment is needed if they were managed properly in the community. However, that would involve more money going to primary care, both to increase the overall GP head count and to enable the diversification of the multidisciplinary team. Utilising technology has to be part of the offer in primary care. It is also well beyond the time when we should be seeing electronic prescribing being used across the NHS. Having GPs signing prescriptions for hours is not a

good use of their time, and I assume—I am sure that Dr Gulhane will correct me if I am wrong—that GPs do not enjoy the task either.

We could also take some of the burden off GPs by using the pharmacy first service to its fullest extent. I was grateful—as I am sure that other members were—earlier in the month to have time to speak to the Royal Pharmaceutical Society about how it would like pharmacy first to progress. Having all new pharmacists who graduate being prescribers is fantastic, but there is currently too much risk for pharmacists to be able to fully realise the ambitions of pharmacy first. I had first-hand experience of that a few weeks ago. Because of horrendous travel sickness and being unable to take normal travel sickness tablets, I needed anti-nausea medicine. However, because the pharmacist could not see my notes, and in particular my maternity notes, they did not feel that they could recommend anything, let alone prescribe it. That meant that I had to take up a 15-minute appointment with my GP.

I would be grateful if the cabinet secretary or others looked into whether they are willing to ensure that pharmacists have enough information to be able to prescribe with confidence and provide that further avenue for quick and effective treatment.

**Alex Cole-Hamilton:** Will the member give way?

**Neil Gray:** Will the member give way?

**Gillian Mackay:** I will take the intervention from the cabinet secretary.

**Neil Gray:** I recognise the situation to which Gillian Mackay referred. We are seeking to provide more information, and the emergency care summary that was provided through the Covid period was standardised and formalised from October 2023, but there is more work for us to do. I would be happy to sit down with Gillian Mackay and with the chief pharmaceutical officer to look at what more we can do, because I recognise that we can improve in that area.

**Gillian Mackay:** I thank the cabinet secretary for that, and I look forward to meeting him to discuss that point.

I also welcome the development of an app for the NHS. We could save so much time in out-patient clinics by ensuring that an app can add in remote monitoring of patients. I had the pleasure of meeting Kidney Research UK, which has lauded the use of the NHS app in other parts of the UK in enabling remote monitoring of those with kidney conditions, so that people are asked to come to hospital only if there is something of concern. That works by allowing patients to put

kidney values into the app, which the consultant then reviews and takes action on if necessary.

The freedom for those patients in managing their own conditions is immense—there are fewer trips to the hospital, which means less time out of work, school or daily life. For consultants, it means that there is less of a need for constant out-patient review appointments for people who are otherwise managing a condition well, which frees up urgent appointments for those with concerning symptoms or concerns. That is only one example of where an app would be revolutionary.

I will touch briefly on mental health for children and young people and on another way in which I hope that the Government may look into supporting good mental health. Earlier in this parliamentary session, I visited Larbert high school to chat about the work that school nurses were doing across Falkirk to support young people. Not only were they helping young people to navigate exam stress and relationship issues but they were offering support for those having a period of poor mental health when a CAMHS referral was not appropriate or had not yet been provided. The nurses were trusted by the young people and, for some, were the preferred first line of contact with health services. However, in many areas, the number of school nurses is declining, even though they can support health and wellbeing in schools and provide support and guidance to staff and pupils alike.

NHS staff have to be a priority. During the pandemic, we all made pledges and commitments to make the working lives of nurses and other clinical staff better. Some work has been done, but it has never been more critical to do so much more. Some of that involves ensuring that there are enough staff so that burn-out is not the reality, but it is also about ensuring that the conditions in hospitals support people's needs.

Multiple colleagues have raised the issue of waiting times. No one should have to wait the length of time that we have heard about today. However, I cannot imagine being a staff member in a health board listening to this debate, because every clinician I know wants to see people as quickly as possible. It is the structure that is failing, not our hard-working clinicians, which is why I strongly believe that the reform of services is as important as workforce planning.

Although I appreciate the strength of feeling behind the Labour motion, I worry that providing a 10-year workforce strategy before the summer recess might not balance the need for a workforce plan with the need for reform and consideration of the nuances of regional disparity. However, the sentiments relating to the urgent need for workforce planning and work to support staff are absolutely not lost on me.

As I did yesterday, I encourage Labour members to speak to their colleagues at Westminster. Labour members could remove one of the biggest pressures on public services by fully funding the increase in national insurance contributions. I also hope that they will break with Wes Streeting's increased cosiness with the private sector. I would like our reliance on the private sector to be reduced in Scotland, particularly—

**The Deputy Presiding Officer:** Ms Mackay, you need to close.

**Gillian Mackay:** —which is costing us huge amounts of money. We need to do more on workforce planning to ensure that we do not exacerbate an already—

**The Deputy Presiding Officer:** Ms Mackay, you need to close. We have no time in hand.

16:51

**Brian Whittle (South Scotland) (Con):** I declare an interest in that I have a daughter who is a medic in the Scottish NHS.

In closing the debate on behalf of the Conservatives, I thank the Labour Party for securing time in the chamber to debate what is, in my opinion, the most important issue that Scotland faces: the health of the nation. The issue speaks to productivity and it speaks to economic inactivity due to ill health—apparently, economic inactivity is higher in Scotland than it is in the rest of the United Kingdom. It also speaks to declining life expectancy as well as an extremely low healthy life expectancy in Scotland.

The debate has highlighted all that is wrong with the SNP's approach to health. Jackie Baillie opened the debate with a very powerful line about healthcare professionals

“firefighting in a broken system”.

How true is that? Tim Eagle talked about corridor care now being normal. Public Health Scotland has highlighted that one in six Scots is now on a waiting list.

Sandesh Gulhane talked about delayed discharge being at record levels, despite the SNP's promise not that long ago to eradicate it. If 20 per cent of step-up, step-down beds are taken out of care homes, why are we surprised that, at the other end of the equation, people cannot find places in communities in order to tackle delayed discharge? I remind members that looking after somebody in the most appropriate place for them—a care home—costs £900 a week, whereas keeping them in a hospital bed costs £1,900 a week, so what is happening does not even make financial sense.

In a very powerful speech, Douglas Ross starkly highlighted real cases involving real constituents. In these debates, during the political back and forth, we sometimes forget that real people are being affected.

Some of us sat in the chamber seven years ago when the then health secretary, Jeane Freeman, announced that she would provide 800 extra GP places within the next 10 years, despite the fact that the shortage was 864. However, one of the things that she did not take into account was that some doctors would retire during that time. If we fast forward to now, seven years into that 10-year period, we see that there are fewer full-time equivalent GPs than there were then. I say that because I listened to Bob Doris, Neil Gray and George Adam extolling the Government's training of new GPs. It is about results. There are fewer full-time equivalent GPs than there were seven years ago, when the policy was introduced.

The First Minister said that preventing ill health

"is also about doing all we can to live healthier, more active lives."

Given that the healthy life expectancy for those in the most deprived areas of Scotland is 46 years for men and 47 years for women, I wholeheartedly agree with what the First Minister had to say. However, we are still the unhealthiest nation in Europe, and I have been saying that since I was elected. The dial has not moved—a healthy life expectancy of 46 is an absolute disgrace in a modern, wealthy country such as Scotland.

We have a health service that is dedicated to the treatment of ill health, but all the while decisions that have been made by the Scottish Government in health and other portfolio areas have been reducing Scotland's ability to prevent ill health, heaping ever more pressure on NHS staff.

Mental health has been spoken about several times in this debate, so I will use that as an example. Mental health in Scotland is in crisis. SAMH extols the virtues of physical activity and the prevention and treatment of mental illness—remember that it sponsors jogscotland. The Mental Health Foundation published a report called "Food for thought," which highlighted the importance of diet in good mental health.

Members can then look at the outcomes of Scottish Government policy, which include cutting council budgets year after year. That means that councils have to close activity facilities, shut school facilities at the end of the school day, reduce investment in free school meals and cut funding to hugely important community mental health projects.

That may save the council budget, but it just increases the pressure on the health budget.

Inevitably, with fewer and fewer outlets for those who are suffering from mental health issues and in desperate need—especially those who initially have low levels of mental illness and who could be prevented from developing more acute mental health problems—the GP surgery and A and E become catch-all services, and the pressure mounts on healthcare professionals.

Could SAMH and the Mental Health Foundation be on to something? I have been telling that story since I entered this place, and I have discussed it with many health secretaries. All of them tend to agree with me, yet the issues are far worse than they have ever been. Decisions that are taken in all portfolios affect others, especially health.

In a briefing for today's debate, I was interested to read:

"General practice in Scotland is in crisis. We have a shrinking GP workforce",

rising patient demand, and practices

"and IT infrastructure"

that

"are not fit for purpose."

