



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament (Hybrid)

Wednesday 1 December 2021

Session 6



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# Scottish Parliament

Wednesday 1 December 2021

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

## Portfolio Question Time

### Justice and Veterans

**The Deputy Presiding Officer (Liam McArthur):** I remind members that Covid measures are in place and that face masks should be worn while moving around the chamber and across the Holyrood campus.

The first item of business is portfolio questions. The first portfolio is justice and veterans. If a member wishes to ask a supplementary question, they should press their request-to-speak button or, if they join us online, put an R in the chat function during the relevant question.

#### Women's Access to Justice

1. **Gillian Martin (Aberdeenshire East) (SNP):** To ask the Scottish Government how it is improving women's access to justice. (S6O-00456)

**The Minister for Community Safety (Ash Regan):** Improving women's access to justice is a key Scottish Government priority across all aspects of the justice system, including ensuring that criminal law can be used to deal with perpetrators of violence against women, such as with the new domestic abuse offence; empowering women to access justice through consideration of enhanced, targeted support for legal aid; assessing how the recommendations in Lady Dorrian's report could transform the experience of sexual offence victims; and delivering the necessary funding to allow the justice system to respond to the challenges of the pandemic with a specific focus on gender-based offences.

**Gillian Martin:** We know that court delays as a result of the pandemic are impacting disproportionately on women and girls and that a significant amount of the solemn cases backlog is sexual offence and domestic abuse cases. The resolution of those cases is particularly important. Consequently, I hope that they are a priority for funding, so that the women involved can get justice. I would like the minister's reassurance on what is being done to clear the backlog.

**Ash Regan:** Gillian Martin raises an important point. I commend her work on the matter.

Around 80 to 85 per cent of High Court trials relate to sexual offending, so the backlogs in the

criminal courts can have a disproportionate effect on access to justice for women. The Scottish Government has invested £50 million of funding to help the Crown Office and the Scottish Courts and Tribunals Service to address the impact of coronavirus on the courts. New court capacity was introduced in September this year, with four additional High Courts and two additional solemn sheriff courts sitting. That is a significant increase from the pre-pandemic trial court position and a direct response to the concerns about access to justice.

Efforts have also been made to prioritise domestic abuse cases, as raised by Gillian Martin. In the first quarter of 2021-22, such cases accounted for nearly half of sheriff court summary trials in which evidence was led. That helps to show how efforts have been made to prioritise domestic abuse cases.

**Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** I have recently dealt with the harrowing case of a woman in my constituency who told me of her distress and dismay that she continued to be abused by phone by her abuser while he was on remand in prison. Further coercive and abusive crimes committed against women victims while their abusers are in prison have a dramatic and significant impact on victims. Does the minister agree that more needs to be done to protect women victims from their abusers, specifically when that abuser is already held on remand?

**Ash Regan:** I do, and I thank Eleanor Whitham for raising the matter with me. I am sorry to hear about her constituent's experience. The Scottish Government is clear that no one should have to experience such abuse, especially where the abuse is being perpetrated by somebody who is already held in custody.

If she has not done this already, Eleanor Whitham's constituent might wish to report that incident to the police. If the member wants to give me further information, I would be happy to raise the matter with the Scottish Prison Service. If a complaint is made to the Scottish Prison Service or Police Scotland, prison rules can be used to put further processes in place in respect of any prisoner who is involved in the misuse of a phone. The Scottish Prison Service could work with Police Scotland to assist in the investigation. If Eleanor Whitham wants to provide me with further information, I will look into the matter for her.

**The Deputy Presiding Officer:** Question 2 has been withdrawn.

#### Heroin Seizures

3. **Jamie Greene (West Scotland) (Con):** To ask the Scottish Government what its response is

to reports that the amount of heroin seized by Police Scotland has increased by more than 400 per cent since 2016-17. (S6O-00458)

**The Cabinet Secretary for Justice and Veterans (Keith Brown):** First, I can confirm that the figures show that, since 2017, the amount of heroin seized by Police Scotland has increased by 311 per cent.

We are committed to bringing to justice those who supply drugs to some of our most vulnerable individuals and communities. I commend Police Scotland for its work to take illegal substances off the streets and dismantle the groups that are responsible.

**Jamie Greene:** I thank the cabinet secretary for that helpful update. I, too, thank the front-line officers who are tackling the issue.

We know that opiates such as heroin account for 89 per cent of drug deaths in Scotland. Drug deaths from heroin and morphine rose from 345 in 2015 to 605 last year—that is a staggering 75 per cent increase. Those drugs have no place on our streets. Is the recently revised guidance to divert those caught with heroin on our streets away from prosecution likely to push that statistic upwards or downwards in the coming year?

**Keith Brown:** I think that it is worth clarifying aspects of the decision about the guidance, which was not taken by the Scottish Government per se but by the independent Lord Advocate, who has authority in that area. First, the scheme extends to possession offences only; it does not extend to drug supply offences. The Lord Advocate has made it clear that robust prosecutorial action continues to be taken against the supply of controlled drugs.

It is also worth saying that recorded police warnings are not a finding of guilt but a form of law enforcement, which, if accepted, is recorded on the criminal history system for two years and can be taken into account if the individual comes to the notice of police.

The Lord Advocate's decision adds to the police's options; it does not bind the police. As I am sure that the member knows, recorded police warnings, which have been in operation for more than five years, provide police officers with an additional law enforcement option when they encounter someone in possession of drugs for personal use.

It should also be mentioned that the Lord Advocate's decision has been widely welcomed by many of those who work on the front line to support individuals and communities that are affected by drugs. Police Scotland's head of drugs strategy, Assistant Chief Constable Gary Ritchie, said that the measure

“will give officers another tool to support those at risk of becoming vulnerable in our communities”.

### Veterans (Employment)

**4. Paul McLennan (East Lothian) (SNP):** To ask the Scottish Government what discussions the veterans secretary has had with skills agencies regarding maximising employment opportunities for veterans. (S6O-00459)

**The Cabinet Secretary for Justice and Veterans (Keith Brown):** Maximising employment opportunities for veterans is a key priority for the Government, and we work closely with Skills Development Scotland and the Scottish Funding Council on that important issue. For example, SDS is a member of the veterans employability strategic group, and both agencies are working closely with partner organisations, including the Career Transition Partnership, to enable more veterans to fully understand—this is an issue that veterans sometimes have a difficulty with—the many skills that they already have and, where required, to develop new skills or gain qualifications to enable a smooth transition into employment.

**Paul McLennan:** I recently met Brigadier Andy Muddiman, who is the regional commander of the Royal Marines in Scotland. His role includes looking at how the joint services can help engage with and connect to local and regional businesses and communities to ensure that any mutual benefit is being capitalised on. What actions can be undertaken to support that objective?

**Keith Brown:** It is worth mentioning that I have met Brigadier Andy Muddiman a number of times recently. It is important to say that the armed forces are represented on the veterans employability strategic group. Currently, members of the group are leading employer-focused work, considering how we connect the needs of employers and veterans, addressing inaccurate perceptions of veterans, and working with employers to find ways of increasing work placements.

Developing our local employability partnerships continues, with employability leads considering the skills of veterans and their families to help address local and regional demands. That builds on previous initiatives, such as the one that we undertook with Prince Charles some years ago, to get large employers together in one place to make sure that they are aware of the assets that veterans can be if they are taken on and employed. We will continue with that work.

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** How is the Scottish Government supporting greater adoption of the armed forces covenant by employers, to ensure that we

maximise the support that Scottish society provides to former military personnel, including growing employment opportunities for veterans across my constituency and wider Scotland?

**Keith Brown:** We recognise the importance of continuing to increase awareness and understanding of, and to deliver, the covenant and its principles. As I have outlined, the veterans employability strategic group is leading a range of employer-focused work. Next year, we will launch a public awareness campaign targeting employers and businesses to help increase employment opportunities for veterans.

I am grateful to both members for raising those issues about veterans. Much of our work for veterans in relation to employment was undertaken in advance of the covenant being established. That work has been going on for some time, and we are building on what I believe is a very sound base for taking that work forward.

### Human Trafficking

**5. Bill Kidd (Glasgow Anniesland) (SNP):** To ask the Scottish Government what action it is taking to protect victims of human trafficking from re-trafficking in Scotland. (S6O-00460)

**The Minister for Community Safety (Ash Regan):** The Scottish Government funds Migrant Help, the Trafficking Awareness Raising Alliance and the Scottish guardianship service to provide specialised support to adults and unaccompanied children who are potential victims of trafficking. That support is key to mitigating the risks of re-trafficking. It includes safe accommodation, legal and financial advice, supporting return to education and support in navigating the welfare and immigration systems.

**Bill Kidd:** What success has there been in prosecuting human traffickers who operate in Scotland? Does the Scottish Government agree with approaches, such as that of the charity Medaille Trust and the victims' voices project, that hold that best-evidence interviews could improve prosecution rates, which would result in justice for victims of that abhorrent crime?

**Ash Regan:** The Human Trafficking and Exploitation (Scotland) Act was passed unanimously in 2015. It gives the police and prosecutors greater powers to detect and bring to justice those who are responsible for trafficking. Obviously, decisions in relation to prosecution are for the Crown Office and Procurator Fiscal Service, and are taken in line with its published "Prosecution Code".

A number of convictions have been secured under the terms of the 2015 act. However, we also recognise that human trafficking is a complex crime in which control and coercion are often

exerted by perpetrators over victims in sometimes subtle and often hidden ways. Crimes relating to human trafficking may also be prosecuted under other offences.

Supporting victim engagement is key in the area and is an element of the law enforcement approach that is being taken. Police Scotland has recently seconded a victim navigator from the charity Justice and Care to its national human trafficking unit, to enable early contact with potential victims and to support them through the criminal justice process, where the victims wish it.

### Sheku Bayoh Inquiry

**6. Mark Ruskell (Mid Scotland and Fife) (Green):** To ask the Scottish Government whether it will provide an update on the public inquiry examining the events surrounding the death of Sheku Bayoh. (S6O-00461)

**The Cabinet Secretary for Justice and Veterans (Keith Brown):** The public inquiry into the death of Sheku Bayoh is independent of Scottish ministers, and it is for the chair of the inquiry to direct how the inquiry carries out its duties. As Mark Ruskell might be aware, the inquiry held its first preliminary hearing on 18 November, when Lord Bracadale provided an update on matters such as the gathering and disclosure of evidence and preliminary legal issues, and outlined when evidential hearings will commence.

**Mark Ruskell:** I thank the cabinet secretary for that update.

Police officers, lawyers, the Crown Office and many others will not have to worry about the financial implications of attending the inquiry. Despite having asked many times, Sheku Bayoh's family has received no response on whether its costs for attending the inquiry will also be covered. The family remains under serious financial strain as it continues its fight for the truth.

The former justice secretary stated that the Bayoh family would be front and centre of the inquiry. Can the current justice secretary confirm that its concerns will be immediately addressed?

**Keith Brown:** I can confirm that I am happy to correspond with the member on that, because I understand that those concerns have already been addressed. If I am wrong about that, I will certainly let the member and Parliament know, but I am pretty sure that some of the issues that he raised around the expenses that have been incurred by the family have been addressed; I know that decisions on that have been taken recently. I am more than happy to get a view of the final position and to correspond with the member. By all means, he can come back to me if there is more information that he wants.

**Russell Findlay (West Scotland) (Con):** Another family that is fighting for justice is the Mcleods, whose son Kevin was found dead in Wick harbour in 1997. The family has expressed concerns about an on-going review that is being conducted by Merseyside Police. Once that review concludes, will the cabinet secretary commit to fully evaluating its contents and meeting the family, if they would like to do so?

**The Deputy Presiding Officer:** Cabinet secretary, I am conscious that that is not a supplementary that is directly related to the Sheku Bayoh case. You may respond if there is anything that you think you can usefully add.

**Keith Brown:** As you said, Presiding Officer, that is a completely different matter. I am familiar with some of the background to that inquiry, which is being conducted by Merseyside Police, as it was requested that it be conducted by a force from outwith Scotland. We would want to learn the lessons from any inquiry of that type. I undertake to examine the output from that inquiry.

### Antisocial Behaviour

**7. Colin Beattie (Midlothian North and Musselburgh) (SNP):** To ask the Scottish Government what targeted support it is providing to communities to help deal with antisocial behaviour. (S6O-00462)

**The Minister for Community Safety (Ash Regan):** We are committed to ensuring that the police and local authorities continue to have the powers and resources that are needed to reduce antisocial behaviour in our communities, including investing in prevention and early intervention. We fund the Scottish Community Safety Network, which has links to all of Scotland's local authorities and community planning partnerships, to support community safety partnerships and other agencies, such as CrimeStoppers and Neighbourhood Watch Scotland, to achieve positive outcomes for individuals and communities.

**Colin Beattie:** Can the minister outline how experiences and perceptions of antisocial behaviour in Scotland have changed over the past decade?

**Ash Regan:** Experiences and perceptions of antisocial behaviour have reduced over the past 10 years. The Scottish crime and justice survey reported that fewer adults thought that it was common in their area for people to behave in an antisocial manner, with a drop from 46 per cent in 2008-09 to 33 per cent in 2019-20. More adults felt safe walking alone after dark in their local area, with that figure going up from 66 per cent in 2008-09 to 77 per cent by 2019-20. Although we would all agree that that is good news, we are not

complacent, so our support for the Scottish Community Safety Network and partner organisations makes it harder for individuals to engage in antisocial behaviour. By working in that partnership way, we can continue that positive trend.

**Jamie Greene (West Scotland) (Con):** The Scottish Community Safety Network has identified mental health issues as a root cause of antisocial behaviour among young people. Does the minister agree with and acknowledge that assertion? Will she ask the Cabinet Secretary for Health and Social Care why one in four young people in Scotland is still waiting for longer than the 18-week target for treatment?

**Ash Regan:** I agree that mental health issues can sometimes be the reason for that type of behaviour. If it is okay with Jamie Greene, I will speak to my colleague in health and will perhaps get back to him with a joint reply on how justice and health are working together on the issue.

**Willie Rennie (North East Fife) (LD):** Although it is welcome that people experiencing antisocial behaviour has reduced in recent years, the lives of many of those who are affected by it are devastated. I have lots of constituents who are in such circumstances. They are frustrated by the process of having to provide evidence that their neighbours are engaged in antisocial behaviour. Can the minister do anything to try to make the system smoother so that people in those circumstances feel less helpless?

**Ash Regan:** I agree with Willie Rennie and I understand completely that although antisocial behaviour can seem to be quite minor in the scheme of things, it can have a devastating impact on individuals' daily lives. We want people to feel safe in their communities, and we want the process for them to get help from the authorities in addressing issues to be as simple as possible. If the member contacts my office and provides examples of what he is talking about, I will look into the matter for him.

### Finance and the Economy

**The Deputy Presiding Officer:** The next portfolio is finance and the economy. If members wish to request a supplementary question, they should press their request-to-speak button or, if they are joining us online, put an R in the chat function during the relevant question. We finished the previous session a little early, but that is just as well, because we have a lot of demand in this one. I alert the Government team to that.

### Argyll and Bute Rural Growth Deal

**1. Jenni Minto (Argyll and Bute) (SNP):** To ask the Scottish Government whether it will

provide an update on the Argyll and Bute rural growth deal. (S6O-00464)

**The Cabinet Secretary for Finance and the Economy (Kate Forbes):** Heads of terms for the Argyll and Bute deal were signed on 11 February 2021 and we are now working with Argyll and Bute Council and the United Kingdom Government towards agreement of the full deal. The full deal process involves the development and approval of detailed business cases for each project, alongside the governance, finance and implementation arrangements for the overall deal. Good progress is being made and we hope to reach agreement on the full deal in quarter 4 of next year.

**Jenni Minto:** Can the cabinet secretary provide any further information about how the deal will help to support the transition to a low-carbon economy in Argyll and Bute?

**Kate Forbes:** That is a good question. The deal focuses on promoting sustainable and inclusive economic growth in Argyll and Bute, and all projects will be required to minimise and mitigate carbon impacts.

The deal also includes a specific low-carbon economy project on Islay, which will aid the development of a local energy strategy and system through a holistic approach that considers power, heat and transport alongside the needs of individual and business consumers, to support a pathway to net zero emissions on the island.

### Small Business Support

**2. Jackie Dunbar (Aberdeen Donside) (SNP):** To ask the Scottish Government whether it will provide an update on the support that is available to small businesses during the Covid-19 pandemic. (S6O-00465)

**The Cabinet Secretary for Finance and the Economy (Kate Forbes):** I agree that Covid-19 has had an incredibly difficult impact on many of Scotland's small businesses. The member will know that, since the start of the pandemic, businesses have benefited from more than £4.4 billion of Scottish Government support, which is more than the consequentials that have been received from the United Kingdom Government for those activities, including the extension of 100 per cent of non-domestic rates relief for all retail, leisure, aviation and hospitality premises for all of this year.

We are the only place in the UK to offer that support, and the member will know that, without the ability to borrow, the Scottish Government is not in a position to provide additional funding for business support. However, we have this week written to the UK Government, along with the Welsh First Minister, to request an up-front

planning process in case the omicron variant starts to be of concern and results in additional restrictions to businesses.

**Jackie Dunbar:** As we learn more about the risk that the omicron variant poses, it is important that the Scottish Government keeps its response under close consideration. Although we all hope that further protections will not be necessary, businesses in Scotland will understandably have concerns about the possibility. Does the cabinet secretary agree that, if any further protections become necessary, Treasury funding should be made available to any part of the UK that requires to activate business support schemes?

**Kate Forbes:** One of the first things that I did on Monday when I heard about the omicron variant was to meet a very large selection of business organisations and businesses to discuss the concerns that they might have about the possibility of further protections becoming necessary. Obviously, we discussed the need for additional financial support and, as I said in the first answer, the First Ministers of Scotland and Wales have jointly written to the UK Government, because we know that throughout the pandemic, if additional funding is to be made available, it needs to come from the UK Government.

**The Deputy Presiding Officer:** We have a number of supplementary questions.

**Liz Smith (Mid Scotland and Fife) (Con):** The cabinet secretary will have exactly the same briefing that I have from the Federation of Small Businesses and she will know that one of the things that it asks for is that checks are made on the eligibility for some of the grants that are made to small businesses. Is that something that Scottish Government is considering?

**Kate Forbes:** If I understand the member correctly, that would be to make sure that business support is as targeted as possible at those businesses that need it the most, and I take that point on board. At the height of the pandemic lockdown, we had to make a conscious trade-off between getting funding out quickly and targeting the funding, which is inevitably more time consuming. It must be more targeted in future and must be based on tighter conditions and eligibility. I hope that that will not be necessary, because I sincerely hope that no further restrictions will be necessary.

**Martin Whitfield (South Scotland) (Lab):** Will the cabinet secretary join me in congratulating and raising the importance of the ninth consecutive small business Saturday, which is this Saturday, as it does so much good for our shops and small businesses across East Lothian, South Scotland and the whole of Scotland? Will she welcome the efforts that have been made this year by small

businesses to welcome customers in these challenging times?

**Kate Forbes:** I do not hesitate to join the member in welcoming and noting the importance of small business Saturday. During the pandemic, much was made of shopping locally and my sincere hope is that, as we emerge from the pandemic, we continue to remember that message. Certainly, my colleague Tom Arthur has done a lot of work with the Scotland Loves Local programme to try and maximise marketing support for businesses to ensure that consumers, where possible, choose to buy locally.

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** My question is about small business Saturday as well. How is the Scottish Government supporting small business Saturday, which is due to take place this weekend on 4 December? Will the Scottish Government endorse this year's key message, which is to say thank you to every small business for working closely in their communities to help us through the pandemic?

**Kate Forbes:** I agree with the member that we need to say thank you to our small businesses. Many of their owners are local residents in our communities who have chosen through some of the more challenging times of the pandemic either to keep their doors open or to keep them closed to protect customers and reopen them when the situation allowed. I sincerely thank those front-line workers.

With regard to how I will celebrate, my Christmas shopping is always at the last hour of 24 December, but I intend to be out on 4 December to get ahead of the crowds.

**The Deputy Presiding Officer:** The cabinet secretary leads by example.

### Public Finances (Transparency)

**3. Stephen Kerr (Central Scotland) (Con):** To ask the Scottish Government what plans it has to ensure transparency in Scotland's public finances. (S6O-00466)

**The Minister for Public Finance, Planning and Community Wealth (Tom Arthur):** The Scottish Government supports transparency around the public finances in support of the budget process that was agreed with the Parliament, reflecting our commitment to further improvements in the open government partnership.

The Scottish Government publishes budget and in-year revision proposals for parliamentary scrutiny, and our tax and social security spending plans are forecast independently by the Scottish Fiscal Commission, which also comments on the overall funding position. Our medium-term financial strategy will outline the key risks in future

years and how we intend to manage them, alongside a resource spending review framework that will invite views on our long-term spending priorities.

**Stephen Kerr:** A lovely neighbour of mine, who is a member of the Scottish National Party, gave me a copy of an SNP propaganda newspaper. She said that I would not read it, but I did. It contained some pretty outlandish claims, to put it mildly. The cabinet secretary wrote in that newspaper that Scotland pays its own way and somehow subsidises the rest of the United Kingdom. Given that, according to her own figures, our fiscal deficit in the past financial year is 23 per cent, but we benefit from the broad shoulders of the United Kingdom, does she now regret writing such drivel? What steps will she take to ensure that there is honesty and transparency about our public finances?

**Tom Arthur:** Where to begin, Presiding Officer?

I commend Mr Kerr for keeping such good company with SNP-supporting neighbours, and I suggest that he spend more time listening to them.

The revenues that are raised in Scotland more than cover our funding for the devolved public services that we control in the Parliament. It is rather a shame that Mr Kerr would take this opportunity to talk down hard-working Scottish taxpayers who contribute to those public services—

**Stephen Kerr:** The minister is not answering the question.

**Tom Arthur:** Perhaps that attitude is why Mr Kerr's party has not won an election in Scotland since 1955. On the number 55, I am sure that it will not have escaped the members' attention that support for independence as of this afternoon stands at 55 per cent—Mr Kerr and his neighbour can drink to that.

**Kenneth Gibson (Cunninghame North) (SNP):** As I recall, the initial question was about transparency. The Scottish budget will be published in a week. How do financial transparency and scrutiny of public finances in the Scottish Parliament compare to the process at Mr Kerr's beloved Westminster?

**Tom Arthur:** In the interest of time—given that much could be said in response to Mr Gibson's question—I highlight that we have a transparent process in the Scottish Parliament, through our budget setting and budget revision processes, the provisional outturn and the publication of our consolidated accounts.

One of the challenges that we face is that the process at Westminster does not mirror ours, which means that we often face uncertainty about the consequential that we will receive from

Westminster. That creates significant challenges in our budget setting process. I am sure that Mr Gibson agrees with me that it would be far better if all decisions over public spending were taken in this Parliament, as a majority of people in Scotland clearly wants.

### **Just Transition (Highlands and Islands)**

#### **4. Beatrice Wishart (Shetland Islands) (LD):**

To ask the Scottish Government what action it has taken to ensure a just transition for the Highlands and Islands. (S6O-00467)

**The Minister for Just Transition, Employment and Fair Work (Richard Lochhead):** We are committed to co-designing a series of just transition plans for regions and sectors across the country, including for the Highlands and Islands. Work on the energy strategy and just transition plan has already begun, and it will consider how communities the length and breadth of Scotland can benefit from the transition to net zero.

Additionally, a number of our existing commitments will help to deliver a just transition for the Highlands and Islands. That includes the £150 million that we are investing in forestry, the £250 million in peatland restoration, and the £242.5 million that has been committed to regional growth deals, all of which will support new and good green jobs in the Highlands and Islands region.

**Beatrice Wishart:** With news of the £500 million just transition fund for the north-east and Moray, what consideration has the Scottish Government given to the Scottish Liberal Democrat proposal for a Highlands and Islands just transition commission?

**Richard Lochhead:** As I said, the plan is to have sectoral and regional just transition plans for the whole of Scotland. The first one is the energy just transition plan, which will be part of our energy policy refresh. That will include Shetland, of course.

We have appointed Professor Jim Skea to be chair of the new just transition commission that we are setting up, and we will appoint the other commissioners shortly. Professor Skea was the chair of the previous commission that gave us recommendations. The new commission will also look at how we deliver those plans, including their impact on Shetland and elsewhere. I recommend that Beatrice Wishart speaks to the chair of the just transition commission about the issue.

I have an open mind about the issue and will continue to discuss it with the member and others from across the country.

**Jenni Minto (Argyll and Bute) (SNP):** A key part of working towards a just transition will mean encouraging growth opportunities in new sectors, particularly in green growth sectors that will require new skills. Will the minister provide an update on the steps that the Scottish Government is taking to ensure that people across Scotland are equipped with the necessary skills for the jobs of the future?

**Richard Lochhead:** Jenny Minto's question goes to the heart of the just transition. We have to make sure that people have the skills and training to get good green jobs as we make the transition towards net zero during the next couple of decades. That is why we have the climate emergency skills action plan, which was published last year. We also have the national transition training fund, and we have now launched the green jobs workforce academy. We have also said that we will give a skills guarantee to those who are working in carbon-intensive sectors to move towards low-carbon sectors.

A lot of plans are in train, and I am sure that they will make a big difference in the coming years by ensuring that we make the transition fairly and that people have alternative employment opportunities.

### **GFG Alliance (Engagement)**

**5. Jamie Halcro Johnston (Highlands and Islands) (Con):** To ask the Scottish Government whether it will publish, in full, details of its engagement with GFG Alliance in relation to operations at the Lochaber smelter site. (S6O-00468)

**The Minister for Just Transition, Employment and Fair Work (Richard Lochhead):** Information about ministerial engagements is already published on the Scottish Government website as part of a broader publication covering overseas travel, car journeys, domestic travel and gifts received. The series is updated monthly and the most recently published information covers the period up to April 2021.

**Jamie Halcro Johnston:** Workers at the facility have experienced real uncertainty in recent years. Thousands of new jobs were promised as part of the proposals that supported Scottish Government guarantees to GFG Alliance, but those plans were then amended and, so far, only a small fraction of the promised jobs have been created. Last month, the *Financial Times* revealed the struggle that it had to uncover the Scottish Government's full financial exposure to GFG's operations. Legitimate concerns are being raised about the transparency of those deals and even over what the Scottish Government's expectations are now for jobs at the site.

With hundreds of millions of pounds of public exposure remaining in guaranteed payments, when will ministers next meet GFG? Have plans for the expansion of the workforce been shared with the Scottish Government? How many new jobs does the Scottish Government expect to be delivered at the site?

**Richard Lochhead:** Scottish ministers continue to meet the group to discuss future plans for the site. Indeed, my colleague Ivan McKee has had meetings with the group since the statistics were published in April 2021. Although GFG's initial investment plan for Fort William was affected by a number of factors, such as the sharp fall in the United Kingdom's automotive output, it has new investment plans totalling £94 million. I remind Jamie Halcro Johnston that it was the Scottish Government's intervention and negotiations with the group that led to jobs being safeguarded in the first place. I hope that he will take the opportunity to welcome that, because the Scottish Government undertook intense negotiations to safeguard those important jobs.

As for transparency, the issue has been in the public domain for some time. The number of steps that have been taken through parliamentary committees and other publications, and all the other information that is not commercially sensitive, is in the public domain. Therefore, the Government has been transparent.

**Daniel Johnson (Edinburgh Southern) (Lab):** I think that it is safe to say that, from the point of view of transparency, the Government has been less than forthcoming on the matter. At its heart, this was a deal involving a £500 million guarantee—given by the Scottish Government and underwritten by Scottish taxpayers—between Sanjeev Gupta and his father's firm. How on earth did that get through Scottish Government due diligence? Was it signed off by the Cabinet?

**Richard Lochhead:** Of course due diligence was carried out. All meetings were registered properly and details were published online. The sales process and the selection of the eventual purchaser was led by the vendor, Rio Tinto Alcan, with the company's full knowledge and backing. The Scottish Government also offered financial support, on an even-handed basis, to all shortlisted bidders.

At the time, Donald Cameron of the Conservative Party welcomed what was happening. He said that he was "delighted" that the future of the smelter at Lochaber would be secured thanks to the Scottish Government's intervention. Unite the union welcomed it as a "shot in the arm" for industry in the Highlands. *[Interruption.]*

In addition, the Parliament was, of course, informed of the value of the guarantee and approved it following proper due diligence. That gets to the heart of Daniel Johnson's question. On 22 November 2016, the cross-party Finance and Constitution Committee unanimously approved what was happening. Therefore, there has been transparency, and the Scottish Government has been up front with the Parliament.

**The Deputy Presiding Officer:** I have taken supplementary questions, so members should not be shouting from a sedentary position. I will take one more brief supplementary, from Willie Rennie.

**Willie Rennie (North East Fife) (LD):** Is this not part of a pattern? We have hundreds of millions of pounds of potential exposure. The 2,000 jobs that were promised are nowhere to be seen, and there is no indication that they are coming any time soon. If we add that to the catastrophic position of Burntisland Fabrications, is it not the case that the Government has a shocking track record on industrial intervention?

**Richard Lochhead:** I think that the Scottish Government's track record has been somewhat endorsed by today's opinion polls, which show that the Scottish National Party has a 33-point lead over the second-placed party in Scotland. Our track record speaks for itself and is clearly popular with the people of Scotland. We are doing everything that we can to safeguard jobs in the country, and to create new ones.

With regard to the guarantee, for the record, it is worth reiterating yet again that the net present value of the power purchase agreement revenue stream over the remaining 20 years is £286 million, while GFG valued the assets at Fort William at £438 million in its 2019 accounts. That shows that what we are doing is secure and in the interests of the public purse.

### **Brexit (Economic Impact)**

6. **Jim Fairlie (Perthshire South and Kinross-shire) (SNP):** To ask the Scottish Government what modelling it has done to assess the potential economic impact of Brexit on Scotland over the next five years. (S6O-00469)

**The Cabinet Secretary for Finance and the Economy (Kate Forbes):** Scottish Government modelling estimates that the Brexit deal that was agreed by the United Kingdom Government could cut Scotland's gross domestic product by 6.1 per cent by 2030, compared with European Union membership. The UK Government's deal has removed Scotland from a market worth more than £16 billion to Scottish exporters, and our companies are now facing additional costs, delays and barriers. We need only speak to small

businesses in Scotland that are exporting to hear those stories up close.

**Jim Fairlie:** Scotland's food and drink sector has long been recognised as a huge success story—indeed, it was the fastest growing sector in our economy. Given the impacts of Brexit and Covid, as well as UK Government policies that are clearly damaging our markets, does the cabinet secretary believe that we can still achieve what is set out in “Ambition 2030”?

**Kate Forbes:** Given that it generates £15 billion in turnover a year, the food and drink industry is, as Jim Fairlie said, a major contributor to Scotland's economy; it has 17,500 registered businesses that employ around 122,000 people. We know that Covid-19 and Brexit have had a negative impact on the sector, which is modelling a reduction of £3 billion in predicted turnover in 2020. We have committed £10 million of funding over 2020-22 towards the food and drink sector's recovery plan, which is the follow-up to “Ambition 2030”. The plan contains about 50 actions to help businesses.

With regard to the basis of Jim Fairlie's question, there is no question but that Brexit and the challenges to exporters have had an impact.

#### Employment (Highlands and Islands)

**7. Donald Cameron (Highlands and Islands) (Con):** To ask the Scottish Government what plans it has to help improve employment opportunities in the Highlands and Islands, including for young people. (S6O-00470)

**The Minister for Just Transition, Employment and Fair Work (Richard Lochhead):** Our Scottish approach to employability—the no one left behind strategy—adopts a local place-based approach to facilitate easier alignment with existing local services, particularly housing, health, justice and advisory services. Through no one left behind, we are working with partners in local government and the private and third sectors to ensure that individuals who face the greatest inequalities and risk of long-term unemployment have access to the help and support that they need.

**Donald Cameron:** The job start payment was designed to help young people with the cost of starting a new job but recent figures from four of the relevant six local authorities in the Highlands and Islands show that nearly half of all applications for support were rejected. What were the reasons for such a significant number of rejections, and what action will the Government take to ensure that more young people receive that vital support?

**Richard Lochhead:** I am happy to look into the detail of the circumstances in those local

authorities in the Highlands and Islands region and write to the member about it. I have asked my officials for advice on that—we certainly want to pay close attention to it.

In terms of the bigger picture, it is worth saying that the claimant count rate for young people in Scotland is 4.5 per cent, whereas in the Highlands and Islands just now it is 3.3 per cent. It is important to keep in perspective the job situation that young people in different parts of the country face at the moment.

I also note the further £70 million that we announced for the young persons guarantee in 2021-22, which is part of an extra £125 million included in this year's budget to enhance the national transition training funds, plus a number of other initiatives that we are taking. I hope that that will help young people in the Highlands and Islands to get more and more access to employment and, of course, training and education opportunities.

**Jackie Dunbar (Aberdeen Donside) (SNP):** It is vital that fair work is at the heart of our work to build a wellbeing economy. Will the minister provide an update on what steps the Scottish Government has taken to ensure that new jobs are good jobs?

**Richard Lochhead:** I thank Jackie Dunbar for raising that issue. I remind members in the chamber that the consultation on making Scotland a fair work nation by 2025 closes later this month, so people can have their say about these issues.

Fair work is central to our wellbeing economy. Recently, to the fair work first criteria, we have added opposition to fire-and-rehire practices and support for flexible working. In August, we will launch the national living hours accreditation scheme in order to increase the number of workers who receive at least the real living wage and a secure contract. We have also mandated payment of the real living wage in our contracts by summer 2022 in order to strengthen our approach. Within the limits of devolution, we will introduce a requirement for public sector grant recipients to pay the real living wage and provide appropriate and effective channels for workers' voices, such as trade union recognition. Therefore, just in the past few months, we have taken a number of measures to back the ambition to transform Scotland into a fair work nation by 2025, which, as Jackie Dunbar said, will help to create Scotland as a wellbeing nation.

#### Tay Cities Region Deal

**8. Joe FitzPatrick (Dundee City West) (SNP):** To ask the Scottish Government what impact the Tay cities region deal is having on Dundee. (S6O-00471)

**The Cabinet Secretary for Finance and the Economy (Kate Forbes):** The Tay cities region deal has made good progress since it was signed last December. So far, £35 million has been spent on multiple projects across the region. We are investing in Dundee airport and 5G trials and committing £30 million to local universities in order to enhance their expertise in cybersecurity and biomedical sciences. Those long-term, strategic investments are producing returns. I could go into more detail or, perhaps, write to Joe FitzPatrick with the full list.

**Joe FitzPatrick:** One of the projects that the cabinet secretary mentioned is the Tay cities biomedical cluster project, which the Scottish Government is funding to the tune of £25 million, as part of the Tay cities region deal. That will build on the University of Dundee's world-class expertise in life sciences research, including drug discovery and medical technologies innovation. Will the cabinet secretary provide an update on the potential job creation and expected economic benefit to the Dundee economy from that particular project?

**Kate Forbes:** The example that Joe FitzPatrick referenced is a great example of the Tay cities region deal enhancing Dundee's existing reputation—in other words, backing its strengths—for excellence in the life sciences sector. The project is forecast to create more than 280 jobs and provide a £193 million boost to the Scottish economy, because the University of Dundee requires contractors to demonstrate local supplier spend, which is really important. The university has committed to recruiting locally where possible, and our £20 million investment in the deal's regional skills and employability programme will help to ensure that the local workforce has the qualifications and experience that are needed in order to take full advantage of those job opportunities.

**Maurice Golden (North East Scotland) (Con):** Dundee Heritage Trust hopes to refurbish and extend Discovery Point to complement the Tay cities region deal's waterfront development plans. Given that the trust receives no support from the Scottish Government, will the cabinet secretary consider providing support to the trust in the upcoming budget?

**Kate Forbes:** I would, of course, need to see the full details and the business case, but I am always happy to engage with any member on the budget. This morning, I enjoyed engaging with the Conservative spokesperson and the Lib Dem spokesperson on the budget.

**The Deputy Presiding Officer:** That concludes this item of business. There will be a brief pause before we move to the next item of business.

## Queen Elizabeth University Hospital (Patient Safety)

**The Deputy Presiding Officer (Annabelle Ewing):** I remind members of the Covid-related measures that are in place, and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

The next item of business is a debate on motion S6M-02327, in the name of Anas Sarwar, on protecting patient safety at the Queen Elizabeth university hospital. I ask members who wish to speak in the debate to press their request-to-speak buttons now, and I call Anas Sarwar to speak to and move the motion.

14:46

**Anas Sarwar (Glasgow) (Lab):** This morning, I met Kimberly Darroch, whose daughter Milly died four years ago, and Louise Slorance, whose husband died last year. They, like a number of families, are watching this debate.

Two years ago, I stood up in this Parliament and exposed the failures at the Queen Elizabeth university hospital in Glasgow. What has been uncovered in the two years since is a human tragedy on an unimaginable scale. It is beyond doubt the biggest scandal in the lifetime of this Parliament. Reaching where we are today has been possible only because of the bravery of senior clinicians who are willing to whistleblow. The response from the health board two years ago came from the same playbook that it is attempting to use now: cover-ups, spin, denials, bullying, silencing and calling into question the integrity of senior clinicians and families.

Let me start with a direct message to the front-line staff at the Queen Elizabeth university hospital. I thank you for everything that you are doing. I have every confidence in you and know that you are working day and night to do your best for your patients. I have no confidence in the leadership of your health board. You deserve leadership that does not try to silence you or bully you. Perhaps most of all, you deserve management that does not disgracefully attempt to spread the blame to staff, as we have seen this week. I know that they are letting you down, and this fight is as much for you as it is for patients and families.

I say this directly to the health board leadership. Listen to the words of Dr Christine Peters: "do not gaslight" the entire staff base at the Queen Elizabeth university hospital in order to protect your jobs at the top. Do not underestimate the resolve of the staff, patients and families. They cannot be silenced and they cannot be managed

away. I have spoken to them and I have made them a promise—as a representative, but, more importantly, as a father. I will not stop, I will not go away and I will not rest until I get the answers and the justice that patients, families and the staff deserve.

Today, we are drawing a line in the sand. In the words of Kimberly Darroch and Louise Slorance, enough is enough.

Members of the Parliament have a choice of siding with patients, families and staff or with the health board's failed leadership. For the sake of the dedicated national health service staff, the patients at the hospital and the grieving parents, and in memory of those who have lost their lives, I implore every member in the chamber to please send a message to the health board's leadership that the Parliament has no confidence in them and to support escalating the board to the highest emergency level without delay.

This has been a two-year fight for justice. In that time, three water reports that flagged the risk as high have been ignored; staff have been bullied and silenced; patients have got infections; and more patients have died—in one case, a family found out the cause only because of the bravery of whistleblowers, and in another case, a family still do not know how their child died, because the health board has not contacted them.

We have had wards closed, an independent review, a case note review, a public inquiry and criminal investigations. Families still have to fight the system to get the truth and still have to tell their tragic stories in newspapers to get answers from the Government and the health board. People are still dying from preventable hospital-acquired infections.

In the two years, not a single person has been held to account, so I have direct questions for the health secretary. How many healthcare infection incident assessment tool red warnings has he received from the hospital since he became health secretary? When did he receive them? If the answer is none, why not? What questions have been asked about that? If the answer is that warnings have been received, how many have there been, when were they received and what action did the health secretary take? The crucial question is this: how many more deaths, how many more heartbroken families and how many more tragic stories will it take before the Government loses confidence in the health board's leadership?

There is the chance today for everyone in the Parliament to show that we believe and stand by the NHS staff and to show that we support the patients and the parents who have lost loved ones and will seek justice for them. As I said at the start,

Kimberly Darroch, Louise Slorance and many other families are watching the debate. They want to know what side members of the Parliament are on. I know which side I am on. The question for every member in the chamber is: what side are you on?

I move,

That the Parliament has no confidence in the leadership of NHS Greater Glasgow and Clyde, and believes that the Scottish Government must escalate the NHS board to Stage 5 of the performance escalation framework without delay.

**The Deputy Presiding Officer:** I call the minister, Maree Todd, to speak to and move amendment S6M-02327.2. [*Interruption.*]

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** I will sum up. Do not worry—I will respond to questions. I will take interventions, too.

**The Deputy Presiding Officer:** Excuse me—could we have less chatting from a sedentary position across the chamber? I have called the minister, who is on her feet to speak, so that is a huge discourtesy to her.

14:53

**The Minister for Public Health, Women's Health and Sport (Maree Todd):** My thoughts and condolences are with all families who have lost a loved one while they were in the health service's care.

Various claims have been levelled against NHS Greater Glasgow and Clyde, and we have worked throughout to ensure that they have been investigated and, when necessary, acted on. When we consider individual claims, it is vital for specific consent to be given on an individual basis before comments are made. It would be totally inappropriate for me or any other member to discuss cases when such consent from the families who are involved was not explicit. Members may be aware of a letter from clinicians at the board who have stressed that point.

Serious claims have been made about Aspergillus in the Queen Elizabeth university hospital. That is why the health secretary has tasked Healthcare Improvement Scotland with undertaking a wider independent general review of Aspergillus in the QEUH to assess and determine whether there are broader concerns that require action. Any recommendations from that work will be implemented as quickly as is practicable.

As members will be aware, an independent review of the QEUH was commenced in March 2019 and was followed by the establishment of a statutory independent public inquiry, led by Lord Brodie QC, in September 2019. That public inquiry

is now fully under way and I look forward to its conclusions and any recommendations being fully enacted.

Members will also be aware that NHS Greater Glasgow and Clyde was elevated to stage 4 of the NHS board performance escalation framework in November 2019. In order to provide independent scrutiny of the board, a QEUH oversight board was established at the same time, followed by a case note review in January 2020.

The investigations and reviews of recent years have led to a substantive programme of recommendations being implemented in the board and the hospital. That has meant that, of the actions for the board, 98 per cent of the independent review recommendations have been completed and 88 per cent of the oversight board's recommendations have been completed—importantly, none of the small number of outstanding actions relates directly to patient safety. Further, 100 per cent of the actions in the case note review have been completed. An update on outstanding and continuing actions has been requested at the next meeting of the assurance group. We will work with the board to determine how progress against the recommendations can be shared more widely than current reporting mechanisms allow.

Scotland is the only country in the United Kingdom with a national reporting system for incidents and outbreaks. Funded by the Scottish Government, the evaluation of cost of nosocomial infection project team's recent study identified *Aspergillus* as representing 0.68 per cent of all healthcare associated infection. Within Europe, it was estimated at the time of survey in 2016 that 6.5 per cent of patients who are treated in an acute care hospital have an HAI. In Scotland at that time, the overall point prevalence of HAI was 4.5 per cent of acute hospital patients.