I wish I had time to go into that in much more detail. A proper information technology system would allow for integrated and effective workforce planning, swift access to effective local healthcare, a better working environment for NHS staff and greater opportunities to prevent illness rather than just treat it, and it would free up precious time for healthcare professionals to deliver on the front line.

We need a health service that allows healthcare professionals to focus on treatment times and prevention in an environment that encourages the retention of staff.

16:58

**The Minister for Social Care, Mental Wellbeing and Sport (Maree Todd):** Thank you to all the members who have contributed to the debate. It is clear that, although there are some differences of opinion, there is a great deal of cross-party consensus and acknowledgement that we should do everything that we can to make the necessary changes that will improve people's experiences of our health and care system—not least the experiences of those who work in it.

Our workforce is at the heart of delivering health and social care services to the people of Scotland. More than 400,000 skilled and compassionate people work in an integrated way in many different roles and settings. As the largest workforce in Scotland, they reach into every aspect of life and every community in Scotland.

Social care makes a difference to people every day. It makes a difference to people who are accessing care, enabling them to lead fulfilling lives, and to their families and communities. A thriving, fit-for-purpose social care system will also underpin and enhance a thriving, fit-for-purpose national health service.

However, to achieve that, we need to change the way that those systems operate. We need to shift the balance of care, create capacity and build the conditions for innovation. The First Minister has now set out how we intend to achieve that, supported by an ambitious Scottish budget, but it will only be possible if it supported by a skilled and engaged workforce that is in turn enabled by structures and technology that reflect the person-led integrated approach that people want and that we are committed to delivering.

I note the calls that have been made for a 10-year workforce plan for our health and social care system. We need a dynamic and integrated approach to workforce planning that strongly links strategic reform and direction, financial plans and a precise understanding of where we need skills and capability, whether that is provided through people or through technology and AI.

As the cabinet secretary outlined in his remarks earlier in the debate, we are committed to publishing our medium-term approach to health and social care renewal before the summer recess, which will describe how we will deliver services across our population in future. Our proposals will be underpinned by the approach to workforce planning that I have just described.

The cabinet secretary briefly touched on our plans in relation to social care and, in particular, the national care service. As I outlined in my statement to Parliament last week and in letters to stakeholders, I have worked to find a way to deliver on our commitment to a national care service that delivers much-needed change without the need to legislate for structural reform. Far from slowing down the chance to deliver reform, I am determined to take this opportunity to move rapidly.

Although Labour and the Conservatives may be happy to simply point out the problems, this Government is focused on the solutions, and we will continue to deliver the changes that our workforce so desperately needs.

**Finlay Carson:** I have no doubt that the two ministers and the cabinet secretary on the front bench want to do the right thing, but the Minister for Public Health visited Dumfries and Galloway and gave assurances that healthcare would be patient centred but did nothing to protect maternity services in Stranraer. We heard about the problems around our cottage hospitals and

delivering care as close to home as possible. The minister says all the right things, but when we get written responses, they do not bear any resemblance to the words that the minister or her colleagues use when they speak to constituents. Why can we not get a joined-up approach, and why will the Government not be honest about what it can and cannot deliver?

Constituents, particularly in Dumfries and Galloway, do not want to hear Emma Harper telling us exactly how much money has been spent on a service. We want services to be improved, and we want there to be equality, particularly in rural areas.

**Maree Todd:** Finlay Carson will recognise that the ministerial team has a great deal of rural experience. We are absolutely committed to ensuring that our rural constituents and the rural citizens of Scotland can access high-quality health and social care. I have no doubt that we will continue to engage with him and with Emma Harper, who has pursued those issues with absolute diligence.

I will move quickly to establish a national care service advisory board. It will help to advise, scrutinise and drive improvements in the sector, not only for those who access services but for those who deliver them. We continue to push forward on our fair work agenda, ensuring that our social care workforce are fairly paid and are heard and supported in their roles.

The draft budget for 2025-26 sets out almost £2.2 billion of investment in social care and integration, of which an estimated £950 million enables adult social care workers in the third and private sectors to be paid at least the real living wage. I am very proud of that progress and our commitment to our social care staff in Scotland, which means that they are paid at least £1,000 more than their equivalents in England. Because of this Government's commitment to progressive taxation, they also pay less tax in Scotland.

We must continue to improve pay and terms and conditions for the social care workforce. We are working closely with partners to develop a sectoral bargaining approach that works for the social care sector. We are also working with the UK Government on the Employment Rights Bill, to ensure that it works for Scotland and complements the progress that we have already made.

I am afraid that I am running too short of time to pick up on all the points that members have made, but I assure members that the ministerial team is listening carefully. We will respond and rise to the challenges in the health and social care system in Scotland that we face today.



17:04

**Paul Sweeney (Glasgow) (Lab):** I rise to second and commend to Parliament the motion in the name of my friend the member for Dumbarton. It is a very important motion, because the national health service in Scotland accounts for a third of all public expenditure for which the Scottish Government is responsible, and for up to half of day-to-day public expenditure.

The current Government's administration of our national health service has lasted nearly 18 years, which is approaching a quarter of the NHS's entire existence, so the Government has had almost the largest span of control of our national healthcare system since it was set up 76 years ago. In that time, the spend in Scotland per head relative to the rest of the UK was 17 per cent more at the start of the Government's tenure, and it is now just 3 per cent more, so a significant decline in public expenditure overall is clearly a priority for this Government. We have seen the consequences of that long decline in its relative importance to the Government as the overall pattern of expenditure has evolved.

That point has come from clinicians and from our constituents in correspondence. That is why we are here: to convey their arguments to the Government and represent their interests. As many members have said, ministers and back benchers alike are all here to back our NHS workforce and our constituents who are seeking to access healthcare that is free at the point of need, as the purpose of the NHS when it was founded was to remove

"money worries in times of illness."

Unfortunately, as we have heard all too often today from members across the chamber, when people are in need, the NHS simply is not there for them. They are waiting so long that they are developing money worries, because they are facing the torment of pain or, in many cases, are having to pour out their life savings to fund their medical treatment. That point was put ably by my Glasgow colleague Pauline McNeill with regard to her constituents. They have been waiting for so long, often for elective treatments, that they have been forced to pay to go private—some remortgaging their homes or dipping into their pension savings in order to do so, when they should be gearing up for a settled retirement.

**Pam Duncan-Glancy (Glasgow) (Lab):** I support the contribution that the member is making. Does he agree that it is also really concerning that I have constituents who have paid in excess of £700 for private care just to get assessments and diagnoses for their children and young people, so that they can finally access the support and care that they need?

**Paul Sweeney:** My colleague Ms Duncan-Glancy makes a key point. We have heard it all across Scotland. Surely every member here has received correspondence from constituents about such problems, whereby people cannot get access to the healthcare system through the front door. When they get into the system, they are not getting a speedy referral to where they need to be within it. They are not being treated quickly enough and, when they are treated—often in a state of infirmity—they cannot get out of the system to an appropriate destination fast enough.

Those inefficiencies are at the heart of what is going wrong. The flow through the system is not optimised, and none of us should be satisfied with that situation. Indeed, some of the propagandistic speeches that we heard from the Government back benches do an ill service to the constituents whom those members represent. Constituents who were listening to some of those bombastic claims will be bewildered by the arrogance. Even if the healthcare system in Scotland were the best in the world, we should not be satisfied with that, because in any human system there is always scope for improvement. That is what our constituents want to see.

**The Presiding Officer (Alison Johnstone):** If I might stop you, Mr Sweeney. I am conscious of the various conversations that are carrying on across the chamber. I would be grateful if we could treat our colleagues with respect.

**Paul Sweeney:** Our business as parliamentarians is to ensure that the system is always getting better. We are conveying ideas on behalf of our constituents in order to achieve that. Certainly, there have been many good observations. For example, my colleague Rhoda Grant, who represents the Highlands, highlighted the urban bias that is often seen in healthcare planning, which was reiterated by several members, most notably Mr Ross, who also represents a more rural part of Scotland. He highlighted some of the appalling waiting times that constituents there are having to face.

Look at the analysis by the Institute for Fiscal Studies on six key metrics of the healthcare system in Scotland. The waiting list for elective care is longer than it was last year, and worse than it was prior to the pandemic, and on elective care, the percentage of treatment carried out within 18 weeks from referral is worse than it was last year, while, in the rest of the UK, against those metrics, performance is getting better. On emergency care and four-hour waiting times at A and E, performance is worse than last year. For cancer care—

**Christine Grahame:** Will the member take an intervention?

**Paul Sweeney:** I might, in a moment.

I refer to the metric on people waiting more than 62 days between referral and treatment for cancer care. As we have heard from oncologists, waiting that length of time between diagnosis and treatment for cancer is the equivalent of a death sentence, in many cases. The Government cannot be satisfied with that. It is appalling that it can be so complacent when constituents are dying because of that lack of performance. Clinicians, colleagues and the NHS are at their wits' end due to their frustrations and the fact that they have been unable to get the system to perform better.