In NHS Scotland more generally, the latest hospital standardised mortality ratio—HSMR—provides a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The latest statistics show that QEUH is below the Scottish average for HSMR, as again has been observed in the letter from clinicians. *[Interruption.]*

**The Deputy Presiding Officer:** The minister is in her last minute.

**Maree Todd:** Immense progress has been made in Scotland since the world-leading Scottish patient safety programme was launched in 2008. Since then, the programme has influenced the safety of care in Scotland by delivering reductions in HSMR by 14 per cent; the cardiac arrest rate by 29 per cent; sepsis mortality by 21 per cent;

neonatal mortality by 15 per cent; and paediatric ventilated associated pneumonia by 86 per cent.

**The Deputy Presiding Officer:** Minister, you are approaching the end of your time.

**Maree Todd:** Although the focus rightly and reasonably relates to the performance of the board against important recommendations and lessons that continue to be learned, there is a very important factor that appears to be too often omitted from the conversations. I note that senior clinicians, doctors and nurses have publicly expressed their anger when their integrity has been called into question without evidence to back up such serious allegations.

In conclusion, where there are concerns they will be investigated and acted upon. *[Interruption.]*

**The Deputy Presiding Officer:** Excuse me, minister, please resume your seat.

Members will recall that, when I called the minister to speak, there was sedentary chattering going on and I had to interrupt her before she had even started. Let us allow the minister to conclude, and move on with the debate.

**Maree Todd:** Our NHS staff are working incredibly hard and we will continue to do all we can to support them to provide the best care possible for the people of Scotland.

I move amendment S6M-02327.2, to leave out from "has no confidence" to end and insert:

"recognises the work of frontline NHS staff at the Queen Elizabeth University Hospital (QEUH), and across the health service, in the care that they have provided to patients and families throughout the COVID-19 pandemic; offers its condolences to all families who have lost a loved one while in the care of the health service; notes that NHS Greater Glasgow and Clyde was elevated to Stage 4 of the escalation framework in November 2019; further notes that the board has completed 91% of the 108 recommendations that followed the work of the QEUH Independent Review, the Oversight Board Report and the independent Case Note Review; welcomes that Healthcare Improvement Scotland is to review *aspergillus* infections at QEUH, and calls for any recommendations from this work to be implemented as quickly as practicable; recognises that the independent public inquiry, chaired by Lord Brodie, is underway, and looks forward to its conclusions and any recommendations being fully enacted."

14:59

**Douglas Ross (Highlands and Islands) (Con):** My thoughts and condolences are with all the families who have been affected by this scandal. I thank front-line staff at the hospital; our criticisms are not of them. I hope that Parliament can agree that it is the direction and the leadership that they are receiving from the health board that need to be addressed.

When the Queen Elizabeth university hospital was first opened in July 2015, the First Minister described it as one of the

“best designed healthcare facilities in the world”.

The then health secretary described the hospital as “state-of-the-art” and said that it would “transform patient care.”

When families watch their loved ones go into hospital, they expect them to receive the world-leading healthcare for which our NHS is so highly respected. They do not expect an NHS hospital to be the cause of death of their loved ones.

It has been two years since whistleblowers first came forward to suggest that children, including 10-year-old Milly Main, had died as a result of contaminated water, yet we still do not have a complete picture of the extent of avoidable deaths at the Queen Elizabeth university hospital or the Royal hospital for children. Years later, we are still reliant on the bravery of the NHS staff who have come forward to tell the truth.

I thank Labour for lodging the motion and for bringing forward this crucial debate. I praise Anas Sarwar for being a persistent champion of the cause of the families, who deserve answers. They need to know how their loved ones were so tragically let down. The Scottish Conservatives will stand with Labour and its motion today.

The health board has utterly failed in its duties, and it is right that board members are removed as part of a systematic changing of the culture across NHS Greater Glasgow and Clyde towards openness and transparency.

However, Scottish National Party Government ministers must restore confidence by showing that they are doing everything that they can to treat the scandal of avoidable deaths with the urgency that it deserves. That means escalating the board to stage 5 of the performance escalation framework now.

Almost a week after First Minister’s question time, we have received a letter of apology and correction from the First Minister. Last week, in response to questions, she said that the health board was already at the highest level. At the end of First Minister’s question time, Jackie Baillie made a point of order, and I watched the First Minister roll her eyes when Jackie Baillie said that there was another level to go to. Six days later, the First Minister has written to Parliament to apologise for her mistake and say that the board could still move to stage 5. That is what we are demanding should happen today.

The health secretary and his predecessor must be held accountable for the actions that they have taken since they first learned of these appalling deaths. As Anas Sarwar did, I will ask the health

secretary direct questions. What action has been taken to get a grip of the situation? What action has been taken to encourage openness and transparency? What action has been taken to ensure that the hospital is a safe environment for patients?

It is not good enough to hide behind a public inquiry as an excuse for inaction. It is not good enough to hold professionals accountable, but not the politicians who were elected to oversee the performance of our health service. That is why the Scottish Conservatives, in our amendment, are calling for a further independent inquiry to be held into

“the ministerial response to avoidable deaths at the Queen Elizabeth University Hospital.”

If Government ministers are confident that they have taken every possible action to promote transparency and to take emergency action to prevent further deaths, they will have no issue with backing our amendment.

This is not about scoring political points. Every member in the chamber must understand the anguish and heartbreak of the families who have lost loved ones in this appalling tragedy. I say this as a husband, a father and a son: families entrusted their husbands, wives, mothers, fathers, sons, daughters, brothers and sisters into the care of the health service and were let down.

A hospital is a place where patients are supposed to get better; it was, instead, the cause of their death, and it might still be causing deaths now. How can we deny families the simple request of knowing what went wrong, why this happened and what is being done to prevent it from ever happening again?

**The Deputy Presiding Officer:** Mr Ross, could you conclude, please?

**Douglas Ross:** In today’s debate, we cannot give families those answers, but we can commit to finding them and to holding those responsible to account.

I move amendment S6M-02327.1, to insert at end:

“; recognises that ultimate responsibility lies with the Scottish Government, and therefore calls for a further independent inquiry into the ministerial response to avoidable deaths at the Queen Elizabeth University Hospital.”

15:04

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I rise for the Liberal Democrats to offer our support for the motion in the name of Anas Sarwar. I echo the condolences that have been offered to everyone who has been affected by the tragedies at the hospital.

It is rare that the leaders of all Opposition parties attend such a debate, but the topic that we are discussing is of such public importance, with feelings running deep in our society, that we have all been compelled to lead for our parties.

It is dismaying, then, that the First Minister has not found an hour in her diary to attend Parliament to address the problems at the hospital—a hospital that she commissioned and that serves patients in her own constituency, and one in which problems have gone unaddressed on her watch. I find that contemptible.

Three years ago, we learned about serious safety and cleanliness issues at the QEUH, ranging from grime-damaged facilities to contaminated supplies. At the time, I and others urged that the hospital be put under the closest of surveillance. Evidently, that did not happen. The hospital was opened in 2015 and its construction alone cost £842 million. As we have heard, it was heralded as a superhospital, built to provide the most excellent and efficient healthcare to those who need it.

Ever since its creation, the Queen Elizabeth university hospital has been troubled by problems embedded in the very fabric of the building. Similar problems put a stop to the opening of the new hospital for sick kids in Edinburgh, and millions of pounds and 18 months were spent on putting those problems right. The problems were caught just before the sick kids hospital came into operation, but the problems at QEUH emerged only one by one, in the years after it opened, and they emerged because they were allowed to have a catastrophic impact on patient health.

The failures in standards are shameful, and the fact that such failures have led to loss of life is unforgivable. We have already heard about Andrew Slorance, who was a father of five and a dedicated public servant. Milly Main was just 10 years old when she passed away in the paediatric hospital. Last week, we learned about two other deaths of children possibly linked to infections in that hospital. As the father of three young children, my stomach turns just thinking about that. When anybody uses the hospitals in our country, they entrust their own lives and the lives of the people they care about into the hands of others. No one should expect their life to be endangered—or even lost—not by the condition that they were seeking help for, but by the place of treatment.

Enough is enough. Now is the time for decisive action, which is why the Scottish Liberal Democrats support Scottish Labour's motion. Those who are responsible must be held accountable, and the NHS board must be escalated to stage 5, accompanied by additional oversight and checks to prevent any further risk to life.

This is not a criticism of NHS staff—anyone who says otherwise is gaslighting those same staff. As Dr Christine Peters said on Twitter last night, the NHS staff working at the Queen Elizabeth university hospital have acted with the utmost compassion, bravery and self-sacrifice, aware that the fabric of the building in which they were operating was harming the patients whom they were trying to support. They deserve our utmost respect, but they, too, have been egregiously let down by mismanagement. It is only because of whistleblowers that we have some of the information that we do have.

As I mentioned, Dr Christine Peters took to social media last night to tell us about the reviews into the whistleblowing. The so-called independent review did not look at a culture of bullying in the health board. Those are the things that we need to uncover. Those are the things that deserve our attention.

We should be very clear about what has caused the scandal: failure of management and of leadership, both by Greater Glasgow and Clyde NHS Board and an SNP Government that has been complacent in presiding over one of the worst scandals in the history of devolution.

Although it will not make up for the grief, disappointment and anguish that has been created, the very least that this Government could do is prove that it cares by supporting the motion and acting swiftly.

**The Deputy Presiding Officer:** We move to the open debate.

15:08

**Carol Mochan (South Scotland) (Lab):** At the heart of this issue are patients and their families who have suffered a serious injustice the like of which few of us can even fathom. On top of that, we have hard-working NHS staff whose reputations are being damaged by the failure of authorities to address a life-threatening problem for which no one has been held accountable.

The focus of everything that I am about to say is concern for the welfare and professionalism of both of those groups. That is, after all, our primary responsibility as elected representatives of the people, and I hope that that will be central to any reporting surrounding the story.

Week after week in this chamber, we naturally end up focusing a great deal of time on incompetence and poor governance, but, for me and for Scottish Labour, the central concern should always be the effects on people's everyday lives.

In this case, at the Queen Elizabeth university hospital, we can see as plain as day that the lives

of the people affected have been a secondary consideration. Waterborne infections at the hospital, the extent of which we still do not fully understand, have been a factor in the deaths of a number of people, including children. That is a number of families who will be spending Christmas, and every Christmas after that, without the people closest to them. I am concerned that that is not being fully understood by the Government. Those deaths may have been totally avoidable, yet no one has been properly held to account. That is gross negligence and someone has to answer for it.

We are now at a point where senior clinicians feel that they have no choice but to speak out, despite a culture of bullying that we hear exists within the health board. Having worked in the NHS, I find that truly shocking. I know for a fact that clinicians would take that step only if they felt that all avenues of appeal and justice had been exhausted. I applaud the staff for speaking out and encourage the Government to listen to their pleas, not to the claims of the health board's senior management.

There are a few simple questions that must be answered. Why are the leaders of the health board still in post? Why are the members of the oversight board still in post? Why have emergency powers not been used to take control of the hospital and get a grip of the situation? Those are basic things that the public demand of a Government, and they are not being done, for reasons that I cannot grasp. Given the justified scrutiny of all Governments' handling of public health during Covid, it seems to me that we cannot for a second allow public trust in our NHS to be damaged. Why, then, is Scottish Labour forced to call for a change at the top of NHS Greater Glasgow and Clyde while the Government sits on its hands?

Let us be clear: it gives none of us any pleasure to say that the senior management of NHS Greater Glasgow and Clyde has failed and should step down, but it should take responsibility for the situation and step down immediately. If it will not do so, it should be removed and we should move to stage 5 of the performance escalation framework without delay. That is what my party is calling for. It is right and it is honest. In all honesty, it is the very least that should be done.

We need to decide whether we are on the side of the families, who are righteously furious, and the amazing staff, who are being kept quiet, or whether the primary interest of the out-of-touch managers in the Government is in laundering their reputations. Those who have presided over the mess cannot be allowed to stay in control. The motion must be supported by every member in the chamber.

15:13

**Paul McLennan (East Lothian) (SNP):** I offer my condolences to all families who have lost a loved one while in the care of the health service. Like everyone, I recognise the work of front-line NHS staff at the Queen Elizabeth university hospital and staff who have been working across the health service during the pandemic and before it.

I will focus on two key fundamentals in the debate. The first is that the staff of our health service deserve the assurance that, if they have concerns about the care of patients, they will be listened to and supported. It is important to mention the letter that 23 clinicians wrote to the First Minister, which says:

"We have been, and remain, fully committed to being completely open and transparent in all that we do and we are dismayed that the integrity of our staff has been repeatedly called into question. ... Do we ever wilfully withhold information from them? Absolutely not."

More importantly, the families of people who have been treated at the Queen Elizabeth university hospital campus deserve to have answers to their questions and as safe an environment as possible for the care of their children.

**Craig Hoy (South Scotland) (Con):** Will the member give way?

**Paul McLennan:** I am short of time. I know that Mr Hoy is up next, but I have only four minutes and I am aware of the short time for the debate.

The Scottish Government has consistently taken the action that is necessary to ensure greater transparency and learning from the issues that have occurred at the hospital. The cabinet secretary established an independent review group to look at the building's design, construction, commissioning, handover and on-going maintenance and at how all those matters contributed to infection control.

As we heard, the Scottish Government established an oversight board after Greater Glasgow and Clyde NHS Board was escalated to stage 4 on NHS Scotland's performance framework.

An independent public inquiry is currently under way into the Queen Elizabeth university hospital and, of course, the Royal hospital for children and young people in Edinburgh. The important point to remember is that it is already under way.

The independent case note review, led by Professor Mike Stevens, looked back at clinical cases to determine whether a link to infections associated with the Queen Elizabeth university hospital existed. Its report was published in 2021.

The Scottish Government has consistently listened to expert recommendations and will continue to assess and monitor arrangements with NHS Greater Glasgow and Clyde. A significant amount of work is already under way to address infection in hospitals and reduce the incidence of infection, as we heard from Maree Todd.

We talked about why Greater Glasgow and Clyde NHS Board was escalated to stage 4. The public inquiry will ensure that the issues raised are fully investigated.

The concerns about Aspergillus infections have been mentioned. The Cabinet Secretary for Health and Social Care has asked Healthcare Improvement Scotland to carry out a wider review. Any necessary action will be taken as a result of those strands of work.

The public inquiry comes back to the crux of the matter. It is chaired by Lord Brodie. It is entirely independent and its conduct, procedures and lines of inquiry are a matter for the chair, not the Government. The inquiry is a critical next step in seeking to understand the issues that affected both the Queen Elizabeth and the Royal in Edinburgh.

**Jackie Baillie (Dumbarton) (Lab):** Will Paul McLennan give way?

**Paul McLennan:** I am sorry, but I have only one minute left.

The inquiry's terms of reference are comprehensive and include considering the physical, emotional and other effects on patients and their families of the issues identified. It would be wrong to pre-empt its outcomes and it is incumbent on all of us to allow it to do its work. That is not to play down anything that members have raised, but the public inquiry exists for that reason.

That balanced and proportionate approach addresses the two main points that I raised at the start of my speech: the staff of our health service deserve the assurance that, should they have concerns about the care of patients, they will be listened to and supported, and the families of those who have been treated at the Queen Elizabeth university hospital campus deserve to have answers to their questions and as safe an environment as possible for the care of their children.

15:17

**Craig Hoy (South Scotland) (Con):** The issues that we are debating could not be more serious. They are matters of life and death within our NHS—an institution in which people should feel safe and secure, in which they rightly expect to have their lives saved, not wasted, and from which

they should expect the highest levels of clinical care and the highest standards of hygiene, cleanliness and infection control. Instead, we are debating a hospital that failed, a health board that failed and a Government that has failed.

It is more than two years since we first learned that contaminated water led to the death of Milly Main, but new tragic cases are still only now being made public. Families of the individuals who were infected reveal a culture of secrecy and cover-up among the senior hospital staff. I am in no doubt that the board of NHS Greater Glasgow and Clyde should be held accountable and responsible, but let us not overlook the simple fact that the buck stops elsewhere.

The Scottish National Party planned, delivered and ran the hospital. The Government must take full responsibility for the situation. That is why my colleague Douglas Ross is right to call for a second independent public inquiry into the actions of the SNP Government. Yes, the board should go, but the ultimate responsibility lies with SNP ministers' repeated failure to get to grips with the tragic situation. The Parliament and the country need to fully understand what action ministers have taken since they first became aware of the issues.

We support the Labour motion and propose our own amendment, but we should be careful what we wish for. Escalating the hospital and the health board to stage 5 would mean transferring the operational control of the health board to Scottish ministers, and, on the basis of past, present and, to be frank, today's performance, that will not inspire confidence among patients.

However, the debate goes far wider than the tragic deaths and illness experienced at the Queen Elizabeth university hospital: it is, sadly, about the culture of this Government—its moral code and moral compass. We know that a fish rots from the head down. We know how this Government operates when it comes to transparency. We know how this culture has permeated some public institutions. There is a corrosive culture of secrecy, questions unanswered, seats left unfilled—like the First Minister's today—and responsibility dodged. There is diversion and distraction—"It wisnae me," "Look the other way," "Nothing to see here."

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** Will the member take an intervention?

**Craig Hoy:** No, I will press on—I am in my final minute.

For the families of those who have died, for the relatives of Andrew Slorance, for Milly Main, for Gail Armstrong and for the others who have died or contracted serious infections, we need answers.

People have died. Children have died. Parents are grieving. Families are asking why. Why, minister?

By voting the right way tonight, we will move closer to getting them the answers and, ultimately, the justice that they deserve, and we will move closer to holding those responsible to account. The minister, this Government and Scottish National Party members can give their voice to transparency and accountability. They can say that they have no confidence in NHS Greater Glasgow and Clyde, or they can run the very real risk of this country losing confidence in this Government and its ministers.

15:21

**Bob Doris (Glasgow Maryhill and Springburn) (SNP):** I, too, offer my condolences to the families and loved ones who have lost children and relatives at the Royal hospital for children and young people and the Queen Elizabeth university hospital. Too many have been lost over the past few years.

I want to put on record that, although I do not agree with Anas Sarwar's conclusions, he is right to make Government and health boards feel uncomfortable, given what has happened over the past few years.

At the core of this afternoon's debate is the Opposition's clear suggestion that NHS Greater Glasgow and Clyde should immediately be escalated to stage 5 of the performance escalation framework. That would, in effect, subject the board to direct ministerial control.

I do not think that that suggestion acknowledges the complexity of the situation or the on-going work that is taking place. I think that it suggests—unintentionally, I am sure—that escalation would be a solution to the most serious issues that the Queen Elizabeth university hospital and the Royal hospital for children and young people have faced. It is unclear to me how doing so would make a substantial difference at this time. The suggestion also ignores substantial progress that appears to have been made.

None of the politicians here is an expert on healthcare.

**Daniel Johnson (Edinburgh Southern) (Lab):** Will the member give way?

**Bob Doris:** I am sorry, but I do not have time—this is a very short debate.

Robust independent expert review of the most serious concerns is required. Clear recommendations need to be made and implemented as speedily and fully as possible. It is my understanding that that is precisely what is happening.

It is important that the minister confirmed today that, following the work of the Queen Elizabeth university hospital independent review, the oversight board report and the independent case note review, NHS Greater Glasgow and Clyde has completed 91 per cent of the 108 recommendations that have been made. I think that that is highly relevant when determining whether the escalation status should be raised to stage 5. Had such progress not been made, the arguments of some members in this place would be far stronger.

That said, it would be helpful if the cabinet secretary could, in his closing remarks, address how elected representatives in this place can follow the progress that NHS Greater Glasgow and Clyde is making on the recommendations on an on-going basis. How will NHS Greater Glasgow and Clyde report on its compliance with the many and varied recommendations that have been made, in a way that enables members of this Parliament and others to take a material view on how substantial that progress is? What on-going monitoring and reassurance work are in place to ensure that recommendations are complied with, embedded into practice and complied with in the long term? We must ensure that vital improvements are sustained.

I have a couple more comments to make. I listened with interest to the response when there was some uncertainty about using hospital standardised mortality ratios to say whether there is an on-going significant problem at the Queen Elizabeth university hospital. It is factual to say that, at the moment, the figure is below average, which should give us some confidence. However, I think that it would be helpful if members had a clearer understanding of how hospital standardised mortality ratios work, to see whether that reassurance can be extended across this place.

It is important to acknowledge that some senior clinicians have raised concerns about the nature of the political debate on this issue. In closing, I will say that all parties in this place have to change their relationship with one another and we have to change the way in which we debate these issues, because it can be corrosive. We have to find ways—although maybe not this afternoon, Mr Sarwar—to come together on healthcare and these most serious of issues.

15:25

**Gillian Mackay (Central Scotland) (Green):** My thoughts are with everyone who has been affected by infection outbreaks at the Queen Elizabeth university hospital and with anyone who has lost a loved one. I cannot imagine the pain that has been experienced by the families of

people who have caught infections in a place where they were supposed to be safe and cared for.

Those people deserve answers, which is why it is right that a public inquiry has been established and is under way. It is, of course, essential that we do not wait for the findings of the inquiry to be published and that action is taken now to prevent further infection outbreaks. As we have heard, Healthcare Improvement Scotland is carrying out a wider review of Aspergillus infections at Queen Elizabeth university hospital, and the board is implementing the recommendations of the independent review, the oversight board report and the independent case note review. That essential work must continue at pace, and I am sure that we will all monitor progress closely.

It is important that any findings and decisions are communicated on an on-going basis to patients, families and staff. I would be grateful if the cabinet secretary would confirm that people are being kept up to date.

The independent review found that

“Patients, staff and visitors who are vulnerable due to immuno-suppression, or who are in proximity to patients with certain highly infectious communicable diseases, have been exposed to risk that could have been lower if the correct design, build and commissioning had taken place.”

It is of deep concern that we cannot seem to get the basics right when constructing new, state-of-the-art hospitals in Scotland. We have seen that at both the Queen Elizabeth university hospital and the Royal hospital for children and young people in Edinburgh. I sincerely hope that the public inquiry will clearly set out the steps that we need to take to avoid such failures in the future.

There has been a devastating human cost behind those failures, and we have a responsibility, when debating these sensitive matters, to get the tone right. We risk causing more harm than good if we are not careful about the language that we use. Senior clinicians at NHS Greater Glasgow and Clyde have raised concerns about the way in which the issues have been portrayed. They feel that their integrity is being questioned and that that is undermining patients' confidence in them and the services that they provide.

As I said, those who are responsible for failures must be held to account, but the attacks on clinicians will not help us to do that. I am concerned about damaged patient trust and lower staff morale at a time when people are under severe stress. We need to establish what has gone wrong and how it can be prevented in the future, while also rebuilding trust between clinicians and patients, whose faith in services will understandably have been shaken.

Practical steps are being taken to improve patient safety, but we cannot ignore the emotional toll, so mental health support must be made available to patients, families and staff who have been affected. *[Interruption.]* I would welcome any comments from the cabinet secretary about what support is being provided.

**The Deputy Presiding Officer:** Excuse me, Ms Mackay. Could we not have chatting across benches, please? Let the speaker who has the floor make their contribution. Please resume, Ms Mackay.

**Gillian Mackay:** I close by focusing on concerns that have been raised about confidentiality. The Greater Glasgow and Clyde clinicians have expressed their disappointment in the discussion in Parliament of individual patients without the prior knowledge of the families concerned. That will no doubt add to the distress of family members who have already experienced a devastating loss, and I urge anyone who raises cases in Parliament to ensure that proper consent has been sought.

We talk about transparency and the need to have open communication with patients and their families. That applies to us as MSPs, too. No one should have to hear details about their loved one's case broadcast in Parliament, and I hope that members will reflect on that.

15:29

**Paul O'Kane (West Scotland) (Lab):** The gravity of this debate cannot be ignored. It is shocking that we have reached this point and that Scottish Labour has had to bring the motion to Parliament today. Surely all of us across the chamber must agree that no family should have to experience a battle to know what happened to their loved one when they died in one of our hospitals. No family should have to fight for the answers and no family should have to relive their loss every day because of a lack of closure and a lack of accountability. We must also agree that nobody who works in our NHS should ever feel that they cannot speak out and be heard on such serious issues.

However, after years of secrecy, denial and cover-up, not a single person has been held accountable for the catastrophic errors and infection scandal at the Queen Elizabeth university hospital. Since 2015, the issues have been raised time and again. There have been reports on contaminated water, deadly flaws in the building's fabric, serious patient infections and death, the bullying of staff and the silencing of whistleblowers, but no one in the senior management or board leadership has been held to account.

Let us be absolutely clear once again that this is not about the doctors, nurses and care assistants who work day in and day out in the hospital treating sick patients—they have worked tirelessly, especially throughout the pandemic, and they rightly deserve our deep gratitude. This is about those in positions of leadership. We stand with the courageous staff and whistleblowers who have revealed the scale of infections at the hospital, in the face of denial and intimidation from the leadership. We stand with the families who have described their ordeal and their feeling that nobody in power is listening to them.

Two weeks ago, at First Minister's question time, I raised the case of the Smith family from Greenock. Theresa and Matthew Smith's baby daughter Sophia died at just 12 days old of an infection that was contracted at the Queen Elizabeth, despite initially responding well to treatment for breathing problems. I spoke to Theresa today. Her child is not just a statistic. She spoke to me about the unimaginable pain of being unable to find any closure or to properly grieve the loss of her child, because she does not know why she died. She said to me:

"How can you accept what you do not know?"

Theresa asked me to speak of Sophia today, to say her name in this place and to say that her life was worth the world to those who loved her for those short 12 days and who still love her today. The family want all of us in positions of power in this place to listen. They want us to listen when they tell us about the tortuous journey to try to get answers. They want us to listen to the fact that, for four years, they have felt locked in a battle, with phone calls, emails and letters stonewalled, when all they want to do is find some peace. They want us to listen to the fact that they feel constrained and silenced in the public inquiry.

The Government regularly cites that inquiry in response to calls for action on the issue. Last week, Theresa's evidence to it was ruled too contentious to be made public, after legal applications by the Government and the health board. The legal experts have said that such orders should be used only as a very last resort, or there is a risk to public confidence in the inquiry. The First Minister told us in the chamber that she

"will not tolerate cover-ups or secrecy on the part of any health board."—[*Official Report*, 18 November 2021; c 15.]

However, in this case, her officials acted to ensure that evidence was heard in secret. That cannot be how the inquiry is conducted, given how families have been treated.

It is clear that, for families such as the Smiths, trust is completely broken. They have little faith in the process, so we must act. This is about leadership and confidence in leadership. Crucially,

it is about the trust of grieving families and the basic decency of ensuring that they can grieve in some peace. To begin to even think about a process of restoring trust, we must support the motion in Anas Sarwar's name.

15:34

**Sue Webber (Lothian) (Con):** I will speak in support of Douglas Ross's amendment but, before I do so, I draw attention to my entry in the register of members' interests.

I reaffirm my support for the principles that are outlined in the Labour motion. However, issues with patient safety in the Queen Elizabeth university hospital go beyond some of the heartbreaking tragedies that Labour members have outlined. I want to speak further about the burdens that front-line staff face, which may contribute significantly to the on-going problems with the UK's second-largest acute hospital.

Behind the scenes, unnecessary pressures are often placed on staff. I say to Ms Mackay that no one in the chamber blames clinicians. I want to talk about the staff who are directly involved in delivering patient care in a fast-paced clinical environment. Through unyielding, arduous, management-driven controls and processes or unbalanced procurement and budget control processes, those staff find themselves in distressing situations that distract their attention from delivering safe patient care. Those processes mean that staff are too often challenged by frustrated senior colleagues because equipment is not available for them to use.

The outcome of that may be that the patient's procedure is cancelled. Why? Because loan paperwork has not been completed days in advance of the planned procedure. Why? Because the one and only device in the department had been opened, sometimes in error, for a previous planned procedure. Scheduled procedures have clashed because there is only one piece of equipment for the entire department, or it has not been returned in time from sterile services due to tight turnarounds from cases the day before.

Perioperative staff and those in theatre are at the front line and face such hellish but completely unavoidable challenges daily, and sometimes even multiple times a day. I assure members that the frustration that is felt by the entire multidisciplinary team when that happens is palpable. I know that that such issues are not unique to NHS Greater Glasgow and Clyde. Staff should not have to face those issues when balanced, sensible and cost economic solutions are available to managers to approve.

We say with one breath and in one debate that we want to support staff's health and wellbeing

and then go on to thank them profusely for their heroic efforts. However, as I have said before, we need to do more than offer them our thanks and gratitude. Why do we not look to remove some of the completely unnecessary pressures in their day-to-day jobs and allow them to focus on their patients?

We are calling for a second independent public inquiry into the ministerial response to avoidable deaths at the Queen Elizabeth university hospital. A comprehensive independent inquiry would identify all the areas that cause risk to patients in the hospital and would accelerate the implementation of preventative and mitigating actions. The SNP planned, delivered and ran the hospital and today we have heard that percentages are more important to it than patients. It must take full responsibility for this disgraceful situation.

15:37

**Gillian Martin (Aberdeenshire East) (SNP):** Debates such as this are always difficult, because most of us are parents, mothers or husbands. It is painful to talk about loss and I have no doubt that it is painful to hear your loss being discussed in public.

The people served by NHS Greater Glasgow and Clyde deserve to have confidence in their health board and in their hospitals. I guess that I speak in my role as convener of the Health, Social Care and Sport Committee, which is relevant to the scrutiny of the operation of our hospitals. The cases that have been mentioned in the debate are heartbreaking and any allegations made by staff or families must be taken extremely seriously and investigated fully.

I think that we all agree that answers must be given. We know that NHS Greater Glasgow and Clyde is currently at the highest level of escalation and will remain there while all the issues are thoroughly investigated, and we know that the independent statutory public inquiry is under way—

**Sandesh Gulhane (Glasgow) (Con):** Will the member give way?

**Gillian Martin:** I am afraid that I do not have time.

The inquiry must be allowed to conclude and report. Further concerns about Aspergillus infections in the Queen Elizabeth hospital have been highlighted recently in the press and in the chamber. Last week, accusations were made that the Government was “hiding behind process” and Opposition members called for the board to be sacked wholesale and without delay.

As I said, the cases are extremely upsetting and the emotion is warranted and understandable, but in relation to people being held to account, all members know how important robust investigative processes are. They are crucial in three regards: to get to the truth of what has happened, to identify what must be done as a consequence and, where necessary, to provide any evidence of failure on the part of individuals. I agree with Bob Doris that if we throw out or curtail those processes, we are lost.

I am most concerned about political rhetoric when it comes to the death of anyone. In the chamber, we have a duty to be careful in what we say and how we say it. People who have lost their lives have been mentioned here over weeks and months, and I hope that every family has given their consent for that to happen. Families are watching, and we must remember to ensure that they agree to the public mention of their loved ones' cases.

I am also concerned about what high-profile political exchanges can do to patient trust. Members have mentioned this morning's reports of a letter from senior clinicians at the Queen Elizabeth university hospital who wrote to the First Minister and the cabinet secretary to express their disappointment and frustration about the way that the press and the Scottish Parliament portray their hospital colleagues and their treatment of patients. Some of today's rhetoric, particularly from the Conservative benches—saying that “the SNP is running the hospital” or talking about how a fish rots—does not do us any favour when we talk about people's loved ones.

Only with robust investigation will we get answers to what has happened. That pathway is crucial to ensure that any problem that has been discovered gets resolved. We must allow the investigation to happen for the sake of the patients, their families and the staff of the Queen Elizabeth university hospital, or any hospital where issues are reported, and have similarly robust systems in place for staff and patients to report without fear or favour.

**The Deputy Presiding Officer:** We move to closing speeches.

15:41

**Sandesh Gulhane (Glasgow) (Con):** I declare an interest as a practising NHS doctor.

Glasgow's Queen Elizabeth university hospital is at the heart of arguably the greatest disgrace, not just of the SNP's time in government but of Scotland's entire devolution era. It has been marred by scandals since its opening in 2015 and the hospital management has failed in its duty on a number of fronts, particularly on transparency.

A damning investigation into the water supply found widespread contamination. Children died after being infected with bacteria. That tragedy is now subject to a criminal investigation, so it is no wonder that we should now have little faith in the leadership—I stress that word—of NHS Greater Glasgow and Clyde.

We understand why Scottish Labour is calling for special measures to move the health board from stage 4—which is not, as Gillian Martin and the First Minister have said, the highest level—to stage 5, which is the highest level. Bob Doris asked what that move would achieve. The answer is accountability and stopping bullying, secrecy and cover-up culture—unless Bob Doris feels that the Government would not be able to achieve that.

Although grave concerns exist over the management of the institution, we believe—I believe—that patients and their families can trust the front-line clinical staff who deal with them.

It is important that we understand that the continued criticism of the hospital impacts the mental health of doctors and nurses and the morale of all staff, which is another reason why we must act now and deal with this crisis. Let us not have more of the same defensive posturing and dithering from an SNP Government that is now in its sixth year of presiding over the Queen Elizabeth university hospital scandal, as staff morale plummets.

We need to consider carefully what the people we represent want and what the patients and their families expect. First and foremost, they want assurance that, if they or their children need to be admitted to the SNP's flagship hospital, they will be safe. We need to prioritise that safety, and see an independent, specialist infection control assessment of the hospital conducted every year and, given the history, for at least the next five years. The Queen Elizabeth scandal is like a cancer; we need to treat and monitor it and ensure that we do so carefully until it is in complete remission.

That point brings us to accountability, of which there is no sign from anyone, including the SNP-Green Government. Special measures without delay are a must. In tandem with those, we call for a full inquiry to ascertain, not what caused patients to fall ill and die, but who has been responsible for making the decisions during this crisis. The public demands transparency, not cover-up. The accountability trail is important and, wherever it leads, justice must be done.

Sue Webber is telling us about front-line staff who daily face hellish yet avoidable challenges. Douglas Ross calls for an independent inquiry to be held into the ministerial response, which is important because no one can escape

responsibility and accountability, including those at the very top.

I echo Carol Mochan in saying that we clinicians would only ever speak out like this when there is no other choice. Bullying is unacceptable, so why is it allowed on the SNP-Green watch? The integrity of NHS clinicians has never been called into question by anyone in Opposition, as said by Maree Todd and Gillian Mackay. I stand here commending the front-line staff who are saving lives day in, day out, despite being let down by senior management day in, day out.

The Scottish Conservatives' thrust in today's debate is quite straightforward. We are simply addressing two fundamental questions that so many Scottish families ask. First, is my hospital now safe? Secondly, who is responsible? Our amendment is measured and reasonable. We should be able to count on the Government's support if it puts patients first.

15:46

**The Cabinet Secretary for Health and Social Care (Humza Yousaf):** First, as everyone else has done, I extend my condolences to the loved ones of those who have been affected by the issues that members have raised today. Let me say at the outset that I do not for one second begrudge Anas Sarwar, Paul O'Kane or any other member raising constituents' cases. Nor, indeed, do I begrudge members of the public coming to them to raise those cases. Nobody in Government begrudges their having raised those cases. In fact, it is incumbent upon people to raise such cases when consent has been acquired.

However, I take exception to the line that is being taken of, "Whose side are you on?" Each and every single one of my colleagues on the back benches and in the Government—I include myself—are on the same side. It is the side that Douglas Ross, Anas Sarwar and Alex Cole-Hamilton are on. Each and every one of us wants the best and safest patient experience for members of the public. We are all on the same side.

When we have disagreements, they should absolutely be debated, but I would not question the intention of any member of this Parliament, regardless of the party to which they belong.

**Daniel Johnson:** Will the cabinet secretary take an intervention?

**Humza Yousaf:** I will not, because I only have four minutes.—[*Interruption.*]

Members may heckle me from the sidelines if they want, but it is really important—

**The Deputy Presiding Officer:** Excuse me, cabinet secretary.

Members cannot really heckle from the sideline. That is a matter for me; I am the ref. Could members please just listen to the cabinet secretary? Thank you.

**Humza Yousaf:** Forgive me.

I want to draw attention to some of the concerns that clinicians have raised and which have been derided in the chamber. I will tell members what the clinicians have to say. I will read a couple of excerpts from the letter that the clinicians sent to me and the First Minister. They did not send it to Jane Grant, the chief executive of the health board, or to John Brown, the chair of the health board. The 23 clinicians—doctors and nurses—wrote to me. They are people whom we applauded and called heroes, and for whom we demanded a pay rise and granted a pay rise to. Those men and women are the heroes—not the management, not politicians and not Government ministers.

I will quote directly what they have said so that I am not accused of misquoting. They have said:

“We have been, and remain, fully committed to being completely open and transparent in all that we do and we are dismayed that the integrity of our staff has been repeatedly called into question.”

They also said:

“This unfounded criticism of our clinical teams and staff as well as the safety of our hospitals, is also hugely detrimental to staff morale at a time when so much is being asked of them.”

They went on to say:

“this sustained criticism of our staff is undoubtedly causing them distress and worry.”

Those are not my words; they are the words of the doctors and nurses, so let us not dismiss them. Please, let us not dismiss their concerns.

My second point is about consent. I do not begrudge Anas Sarwar’s having raised the cases of Milly Main and Louise Slorance as he has done, and continues to do, with great effect. We have a responsibility to answer those questions. In the case of Andrew Slorance, whom I knew well from my various ministerial roles, we have ensured not only that a case review is taking place but that there will be an external review. NHS Lothian will provide that, as external assurance. Seven clinicians will be involved in it.

On top of that, on the wider issue of Aspergillus in the Queen Elizabeth university hospital, I have instructed our national improvement agency, Healthcare Improvement Scotland, to look at that.

On the questions that Anas Sarwar asked, I will write to him in detail and will put the reply in the Scottish Parliament information centre.

**Anas Sarwar:** You do not know the answer. How many red notices have there been?

**Humza Yousaf:** I do know how many red notices there have been, although my understanding is that there have been three. I will write to Mr Sarwar in detail to address a number of the questions that he asked. I will also provide detail on what we have done nationally.

**The Deputy Presiding Officer:** Could you bring your remarks to a close, please?

**Humza Yousaf:** I will end my remarks by saying that we have taken action. There have been seven reviews. The recommendations have not sat on a shelf; 98 per cent of them have been implemented, as have 88 per cent of the oversight board’s recommendations.

Of course improvements, where they can be made, must be made. Huge improvements have been made. I ask members to seriously consider, when they raise cases in the chamber—

**The Deputy Presiding Officer:** Cabinet secretary, please conclude.

**Humza Yousaf:** —that they do so with the consent of the families involved. I guarantee members that, whenever cases are raised, they will not be dismissed but will be taken seriously by the Government.

I ask members to back my amendment to the motion.

15:51

**Jackie Baillie (Dumbarton) (Lab):** For the families who have watched today’s proceedings in Parliament, this debate will have been a deeply upsetting experience. It will have brought back memories of loved ones, but it will also have brought back anger towards those who covered up the truth from them. We owe those families answers and we owe them action. It is incumbent on all of us here to demonstrate that Parliament will not stand by when NHS staff are being bullied and blamed, and that we will not stand by when patients are being failed and lied to.

Far too often during my time in Parliament, I have had to raise the heartbreaking impact of infection outbreaks in our hospitals on the families and friends who have been left behind. From the deaths following the C diff outbreak at the Vale of Leven hospital to the tragedy that continues to this day at the Queen Elizabeth university hospital, each one of those deaths was avoidable. While we cannot bring back those who have been taken too soon, we can help to deliver some justice for their families, and we can try to stop it happening again. That is our responsibility today.

Today, we must tell the leadership at NHS Greater Glasgow and Clyde that Parliament has no confidence in it and that enough is enough. We must tell the leaders of that board that we will not tolerate their bullying, their cover-ups, their disgusting attempts to blame courageous NHS staff and—yes—their lies. The clinicians and nurses at the hospital are heroes. They have been working in absolutely impossible conditions in a building that is not fit for purpose. Please do not forget that it was clinicians who exposed the scandal at the Queen Elizabeth university hospital in the first place. They are the ones, along with their patients, who are being failed by health board senior managers. How dare the health board and the Scottish Government use those hard-working staff as a human shield for their failures?

The cabinet secretary quoted a letter. The clinicians in question are senior managers; they are appointed by the chief executive. They are not the clinicians who are saying that there is something terribly wrong. Why does the Government not listen to the clinicians who are saying that there is a problem?

It is beyond doubt that the hospital leadership has failed, but the Government, too, faces a question of leadership. I say to every SNP and Green MSP in the chamber today, to the health secretary, who so recently expressed his confidence in the board of NHS Greater Glasgow and Clyde, and to the First Minister herself, that you have a choice to make today; you can choose to side with NHS staff and patients or you can choose to continue the culture of cover-up and secrecy at the very top of the board.

From start to finish, this scandal has happened under Nicola Sturgeon's watch. She was health secretary when the hospital was commissioned, and she was First Minister when it was opened and all the warnings about water contamination were ignored. She was First Minister when Anas Sarwar first told Parliament about the infections at the hospital two years ago, and she was First Minister when it emerged that a family had not been contacted following the death of their child, who had contracted an infection. She was First Minister when Louise Slorance pleaded with her to prevent what happened to Andrew Slorance from happening to others and she is the First Minister today, when we have the opportunity to take immediate action by using the Government's emergency powers to escalate the NHS board to the highest level of the performance framework.

Therefore, I say this: no more hiding behind process, no more blaming of staff and no more waiting for the findings of a public inquiry to come at least three years down the line. Families cannot wait that long and the country cannot wait that

long. There are still patients dying in the hospital after contracting infections.

So, for the sake of the staff who are working tirelessly to save lives, for the sake of the families who have lost loved ones, for the sake of patients in Glasgow and across Scotland, and for the sake of public confidence in our NHS, we can and we must take action today. I call on members to support the motion.

**The Deputy Presiding Officer:** That concludes the debate on protecting patient safety at the Queen Elizabeth university hospital.

Before the next item of business, I will allow a short pause for front-bench teams to safely change their seats. I remind members that Covid-related measures are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus.

## Ventilation in Schools

**The Deputy Presiding Officer (Annabelle Ewing):** The next item of business is a debate on motion S6M-02326, in the name of Michael Marra, on action on active ventilation in schools. Members who wish to speak in the debate should press their request-to-speak buttons now.

15:58

**Michael Marra (North East Scotland) (Lab):** I am pleased to bring this important debate to the chamber today. On examination of the facts and the overwhelming weight of the data, Labour considers the area of school ventilation to be a serious policy failure by the Scottish Government to date, because of the number of Covid cases in schools and school closures, which are stubbornly difficult for the Government but physically dangerous for the population.

At its most visible, the debate could be said to be about children who sit shivering in our schools, unable to learn, or teachers who are freezing in their classrooms, unable to teach—but not just today or just this year. Too many children are sitting at home, because their classes or schools are closed due to outbreaks of the virus. That comes after lockdowns and missed education, the impact of which on young people the Government steadfastly refuses to research, quantify or understand.