I will now take Christine Grahame's intervention.

**Christine Grahame:** I have a lot of time for the member, but does he agree that, as we have got rid of prescription charges in Scotland, Labour in the UK should get rid of them there, as the charge is nearly £10 an item?

**Paul Sweeney:** I am not unsympathetic to the member's point about getting rid of prescription charges, but prior to the SNP getting rid of 100 per cent of prescription charges, 90-odd-plus per cent of prescriptions were already free in Scotland. Moving from 95 per cent free to 100 per cent free is a very marginal change, but it got a good headline. There was a degree of sophistry on the part of the member when she suggested that everyone was paying for prescriptions before the SNP came into power.

I highlight that as an example of the lack of sincerity that we are dealing with when we are talking about the evidence-based approach that we need for our healthcare system. That is why so many members have come here with appalling stories showing what we need to do to improve the system and how we can deliver that improvement.

It is absolutely outrageous that we have 863,000 waiting list places in Scotland. We should be moving that forward at a far quicker pace. Until the minister can deliver that, we will have clinicians telling us that operating theatres are lying empty and not being fully utilised because anaesthetists and surgeons are not in the right place to perform operations.

We need to get those things correct. We need to listen to what the workforce is telling us. We need to plan the workforce properly. We need to reduce the appalling outflow of expenditure on temporary agency contracts and locums. It is an effective privatisation of the healthcare system when we force citizens to wait so long that they are tormented enough to have to pour out their life savings to access private healthcare. That is, by anyone's measure, privatisation by the back door.

As long as that persists in Scotland, we cannot rest. We must come together as a Parliament and

ensure that we work together collaboratively to find ways to improve the situation for the people of this country.

## Business Motions

17:12

### The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-16265, in the name of Jamie Hepburn, on behalf of the Parliamentary Bureau, setting out a business programme.

#### *Motion moved,*

That the Parliament agrees—

(a) the following programme of business—

Tuesday 4 February 2025

2.00 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Topical Questions (if selected)

*followed by* Stage 1 Debate: Budget (Scotland) (No. 4) Bill

*followed by* Committee Announcements

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Wednesday 5 February 2025

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:  
Deputy First Minister Responsibilities,  
Economy and Gaelic;  
Finance and Local Government

*followed by* Ministerial Statement: Implementing the  
Medication Assisted Treatment  
Standards

*followed by* Scottish Government Debate:  
Addressing Child Poverty Through  
Education

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

*followed by* Approval of SSIs (if required)

5.00 pm Decision Time

*followed by* Members' Business

Thursday 6 February 2025

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

2.30 pm Portfolio Questions:  
Net Zero and Energy, and Transport

*followed by* Ministerial Statement: Simplifying the  
Post-School Education and Skills

Funding Body Landscape in Scotland

*followed by* Scottish Government Debate: Improving  
Miscarriage Care

*followed by* Legislative Consent Motion: Great  
British Energy Bill - UK Legislation

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.30 pm Decision Time

Tuesday 18 February 2025

2.00 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Topical Questions (if selected)

*followed by* Scottish Government Business

*followed by* Committee Announcements

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

*followed by* Members' Business

Wednesday 19 February 2025

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:  
Rural Affairs, Land Reform and Islands;  
Health and Social Care

*followed by* Scottish Government Business

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

*followed by* Approval of SSIs (if required)

5.00 pm Decision Time

*followed by* Members' Business

Thursday 20 February 2025

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

2.30 pm Portfolio Questions:  
Social Justice

*followed by* Scottish Government Business

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 3 February 2025, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[*Jamie Hepburn*]

*Motion agreed to.*

**The Presiding Officer:** The next item of business is consideration of business motions S6M-16266, on a stage 1 timetable for a bill, and motion S6M-16267, on a stage 2 timetable for a bill. I ask Jamie Hepburn, on behalf of the Parliamentary Bureau, to move the motions.

*Motions moved,*

That the Parliament agrees that consideration of the Leases (Automatic Continuation etc.) (Scotland) Bill at stage 1 be completed by 19 September 2025.

That the Parliament agrees that consideration of the National Care Service (Scotland) Bill at stage 2 be completed by 28 March 2025.—[*Jamie Hepburn*]

*Motions agreed to.*

## Parliamentary Bureau Motion

**The Presiding Officer (Alison Johnstone):** The next item of business is consideration of Parliamentary Bureau motion S6M-16268, on approval of a United Kingdom statutory instrument. I ask Jamie Hepburn, on behalf of the Parliamentary Bureau, to move the motion.

*Motion moved,*

That the Parliament agrees that the Greenhouse Gas Emissions Trading Scheme (Amendment) Order 2025 [draft] be approved.—[*Jamie Hepburn*]

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

## Decision Time

17:13

**The Presiding Officer (Alison Johnstone):** There are four questions to be put as a result of today's business.

The first question is, that motion S6M-16252.1, in the name of Neil Gray, which seeks to amend motion S6M-16252, in the name of Jackie Baillie, on supporting Scotland's health and social care workforce, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

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

17:14

*Meeting suspended.*

17:17

*On resuming—*

**The Presiding Officer:** We come to the vote on amendment S6M-16252.1, in the name of Neil Gray, which seeks to amend motion S6M-16252, in the name of Jackie Baillie. Members should cast their votes now.

The vote is closed.

**Jackie Baillie (Dumbarton) (Lab):** On a point of order, Presiding Officer. I apologise. My phone was in the possession of information technology staff because my app would not connect. I would have voted no.

**The Presiding Officer:** Thank you, Ms Baillie. We will ensure that that is recorded.

**The Cabinet Secretary for Health and Social Care (Neil Gray):** On a point of order, Presiding Officer. I apologise that I do not have quite as elaborate an explanation as Jackie Baillie does, but my phone would not connect. I would have voted yes.

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

**Colin Smyth (South Scotland) (Lab):** On a point of order, Presiding Officer. My phone did not connect. I would have voted no.

**The Presiding Officer:** We will ensure that that is recorded, Mr Smyth.

**For**

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)

Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don-Innes, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Harper, Emma (South Scotland) (SNP)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP) [Proxy vote cast by Rona Mackay]  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (Ind)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP) [Proxy vote cast by Jamie Hepburn]  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP) [Proxy vote cast by Jamie Hepburn]  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Regan, Ash (Edinburgh Eastern) (Alba)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**Against**

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Carlaw, Jackson (Eastwood) (Con)

Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foysol (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Eagle, Tim (Highlands and Islands) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McCall, Roz (Mid Scotland and Fife) (Con)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Webber, Sue (Lothian) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

#### Abstentions

Burgess, Ariane (Highlands and Islands) (Green)  
 Chapman, Maggie (North East Scotland) (Green)  
 Greer, Ross (West Scotland) (Green)  
 Harvie, Patrick (Glasgow) (Green) [Proxy vote cast by Gillian Mackay]  
 Mackay, Gillian (Central Scotland) (Green)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)

**The Presiding Officer:** The result of the division on amendment S6M-16252.1, in the name of Neil Gray, is: For 61, Against 53, Abstentions 7.

*Amendment agreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-16252.2, in the name of Sandesh Gulhane, which seeks to amend motion S6M-16252, in the name of Jackie Baillie, on supporting Scotland's health and social care workforce, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### For

Baillie, Jackie (Dumarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foysol (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Eagle, Tim (Highlands and Islands) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McCall, Roz (Mid Scotland and Fife) (Con)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 O'Kane, Paul (West Scotland) (Lab)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Sarwar, Anas (Glasgow) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Webber, Sue (Lothian) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

#### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don-Innes, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)

Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green) [Proxy vote cast by Gillian Mackay]  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP) [Proxy vote cast by Rona Mackay]  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (Ind)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP) [Proxy vote cast by Jamie Hepburn]  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP) [Proxy vote cast by Jamie Hepburn]  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Abstentions

Regan, Ash (Edinburgh Eastern) (Alba)

**The Presiding Officer:** The result of the division on amendment S6M-16252.2, in the name of Sandesh Gulhane, is: For 51, Against 68, Abstentions 1.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that motion S6M-16252, in the name of Jackie Baillie, on supporting Scotland's health and social care workforce, as amended, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. Members should cast their votes now.

The vote is closed.

**The Cabinet Secretary for Social Justice (Shirley-Anne Somerville):** On a point of order, Presiding Officer. My app would not connect. I would have voted yes.