Scotland's Covid infection rates are highest among the under-15s, and seven-day case rates are at more than 400 per 100,000. The circulation of the virus among schoolchildren seeds the virus into other settings and, increasingly, across Scotland, cohorts are missing class time and schools are having to shut in order to manage the risks. Labour is absolutely clear that we must maintain education in schools. The damage that has been done so far to the prospects of our next generation is already far too great. To maintain school education, we must use every strategy possible to make our schools as safe as they possibly can be.

In the summer, after more than a year of disruption and several months of Scottish Labour making the case that better ventilation in classrooms was needed, the First Minister announced that there was to be a ventilation inspection programme, backed by £10 million of funding for remedial action. What happened next was not a ventilation programme but CO<sub>2</sub> monitors being installed in some—but far from all—classrooms, with a non-existent methodology on how they should be used, resulting in wildly different thresholds being set, all to fill in massive spreadsheets that were sent back to rot on a desk

in the Scottish Government's offices. What followed was, by the minister's own words, "very limited" action beyond moving some furniture out of the way of windows and chipping off some paint.

Last year, teachers were told to open the windows. This year, a wee alarm goes off in the corner of the classroom telling teachers to open the window. What happens if the window is already open when the alarm goes off, Lord only knows. I will give way to the cabinet secretary right now if she can tell us by what criteria classroom air quality was judged and the pass and failure rates of the 41,000 inspected classrooms.

**Shirley-Anne Somerville:** Clearly, local authorities are using different monitors, so they will have different criteria, but certainly the expert advice is that a CO<sub>2</sub> concentration of around 800 parts per million indicates that a space is well ventilated and that 1,500 parts per million, if regularly sustained, could be an indication that a space is poorly ventilated. That would be an issue that would need to be looked at locally, depending on the monitor usage.

**Michael Marra:** That is a wide variety—between 800 and 1,500 parts per million. One could pick a figure in between, as many councils have had to do. There was no answer in that intervention about the pass and failure rates of the 41,000 inspected classrooms. We have asked, time and again, for Government to produce that answer. We have put in parliamentary questions, but it has not been provided. There has been no real inspection programme. It has been a useless pretence to get the Government through questions in the chamber, resulting, by the cabinet secretary's own admission, in no action.

Research from Harvard University shows that the use of portable air purifiers can reduce transmission rates of airborne viruses by 50 per cent. The use of high-efficiency particulate air filters can remove up to 80 per cent of airborne virus. Scottish Labour's proposals follow examples of international best practice and call for the resourcing of the installation of two air filters in every classroom in Scotland. That is the best route to providing robust active ventilation that will better protect health and, by limiting the spread of the virus, minimise potential further loss of time in schools for our children. It is the correct approach that the Government should back tonight, and it should fund it in the budget.

We know that Covid is with us to stay and teachers are beginning to wonder whether this is now simply going to be the reality of Scottish winter months. I know that the Government is committed to expanding outdoor learning, but I would suggest that there are better ways to go about that than by bringing the Scottish winter

indoors. Are we going to be in the same position a year from now? The Government needs to start building the pandemic infrastructure that we require for domestic vaccine production, regular mass vaccination facilities and their staffing, a public health system that works, an international vaccine contribution worth the name and, starting today, buildings that can help keep our children, our teachers and our education staff healthy.

In the short term, the advent of the omicron variant reminds us what anyone watching carefully has known for a very long time: a single-track strategy of high vaccination rates—for that is what the whole of the United Kingdom is now pursuing—cannot get case rates down sufficiently to prevent mass circulation and further variants. We must have a track and trace system that works and, vitally, ventilation in our public buildings.

I move,

That the Parliament notes with concern that case rates for COVID-19 continue to be highest among under-15s with seven-day case rates over 400 per 100,000; considers that reducing transmission of COVID-19 in schools will be crucial for reducing levels of the virus across the country and that the lack of proper ventilation is a worry for young people, teachers and parents; recognises that Scottish Government ministers have repeatedly failed to publish information on the rate of failure and criteria for their ventilation inspection scheme, which inspected 40,100 of 52,000 learning spaces between August and October 2021; agrees that, especially during the winter months, there is a need for more active ventilation in schools, and calls on the Scottish Government to ensure that local authorities have funding available to install at least two HEPA filters in each classroom in Scotland.

16:04

**The Cabinet Secretary for Education and Skills (Shirley-Anne Somerville):** The safety of children and young people, and, indeed, all education staff remains our absolute overriding priority, particularly as we approach winter. Ventilation is a key line of defence, along with vaccination, face coverings, good hand hygiene, regular testing and surveillance. When the omicron variant is causing great concern here and around the world, we must be vigilant and ready to take any action that is necessary.

It is true that, as the motion sets out, case rates among under-15s remain high. To minimise disruption to learning and teaching, it is vital to make best use of all the mitigations that we know are effective.

As Michael Marra's motion highlights, ensuring that all learning and teaching spaces are adequately ventilated is vital—that much we agree with. Ventilation remains one of the most important ways of reducing the risk of airborne Covid transmission and keeping our schools as safe as possible. That is why the Scottish Government has

worked closely throughout the pandemic with the advisory sub-group on education and children's issues, expert bodies such as the Health and Safety Executive and local authorities to put in place and update national guidance on ventilation and CO<sub>2</sub> monitoring in schools.

We have allocated significant funding—not just the £10 million that Michael Marra mentioned but £90 million of Covid logistics funding, which was provided earlier in the pandemic and included support that many local authorities used to improve ventilation. That was added to by £10 million of support to ensure that all local authority schools and all day care of children services had access to CO<sub>2</sub> monitoring.

About 22,000 CO<sub>2</sub> monitors have been purchased, and all the initial CO<sub>2</sub> assessments of learning, teaching and play spaces in Scotland are now complete. The programme of assessment was led by local authorities, with support from Scottish Government officials and the Scottish Futures Trust. They worked collaboratively to align best practice.

Wherever possible before the October break, every learning, teaching and play space had to receive an initial assessment for at least a day under normal occupancy conditions, so that readings were properly representative. The approach was to continue in line with the local authority's monitoring strategy thereafter. That exercise was an important step forward for our understanding of ventilation across the learning estate, and we are grateful for the hard work that was put into completing the initial assessments, which drew on the criteria for acceptable CO<sub>2</sub> levels that are set out in Scottish Government guidance.

The full operational detail about the outcome of assessments, including the number of spaces where concerns were identified, is held at a local level. I have explained that to Michael Marra in the past. However, local authorities have been asked throughout the process to provide overarching feedback on the extent to which CO<sub>2</sub> levels have exceeded the thresholds that are set out in the guidance. As I said in my intervention, those levels align with expert advice that, in general, regular readings of 1,500 parts per million indicate a need to take action and that in areas of high aerosol generation—where, for example, physical education or loud singing is being undertaken—levels of 800 parts per million should be used as a benchmark.

**Oliver Mundell (Dumfriesshire) (Con):** Is the cabinet secretary confident that, where stubbornly high levels have been identified, action has been taken locally? Has she been reassured?

**Shirley-Anne Somerville:** We continue to seek and receive reassurances. It was reassuring to receive reports that only in relatively few cases were the recommended CO<sub>2</sub> levels exceeded and remedial action was required. I recently put that point in writing to the Education, Children and Young People Committee.

When issues are identified, it is—rightly—for local authorities to focus their remedial efforts. Michael Marra pointed to the fact that little action was taken, but that is because local authorities took the level of remedial action that they deemed to be required.

**Michael Marra:** The minister said on the record that “very limited” action would be taken. Essentially, the recommendation is to open a window. Does she expect us to be in such a position next year? Will she do something to prevent us from being in such a situation next Christmas?

**Shirley-Anne Somerville:** As I said, what I have done and will continue to do is listen to the experts. I encourage Michael Marra to read in great detail the expert evidence that was given to the COVID-19 Recovery Committee and to seek the reassurance on what experts have said about the importance of natural ventilation.

Actions were taken on CO<sub>2</sub> readings that were above the levels that are detailed in the guidance. Action included repairing windows, identifying inappropriately occupied spaces and locating people in other spaces. Very occasionally, additional fan systems have been required when no other ventilation was available. Such work continues, and we recognise the particular challenges over the winter period.

Our guidance makes it clear that schools need to reassure people about the temperature of classrooms. It is important to take into account levels of ventilation and appropriate temperatures.

We will listen closely to the evidence on air cleaning devices. However, I again quote the Health and Safety Executive, which has said that the units

“are not a substitute for ventilation.”

I will continue to listen to the expert advice and continue to be open to change if the expert advice requires that.

I move amendment S6M-02326.1, to leave out from “considers” to end and insert:

“notes that the Scottish Government’s Guidance on COVID-19: Reducing the Risks in Schools is informed by expert advice, including from the Advisory Sub-Group on Education and Children’s Issues and the Health and Safety Executive; recognises that, while only one of a range of mitigations that are in place, this guidance requires local authorities to work with schools to ensure good ventilation

and access to CO<sub>2</sub> monitoring, and sets out clear criteria and strategies to help achieve this; notes that the Scottish Government has already provided £90 million to support schools with Covid logistics, including ventilation, with an additional £10 million provided to undertake CO<sub>2</sub> monitoring in the learning estate; commends local authorities for the work they have done to date to ensure that 100% of all learning, teaching and play spaces across Scotland have received an initial assessment using CO<sub>2</sub> monitors, with any required remedial action being undertaken in line with guidance; thanks Scotland’s school unions for the constructive role they have played in raising the legitimate concerns of their members in relation to the importance of ventilation; welcomes the ongoing feedback and engagement with local authorities, unions and other relevant stakeholders on current ventilation guidance and its implementation, and further welcomes the Scottish Government’s ongoing commitment to monitor and update school ventilation guidance, should that be required, in line with the latest scientific expert advice.”

16:10

**Oliver Mundell (Dumfriesshire) (Con):** I am grateful to my Labour colleague Michael Marra for bringing this debate to the chamber and giving Parliament the time to discuss the issue. We will support the Labour motion at decision time, because we think that it sends a strong message to the Scottish National Party Government that it is time for it to step up and do more.

I read the cabinet secretary’s amendment carefully and I have listened carefully to what she has said so far. Although I recognise that some action has been taken and that ventilation is only one measure among many mitigations, we cannot support an attempt to downplay the on-going challenges that our schools and, therefore, our teachers, support staff and pupils are facing. I did not find the cabinet secretary’s response to my intervention particularly reassuring. If we are not even able to say that the most basic of remedial actions have been taken and that the Government has followed up on them, it does not seem as if we are really on top of the problem.

I agree that keeping windows open where possible is important but, for many of our smaller schools—including many of the schools in my constituency—that also means ensuring that their heating systems are up to scratch and that local authorities and schools are supported with the considerable additional heating costs that they are likely to incur.

**Michael Marra:** Will the member reflect on the question that I put to the cabinet secretary, which was whether we will be in this situation next year? With regard to the schools in his constituency that he mentioned, does he think that it would be acceptable to find ourselves in the same position next Christmas, with kids freezing in classrooms and no active ventilation?

**Oliver Mundell:** I agree with that point. The sad thing, which I was going to come to later, is that we should not be in that position this year, either. I am not a “Game of Thrones” fan, but I know that other people have been caught out when they have said, “Winter is coming.” However, that is true—it is coming, and we have known for a long time that we were going to be back in this situation, and the events of the past week have shown that, sadly, many of the challenges around Covid-19 are not going to disappear even if we get on top of case numbers and drive forward the vaccination programme.

In that light, it would be sensible to put in place some of the measures that we are discussing as a precaution, even if we think that, on balance, we might be in a better place next winter. Our young people deserve better. Their education has been disrupted and we owe them an attempt to get the basics right, which means delivering the most proportionate and most straightforward measures. That is something that every party in this Parliament should be able to get behind. It might not be the total solution and it might not provide all the answers, but it is certainly worth giving it a try. If it provides parents, pupils and teachers with some reassurance, it would be money well spent and an investment worth making.

**Shirley-Anne Somerville:** I suggest that what might also give reassurance to parents, staff and young people is if we listen to the expert advice that is given to us by, for example, those who appeared before committees and did not in any way suggest what is now being suggested in the motion. The proposal in the motion is not based on what the Health and Safety Executive or experts who came before the committee suggested. Why do we not reassure people by listening to the expert advice that the Government is getting?

**Oliver Mundell:** My understanding of the advice is that no one has said that those measures would not be an improvement; they have said that they are not the full answer. There is scientific evidence for their efficacy and, therefore, we are talking about an addition to what is happening—it is a belt-and-braces approach. That is better than just telling schools that all that they can do is open the window, when we know that there are spaces in our schools that are badly ventilated. In many other areas of our society and economy, improved mechanical ventilation forms part of the response not just to Covid but to the challenge of generally improving air quality. The ideas are worth looking at again.

This debate highlights many of the worst qualities of the SNP Government. It is a Government that makes announcements and believes that that is the job done, that fails to understand the magnitude of the issue, that

offloads responsibility and blame on to local government and that is unwilling to admit when its policies have not worked. It is a Government that is not willing to listen to ideas from elsewhere in the chamber.

16:14

**Willie Rennie (North East Fife) (LD):** I thank Michael Marra for being so assiduous on the issue of ventilation in schools. Today’s debate will help us to flush out many of the issues at the heart of the discussion on ventilation. Our knowledge and understanding of the virus have evolved over time, and the Government’s response has evolved, too. The Government’s approach on ventilation must also evolve, because the current one-size-fits-all approach is just not good enough.

Given that we have a range of school buildings—from Victorian ones and 1960s builds to modern designs—the performance of each school differs, but the Government’s policy is very limited. Using CO<sub>2</sub> monitors and opening windows are the only tools in the box. The Government’s new business fund for ventilation permits businesses to make applications for the purchase of mechanical air purifiers. The cabinet secretary might wish to tell us the science that backs up the Government’s support for that grant funding, while it dismisses such devices for schools. I would be very interested to hear what the cabinet secretary has to say on that.

**Shirley-Anne Somerville:** We have made it clear that, if areas in schools cannot be ventilated appropriately, they should not be used, or alternative methods can be used. I said that in my opening remarks, but I am happy to clarify it.

**Willie Rennie:** The science therefore does support the use of air purifiers, despite the cabinet secretary’s constant dismissals. The message to schools is clear: their options are opening windows or using CO<sub>2</sub> monitors. That is the bulk of the activity. [*Interruption.*] The cabinet secretary says quietly that other options are available, but those are clearly discouraged, because I do not know of any circumstances in which air purifiers are being widely used by schools. If air purifiers are good enough for businesses—that is stated explicitly in the guidance for businesses, but not in the Government’s guidance for schools—surely they should be good enough for schools. Schools should have the tools in the box available to them.

If we look around the world, we see that the advice is clear. The Irish Government’s expert group on ventilation said that stand-alone high-efficiency particulate air filter devices might be useful in reducing airborne transmission in spaces with insufficient ventilation. In Canada, the Calgary Board of Education has made the same

recommendation. In Australia, the independent OzSAGE group has recommended that HEPA filters be used. The use of such filters is encouraged in those countries, but it is discouraged in this country.

In this country, scientific advisory group for emergencies member Catherine Noakes, a professor of environmental engineering for buildings at the University of Leeds, advocated the use of such filters when improved ventilation might be needed. However, the Government guidance is a straitjacket on schools, limiting their options and the tools in their box.

Schools should have the funding available to do what is right for their circumstances. Instead of the limited guidance that is available, it should be explicit that schools have the option of using HEPA filters. Such filters have so much credibility that the UK Department for Education and the Department of Health and Social Care are running a £1.75 million pilot scheme in Bradford to assess the most effective use of air purification technologies in schools. The UK Government is going much further—it is actively looking at providing solutions for schools—whereas the Scottish Government keeps suppressing the options for schools.

**The Presiding Officer (Alison Johnstone):** Please close, Mr Rennie.

**Willie Rennie:** We, too, have a duty to go further. We know that the omicron variant is posing greater threats to us, so the Scottish Government needs to step up, evolve its position and ensure that we do the right thing for our schools.

16:19

**Rhoda Grant (Highlands and Islands) (Lab):** We are now almost two years into the pandemic, yet the only advice that we can offer children and teachers who are freezing in school is to wear outdoor clothes inside. When we were children, we were always being lectured about wearing our coats inside, because, we were told, we would not get the benefit when we went out. Children today deserve to live their lives in the same way.

We knew many months ago that the pandemic was here for the long term. The Scottish Government should have acted then to protect the health of our pupils and staff. It is not reasonable to expect teachers to open a window, crank up the heat and make believe that that is appropriate ventilation for a school. We are facing rising fuel bills, which is putting a strain on local authority budgets. Pupils who have missed so much school already are facing rising Covid numbers in their classes. We have an education system that is in disarray and is failing our young people, and the

attainment gap is widening. It is crucial for children, especially those living in difficult circumstances, to get to school. School is often the only place where children can be warm and have a hot meal; for some, school is their safe place. For some children, putting extra clothes on to keep themselves warm inside the classroom is simply not an option. Their clothes are worn and they are fast outgrowing them. There is no money at home to replace their clothes, far less buy warm clothes for a cold and draughty school. Imagine being cold and hungry at home and then coming to school and being even colder. How can young people learn in those circumstances?

Last winter, Comhairle nan Eilean Siar immediately doubled the clothing grant for low-income families to help them to buy additional clothing. The Scottish Government should have done that. Furthermore, this summer, it should have been working on the supply of adequate air purifying equipment to schools in order to keep children and teachers safe and warm this winter. It is normal in Scotland that we have cold weather and storms in the winter. In my constituency, we have seen the impact of storm Arwen on our schools. The pupils and staff of Wick high school had a lucky escape when a huge chunk of the wall was blown off. This is a new Scottish Government flagship school; sadly, it was not built to cope with winter weather. Schools must be safe and built to withstand winter weather, and they must be places where our children can thrive.

Low winter temperatures are already hitting us hard, and children cannot reasonably be expected to learn while sitting in the cold. It also puts their health at additional risk, because we know that the cold weakens immune systems, so low temperatures could lead to a rise in Covid cases. The Scottish Government must not forget that schools are workplaces, which must adhere to health and safety guidelines in the same way as other workplaces do. The Scottish Government has put £10 million into schemes to improve ventilation in schools, but it is not enough. We know that no two schools are the same: some children are in brand new buildings, while some are still learning in portakabins.

As Willie Rennie said, last year the Scottish Government created a £25 million business ventilation fund. That was the right thing to do, but will it now provide adequate funding for ventilation in our schools for our children? The Scottish Government must act now to keep young people safe and warm so that they can learn. Children should not have to wait for another year.

16:23

**Kaukab Stewart (Glasgow Kelvin) (SNP):** There can be no question but that ensuring the

safety of children and young people, as well as all educational staff, is of paramount importance to everyone in this chamber. I therefore welcome the opportunity to contribute to the debate, and I thank Michael Marra for raising this important issue and Shirley-Anne Somerville for the amendment.

The debate highlights the need to follow the best Covid advice and to work together to implement mitigations at pace and consistently across Scotland. Anyone who has taught in schools knows only too well that creating a safe and healthy environment is paramount. School staff are well aware of how to create and maintain safe environments, because those are the foundation of the health and wellbeing that are necessary for learning and teaching. It makes learning fun, lively and sociable for children and young people.

I taught throughout the pandemic, and I keep in regular contact with educational colleagues, so I have some understanding of school environments. Only this morning, at the Education, Children and Young People Committee, we heard about examples of CO<sub>2</sub> monitors being installed in classrooms, connected to wi-fi and monitored by teachers and centrally by department officials. We know that that is happening, although not necessarily in every council.

**Michael Marra:** The same evidence from the NASUWT said that CO<sub>2</sub> monitors are not available in many classrooms. They are held centrally and appear occasionally. What kind of evidence are teachers getting as to when they should follow the instruction to open the window?

**Kaukab Stewart:** I thank Michael Marra for that question. I was about to go on. I have already said that there is excellent good practice. Councils need to share that best practice with each other to make the most of the £10 million Scottish Government funding that they have already received.

I note the comments of a few members, including Willie Rennie and Rhoda Grant, on the variance of school buildings. Had councils not been saddled with Tory-inspired and Labour-backed private finance, we would have modernised schools and we would have more revenue in the education budget for councils to go even further. Promises that were made at that time to provide schools that were meant to be fit for the 21st century failed to include CO<sub>2</sub> monitoring.

**Oliver Mundell:** How does Kaukab Stewart explain to my constituents in Dumfries who are sat right now in the high school why, when her Government has been in power for 14 years, that building is not wind and watertight? Surely, that is not acceptable.

**Kaukab Stewart:** I can remember standing at a hustings 20 years ago, talking about the private finance initiative. I was a teacher and I was accused of trying to take away new buildings from schools. I said at the time that we were mortgaging our children's future, and that is exactly what we have done. In Glasgow alone, 10 per cent of the education budget is still paying for PFI mortgages.

We can build a co-operative approach to working out solutions. With council officers, teachers and education representatives working together in the spirit of a fair work approach, we can ensure that necessary adaptations are made to our school estate and implemented to meet the inevitably ever-changing health and safety guidelines as we respond to Covid.

It is welcome to hear from education representatives such as Larry Flanagan, the general secretary of the Educational Institute of Scotland, who reported that a survey of his members found that

"in the majority of schools, our members feel that ventilation issues have been addressed."—[*Official Report, COVID-19 Recovery Committee, Date; c 4.*]

As members know, the Scottish Government's guidance continues to be informed by the advisory sub-group on education and children's issues, as well as the Health and Safety Executive.