**The Presiding Officer:** Thank you, Ms Somerville. We will ensure that that is recorded.

#### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don-Innes, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Dunbar, Jackie (Aberdeen Donside) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Gray, Neil (Airdrie and Shotts) (SNP)  
 Harper, Emma (South Scotland) (SNP)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP) [Proxy vote cast by Rona Mackay]  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (Ind)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP) [Proxy vote cast by Jamie Hepburn]  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP) [Proxy vote cast by Jamie Hepburn]  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)

Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Regan, Ash (Edinburgh Eastern) (Alba)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

### Against

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foysol (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Eagle, Tim (Highlands and Islands) (Con)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McCall, Roz (Mid Scotland and Fife) (Con)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 O’Kane, Paul (West Scotland) (Lab)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Sweeney, Paul (Glasgow) (Lab)  
 Villalba, Mercedes (North East Scotland) (Lab)  
 Webber, Sue (Lothian) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)

Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

### Abstentions

Burgess, Ariane (Highlands and Islands) (Green)  
 Chapman, Maggie (North East Scotland) (Green)  
 Greer, Ross (West Scotland) (Green)  
 Harvie, Patrick (Glasgow) (Green) [Proxy vote cast by Gillian Mackay]  
 Mackay, Gillian (Central Scotland) (Green)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)

**The Presiding Officer:** The result of the division on motion S6M-16252, in the name of Jackie Baillie, on supporting Scotland’s health and social care workforce, as amended, is: For 61, Against 53, Abstentions 7.

### *Motion, as amended, agreed to,*

That the Parliament deeply regrets that current high wait times mean that too many are waiting too long for treatment; thanks hardworking NHS and social care staff who provide extraordinary care across the country; recognises that there are crises facing too many parts of the NHS; notes investment of over £11 billion in the NHS workforce and an estimated £950 million to ensure that adult social care workers, including those in the third and private sectors, are paid at least the real Living Wage; recognises that the biggest threat to the health and social care workforce comes from the UK Government’s decision to increase employer national insurance contributions, and demands that the UK Labour administration reimburse the Scottish Government in full; supports the calls for the publication of a medium-term approach to health and social care reform, including workforce planning, before the Parliament’s 2025 summer recess, and believes that the aim of the medium-term reforms must be to ensure that everyone can access the treatment and care that they require, in the right place, at the right time.

**The Presiding Officer:** The final question is, that motion S6M-16268, in the name of Jamie Hepburn, on behalf of the Parliamentary Bureau, on approval of a United Kingdom statutory instrument, be agreed to.

### *Motion agreed to,*

That the Parliament agrees that the Greenhouse Gas Emissions Trading Scheme (Amendment) Order 2025 [draft] be approved.

**The Presiding Officer:** That concludes decision time, and we move to members’ business.



## Holocaust Memorial Day 2025

**The Deputy Presiding Officer (Annabelle Ewing):** The final item of business is a members' business debate on motion S6M-16002, in the name of Jackson Carlaw, on Holocaust memorial day 2025: "For a better future". The debate will be concluded without any question being put.

### *Motion debated,*

That the Parliament recognises that 27 January 2025 will mark Holocaust Memorial Day (HMD); understands that the Holocaust was the brutal, barbaric and inhumane murder of six million Jewish men, women and children from 1941 to 1945 in concentration and death camps, mass shootings and ghettos; acknowledges that HMD takes place on 27 January each year as the date represents the anniversary of the liberation of Auschwitz-Birkenau, which was the largest concentration camp; notes that the official theme for HMD 2025 is "For a better future"; recognises that there are many actions that people can take to make a contribution towards achieving a better future for all, such as confronting prejudice, reinforcing the importance of learning about both the Holocaust and the more recent genocides in Cambodia, Rwanda, Bosnia and Darfur, and challenging Holocaust denial, distortion and trivialisation whenever such narratives arise; acknowledges that 2025 marks both 80 years since Auschwitz-Birkenau was liberated and the 30th anniversary of the genocide in Bosnia; accepts that the Holocaust is an incredibly dark chapter in human history, and considers that HMD is a crucially important event in the annual calendar, which aims to highlight why its lessons can never be forgotten and why a zero tolerance approach must always be taken against antisemitism and all forms of prejudice.

17:25

**Jackson Carlaw (Eastwood) (Con):** Eighty years ago, we were a world at war, and the consequence of that war was tens of millions of people dead around the world and the extermination of one third of the world's Jewish population by Nazi Germany.

It was not the first holocaust of which I was aware. Despite growing up in a community where so much of the Jewish population in Scotland lived, they did not talk about it—it was just not mentioned. Members of families living next door to me had no idea that their parents had been involved in the Holocaust or that they had lost relatives in it.

In fact, the first holocaust of which I was aware was the holocaust in Cambodia: the genocide that took place there between 1975 and 1979. It was there in front of me on the television when I was growing up as a teenager. Twenty-five per cent of the population of that country were murdered by Pol Pot in the killing fields, often not with bullets but with a pickaxe through the head. Sixty per cent of those who died were executed. Many of the children who were not executed were abducted and indoctrinated and were then forced to commit the most appalling atrocities themselves.

That was the genocide with which I was most familiar. It was Dr Jacob Bronowski who first hinted, in his television series, "The Ascent of Man", when he was allowed to visit Auschwitz concentration camp, which was then behind the iron curtain. He walked, overcome with emotion, fully suited, into puddles, picking up, as he thought, the ashes of those who died there, including most of his family. He called it "the tragedy of mankind".

Since this Parliament first met, 1.2 million Scots have been born. The first Holocaust memorial day was in 2001. Why is it so important that we commemorate these events? It is because, for those young people, it is the testament and the determination of our generation to ensure that those events are not forgotten that is so important to them. I applaud the former Secretary of State for Scotland, Jim Murphy, and our former Presiding Officer, Ken Macintosh, who were instrumental in ensuring that there were visits to Auschwitz concentration camp for young people.

I commend the vision schools Scotland programme, promoted by Dr Paula Cowan and the University of the West of Scotland, which does so much for continuous Holocaust education and is now in every local authority across Scotland. I applaud the Scottish Government for the funding that it has made available to ensure that those educational programmes can continue. I am so pleased that nearly all our First Ministers, including John Swinney, the current First Minister, have stood, as I did, in Auschwitz and have been overwhelmed with the enormity and the emotions that will never leave any of us who have visited that place.

Antisemitism continues, which is why it is so important that such education continues. Ten years ago, there was the attack on Charlie Hebdo in Paris. Danny Finkelstein, in his memoir, "Hitler, Stalin, Mum and Dad", said that, for the first time—this was prescient, because it was published in the summer of the year before last—he worried and feared that events similar to the Holocaust could be unfolding again. In the past few days, he again brought to our attention his grandmother, who, 80 years ago, died as she was being liberated from Bergen-Belsen with her two daughters—one of whom was his mother—sitting by her side on the train. She had given everything to keep them safe and alive in Bergen-Belsen, and she literally expired from that effort as the train departed the camp.

In a local context, I am delighted that St Ninian's high school in my Eastwood constituency is in the top three places in the Holocaust Memorial Day Trust's secondary schools competition. Students were tasked with creating a memorial to the genocide in Bosnia. They created a wreath made

of flowers from Srebrenica to commemorate the significant 30th anniversary of the genocide that took place there. Tonight, pupils from Mearns Castle high school are at an event in my constituency, which, unfortunately, I cannot attend because I am introducing this debate. Lexie, Sam and Anna, who are Anne Frank ambassadors, will tonight reflect on their experiences, and tomorrow they will be here when they participate in the Parliament's Holocaust memorial event.

On various occasions in the past year, I have made reference to my late constituent Henry Wuga, who was the last of the Kindertransport children to survive. Today's young people need to know about the Holocaust because it was young people like them who stood up and did what they could against Hitler and the Nazis. I give the example of the white rose campaign group at the University of Munich, among whom were the teenage brother and sister Hans and Sophie Scholl, who distributed literature to try to call a halt to what was happening. They were taken by the Nazis and beheaded, facing upwards, simply for campaigning against that genocide.

As those who have been there will know, the camp at Auschwitz was designed and run by Rudolf Höss, who had previously run Dachau concentration camp—the first camp that I visited. It was from there that he took the “Arbeit macht frei” slogan, because he felt that an easier way to lure people to their deaths was to make them think that they were doing something useful. As I am sure the First Minister did, anyone who has visited Auschwitz I—not the extermination camp, but Auschwitz I—and who has stood between blocks 10 and 11 will recognise that the people of all ages who were brought there, including children, were put up against a wall, had a bullet fired through them and were murdered for no reason other than that they were Jewish.

This week, His Majesty the King and other world leaders all stood in front of Auschwitz II's entrance gateway. We have probably all seen those images. What struck me—and, I imagine, many others—was just how few of the survivors remain and how frail they now are. However, we could still see how disturbed they were, not just by the memory of having been there but by their fears for the future. That is why we have such a duty placed on us.