**The Presiding Officer:** Please could you close, Ms Stewart?

**Kaukab Stewart:** I will.

I have spoken to colleagues, teachers and headteachers alike, and I have to say that, in the majority of cases, I concur that mitigations and adaptations are taking place.

**The Presiding Officer:** Thank you, Ms Stewart.

**Kaukab Stewart:** I thank our colleagues in the education sector for their continuing hard work.

16:28

**Pam Gosal (West Scotland) (Con):** I am grateful for the chance to contribute to the debate. The unmistakable truth is that, although we have made good progress in our battle against the pandemic, the virus is, sadly, still very much with us. With extended school closures and mask mandates, along with banned sports days and nursery graduations, the pandemic took its toll on children's education and mental health. Sadly, it continues to do so even today. We need to learn to live with such happenings. Therefore, we need to be better prepared.

The virus is here to stay, and, with winter fast approaching, we need to take a proactive, not a reactive, approach to the issues that our schools

face right now. Later on, it will be far too late. In order to combat the transmission of the virus, good ventilation is needed in every classroom in every school in Scotland. The advisory sub-group on education and children's issues recommended that greater emphasis be placed on ventilation by keeping windows and doors open as much as possible. That advice was repeated as pupils returned to classrooms, but it is not ideal, given the low temperatures during the winter months. Although measures to improve ventilation are only one method of mitigation in schools, they are an increasingly important one, which can keep our schools as safe as possible.

Scottish Government ministers repeatedly failed to publish information on the rate of failure in, and the criteria for, their ventilation inspection scheme. Once again, it has taken the Opposition parties to draw attention to the issue. The Scottish Government has given £10 million to local authorities in addition to the £90 million for remedial action, such as dealing with CO<sub>2</sub> monitoring exercises, but there must be significant investment to ensure long-term protection for pupils and staff.

We cannot overlook three important issues. First, without adequate ventilation systems in classrooms, children will continue to take the virus home to their parents and elderly relatives. Secondly, our children's mental health must be at the heart of future Government strategies. Last but certainly not least, the attainment gap is wider than it has been in any year since 2017—a staggering 22.1 per cent gap between the most-deprived and least-deprived pupils in A grade attainment levels.

We must do everything that we can to ensure that an entire generation of children is not lost as the Covid generation. We need a proactive, long-term approach to living with the virus, not a sticking-plaster approach, which we all know the SNP is good at. Will the SNP Government still be using Covid as an excuse for its mismanagement of Scottish education in 10 years' time?

I am glad that the motion has been brought before the Scottish Parliament, and I am delighted to back it. The infrastructure that supports our children's education is just as important as the education itself. That goes for the mental health and wellbeing of teachers and other staff as well. This is our chance to put it right.

16:32

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** The issue is important, and I thank the Labour Party for bringing it to the Parliament for debate—I mean that genuinely.

As other members have said, there are already many mitigations in education settings throughout Scotland, such as the continued use of face coverings in communal areas and secondary classrooms—I was glad to hear the UK Government recently follow our lead on that; a continuing focus on good ventilation and good hygiene; regular asymptomatic testing for school staff and secondary pupils; and continuing surveillance and outbreak management in partnership with local health protection teams.

I understand that, in North Lanarkshire, where my constituency is, extensive guidance has been published in line with the national guidance and that a toolkit has been prepared to ensure that the following areas are covered: social distancing protocols; the use of personal protective equipment and face coverings; public transport versus school transport; catering and cleaning arrangements; drop-offs, staggered starts and walking buses; the movement of pupils around school; curricular arrangements and timetabling; and arrangements for shielded staff and pupils.

As a dad with a child at school and one at nursery, I can confirm that many of those measures are in place. Masks at school gates and staff wearing face coverings are pretty standard now, as are staggered drop-off and pick-up times. Indeed, there was a mini celebration in our house when we got the 9 am start slot this term as opposed to the quarter to 9 one at the end of the previous term. I am sure that many members—I am looking particularly at Neil Gray—will appreciate that those extra 15 minutes are vital in the morning in a house full of kids.

**Michael Marra:** Will Fulton MacGregor give way?

**Fulton MacGregor:** I will not, just because of the amount of time that I have. I have some things that I want to say.

The Scottish Government has allocated an additional £10 million to local authorities to ensure that schools and childcare settings have access to CO<sub>2</sub> monitoring. I am aware, from a freedom of information request, that North Lanarkshire Council purchased and distributed 1,000 CO<sub>2</sub> monitors in September, spending £85,000 on them. That seems like a necessary spend.

I am not against the use of HEPA filters. Willie Rennie made a compelling case for them, but the Government has made it clear that we need more research. The door is not closed to that. For now, I think that it is sensible to open more windows, especially those at a high level, and to allow greater flexibility in the clothing that pupils wear during the winter months. As much as people might disagree with that, I think that those are sensible mitigations.

I also think that we are missing an opportunity to do something fundamentally different. That has not been talked about much today, but it is the point on which I want to focus my contribution. How often have we talked about building back better from the pandemic? What does that mean for each sector? In education, why are we not radically increasing the use of outdoor learning? We know that being outdoors is safer and lowers the risk of Covid. We also know that it is good for young people. That seems to me to be a win-win.

The Government will say that it is promoting outdoor education—it is, and some of the work in early years settings is fantastic. However, I do not think that we are going far enough in schools yet. Even giving all children an extra hour outdoors might radically reduce the risk to the population, as well as improving outcomes for young people.

I know that now is maybe not the most popular time to say this, but the weather is not an excuse. In the previous parliamentary session—I think that it was in 2019—I met representatives of the outdoor kindergarten sector in Norway. Some areas of that country have freezing temperatures and no daylight at certain points in the year, but their children are thriving in an outdoor-based education model.

I ask the Scottish Government to be bolder, to consider other such models and to go further. We must ensure that our legacy on the other side of the pandemic is not just about the use of high-tech air filters, giving vaccines to children and wearing masks in classrooms, as important as all those are at this time. We have to take a radical, evidence-based approach to education that has safe outdoor learning at its core.

16:36

**Ross Greer (West Scotland) (Green):** I thank Michael Marra and the Labour group for bringing the issue to Parliament for debate. I have raised the issue a number of times in the chamber, including with the First Minister and the education secretary. I am a little bit confused about what Labour wants to achieve. I will come back to that later. However, this has been, and continues to be, a useful opportunity for us to air the issues.

We first discussed ventilation in schools more than a year ago, when there was something approaching a return to normality after the first period of lockdown. I led a debate on the safety issues that school staff and pupils were facing. Iain Gray moved an amendment to my motion to insert a request that the Scottish Government investigate

“the possibility of resourcing improvements to ventilation in the school estate”—[*Official Report*, 18 November 2020; c 31.]

Months then passed before any significant progress was made on the issue across the country. Some local authorities did not wait. I think that it was Kaukab Stewart who gave the example of a network of CO<sub>2</sub> monitors in schools in North Lanarkshire, which is an area that has demonstrated best practice in that regard.

The Scottish Government’s announcement of £10 million of funding for CO<sub>2</sub> monitors and an inspection regime generated activity from the local authorities that had dragged their heels for six months or longer. Although I entirely understand the supply and other logistical issues that authorities faced, the timescales in which the work took place were just not good enough.

CO<sub>2</sub> monitoring can usefully take place only when classrooms are at normal capacity. Therefore, it could not take place over the summer holidays. That should have resulted in a drive to do as much monitoring as possible before schools broke up at the end of June. Staff and pupils should have returned to schools in August with the required ventilation improvements and monitoring systems in place. Instead, it was early November before all inspections had taken place and the monitoring equipment that had been purchased with the £10 million fund was fully deployed. That is not good enough. I have no doubt that that contributed to the spike in infections among young people in late August and early September.

The part of the Labour motion with which I struggle is on inspections. Inspections have now taken place, monitoring equipment is now in place in every school and various improvements have been made.

**Oliver Mundell:** Will the member give way?

**Ross Greer:** I am just about to cover the point on which I think Mr Mundell wants to intervene. I ask him to intervene again if he feels that I have missed it.

If Labour’s motion had been lodged in June or August, when I was regularly raising the issue in the chamber, I would have completely understood that. If it had been lodged in September or October—after my party had entered Government, in case members think that I am implying something about that—I would have still completely understood why. However, in speaking to staff unions in recent days, I do not think that the motion matches where the concerns are now.

However, I say again that I think that Labour is right to have brought the matter of ventilation for debate, because there are still issues. As the Education, Children and Young People Committee heard this morning, there is a gap between guidance and reality when it comes to accessing CO<sub>2</sub> monitors. A teacher technically having access to a monitor because it has been assigned to

many classrooms, including the one that they use, is not the same as their being able to deploy one whenever they feel that to be necessary.

The Government amendment notes that the guidance requires local authorities “to ensure” that schools have access to CO<sub>2</sub> monitors. Will the cabinet secretary expand on that in her closing remarks? I understand the tension between producing guidance—

**Michael Marra:** Will the member give way?

**Ross Greer:** Yes—I think that I have time.

**Michael Marra:** Apart from provision of a CO<sub>2</sub> monitor in schools, the only available mitigation measure is to open a window. Does Ross Greer think that we should still be in this situation next year, with freezing cold classrooms while we maintain a case rate of 400 per 100,000 in the under-15 population in schools, because we are doing nothing more to sort the situation?

**The Presiding Officer:** Give your answer in closing, Mr Greer.

**Ross Greer:** No; of course I do not think that we should be in the same situation this time next winter, but I also do not think that all the responsibility for that lies with the Scottish Government. Local authorities will have a year in which to make necessary improvements.

To expand on the point about guidance, I note that I understand the tension in producing guidance that is specific enough to be effective but flexible enough to be applicable in a variety of settings. However, I wonder whether a minimum ratio of mobile monitors to space that they are assigned could be considered.

Another area of concern that teachers have reported to me in recent weeks is poor dissemination of the guidance to all school staff. Again, I would appreciate the cabinet secretary clarifying what the Government believes its role is in relation to ensuring that the guidance is reaching front-line staff. A number of times in recent weeks I have heard of instances in which staff are simply unsure of what they should do when a CO<sub>2</sub> monitor indicates that the level have been breached.

**The Presiding Officer:** Thank you, Mr Greer.

**Ross Greer:** On that point, I will close.

16:41

**Paul O’Kane (West Scotland) (Lab):** I rise in support of the motion in Michael Marra’s name.

As Scottish Labour’s spokesperson for public health, it is clear to me that more active ventilation in our schools is crucial to our continued efforts to reduce transmission of Covid-19, and that thus far

action by the Scottish Government on that has been lacking.

Society expects public health measures to be front and centre in ensuring that buildings such as schools are safe for pupils and staff, and in ensuring that we have confidence in environments that are used day in and day out not only for learning by our young people, but for wider community use and our civic life. Rigorous systems are in place around water, sanitation and hygiene—now we must invest in systems that provide long-term and robust active ventilation across all our school estates. Indeed, as we have heard many times in the debate, we cannot be in the situation next year or the year after of having to open windows.

It is clear that we cannot tackle Covid-19 with a one-track strategy. We need a basket of measures, in line with an overarching public health approach. Vaccinations are incredibly vital in protecting people’s health, but vaccines alone are not enough. Science has shown repeatedly that proper ventilation is one of the most effective ways of preventing infection, due to the aerosol nature of Covid-19. We must have safe environments for our young people to learn in. That is why the motion advocates that there be at least two high-efficiency particulate absorbing filters in each classroom. As we have heard, they have been employed elsewhere in the world, and the Government has advocated their being placed in other settings.

It is clear that the work that has been undertaken to date by the Government has not been sufficient. The CO<sub>2</sub> monitoring that the Government has persevered with has no standardised approach. It has a methodology that the Government has refused to share, and its implementation was delayed, anyway. The Government has done nothing apart from cling to the incompetent approach of relying on CO<sub>2</sub> monitors alone, which I believe has wasted money and time and has brought us no closer to a long-lasting solution. It has also done little to inspire confidence in young people, parents and staff. Confidence in our public buildings and in the places where we live, work, learn and play is crucial, as I said earlier.

This morning, I received a copy of the results of survey work that was done on a wellbeing group of almost 400 teachers from across Scotland. Thirty-one per cent of them reported that they still have no CO<sub>2</sub> monitor, and 30 per cent have one that is shared throughout the school building. Of the teachers who said that they have access to a CO<sub>2</sub> monitor, 10 per cent have had it for only one day. Many teachers reported that opening the windows is their only means of ventilation—although teachers often teach in rooms that do not have

windows. Of 102 teachers who had a CO<sub>2</sub> monitor, 11.8 per cent reported that it is frequently red and 43 per cent said that it is sometimes red. Those teachers have also reported classrooms being “uncomfortably cold”, as we enter some of the worst of the winter weather.

Although on paper opening windows is an attractive way to achieve ventilation, it is not working in practice. Not only are classrooms and learning spaces freezing, Covid cases are still rising, so clearly there has not been enough action.

Pupils, parents and staff deserve better, and so do local authorities, which are struggling to get things right in a variety of buildings and spaces. I declare an interest, as a serving councillor in East Renfrewshire Council.

The money that has so far gone to local authorities for monitoring has not been needs based. Instead of funding what is really needed, the money has been mainstreamed, with no clear methodology for allocating it. It is clear that we require a strong public health approach, with consistent funding and implementation. It is time for urgency from the Government; 20 months into the pandemic, it is clear that young people, parents, staff—

**The Presiding Officer:** Please close, Mr O’Kane.

**Paul O’Kane:** —and local authorities deserve better.

16:45

**Alexander Stewart (Mid Scotland and Fife) (Con):** I am grateful for the opportunity to speak in the debate, which, at its core, is about the importance of protecting young people’s education. We know that even though young people are unlikely to become seriously ill from Covid, every day of school that young people miss due to the virus does yet more damage to their education. Given the lengthy periods of school closures that young people have already had to endure, further potential losses of education are unacceptable.

As with many aspects of the pandemic, those who are from the most deprived backgrounds are most likely to be affected. In this case, it is the children from the most deprived backgrounds whose education is most likely to be affected by Covid. When schools reopened last year, analysis found that the percentage of the most deprived children who had been off school was double the figure for the least deprived children. Around 4 per cent of the most deprived pupils were affected for Covid-related reasons, compared to a figure of 2 per cent for the least deprived pupils. There is

often a school attendance gap between the poorest pupils and those who are most well-off, and Covid has resulted in that gap growing wider.

All that demonstrates the importance of ensuring that school settings are made as safe as possible. On that issue, the Scottish Government has a rather mixed record. The introduction of asymptomatic testing for teachers last year was much welcomed. However, regular testing of school pupils, which should have followed on from that, did not arrive until much later.

Similarly, on ventilation, which is the topic of the debate, the Government has failed to take definitive action, despite concerns having been raised repeatedly for months. One teachers union has indicated that the Government’s guidance on ventilation consists of nothing more than telling schools to open windows. We have heard that schools should have had CO<sub>2</sub> monitors much earlier, and the guidance on those is still causing concern across the school estate.

Of course, it is true that some evidence suggests that school environments are relatively Covid safe, in terms of community transmission. However, that evidence predates the alpha and delta variants, and we do not know how the new omicron variant will work. Given that much more evidence is required before we know about ventilation and the preparation that is required, it is important that the Government takes action and does not fail our pupils and schools.

This time last year, the Scottish Government was facing numerous calls on school safety. There were calls for more testing and for a national strategy to protect school staff who have chronic or underlying health conditions. Parliament even debated and passed a motion on that this time last year, but not much action has been taken since then.

If we fast forward to today, a year on, we see that the evidence has changed, but we are still spending parliamentary time debating the SNP’s failures to keep schools as safe as possible. We want our schools to be safe and our pupils to be protected. We have already seen changes in the virus and changes in what is happening. It is important that the Government listens to the evidence and to Parliament, and that it takes action to ensure that the virus is not given yet another opportunity to damage young people’s education.

16:49

**Jim Fairlie (Perthshire South and Kinross-shire) (SNP):** This is an incredibly important debate, and it is absolutely right that the issues that are raised in the motion should be discussed. As the motion rightly points out, Covid-19

transmission is currently highest among under-15s. That is in part a testament to the success of the vaccination programme in other age groups. It is also a consequence of the fact that schools are busy places that are filled with people who have as yet not been vaccinated although, as the Joint Committee on Vaccination and Immunisation advice develops and the roll-out of the vaccine proceeds, that may change.

Youngsters have a sense of invulnerability that comes with youth, and perhaps have less concern about the implications of catching the virus, which means that we need to mitigate the risk of transmission as much as possible. The baseline protections must be adhered to at all costs, because the alternative to mitigating that risk is that we shut schools again.

Anyone with any delusions about what the response to such a decision might be should look at the comments on the Facebook page of *The Courier* this morning. I have no idea whether any consideration is being given to closing schools early for Christmas, but it was mentioned in a post by *The Courier* and the response from parents was, “Absolutely not; kids must stay in school as long as possible”. I agree.

Everything about the global response to the pandemic is about balance—for example, keeping the protections that are needed to prevent the spread of the virus while enabling people to live their lives as normally as possible. Closing schools would have massive implications for parents’ ability to work and further impacts on children’s educational and social development.

**Oliver Mundell:** Does Jim Fairlie agree that this is one of those balances? This is an extra measure of protection and an extra resource that we can provide to schools. Is that not a good thing?

**Jim Fairlie:** I would say that it is something else. We have lots of measures in place, including vaccination, masks, hand washing and keeping parents out of schools. Those things help to make sure that we control the virus, but we need to keep schools open, and to do that we need to mitigate the risk of infection as much as possible.

There is no doubt that increased ventilation is one of the most important ways of mitigating the risk of infection, and on the face of it opening windows and doors is one of the most simple things to do. However, there is a balance to be struck between ventilating schools and classrooms by opening windows and doors, and having comfort and safety, which is particularly relevant now that we are firmly in winter. Appropriate solutions depend heavily on local factors, including building design, location and prevailing weather conditions. Some school buildings have been

designed to allow for swinging open doors but others have not. Age and condition are factors in school buildings—for example, some have windows that were painted shut years ago.

There are no easy fixes, and practical decisions about how to implement and improve ventilation are best left to local decision makers, which is why I have a problem with the prescriptive element at the end of the motion. Insisting on a baseline of at least two HEPA filters in each classroom in Scotland sounds good, but it might not be the most appropriate approach or the most sensible solution for an individual school.

The use of a CO<sub>2</sub> monitor is one of the most important ways of ensuring that ventilation in a room is sufficient. I am on the COVID-19 Recovery Committee and we have taken evidence about ventilation on various occasions. Surprisingly, experts keep coming back and telling us that the best thing to do is to open windows. That is very simple, but I know that it would cause problems. Fulton MacGregor made a good point about allowing kids to get outdoor learning experiences; this is an opportunity to develop that sort of stuff.

Ventilation in our schools is an important mitigation. I will leave the last word to Larry Flanagan, the general secretary of the Educational Institute of Scotland, who said:

“Ventilation is critical as we go into the winter. We have made good progress recently and there is stronger consensus on the importance of ventilation.”

**The Presiding Officer:** Please close, Mr Fairlie.

**Jim Fairlie:** Importantly, he went on to say:

“in the majority of schools, our members feel that ventilation issues have been addressed.”—[*Official Report, COVID-19 Recovery Committee*, 25 November 2021; c 4.]

**The Presiding Officer:** We move to the closing speeches.

16:53

**Meghan Gallacher (Central Scotland) (Con):** I refer members to my entry in the register of members’ interests. I am a serving councillor on North Lanarkshire Council.

The debate has highlighted the need to deliver urgent improvements to ventilation facilities in our schools. Members have repeatedly raised concerns about the inadequacy of ventilation systems in public buildings, but despite those warnings, little action has been taken by the SNP Government.

The pandemic has changed how young people are educated, including how school buildings are used. Teachers and pupils need proper ventilation to help suppress the spread of the Covid-19 virus. Although the Government distributed £10 million to

local authorities to improve ventilation, which is of course welcome, we have yet to see exactly what adjustments councils have made. That is despite the First Minister, Nicola Sturgeon, stating on 13 July that

“Ventilation and the implications of airborne transmission are, increasingly, key parts of our decision making.”

She also stated that she would

“keep Parliament updated on our work on ventilation.”—  
[*Official Report*, 13 July 2021; c 36.]

The minimal updates that Parliament has received from the Government outlined a delay in funding to local authorities, and the cabinet secretary even admitted that the action that Scottish councils have taken to improve ventilation in schools has been small, in the main. Such statements do not fill teachers, parents or pupils with any comfort or give them the knowledge that their schools are properly ventilated. As Oliver Mundell rightly said, the Scottish Government has failed to understand the magnitude of the issue and has shifted the responsibility on to councils, leaving them to go it alone.

I want to touch on some of the contributions to the debate. Michael Marra reminded the chamber of the risk that our young people face by not having good ventilation. The exchange between Mr Marra and the cabinet secretary regarding the adaptations that councils have made was interesting, as it suggested that the Scottish Government does not have further ideas beyond windows and CO<sub>2</sub> monitors. Willie Rennie outlined that the UK Government and others are looking beyond the basics for solutions, and he was right to say that we must do the same.

Pam Gosal mentioned the importance of mental health and of ensuring that our buildings are fit for purpose. Ross Greer said that better guidance would allow councils to prepare and that measures could be outlined more effectively—the Scottish Government should look into that.