In this debate, I have not rehearsed many of the stories that I have told over all the years in which I have participated in similar debates since I was first elected. I know that other members will contribute their memories. My memories of that camp will never leave me, so I echo the words of the Holocaust Memorial Day Trust:

“we must become the generations who carry forward the legacy of the witnesses, remember those who were

murdered and challenge those who would distort or deny the past, or who discriminate and persecute today. We can all mark Holocaust Memorial Day 2025 and commit to making a better future for us all.”

One of the survivors said something that will strike home for all of us. They did not want their

“experience of man's inhumanity to be the experience of any yet to come of man's humanity.”

That is why it is so important that we remember, that we stand firmly and that the young people of this country who are so engaged continue to be so and stand with us to ensure that the Holocaust never happens again.

17:34

**Kenneth Gibson (Cunninghame North) (SNP):** I congratulate Jackson Carlaw on securing this timely debate, which recognises that this year marks the 80th anniversary of Soviet troops liberating Auschwitz.

“It happened, therefore it can happen again.”

Those sobering words of Holocaust survivor Primo Levi remind us of the importance of memory and vigilance to this year's Holocaust memorial day theme, which is “For a better future”.

The Holocaust, or Shoah, was one of the most devastating and morally catastrophic events in human history, which claimed the lives of 6 million Jewish people, who were systematically murdered. At Auschwitz-Birkenau, 1.1 million people died, primarily in gas chambers. More than 90 per cent of them were Jews. Across occupied Europe, the Nazis also killed 3.3 million Soviet prisoners of war, Polish intellectuals, resistance fighters, Roma people, disabled people, political dissidents, homosexuals and other targeted groups. To Stalin is attributed the saying:

“One death is a tragedy, a million deaths a statistic.”

However, the figures that I have mentioned are not mere abstractions. They remind us of the individual lives that were brutally destroyed in terrifying circumstances and the constant need to confront hatred and the abuse of power if we are to have a better future.

The seeds of the Holocaust were sown by violence combined with the manipulation of language and legalities. The 1935 Nuremberg laws institutionalised the exclusion of Jewish people from German society, beginning with the dehumanisation of an entire population. By 1939, the Nazis had stripped Jewish people of all their rights, setting the stage for genocide. The acts of barbarity committed in Nazi extermination camps, concentration camps and ghettos, the mass shootings, and the starvation imposed across occupied eastern Europe remain incomprehensible. Among the most grotesque

were the pseudoscientific experiments that were conducted, under the guise of medical research, by Dr Josef Mengele. His victims, who were often child twins, suffered brutal extremes of hypothermia, lethal diseases and noxious chemicals, all while anaesthesia was withheld, thereby subjecting them to unimaginable agony. Those horrors led to the Nuremberg code—a milestone in medical ethics that still guides research today.

Holocaust survivors' testimonies remind us of our duty to prevent any recurrence. One such voice was that of Judith Rosenberg, who was deported to Auschwitz in 1944. Her first night was filled with terror as she witnessed the brutality that claimed countless lives. Judith faced constant violence, starvation and illness. Despite overwhelming odds, she survived and worked in a factory, repairing watches. That earned her extra rations, which she selflessly shared with her mother and sister. When she was liberated in 1945, Judith married Lieutenant Harold Rosenberg and forged a new life in Glasgow. When she passed away three years ago, at the age of 98, Judith left a £500,000 bequest to the University of Strathclyde to advance quantum technology research.

Despite Scotland's reputation for tolerance, antisemitism is a troubling reality here. In the final three months of 2023, 46 antisemitic hate incidents were recorded in Scotland—the same number as in the whole of 2021. Figures for last year are not yet available, but I anticipate that they will have risen further. Social media platforms such as X and Facebook have become cesspits of Holocaust denial and far-right extremism. According to the Anti-Defamation League, the level of Holocaust denial content rose by 30 per cent between 2021 and 2023. Deniers aim to sow division and undermine truth. On digital platforms, coded language and memes are used. Hate groups target Jewish students at universities. Conspiracy theories are spread anonymously online.

However, even with such challenges, Scotland continues in its pursuit for a better future. The Holocaust Educational Trust's lessons from Auschwitz programme takes Scottish students to Auschwitz-Birkenau to reflect on the relevance of the Holocaust today and share their learning with others. In my constituency, individuals such as David Cockerill of Largs academy now champion the importance of Holocaust education. David was chosen as an ambassador for the trust, and he will share his reflections on his visit to Auschwitz at a commemorative service this weekend.

The arts play a vital role in preserving Holocaust memories. Plays, films and literature are pivotal in keeping the conversation alive. Meanwhile,

organisations such as the Anne Frank Trust instil empathy and inclusion in young people. However, education and commemoration alone cannot secure a better future. Combating antisemitism in the 21st century must involve social media companies removing harmful content. Schools should encourage critical thinking and empathy. Organisations and leaders can amplify the voices of those who are impacted by antisemitism.

As we reflect on the Holocaust, we must heed its lessons. As Primo Levi reminds us, "it can happen again", but it is within our power to ensure that it does not. Let us honour the memory of the victims and survivors—for their sakes and for the many generations to come.

17:40

**Alexander Stewart (Mid Scotland and Fife) (Con):** I am happy to speak in support of this important motion, and I congratulate my colleague Jackson Carlaw on bringing the debate to the chamber.

As the motion rightly says, 2025 marks 80 years since Auschwitz-Birkenau was liberated, as well as the 30th anniversary of the genocide in Bosnia. This year's Holocaust memorial day theme, "For a better future", is highly appropriate, and never more have we needed it.

As the Holocaust Memorial Day Trust points out, antisemitism has increased significantly in the United Kingdom and globally. That is especially the case following the 7 October 2023 attacks in Israel, when about 1,200 people were killed and more than 250 hostages were seized, with the war in Gaza taking place thereafter. I note that many of the hostages have still not been released.

Extremists on all sides continue to exploit the situation in order to stir up anti-Muslim and antisemitic hatred in the UK. As a result, many communities across the UK are feeling vulnerable, with hostility and suspicion of others continuing to grow. We should all be concerned about that.

We must also never forget the well-documented genocides in Cambodia, Rwanda, Bosnia and Darfur.

**Clare Adamson (Motherwell and Wishaw) (SNP):** I was just reflecting on the genocides that the member mentions. Given the situation in Ukraine, does he agree that it is regrettable that, as yet, the Holodomor that was inflicted on the Ukrainian people by Stalin has not been recognised as a genocide?

**Alexander Stewart:** I concur. That is something that needs to be righted, for that is a huge wrong.

Individuals are oppressed by the horrific crimes that we have heard about, and, as we mark

Holocaust memorial day, it is also essential to mention Gypsy, Roma and Traveller history.

Every year in June, as part of Gypsy, Roma and Traveller history month, the Holocaust Memorial Day Trust remembers and commemorates the richness that Gypsy, Roma and Traveller communities bring to our everyday lives now and in the past. The Holocaust Memorial Day Trust also reminds us that, during the truly horrendous crimes of the 1940s, Jews were not the only people who were tackled by the Nazis and removed from their homelands and communities. For more than a decade, from about 1935, Europe's Roma people, historically often labelled as Gypsies, were targeted by the Nazis, who wanted total annihilation of those individuals.

In 2023, I was delighted to host in the Parliament a group of young Gypsy Travellers who came from my region to talk about their experiences. They were happy to discuss their situations and said that, even today, they felt persecuted. They also wanted to know about the horrors of the Holocaust and how it affected generations of Travellers in the 1930s and 1940s.

It is all too easy for society to put labels on particular groups, whereas, in reality, people are all individuals with the right to learn, the right to be heard and the right to survive.

As I have said many times in the past, we should all be committed to ensuring equality of opportunity for every one of us. We deserve that in our communities. We want individuals to have the opportunity to participate, and we should not allow marginalised groups to be oppressed.

The Holocaust Memorial Day Trust and I sincerely hope that Holocaust memorial day 2025 can be an opportunity for people to come together and learn from and about the past, and to take actions to make a better future. We must never forget these heinous crimes against humanity, and we must do all that we can to remember, remember, remember.

17:44

**Paul O'Kane (West Scotland) (Lab):** I thank Jackson Carlaw for securing this annual debate, and for the partnership working that he has undertaken with me in helping to organise Holocaust memorial day commemorations in the Parliament this week. I urge members to attend the commemoration event on Thursday evening.

I know that it is important to many people across Scotland that we mark Holocaust memorial day, but, in particular, I know how important it is to the Jewish community, the majority of whom live in East Renfrewshire—as I do and as Jackson

Carlaw does. It really is an honour to represent them, along with Jackson Carlaw.