Fulton MacGregor mentioned the measures that North Lanarkshire Council has taken. I welcome his willingness to look at other measures to improve educational experiences for young people and I agree that the Scottish Government must be bolder when it considers adapting school buildings.

The SNP has had every opportunity to provide members with an update on the ventilation fund roll-out to reassure parents and pupils that the issue of pupils’ safety is at the forefront of the pandemic response, which would have allowed discussions to take place before today’s debate.

Given the recent news of the new omicron variant, the Scottish Government must get a grip on this on-going issue. It is not good enough for

the Government to tell the Parliament that it has tried to improve ventilation by giving councils funding when it did not follow that up by providing members of the public with confidence that a young person who attends school is learning in a safe environment.

The SNP’s failure to understand the importance of ventilation in our schools has meant delays and no real understanding of the progress that local authorities have made. Teachers, pupils and school staff deserve to be able to work and learn in a well-ventilated environment, safe in the knowledge that the Government has acted to introduce measures that will help to prevent the spread of the virus.

I urge the cabinet secretary to get a grip of the issue and to provide much-needed reassurance that our schools will be properly ventilated as we continue to navigate through the pandemic.

16:57

**Shirley-Anne Somerville:** We can agree that everyone in the chamber wants to make our schools as safe as possible. We have a great deal of consensus on the issue, and I would like to work on that basis. However, I admit that it is sometimes difficult to listen to the Conservatives, who have suggested over many months that, despite the Government’s cautious approach, we should take away the mitigation measures that are currently in place in schools.

I have carefully considered what Labour’s motion says and listened to what Labour speakers have said today, but I reiterate that it is not what experts are advising. I invite Labour members to read the evidence from the COVID-19 Recovery Committee and look at what SAGE and the Health and Safety Executive have said on air filtration devices, which are to be used only where natural, mechanical ventilation cannot be improved and which should never be used as a substitute for efforts to improve ventilation.

The Scottish Government is not an outlier on this issue; guidance in England and Wales is also clear that natural ventilation is necessary. We are taking an evidence-based approach to policy making and listening to the experts.

Of course we will keep our guidance under review and we will always look at evolving research on the issue, as every Government rightly should. The current guidance is based on available evidence, which supports a primary focus on improving natural ventilation, with CO<sub>2</sub> monitoring helping to identify areas of concern. Indeed, the Health and Safety Executive guidance on air cleaning devices said that those units

“are not a substitute for ventilation”

and that people should think about prioritising

“any areas identified as poorly ventilated for improvement in other ways before”

thinking

“about using an air cleaning device.”

**Oliver Mundell:** How does that marry with the point that has been raised in the debate that these devices have been made available to other parts of society and the economy? Why are schools any less deserving?

**Shirley-Anne Somerville:** I have laid out the evidence that we are listening to on the issue. Our guidance makes it clear that schools do not just need to look at ventilation; they also need to ensure that appropriate temperatures are being maintained. The guidance refers to all applicable regulations on that—the guidance on that is there for everyone to see.

In relation to areas of local concern, should there be any, unions sit on the workforce issues group, which is chaired by the Convention of Scottish Local Authorities, and have been specifically asked to give specifics—in confidence if required—and none has been given. I reiterate the point that my officials made in those meetings: if any union has specific concerns that have not been sorted out at the local level, we are more than happy to look at them—in confidence if necessary—to ensure that people have faith in what is happening.

A great deal of winter planning is being done, and we are working with local authorities on that. We are also looking at on-going monitoring to ensure that we have a suitable longer-term strategy in place for the monitoring and assessment of ventilation. Ross Greer’s point about potential ratios of monitors to space is, I understand, one approach—among others—that is being discussed and will continue to be looked at.

If the advice on ventilation and what needs to be done changes, consideration will be given to that, but I point out that nothing in Labour’s motion relates to the evidence that is coming up. We are looking at taking an evidence-based policy approach to what the experts are suggesting. I am keen that we work together to ensure that our learning, teaching and play spaces are safe and well ventilated, and we will continue to be informed by that expert advice and analysis, while making improvements where necessary. I am committed to working across the chamber on the issue, but let us do it on the basis of the expert evidence. I will gladly work with Labour or any other party to ensure that if there are improvements to be made, we will make them, building on the progress that we have already made, to ensure that schools are as safe as they can be.

17:02

**Martin Whitfield (South Scotland) (Lab):** It is a great pleasure to close the debate. It has indeed been a debate, with interventions and questions and answers and considerations, which has been good to see.

A number of speakers have highlighted the importance of the motion, which is about the safety of our children, the staff, and the parents when they go into our schools. Schools are playing a dual role at the moment. From an economic standpoint, they need to remain open for the parents, as some speakers so rightly pointed out. More importantly, however, schools are the steady rock for our children, where they can feel confident and safe, warm and well fed, and they can develop as we need them to, as we owe it to them to enable them to do, as they grow up.

There are two important elements to the debate that have been skirted around to some extent. First, CO<sub>2</sub> monitors are one part of solving a ventilation problem; the other is just to open the window. The CO<sub>2</sub> monitors do nothing about Covid. They do not measure Covid in the classroom. CO<sub>2</sub> monitors measure carbon dioxide. They have existed within our buildings for a significant number of years. Indeed, if we go back to 2018, when the consultation was taking place on amending school building regulations, a number of respondents, particularly from local authorities, replied that a direct correlation is seen between good ventilation and effective teaching and learning. Concern was also expressed that, in many new schools, CO<sub>2</sub> levels were higher than recommended.

There is an enormous amount of evidence to show that those children who complain of headaches in the afternoon, or complain just before lunch that the classroom is stuffy are not learning. The CO<sub>2</sub> monitors are pointing out that there is a fault in the amount of air that needs to flow in and out of an environment for a young person to learn. Indeed, the regulations require two complete changes of air within a classroom every hour. The problem is one that predates Covid. For a significant period of time, we have owed it to our young people to improve their learning environment. It was interesting to hear that that process has started, but with regard to the inspection criteria, it was right of Ross Greer to point out the differing levels of advice that are being provided.

The other area that I am concerned about is the use of CO<sub>2</sub> monitoring results throughout the day, particularly in high schools. Because a classroom will sometimes be empty, unsurprisingly, the CO<sub>2</sub> buzzer will not go off. However, the readings from the empty room are still used to calculate the

average that is used to ascertain whether the level of particles in the air is within the 800 to 1,500 parts per million range.

I was grateful to the cabinet secretary for pointing out that the figure is 800. Dr Patrick Roach, who is the general secretary of the NASUWT, pointed out that there is still confusion at local level about whether the relevant level is 800 parts per million or 1,500 parts per million. The cabinet secretary was right to say that the full operational data is held at local level, but that is a disappointment. If it were held at central Government level, the Government could assess how many of our classroom spaces were falling short and it would have a far better idea of the extent of the problem that is challenging our children, our teachers and our support workers, as well as those who provide lunches, in being at school.

It was a joy to hear a number of the speeches, and I apologise for not having sufficient time to raise several of the points that I would have liked to. However, I want to highlight Rhoda Grant's comment that poverty is a real problem for children in school, particularly with regard to the advice, "When the buzzer goes off, open the window." One teacher told me that sometimes the advice is, "If the buzzer goes off and the windows are open, if you hold it outside the window for a bit, it'll go off and you can go back to work."

The issue of the poverty that exists for some groups of children was also highlighted by Alexander Stewart. It is the most deprived children who have suffered during this time, and it is them whom we owe the most.

Our motion is important and it raises important issues. It does not offer a completely different way of solving the problem; rather, it seeks to put another item in the armoury of those who are trying to keep our children's school classrooms safe. The quality of school buildings is perhaps an issue that we should look at seriously in future. I am not sure that the answer is to throw pupils outside to experience forest learning in December. That can and should come, but it needs to be planned for.

## Point of Order

17:07

### **Michael Marra (North East Scotland) (Lab):**

On a point of order, Presiding Officer. I seek your guidance on whether there is any mechanism available to question the Government on an issue of great urgency in relation to the vaccination programme.

As members will be aware, yesterday the Joint Committee on Vaccination and Immunisation changed the guidance on the period that must have elapsed after a second vaccination and before people are eligible for a booster vaccination, from six months to three. The First Minister reiterated the importance of receiving the vaccine and the booster.

I have been contacted by several people who therefore became eligible for the booster and were able to book online to receive it, who were then turned away at the vaccination centre. That simply means wasted slots and wasted shots. We must hope that those who took the time to attend, only to be turned away, decide to return.

There is a fundamental and dangerous mismatch between what the public are being told by ministers and the reality on the ground. That must be rectified immediately. We need a strong statement from the Government, so that people can have confidence that the vaccination programme is open to them and can be delivered, particularly given the uncertainty that the omicron variant has brought.

### **The Presiding Officer (Alison Johnstone):**

Thank you, Mr Marra. I suggest that you use the usual mechanisms to put questions to the Government. There are several mechanisms for doing that, including urgent questions, questions at First Minister's question time, supplementary questions and the like. You will be aware of those mechanisms.

## Scottish Land Commissioners

### **The Presiding Officer (Alison Johnstone):**

The next item of business is consideration of motion S6M-02307, in the name of Màiri McAllan, on the reappointment of Scottish land commissioners.

17:09

**The Minister for Environment and Land Reform (Màiri McAllan):** I am pleased to speak to the motion, which recognises the Net Zero, Energy and Transport Committee's consideration of the reappointment of Andrew Thin as chair of the Scottish Land Commission and of two of the land commissioners, Dr Sally Reynolds and Lorne MacLeod. They are reappointed, alongside Dr Bob McIntosh, who plays a vital role in supporting our tenant farming sector.

I would like to thank all the reappointees for their work to date and I look forward to working with them in the coming years to deliver Scotland's ambitious land reform agenda.

*Motion moved,*

That the Parliament notes the Net Zero, Energy and Transport Committee's consideration of the reappointment of four commissioners to the Scottish Land Commission at its meeting on 16 November 2021; welcomes the Committee's recommendation that the Parliament approves the reappointment to the Scottish Land Commission of Andrew Thin, as Commissioner for an additional two year term and selected as Chair for an additional two year term, and of Dr Bob McIntosh, Tenant Farming Commissioner, Dr Sally Reynolds, Commissioner, and Lorne MacLeod, Commissioner, for additional three year terms, and approves the reappointments as required by section 10 of the Land Reform (Scotland) Act 2016.—[*Màiri McAllan*]

17:10

**Rachael Hamilton (Ettrick, Roxburgh and Berwickshire) (Con):** Presiding Officer, public bodies are responsible for around £17 billion of public spending so it is important that we get public appointments right. I speak neither for or against the motion; I rise to share my concerns regarding the reappointment of four Scottish Land Commissioners.

Although I acknowledge that the Net Zero, Energy and Transport Committee recommended approval of the reappointments, I remind members that the role of the Land Commission is to stimulate fresh thinking and to change how we, as a nation, own and use land. Fresh thinking and attracting a new pool of talent on boards in Scotland is lacking. Stephen Boyle, the Auditor General for Scotland, said in September 2021:

"I referred to our audit work and evidence which confirms that board members have a strong bearing on the effectiveness of the governance of public bodies and

organisational performance. I also highlighted the issue of equality and diversity and that, in my view, wider representation on boards should help progress towards a fairer and more equal society."

The Scottish Government should consider that continuity does not bring change; the habitual practice of drawing from the same pool does not send a positive message. It does not attract new and fresh faces. It does not attract applicants from protected groups, including more women, disabled groups, young people and ethnic minorities. Furthermore, public bodies require progressive skills and knowledge to keep pace with technology and deliver on climate change targets. Therefore, I ask whether the Scottish Government believes that the culture of continuity is healthy and whether the minister is confident that the reappointments will bring the diverse representation that we seek.

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

## Business Motions

17:11

### The Presiding Officer (Alison Johnstone):

The next item of business is consideration of business motion S6M-02345, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out a business programme.

#### *Motion moved,*

That the Parliament agrees—

(a) the following programme of business—

Tuesday 7 December 2021

2.00 pm Time for Reflection  
*followed by* Parliamentary Bureau Motions  
*followed by* Topical Questions (if selected)  
*followed by* First Minister's Statement: COVID-19 Update  
*followed by* Scottish Government Debate: Delivering a Just Transition to Net Zero and Climate Resilience for Scotland  
*followed by* Legislative Consent Motion: Advanced Research and Invention Agency Bill - UK Legislation  
*followed by* Committee Announcements  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time  
*followed by* Members' Business

Wednesday 8 December 2021

2.00 pm Parliamentary Bureau Motions  
 2.00 pm Portfolio Questions: Covid Recovery and Parliamentary Business; Net Zero, Energy and Transport  
*followed by* Ministerial Statement: Scotland's Redress Scheme  
*followed by* Scottish Government Debate: Scotland Loves Local  
*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 9 December 2021

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: Rural Affairs and Islands  
*followed by* Ministerial Statement: Scottish Budget 2022-23  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
 4.25 pm Decision Time  
 Tuesday 14 December 2021  
 2.00 pm Time for Reflection  
*followed by* Parliamentary Bureau Motions  
*followed by* Topical Questions (if selected)  
*followed by* First Minister's Statement: COVID-19 Update  
*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 15 December 2021  
 2.00 pm Parliamentary Bureau Motions  
 2.00 pm Portfolio Questions: Health and Social Care; Social Justice, Housing and Local Government  
*followed by* Scottish Conservative and Unionist Party Business  
*followed by* Business Motions  
*followed by* Parliamentary Bureau Motions  
*followed by* Approval of SSIs (if required)  
 5.10 pm Decision Time  
*followed by* Members' Business  
 Thursday 16 December 2021  
 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: Constitution, External Affairs and Culture  
*followed by* Standards, Procedures and Public Appointments Committee Debate  
*followed by* Parliamentary Bureau Motions  
 5.00 pm Decision Time

(b) that, for the purposes of Portfolio Questions in the week beginning 6 December 2021, 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.—[George Adam]

*Motion agreed to.*

**The Presiding Officer:** We turn to consideration of business motions S6M-02348, on a stage 1 timetable for a bill, and S6M-02349, on a stage 2 timetable for a bill.

*Motions moved,*

That the Parliament agrees that consideration of the Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill at stage 1 be completed by 21 January 2022.

That the Parliament agrees that consideration of the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill at stage 2 be completed by 23 December 2021.—[George Adam]

*Motions agreed to.*

## Parliamentary Bureau Motions

17:12

**The Presiding Officer (Alison Johnstone):** The next item of business is consideration of four Parliamentary Bureau motions. I ask George Adam, on behalf of the Parliamentary Bureau, to move motions S6M-02346 and S6M-02347, on the approval of Scottish statutory instruments, S6M-02350, on the office of the clerk, S6M-02351, on suspension and variation of standing orders, and S6M-02352, on committee membership.

*Motions moved,*

That the Parliament agrees that the Eggs (Amendment) (Scotland) Regulations 2021 [draft] be approved.

That the Parliament agrees that the Scottish Dog Control Database Order 2021 [draft] be approved.

That the Parliament agrees that the Office of the Clerk be closed on Wednesday 29, Thursday 30 and Friday 31 December 2021.

That, subject to the Parliament's agreement to the general principles of the Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill, the Parliament agrees, for the purposes of further consideration of the Bill, that:

- (a) Rules 9.5.3A and 9.5.3B be suspended;
- (b) Rule 9.6.3A be suspended;
- (c) Rule 9.7.8A be varied to replace the word "fourth" with "third", so that the deadline for lodging revised or supplementary Explanatory Notes will be the third sitting day before the day on which Stage 3 is due to start;
- (d) in Rule 9.7.8B, the words "whichever is the earlier of" be suspended;
- (e) Rule 9.7.8B(a) be varied to replace the word "tenth" with "sixth", so that the deadline for lodging a revised Financial Memorandum will be the sixth sitting day after the day on which Stage 2 ends;
- (f) Rule 9.7.8B(b) is suspended;
- (g) in Rule 9.7.9(a), the words "whichever is the earlier of" be suspended;
- (h) Rule 9.7.9(a)(i) be varied to replace the word "tenth" with "second", so that the deadline for lodging a revised or supplementary Delegated Powers Memorandum will be the second sitting day after the day on which Stage 2 ends;
- (i) Rule 9.7.9(a)(ii) is suspended;
- (j) Rule 9.10.2 be varied, in so far as it applies to an amendment at Stage 2, to replace the word "fourth", in both places it occurs, with "second", so that the deadline for lodging a Stage 2 amendment will be the second sitting day in advance of proceedings; and
- (k) Rule 9.10.2A be varied to replace the word "fifth" with "fourth", so that the deadline for lodging a Stage 3 amendment will be the fourth sitting day in advance of proceedings."

That the Parliament agrees that Elena Whitham be appointed to replace Paul McLennan as a member of the

Standards, Procedures and Public Appointments Committee.—[George Adam]

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

## Decision Time

17:13

**The Presiding Officer (Alison Johnstone):** There are seven questions to be put as a result of today's business. The first is, that amendment S6M-02327.2, in the name of Humza Yousaf, which seeks to amend motion S6M-02327, in the name of Anas Sarwar, on protecting patient safety at the Queen Elizabeth university hospital, 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.

17:13

*Meeting suspended.*

17:17

*On resuming—*

**The Presiding Officer:** We come to the division on S6M-02327.2, in the name of Humza Yousaf. Members should cast their votes now.

### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (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)  
 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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 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) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (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)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (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)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West 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)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)

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)

**The Presiding Officer:** The result of the division on amendment S6M-02327.2, in the name of Humza Yousaf, is: For 64, Against 54, Abstentions 0.

*Amendment agreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-02327.1, in the name of Douglas Ross, which seeks to amend motion S6M-02327, in the name of Anas Sarwar, on protecting patient safety at the Queen Elizabeth university hospital, be agreed to. Are we agreed?

**Members: No.**

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

#### For

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (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)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West 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)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)

McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 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)

### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (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)  
 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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 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) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (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)

**The Presiding Officer:** The result of the division on amendment S6M-02327.1, in the name of Douglas Ross, is: For 54, Against 64, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The question is, that motion S6M-02327, in the name of Anas Sarwar, on protecting patient safety at the Queen Elizabeth university hospital, as amended, be agreed to. Are we agreed?

**Members:** No.

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

### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (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)  
 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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 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) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (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)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowe, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West 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)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 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)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 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)

**The Presiding Officer:** The result of the division on motion S6M-02327, in the name of Anas Sarwar, on protecting patient safety at the Queen Elizabeth university hospital, as amended, is: For 64, Against 55, Abstentions 0.

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

That the Parliament recognises the work of frontline NHS staff at the Queen Elizabeth University Hospital (QEUPH), and across the health service, in the care that they have provided to patients and families throughout the COVID-19 pandemic; offers its condolences to all families who have lost a loved one while in the care of the health service; notes that NHS Greater Glasgow and Clyde was elevated to Stage 4 of the escalation framework in November 2019; further notes that the board has completed 91% of the 108 recommendations that followed the work of the QEUPH Independent Review, the Oversight Board Report and the independent Case Note Review; welcomes that Healthcare Improvement Scotland is to review aspergillus infections at QEUPH, and calls for any recommendations from this work to be implemented as quickly as practicable; recognises that the independent public inquiry, chaired by Lord Brodie, is underway, and looks forward to its conclusions and any recommendations being fully enacted.

**The Presiding Officer:** The next question is, that amendment S6M-02326.1, in the name of Shirley-Anne Somerville, which seeks to amend motion S6M-02326, in the name of Michael Marra, on action on active ventilation in schools, be agreed to. Are we agreed?

#### **Members: No.**

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

#### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (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)  
 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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 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) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 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)  
 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)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)

Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West 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)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 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)

**The Presiding Officer:** The result of the division on amendment S6M-02326.1, in the name of Shirley-Anne Somerville, is: For 65, Against 54, Abstentions 0.

*Amendment agreed to.*

**The Presiding Officer:** The next question is, that motion S6M-02326, in the name of Michael Marra, on action on active ventilation in schools, as amended, be agreed to. Are we agreed?

**Members:** No.

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

#### For

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (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)  
 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)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 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) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 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)  
 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)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foyso (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)

Gosal, Pam (West 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)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lumsden, Douglas (North East Scotland) (Con)  
 Marra, Michael (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mochan, Carol (South Scotland) (Lab)  
 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)

**The Presiding Officer:** The result of the division on motion S6M-02326, in the name of Michael Marra, on action on active ventilation in schools, as amended, is: For 65, Against 54, Abstentions 0.

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

That the Parliament notes with concern that case rates for COVID-19 continue to be highest among under-15s with seven-day case rates over 400 per 100,000; notes that the Scottish Government's Guidance on COVID-19: Reducing the Risks in Schools is informed by expert advice, including from the Advisory Sub-Group on Education and Children's Issues and the Health and Safety Executive; recognises that, while only one of a range of mitigations that are in place, this guidance requires local authorities to work with schools to ensure good ventilation and access to CO2 monitoring, and sets out clear criteria and strategies to help achieve this; notes that the Scottish Government has already provided £90 million to support schools with Covid logistics, including ventilation, with an additional £10 million provided to undertake CO2 monitoring in the learning estate; commends local authorities for the work they have done to date to ensure that 100% of all learning, teaching and play spaces across Scotland have received an initial assessment using CO2 monitors, with any required remedial action being undertaken in line with guidance; thanks Scotland's school unions for the constructive role they have played in raising the legitimate concerns of their members in relation to the importance of ventilation; welcomes the ongoing feedback and engagement with local authorities, unions and other relevant stakeholders on current ventilation guidance and its implementation, and

further welcomes the Scottish Government's ongoing commitment to monitor and update school ventilation guidance, should that be required, in line with the latest scientific expert advice.