As we have heard, this year, we mark 80 years since the liberation of Auschwitz-Birkenau. It was the largest of the Nazi death camps, where murder was carried out on an industrial scale simply because people were different. Millions of Jewish people, Roma and Sinti people, LGBT people, disabled people and others were murdered. As we have also heard this evening, when you stand in the watchtower at Birkenau, it is hard not to be absolutely horrified by the sheer scale of a place that was designed by human beings for the systematic murder of other human beings.

Over many years, I have had the great honour of meeting people who are survivors of Auschwitz-Birkenau and survivors of the Holocaust. As Jackson Carlaw alluded to, many of them came to Scotland after the horrors of the war ended and lived their lives just down the road from where I am sitting this evening. They went about their lives and made a huge contribution to post-war Britain. Many of them gave themselves in public service and helped to build up our communities. For a long time, many of them did not speak of their experiences in the Holocaust, but, later in life, many of them chose to do that. They chose to tell their story, as they have told me, so that future generations would know about the horrors and the inhumanity but also about the amazing stories of the resilience, the resistance and the righteousness of others.

I pay tribute to the many organisations that support and have supported survivors to keep those stories alive and to ensure that education continues. Those organisations include the Holocaust Memorial Day Trust, the Holocaust Educational Trust, Gathering the Voices, vision schools Scotland, the Anne Frank Trust and many others; I know that many colleagues will speak of their work this evening.

Tonight, we also remember the subsequent genocides that have occurred in Cambodia, Rwanda, Bosnia and Darfur and all those who give testimony and who support the commemoration of those genocides. Tonight, we reflect on the 30th anniversary of the genocide in Bosnia, and I want to pay particular tribute to Beyond Srebrenica, the organisation that does so much work to educate people about what happened in Bosnia, what happened in Srebrenica and how we learn from that and move forward.

As we have heard, and as I am sure that we will hear in further contributions from members this evening, all this work is vital, particularly as survivors of the Holocaust pass away and it falls to all of us to help to tell those stories. Antisemitism, Holocaust denial and the distortion of fact are on the rise. That has been brought into sharp focus

recently by many research studies that show that too many young people in our country cannot name Auschwitz or any other death camp and do not have a grasp of what happened in the Holocaust.

The theme for this year's Holocaust memorial day is "take action for a better future". For me and for many others, that must be a future in which the horrors of the Holocaust and subsequent genocides are taught and are known by all, so that the words "never again" have a chance of having meaning. I agree with Jackson Carlaw about paying tribute to the work that is done across Parliaments and Governments to ensure that that happens.

The future must be guided by us but it must be in the hands of young people, so, in closing my speech, I will give space to words that I heard at the Glasgow reform synagogue on Saturday from a young man called Ben Bland, who I think summed up the challenge of the present age but also the hope for a better future. He said:

"The future nowadays seems bleak, the news and social media are playing an important part in this, creating division and sowing the seeds of hatred, directed at those least deserving of it whilst lauding praise to those who deserve it even less. So, here today, I want to make the effort to turn away from it, looking inward for my vision, my hope for the future. In it, I see barriers of prejudice built between themselves and taken down, with olive branches extended. Walls of prejudice like homophobia, racism, sectarianism, xenophobia should be cast aside. I see people in the future being more kind and understanding to each other, understanding of themselves and what they can do to help those around them. I want the people around me to have a better understanding of what it means to be open-minded. I hope that people can display more empathy and sympathy for each other. I hope that people can begin to understand that, with a little bit more consideration of others, we can start to make our collective experience of life a little bit easier and more pleasant."

17:49

**Maggie Chapman (North East Scotland) (Green):** I am grateful to have the opportunity to speak this evening, so I thank Jackson Carlaw for securing the debate.

A memorial is an act of remembrance, and today we remember in two senses. We remember who it was who bore this unutterable pain—each individual and precious human being—those who are now lost to the world and those who remain with us. We remember them with love, with sorrow and with anger, reiterating the humanity that their oppressors tried so hard to deny.

We also remember how it happened. For us as politicians and parliamentarians, that is perhaps the harder memory. For the Holocaust was not an act of insurgency or a violation of domestic law and order. It came about not in spite of political processes, such as elections, legislation and

policy implementation, but through and because of them.

There were some bystanders who knew exactly what was going on. There were others who knew nothing. In between, across Europe and beyond, was a wide spectrum of simultaneous knowledge and ignorance, of eyes that were closed, and faces that were turned away. There was reassurance that rhetoric was just that, and only that, that genocidal intent was the expression of legitimate concern, that there was no need to open doors or hearts, and that reality was still represented by the diplomacy of gentlemen, while the bodies of children lay uncovered.

We have learned the story of this deep, deep horror, but have we learned to recognise its narrative when it comes again, with different clothes, different names and different labels? When the richest man in the world salutes the most powerful man in the world with a gesture that specifically recalls that older story, do we shrug and move on? When the most powerful man uses the language of cleaning when talking about the dispossession of already dispossessed people who are already bereft of their children, do we pretend not to have heard?

Hannah Arendt wrote in the context of the Holocaust about the banality of evil. Evil can be banal, can be ridiculous, can come with buffoonery and bluster, without subtlety or nuance, but when it announces itself, we would do well to listen.

We can also listen to the voices of those with experience and for whom that experience illuminates the realities of today. Suzanne Berliner Weiss writes:

"I am a survivor of the Jewish Holocaust, and understand the system of hate first hand. Hitler's war against the Jews aimed to eradicate our history and the Jewish people. Nazism is hatred of the other—it is racism."

She continues:

"Judaism, the religion and its traditions, does not stand for racism.

Conflating Zionism and Judaism is an unforgivable crime against the Jewish people, a crime against the Palestinians, and a crime to humanity.

I was saved from Hitler by world solidarity. I was among the thousands of Jewish children in France who were saved by the solidarity of the Jewish resistance, communities of Christians in Southern France, and the peoples of the world united against Nazism.

To be against Israel's policies is not anti-Jewish. It is not anti-Semitic. We claim the Palestinians as our sisters and brothers. We are all humanity. We say: 'Not in our name!'"

For the victims of the Holocaust, the world closed its eyes, its hearts and its doors until it was too late. Today we remember and honour them with respect, with love and with bitter regret. Let us not close our eyes, our hearts and our doors in the

face of the genocide and oppression that is happening today in Palestine. Let us not make the same mistakes again.

17:54

**Liam McArthur (Orkney Islands) (LD):** As others have, and as is customary, I congratulate Jackson Carlaw on and thank him for securing the debate. More than that, I thank him for the dignified, passionate and powerful way in which he articulated the sentiments that I think we all share. He set the scene well for this now annual debate.

The debate provides yet another invaluable opportunity to renew our Holocaust remembrance, and although the debate itself is never likely to be one of great controversy, the context in which it is taking place—with antisemitism, racism and extremism on the rise here, in Europe and around the globe—serves as a timely reminder of the importance of redoubling our commitment to bearing witness to the horrors of the Holocaust. As others have said, on the 80th anniversary of the liberation of Auschwitz-Birkenau—the most notorious of the Nazi death camps, which institutionalised the murder of Jews and other minorities during a murderous persecution that claimed the lives of more than 9 million people—bearing witness and remembering are the very least that we can do.

The theme of this year's Holocaust memorial day is "For a better future", but such a future is possible only if we confront head on the depth of inhumanity that allowed the Holocaust to occur, and acknowledge with honesty and clear sightedness that the Holocaust was allowed to happen, as others have observed, only because thousands, if not millions, of ordinary people chose to look the other way in the face of persecution and discrimination. A failure to confront, acknowledge and accept those truths sees us running the risk of allowing the horrors of the Holocaust to happen again, as unimaginable as we might think that to be.

The Holocaust Educational Trust, to which I offer my genuine thanks, has this year shared the work of Professor Gregory Stanton, who has developed an academic model for the 10 stages of genocide. Genocide never happens in a vacuum. The Holocaust did not begin with death camps, gas chambers and forced ghettoisation; before we get to steps 8, 9 and 10—persecution, extermination and denial—there are steps 1, 2 and 3, which are classification, discrimination and polarisation.

If we want to safeguard a better future, we must be willing to challenge racism, bigotry and attempts to other those who might be different, who are in a minority or who are simply

vulnerable. Of course, this might well be the last year that the Holocaust remains within living memory. As first-hand testimony fades, and as antisemitic, extremist and exclusionary rhetoric gains traction here and around the world, it is more important than ever that we commit to reflecting on the circumstances that normalised such widespread, murderous persecution of Jews and other minorities, simply for being themselves.

This year, I was struck by the story of David Graber, one of three young Jewish men responsible for burying the Oneg Shabbat archives during the mass deportations from the Warsaw ghetto to Treblinka in 1942. Graber and his peers collated testimonies, photographs and artefacts from the ghetto to ensure that the atrocities and reality of life under Nazi rule were a matter of record. At just 19, David buried the archive, knowing that he would not live to see its discovery, and included in it his last will and testament, in which he stated:

"For me, it is enough if future generations remember our times and if our sufferings and pain are mentioned ... May the treasure fall into good hands, may it last into better times, may it alarm and alert the world to what happened and was passed out in the twentieth century."

Now, here, in the 21st century, we owe it to David Graber and the millions who lost their lives in the Holocaust to be the "good hands" that, even in these better times, attest to the horrors of their suffering and never cease working to ensure that such horrors never happen again.

We cannot afford complacency. Indeed, this year also marks the 30th anniversary of the Srebrenica genocide, which claimed the lives of 8,000 Bosniak Muslim men on the basis of their identity. More recently, the barbaric 7 October Hamas attacks saw the most violent and intensive attack on the Jewish population since the Holocaust, killing more than 1,200 Israelis. That has been followed in Gaza by unconscionable levels of indiscriminate violence. A ceasefire, although welcome, appears fragile, and on this Holocaust memorial day, it is more important than ever to restate the case for a lasting peace for Israelis and Palestinians alike.

It is incumbent on us to assert the truth of the Holocaust and the history of its victims—their pain and suffering, but also bravery, in the face of present-day polarisation, discrimination and persecution. A better future is possible, but only when we commit ourselves to never forgetting the darkness of the past.

**The Deputy Presiding Officer:** Before I call the next speaker, I advise members that, due to the number of members still wishing to speak in the debate, I am minded to accept a motion without notice, under rule 8.14.3, to extend the debate by

up to 30 minutes. I invite Jackson Carlaw to move the motion.

*Motion moved,*

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

*Motion agreed to.*

18:00

**John Mason (Glasgow Shettleston) (Ind):** I thank Jackson Carlaw for bringing the debate and note that 44 members had supported his motion by lunchtime today.

Jackson Carlaw's motion mentions genocides in Cambodia, Rwanda, Bosnia and Darfur and there has also been mention of the Holodomor in Ukraine in 1932-33, when some 4 million to 5 million people—roughly 10 per cent of the population—died. There was also the Armenian genocide under the Ottomans in 1915 to 1917, when around 1 million people died.

However, there is something especially horrendous about the Holocaust and the systematic killing of two thirds of European Jews. I have spoken before about how I felt when I visited Auschwitz-Birkenau, particularly when I saw a railway that had been built for no other purpose than the killing of Jews and other minority groups.

I do not think that we can mention the Holocaust without referring also to the state of Israel and its foundation. Since my expulsion from the Scottish National Party for stating that what Israel had been doing in Gaza was not genocide, a position that I stand by, I have received many encouraging messages from Jewish people in this and other countries.

One author, Lyn Julius, sent me a copy of her book "Uprooted: How 3000 Years of Jewish Civilization in the Arab World Vanished Overnight", which has been a fascinating read. I had not realised how Jews had been persecuted for so long in the Arab world as well as in Europe. We sometimes think that Israel exists mainly because of European Jews arriving after world war two when, in fact, some 650,000 Jews arrived because they had been expelled from, or because their lives had been made virtually impossible in, Arab nations. I had not realised that the leaders of Iraq had been close to Hitler and the Nazis during the war and that they had encouraged anti-Jewish sentiment in a way that was similar to what happened in Germany.

Another lesson that I have learned from reading books, watching films and visiting sites associated with the Holocaust is that it started with small things and gradually built up, as Liam McArthur has reminded us. Boycotts of Jewish shops, barring Jews from ice rinks and closing Jewish

schools might have seemed like fairly small individual issues at the time, but, in looking back, we see that anti-Jewish sentiment built up slowly and surely over a number of years to become open discrimination, hatred and, finally, persecution and attempted annihilation.

That is one of the things that I think worries Jews in Scotland and around the world today. Is criticism of the current Israeli Government's actions, some of which is definitely valid, spilling over into a lack of tolerance of Jewish people around the world? Not all Jews support Israel and not everyone in Israel is Jewish, but the reality is that it is the only Jewish state in the world and very many Jews identify closely with it, having friends and family there.

My main holiday in the past year was in the Baltic states, and I visited the excellent Jewish museums in Riga and Vilnius, where much of the focus was on the Holocaust. Vilnius was called the "Jerusalem of the north" by Napoleon in 1812, and in 1939, there were more than 260,000 Jews and more than 100 synagogues in the city. Now, there are perhaps only 2,000 Jewish people there and only one active synagogue.

Perhaps I can end on a slightly more positive note. My final destination in Lithuania was Kaunas. I spent less than a day there, but I did have time to visit Sugihara house and to learn something of the story of Japanese vice-consul Chiune Sugihara who, in 1939-40 and together with the acting Dutch consul Jan Zwartendijk, saved some 6,000 people, most of them Jews who had already fled Poland, by issuing visas for them to escape through Russia to Japan. When the Soviet Union came into Lithuania in 1940, the consulates were due to be closed, but Sugihara held on and issued up to 300 visas a day for 29 days, in defiance of orders from Tokyo.

Even in the darkest days of the Holocaust, there were such flickers of light. It is important that we look back and learn from awful things, such as the Holocaust, that happened in the past, but we should also be challenged and encouraged by people such as Sugihara, who went against the tide and stood up for those who were despised and oppressed.

18:04

**Sandesh Gulhane (Glasgow) (Con):** I remind members that I was born and raised in Golders Green, and I thank Jackson Carlaw for securing tonight's debate.

Tonight, we mark Holocaust memorial day, which is a solemn occasion to honour the 6 million Jewish men, women and children who were murdered by the Nazis, alongside the millions of others who perished under the same brutal Nazi

regime. We stand together in remembrance, not only to mourn but to reaffirm our unwavering commitment: never again.

Holocaust memorial day falls on 27 January each year and marks the anniversary of the liberation of Auschwitz, the largest Nazi concentration camp. This year, we commemorate the 80th anniversary of that liberation and reflect on the theme “For a better future”. That theme compels us not only to remember the horrors of the past but to act in the present to challenge hatred, confront prejudice and build a world in which atrocities can never happen again.

I recall visiting southern Poland as an 18-year-old. After exploring the vibrant city of Kraków, with its bustling market square and rich history, I travelled westwards to Auschwitz. Joy and warmth seemed to vanish. Walking past razor-wire fences and grey brick buildings, I was confronted with a reality too horrific to comprehend. Above me, the sign read, “Arbeit macht frei”—“Work sets you free”—but, in the 1940s, there was no freedom there; there was only death and suffering. What struck me most, and what still haunts me, was the eerie silence. Hours before, I had heard birds singing and people laughing, yet, in Auschwitz, even nature seemed to recoil from the horror. The air itself carried the weight of those who had suffered.

It shocks me that a third of young adults in the United Kingdom cannot name Auschwitz or any other concentration camp. It is a sobering reminder that it is our duty to educate, to remember and to challenge denial. The need for that has never been more urgent. Holocaust denial and distortion are rising, fuelled by misinformation and the dark corners of social media. Studies show that 23 per cent of people in the UK have encountered Holocaust denial online and that a significant proportion of young people—our future leaders—do not know that 6 million Jews were murdered. Some believe the number to be far lower. Those statistics are deeply troubling, and they demand action.

As representatives of Scotland, we must ensure that Holocaust education is not just an academic exercise but a national priority. Institutions such as the Scottish Jewish Heritage Centre and the Scottish Jewish Archives Centre play a vital role in that respect. In my Glasgow region, Garnethill synagogue stands as a beacon of history and remembrance, and its heritage centre offers profound insights into Jewish life in Scotland and the Holocaust. I have been privileged to engage with those institutions, to commend their work in Parliament and to support new educational initiatives, such as the Holocaust heritage walking trail in Glasgow.

Those efforts must continue, and we must do more to ensure that every young person in Scotland learns about the Holocaust, not just as history but as a warning of what happens when hatred goes unchallenged. The Holocaust was not an accident. It was the result of antisemitism, propaganda and the systemic erosion of human rights. Although we say, “Never again”, we must also ask where “Never again” was in Cambodia, Rwanda, Bosnia or Darfur. Where is it today, as antisemitism rises once more?

We cannot be bystanders. We must challenge prejudice, confront denial and educate future generations. The theme “For a better future” reminds us that remembrance alone is not enough. We must act. We must make Holocaust education a national priority and ensure that the lessons of history shape the future that we strive to build. It happened; it must never happen again; and it is our duty to ensure that “Never again” finally means what it says—never again.

18:09

**Pauline McNeill (Glasgow) (Lab):** Holocaust memorial day is without parallel in importance. I commend Jackson Carlaw for his leadership in that regard. Through his eloquent speeches—not only today, but every time I have heard him—he has been very important and influential. The work that he has done on Holocaust remembrance is to be commended.

The theme of Holocaust remembrance day is dignity, human rights and the importance of collective action to prevent the spread of hatred and of denial of the Holocaust. In his opening speech, Jackson Carlaw talked about other genocides, including in Bosnia. That gives me the opportunity, as others have done, to mention my visit to Srebrenica at the tail end of last year.

In Bosnia, Serb nationalism of the past remains omnipresent. The genocide against the Muslim Bosniaks happened in the 1990s. I spoke to mothers whose sons and brothers had been murdered, and I was alarmed when they described how, today, the denial of that genocide still exists. The Sarajevo hills are, for those who are old enough to remember, better known for the winter Olympics and Torvill and Dean. Eyes were closed when Serbs put Bosniak neighbours into concentration camps—and that was not that long ago.

The motion notes the 80th anniversary of the liberation of Auschwitz. It will be appreciated that there were many other concentration camps, as members have mentioned, including Treblinka in Poland, where around 800,000 people died, and Belzec, where 600,000 died. While waiting to be sent to their death, many people starved, died of



disease or were worked to death. It is unbelievable that those horrific events took place a relatively short time ago.

Across German-occupied Europe, 6 million Jews were murdered for being Jewish, by an ideology that was based on hatred and which began its journey in a democratic country. It is difficult to read and learn about humanity's worst period in history and the evil that humankind is capable of, but it is important that we remember it.

I visited Auschwitz-Birkenau on the very last day of 2018. No amount of reading prepares a person for the sheer scale and horror of the camp, but it is something that I think everyone should do and face. When people arrive there they are asked by the guide not to take photographs in certain areas: one such area has people's personal effects there, including shoes and suitcases. Visitors are asked not to photograph them because those are people's personal belongings, with their personal stories of how they arrived in that dreadful place. That part of it all should remain personal.

Camp commandant Rudolf Höss expanded Auschwitz to construct a second camp at Birkenau for industrial murder. As others have said, if you have seen the memorial to those who died at Birkenau, you will notice that behind the camp there are houses, which were there at the time, in the 1940s. Unfortunately, people knew, and they looked on as the concentration camps murdered Jewish people and others.

The testimonies of survivors who escaped is vital, because without them we would not begin to get our heads around the horror of what happened. How could it happen at all? That is the vital question for any person who is interested in ensuring that it will never happen again. We must educate every child about the sad facts—no generation must be left out. They remind us that we must have robust policies for tackling hatred and prejudice against any group in society. Antisemitism, as the survivors have said, is far from having disappeared.

There are fewer Holocaust survivors each year when we mark this anniversary: soon, there will be none. The generations who live on and who know, and politicians like us, must ensure that it is never forgotten.

Andy Maciver was on the trip with me, and he wrote a great article headed "Moderates must rise to the challenges of populist nationalism". It was something that only Andy Maciver could write, and it is a brilliant article.

We cannot be bystanders where we see the hatred of others. I will not stand by when I see what is happening to the Palestinians in Gaza. In my opinion there is a genocide taking place there, but let the courts and the law decide whether it is

or is not. Whether it is about Gaza, Bosnia or Cambodia—it is really important that Jackson Carlaw mentioned it—as human beings and as politicians, we cannot be bystanders. We need to call out what we see, without prejudice.

I am proud to be part of the debate, and I again thank Jackson Carlaw for securing it.

18:14

**The Minister for Victims and Community Safety (Siobhian Brown):** I wish to express my gratitude to Jackson Carlaw for today's motion, and I sincerely thank everybody who has kindly taken the opportunity to commemorate Holocaust memorial day for their very powerful contributions. This is the second year in which I have responded to the debate, and I have to say that it is one of the most powerful, emotive, thought-provoking and grounding debates, because it highlights our vulnerability as humanity in what appears to be a volatile and sometimes very busy world.

Everybody's contribution tonight has been very valuable, but I want to give a minute to Jackson Carlaw, who always makes very powerful contributions. I know about his on-going commitment to highlighting the atrocities of the Holocaust. As he mentioned at the end of his speech, its few and frail survivors are disturbed by fears for the future. Colleagues, that is why it is vital that we ensure that it never happens again.

Another powerful contribution came from Ben Bland, the young person whom Paul O'Kane heard from in his constituency. In the darkness of today's world, as it must appear to a lot of our youngsters, he has a really positive and hopeful view, which I found very inspirational and powerful to hear about.

I echo the heartfelt words that have been offered by my fellow members in paying tribute to the 6 million Jewish people who were systematically murdered during the Holocaust, and the countless others who were killed by the Nazi regime, and the untold numbers of people whose lives were callously taken from them in the genocides that took place in Cambodia, Rwanda, Bosnia and Darfur.

The horrors of the Holocaust are a stark reminder of the devastating consequences if prejudicial attitudes are not challenged and confronted, as my colleague Pauline McNeill eloquently set out. Despite all our political differences, it is deeply moving to witness members in the chamber being united in honouring peoples among whom lives were decimated by such terrible persecutions.

This year's commemoration is a seminal moment, as we mark the 80th anniversary of the

liberation of Auschwitz-Birkenau and the 30th anniversary of the genocide in Bosnia. Following the Nazis' ascent to power in 1933, they ramped up the antisemitic rhetoric prior to passing laws that gradually stripped Jewish citizens of their most basic human rights, including forcing them to wear yellow stars and singling them out for ever-worsening persecution. That slow but precise process of dehumanisation would later culminate in one of the most heinous acts in human history, as the regime attempted to exterminate all Jewish people in Europe.

The beginning of the Bosnian war in 1992 presented a chilling parallel, as non-Serbian citizens were first compelled to wear white armbands, setting in motion the infamous practice that would later come to be known as ethnic cleansing. The most monstrous example of such brutality was to occur in 1995, when the town of Srebrenica witnessed the genocidal massacre of 8,000 Muslim men and boys by Bosnian Serb forces in one of the largest incidents of mass murder in Europe since world war two.

In reflecting on the sheer inhumanity of those atrocities, we are reminded of this year's theme, which encourages us to strive collectively for a better future, while challenging those who attempt to deny or trivialise the Holocaust or any genocide. The Scottish Government must lead by example and remain ever vigilant, so that the grave consequences of the past can never be repeated.

In that spirit, I was proud to support the commencement of the Hate Crime and Public Order (Scotland) Act 2021 in April last year. Alongside our hate crime strategy, that will ensure that we take the robust measures that are the necessary response to criminality that is rooted in prejudice, and that we provide confidence that all incidents will be treated with the utmost seriousness.

Last year, we were privileged to assist with the United Kingdom's presidency of the International Holocaust Remembrance Alliance in a series of engagements, including at the Kelvingrove art gallery and museum in Glasgow, where the First Minister spoke about the importance of working together to tackle the growing threat of antisemitism.

In recognition of the deep-seated nature of prejudicial attitudes, we are working in close collaboration with partners to prevent such behaviours from taking hold and undermining our commitment to community cohesiveness.

Let me be clear that discrimination, including antisemitism, must be challenged through educating our children about all cultures, faiths and belief systems, and ensuring that they learn tolerance and respect. The Scottish Government's

aspiration is that our children and young people feel equipped to go out into the world as citizens of the tolerant and inclusive Scotland that we all want to be part of.

Tomorrow, I will have the honour of participating alongside the First Minister at the Scottish ceremony for Holocaust memorial day, which has been expertly organised by our friends at the Holocaust Memorial Day Trust. It is deeply saddening that the ceremony will be without Henry Wuga, who, as Jackson Carlaw said, tragically passed away last year. The loss of his devotion in support of Holocaust memorial day will be immeasurable. However, I am humbled that I will have the opportunity to share a platform with a number of truly inspiring individuals, including Holocaust survivor Alfred Garwood MBE, and Smajo Bëso, who escaped the Bosnian genocide. The remarkable courage of all survivors in the face of such dire circumstances and their unwavering sacrifice in sharing their testimonies is a display of selflessness for which all of us should be forever indebted. I sincerely hope that as many members as possible can join us tomorrow night at the commemoration.

The responsibility of building a better future is incumbent on all members and on everyone in our diverse communities. I have been particularly struck in my conversations with Jewish and Muslim communities about how antisemitism and Islamophobia continue to impact on their daily lives. To them, I say, "Scotland is, and always will be, your home."

Holocaust survivor Elie Wiesel once said:

"To forget would not only be dangerous but offensive; to forget the dead would be akin to killing them a second time".

We must always honour those words as part of our duty to remember the Holocaust and other genocides, while also aspiring to a better future, in which nobody need live in fear simply because of who they are and the group to which they belong.

Therefore, it is paramount that we support one another while resisting any and all voices that seek to divide us, and that we instead work in harmony for a caring and inclusive world that provides opportunities for all to flourish.

*Meeting closed at 18:23.*

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