**The Presiding Officer:** The next question is, that motion S6M-02307, in the name of Màiri McAllan, on reappointment of Scottish land commissioners, be agreed to.

*Motion agreed to,*

That the Parliament notes the Net Zero, Energy and Transport Committee's consideration of the reappointment of four commissioners to the Scottish Land Commission at its meeting on 16 November 2021; welcomes the Committee's recommendation that the Parliament approves the reappointment to the Scottish Land Commission of Andrew Thin, as Commissioner for an additional two year term and selected as Chair for an additional two year term, and of Dr Bob McIntosh, Tenant Farming Commissioner, Dr Sally Reynolds, Commissioner, and Lorne MacLeod, Commissioner, for additional three year terms, and approves the reappointments as required by section 10 of the Land Reform (Scotland) Act 2016.

**The Presiding Officer:** If no one objects, I propose to ask a single question on five Parliamentary Bureau motions.

The question is, that motions S6M-02346 and S6M-02347 and motions S6M-02350 to S6M-02352, in the name of George Adam, on behalf of the Parliamentary Bureau, be agreed to.

*Motions agreed to,*

That the Parliament agrees that the Eggs (Amendment) (Scotland) Regulations 2021 [draft] be approved.

That the Parliament agrees that the Scottish Dog Control Database Order 2021 [draft] be approved.

That the Parliament agrees that the Office of the Clerk be closed on Wednesday 29, Thursday 30 and Friday 31 December 2021.

That, subject to the Parliament's agreement to the general principles of the Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill, the Parliament agrees, for the purposes of further consideration of the Bill, that:

- (a) Rules 9.5.3A and 9.5.3B be suspended;
- (b) Rule 9.6.3A be suspended;
- (c) Rule 9.7.8A be varied to replace the word "fourth" with "third", so that the deadline for lodging revised or supplementary Explanatory Notes will be the third sitting day before the day on which Stage 3 is due to start;
- (d) in Rule 9.7.8B, the words "whichever is the earlier of" be suspended;
- (e) Rule 9.7.8B(a) be varied to replace the word "tenth" with "sixth", so that the deadline for lodging a revised Financial Memorandum will be the sixth sitting day after the day on which Stage 2 ends;
- (f) Rule 9.7.8B(b) is suspended;
- (g) in Rule 9.7.9(a), the words "whichever is the earlier of" be suspended;
- (h) Rule 9.7.9(a)(i) be varied to replace the word "tenth" with "second", so that the deadline for lodging a revised or

supplementary Delegated Powers Memorandum will be the second sitting day after the day on which Stage 2 ends;

(i) Rule 9.7.9(a)(ii) is suspended;

(j) Rule 9.10.2 be varied, in so far as it applies to an amendment at Stage 2, to replace the word "fourth", in both places it occurs, with "second", so that the deadline for lodging a Stage 2 amendment will be the second sitting day in advance of proceedings; and

(k) Rule 9.10.2A be varied to replace the word "fifth" with "fourth", so that the deadline for lodging a Stage 3 amendment will be the fourth sitting day in advance of proceedings."

That the Parliament agrees that Elena Whitham be appointed to replace Paul McLennan as a member of the Standards, Procedures and Public Appointments Committee.

**The Presiding Officer:** That concludes decision time.

## World AIDS Day 2021

**The Deputy Presiding Officer (Liam McArthur):** The final item of business is a members' business debate on motion S6M-02100, in the name of Jamie Greene, on world AIDS day 2021. The debate will be concluded without any question being put.

### *Motion debated,*

That the Parliament recognises that 1 December each year marks World AIDS Day; acknowledges that this provides an opportunity for people across the world to unite in efforts against HIV, to show support for people living with the virus and to commemorate those who have died from an AIDS-related illness over the years; notes that a recent investigation reported that John Eadie, who was commonly known as "Patient Zero" prior to his identification, was the first person from the UK to die from AIDS, passing away on 29 October 1981; understands that the most recent estimates suggest that more than 105,000 people in the UK live with HIV, with an estimated 6,600 not knowing their status; welcomes the huge advancements in medicine, which have resulted in people in receipt of the correct treatment being given the viral status, "undetectable", meaning they are untransmittable and cannot pass the virus on; praises efforts to promote the U=U campaign, which aims to highlight this; believes that the successful provision of treatments such as PrEP and PeP have substantially reduced infection rates, and expresses its gratitude to the many third sector and charitable organisations in Scotland, such as the Terrence Higgins Trust, HIV Scotland and Waverley Care, and others across the UK and beyond that seek to raise awareness of the importance of testing, knowing one's status and pursuing a holistic approach to prevent, treat and destigmatise HIV/AIDS.

17:31

**Jamie Greene (West Scotland) (Con):**  
Presiding Officer,

"Freddie Mercury's generation was senselessly taken from us by a disease, one which we have still not found a cure for. The disease is bigotry".

That was eloquently summed up by the writer Austin Bond, in the shadow of the movie "Bohemian Rhapsody" when it came out. It was a film that sought to celebrate the life and work of a great showman, but which, many people think, controversially attributed the manner of his death to the manner of his life, and not for the first time. Anyone who watched "Freddie Mercury: The Final Act", the recent BBC documentary commemorating 30 years since Freddie died, could not help but be moved by its content. Freddie, gaunt yet defiant, sang till he could no longer stand.

They called it the "gay plague"; the red tops ran with "Freddie's got AIDS". Looking back, it is almost as though they rejoiced in the scandal of it all, without acknowledging the sadness or the tragedy. Of course, that was after they had endlessly hounded him and those around him

before he died. I do not need to name and shame them—they know who they are.

Anyone who watched Russell T Davies's "It's a Sin" on Channel 4 could not help but be moved by that, too. As one of the 6.5 million people in the United Kingdom who watched it, I make a confession: I could not, and did not, watch it till the end. I tried, but it made me sad, then angry, and then sad again—so many young lives gone too soon.

I still cannot watch documentaries about the AIDS crisis in the 1980s and 1990s because many of the protagonists—young men and their friends—remind me of me and my friends. We were a couple of years too lucky, I think. It is hard to believe that it has been 40 years since the first cases of HIV were discovered, and to believe that the same prejudice towards the virus still exists today. It is hard to believe that we were able to find a vaccine for Covid-19 in less than a year, but not one for HIV in 40 years. It is hard to believe that one in 10 people who are living with HIV today still do not even know that they have it.

The story of HIV and AIDS is one of constant disbelief, which, I think, encompasses both the misery and the marvel of that story. There is misery in the bigotry and—let us be honest—the blatant homophobia that many, including those who died in the 1980s, suffered, and which many still face today.

However, there is also the marvel. There is the marvel of the morning-after pill, which was launched in the mid-1990s. It is called PEP—post-exposure prophylaxis—and it has, no doubt, prevented the inevitable infection of so many over the years. There is the marvel that people can now take a pill each day that prevents them from becoming positive on exposure to HIV. It is called PrEP—pre-exposure prophylaxis—and more than 4,500 Scots have benefited from it. It has been a game changer, but it has also been dubbed the "promiscuity pill" by some of the tabloids. It seems that some things, or indeed some people, never change.

Let us marvel at the fact that, today, an HIV diagnosis means that people can still live a long, happy and healthy life. Some will now no longer even need daily medication, with the arrival of bimonthly intravenous jabs, which have just been approved by the national health service in England and Scotland in the past couple of weeks.

Let us also talk about disbelief. There is still disbelief among many that HIV cannot be caught from kissing, using toilet seats or cutlery or holding hands. There is my own disbelief that we still have to say those things as a public message. There is disbelief that those on the right medication with a low, or no, viral load simply cannot transmit HIV.

That is called U=U, and if people do not know what that means, they can look it up. There is disbelief that young people still use the word “AIDS” as a derogatory or insulting term, and disbelief that HIV-positive elderly people in care homes still face stigma and fear around disclosing their status.

We now identify as patient zero John Eadie, who died of AIDS in 1981, when I was just one year old. We now know his name, but he was the first of many names. I would list them all, but there are nearly 50 million of them; 33 million is a conservative estimate. That is an awful lot of names, and it would take me an awful long time to read them out, but perhaps today we can remember them: both those names known to us, and those unknown.

Let us be clear: HIV is not a gay disease, nor a disease of drug users or one that affects only people in sub-Saharan Africa. It can affect anyone, anywhere in the world. Were it not for role models on TV shows, chat shows or social media—or even for parliamentary debates, if anybody watches those—perhaps we would never talk about it in public.

Those role models include Gareth Thomas, Magic Johnson, Billy Porter and, more locally, James Bushe, whose groundbreaking fight for equality has allowed him to fulfil his dream to fly planes over our heads in Scotland, possibly even as we speak. They all came out, so to speak, about their HIV-positive status, bravely sharing their stories, but how many others had to disclose their status because of fear of being outed in the media or publicly, or at work? How many lost their jobs or their families, lost their medals, or sadly lost their lives, being unable to cope with the stigma?

If there is one thing that we have all learned this year, it is the importance of knowing our status. Getting tested for things has become normal, and we know that, when we do a test, there is no shame in a positive diagnosis. If we can all take three lateral flow tests a week to check for Covid-19, surely we can get checked for HIV just once, or maybe twice, a year. That is not too much to ask.

Vitality, that also gives us a smidge of a chance to meet our ambitious targets of eliminating new cases of HIV by 2030. If you do not test, you do not know; if you do not know, you cannot get treatment; and if you are not on treatment, you can pass it on. We have all been faced with the stark reality of epidemiology during the past 19 months, so my message today should make more sense to more people than the last time that I made a speech on this subject in the chamber.

I have one specific ask of the Government. Sexual health services in Scotland are creaking at the seams. Some people used to go for check-ups or tests every quarter, but they have not been for nearly two years now. The phone lines are clogged and appointments are few and far between, which could mean that some people are going undiagnosed. There are 4,500 people in Scotland on PrEP and more than 5,000 on HIV medication, and that is putting huge strain on dedicated services. In addition, I am afraid to say that many general practitioners have received little or no training on PrEP, PEP or HIV treatment, not least GPs in rural areas, where—anecdotally—stigma and, I am afraid, ignorance levels are, regrettably, much higher.

I thank colleagues for joining me in this debate. I make a specific and direct wider call to the public, and to anyone who is watching or listening to the debate. One, know your status; two, let us end the stigma; and three, please—please—go and get tested.

17:39

**Paul McLennan (East Lothian) (SNP):** I thank Jamie Greene for securing this debate.

Let us put AIDs in its context in the world today. In 2020, 37.7 million people were living with HIV, 680,000 people died from HIV or related causes and 1.5 million people were newly infected.

The theme of this year’s world AIDS day is “End Inequalities. End AIDS”. Today, the World Health Organization is

“calling on global leaders and citizens to rally to confront the inequalities that drive AIDS and to reach people who are currently not receiving essential HIV services.”

With a focus on reaching people who have been left behind, WHO and its partners are highlighting the growing inequalities in access to essential HIV services. WHO says:

“Division, disparity and disregard for human rights are among the failures that allowed HIV to become and remain a global health crisis. Now, COVID-19 is exacerbating inequities and disruptions to services, making the lives of many people living with HIV more challenging.”

Jamie Greene mentioned John Eadie, who was the first recorded AIDS victim to die in Britain. He was a medical mystery after he died. He was not publicly named and nor was the disease from which he died. John died on 29 October 1981 at the Royal Brompton hospital in Chelsea. The cause of death was recorded as pneumocystis pneumonia, which is a severe form of pneumonia that would later be recognised as a deadly sign of HIV/AIDS. At the time, however, doctors did not even know that a virus was the underlying cause of John’s death.

Until recently, the only trace of John Eddie's death was a brief entry in *The Lancet* medical journal in December 1981. He was described as a "known homosexual", who had travelled to Miami and was suspected of having died from the mystery illness that was sweeping much of the gay community in America. That is the language that was used in 1981.

ITV traced all the patients who had died with pneumocystis pneumonia that year and found John's death certificate. It was then able to find the friends who had nursed him in his final days and who had waited 40 years to confirm the mystery of his death. With their support, ITV was able, finally, to tell John's story: he was a charming man who, in the late 1970s and early 1980s, had run a guesthouse in Bournemouth that was a safe haven where gay men could meet and drink. Such was the stigma at that time, which led to many gay men being victimised in the early 1980s, as AIDS started to devastate their communities. As was the case for most AIDS patients in the 1980s, by the time John Eddie was diagnosed, his life expectancy would have been just months, or even weeks.

Until recently, the first AIDS patient to be publicly identified in Britain was Terrence Higgins, whose death in 1982 led his friends to set up a charity in his name.

Four decades on from John Eddie's death, extraordinary advances in drugs have dramatically reduced the number of deaths. Today, there is no reason why anyone with HIV should not live a full life. The UK's goal is to cut the number of new infections to zero by 2030—that is to be commended.

However, in the UK, medicine has not cured the stigma that still surrounds HIV and AIDS, 40 years after the first death here, as Jamie Greene said. Much work remains to be done. I commend Jamie Greene for securing this debate.

John Eddie will be remembered. However, across the world, AIDS is still killing 600,000 people a year, mostly in Africa, where access to drugs is far more limited than it is here. That is 600,000 John Eddies every year. It is 600,000 people whose friends and families grieve for them. On world AIDs day, we must do more to end inequalities and end AIDS.

17:43

**Craig Hoy (South Scotland) (Con):** I thank Jamie Greene for securing this debate. World AIDS day is a moment to pause and remember those who have died—and the many thousands who continue to die—of this preventable and treatable disease. It is also an opportunity to look forward with ambition and hope.

In the mid-1990s, I moved to London as an undergraduate. The height of the pandemic had passed. The tombstone image and the sombre, stark adverts had long since left our screens. The shocking and sad scenes that were recently brought back to life in Russell T Davies's series "It's a Sin" had faded from the nation's consciousness.

However, even in London in 1995, young gay men were still falling ill—the friend, or the friend of friends, who might not have been seen for a while and who had left testing and treatment too late. Those were people such as Patrick, in his late 40s and the life and soul of any party, who, to my knowledge, was the first person I knew who went on to die from an AIDS-related condition.

The challenge today is to harness the progress that has been made since young people such as Patrick died, so that we can finally eradicate HIV transmission once and for all. We need to achieve what campaigners and policy makers hope will be a world in which people with HIV live healthy lives, with undetectable virus levels, and one in which new cases are halted.

I pay tribute to the organisations that work in Scotland to make that a reality. They include Waverley Care, HIV Scotland, the Terrence Higgins Trust and the National AIDS Trust, among others.

It is four decades since the first cases of HIV were diagnosed and fear ran through high-risk communities, before cases spread across continents, as we saw in Africa. The progress that has been made since then has been almost unimaginable: rapid testing; simple but effective antiretroviral treatments; and PrEP and PEP. People who, in the past, would have fallen ill and died are living normal lives. However, although treatment is effective, we should bear it in mind that there is still no vaccine for this virus, and there is still no cure.

We know that there is cross-party and global support to end new cases of HIV within the next decade. To do that, we need to maximise HIV diagnosis, so that people can access the simple treatments that mean that they can live a normal life, often taking only one pill a day.

As Jamie Greene said, the arrival of Covid has brought greater awareness and acceptance of testing. We should harness that and make testing the focus of funding, so that we take it to the next level. Testing should be an everyday norm in our homes and beyond.

Today in Scotland, 5,122 people are living with diagnosed HIV, but an estimated 500 people are living with the undiagnosed condition. Although 47 per cent of infections—the highest percentage—resulted from men having sex with men, 40 per

cent of infections resulted from sex between men and women. We know that HIV does not discriminate between those who are gay, those who are straight and those who are bisexual, or between men and women.

I recall the night that a heterosexual friend told me that he had just been diagnosed with HIV. I gave him a hug and, as his tears fell on my shoulder, he talked not of his fears of the treatment that he was about to begin but about how he was scared of the stigma he thought he might face. Testing and treatment are still only two parts of the jigsaw. As Paul McLennan rightly said, we must do more to remove the problem of prejudice if we are to continue to succeed against the virus. Let us be in no doubt that success against HIV and AIDS is possible and that future transmission can be largely eradicated.

I want to close by quoting Russell T Davies, whose recent TV series reminded us of just how far we have come. He said:

“Strange to think. That it might come and go within my lifetime. That a virus can be a moment in history and no more ... It’s possible that one day, HIV and Aids might just be a memory. A story. Like some old drama that was once on TV.”

That should be our goal. It is within our grasp.

17:48

**Paul O’Kane (West Scotland) (Lab):** I thank Jamie Greene for bringing the debate to the chamber as we mark world AIDS day 2021, and I praise him for his very powerful speech.

I also thank all organisations that work to support people living with HIV, to improve sexual health, and to advocate for more services and action to eradicate HIV and AIDS, most notably the Terrence Higgins Trust, Waverley Care, the National AIDS Trust and HIV Scotland. I thank them all for the briefing material that they have provided ahead of our debate today and for the work that they do throughout the year.

As each world AIDS day is marked, I reflect on how far we have come and what we still have to do in Scotland and the UK, and around the world, to meet our ambitious target of ending new HIV infections by 2030.

I wish to begin by remembering all those lost in the 40 years since the first diagnosed cases of HIV. We think of all those who have died from HIV, AIDS and related illness, the pain and suffering caused to those who loved them, and the long-lasting impact of stigma and shame, which has dominated in our society for too long.

I remember only too well when I was growing up the sense of fear that existed: the sense of othering people, particularly those in the LGBT+

community; and the view of many in the mainstream media and more broadly in society that AIDS was somehow about lifestyle choices or some kind of punishment for being gay. The lack of compassion, the refusal to seek to understand and the lack of support led to unimaginable circumstances for people and long-lasting poor mental health.

When I look at my own adult life, I realise that I have been extremely fortunate in the support that is available now for LGBT+ people in particular to talk about the issues, seek advice on safe sex, know their status and now have access to PrEP and PEP. People living with HIV have better support to live a full life and, through advancements in medicine, to reach undetectable viral status, which means that it is untransmittable and they cannot pass the virus on. I think that we would all want to praise the U=U campaign—and, indeed, the work done by charities in that area—and I very much echo Jamie Greene’s comment that, if people do not know about that, they should take some time and look at it.

It is important that we look back and acknowledge the pain and suffering of a whole generation. As we have heard, recent TV dramas have helped to do that very well. “It’s a Sin” on Channel 4 very powerfully portrayed the darkest moments of the 1980s and the culture of fear and hate that was created. “Pose” on BBC iPlayer told a similar story, focusing in particular on the discrimination that was faced by transgender people decades ago. As Jamie Greene said, “It’s a Sin” was a difficult watch, but at the time I tweeted that it made me laugh, it made me cry and it made me feel angry for a whole generation of people. These stories must be heard and lives remembered, and we must educate people about how far we have come and what we still have to do.

As for what we still have to do, the fact is that although, decades on, our world is different, and the advances have been remarkable, stigma persists. A poll in 2019 by the Terrence Higgins Trust found that public attitudes to HIV remain stubbornly out of step with scientific progress, with 41 per cent of British adults believing that everyone living with HIV can pass on the virus and 64 per cent feeling uncomfortable having sex with someone living with HIV who is on effective treatment. Almost half would feel uncomfortable kissing someone living with HIV, despite there being no risk of transmission, and 38 per cent of people would feel uncomfortable going on a date with someone who is HIV positive.

We also have more to do to achieve our target of no new infections by 2030. Indeed, organisations such as the Terrence Higgins Trust have said that we need a step change to make

that a reality. I know that, in closing, the minister will want to provide an update on developments in the Scottish Government's work to end new HIV transmissions within the decade and on any considerations with regard to expanding the access of PrEP into other healthcare settings, in particular, and other actions to reach the target.

I am proud to have been able to contribute to today's debate, to remember the dead, to fight for the living and to strive for a world without new transmissions.

17:53

**Maggie Chapman (North East Scotland) (Green):** I thank Jamie Greene for securing this debate on the 33rd anniversary of world AIDS day, which was the first international health day. I also thank all the organisations and individuals who do such important work in supporting and caring for people living with HIV, their families and their friends, raising awareness about HIV and AIDS and busting the myths around this disease. I would also like to send my condolences to all those who have lost a loved one—or more than one—to the disease or to the stigma and bigotry associated with it.

It is just a little over 40 years since the Centers for Disease Control and Prevention in the United States published a report on the deaths of five previously healthy gay men aged between 29 and 36 that marked the beginning of the recognition of AIDS. As we have heard, a few months later, the UK recorded patient zero's death. In the intervening years, somewhere between 33 million and 50 million lives have been lost—and probably more, given poor diagnosis in many parts of the world in the past 40 years.

Others in the chamber have spoken movingly and powerfully about the situation in Scotland and the United Kingdom and the work that is needed if we are to achieve the target of zero HIV infections by 2030. I want to speak about some of the more global issues that the virus has presented us with. As we are reminded daily, none of us is safe until all of us are safe.

The global story of HIV/AIDS is multifaceted. Grief and loss are intertwined with activism and rage. Scientific triumph is mixed with futility and resilience. Sadly, a thread of suffering still runs through the story. Underpinning all of that are fundamental questions of equity, discrimination, stigma and justice.

I speak of scientific triumph: in 1996, when the results of the first successful trials of the triple-drug antiretroviral therapy were presented at the international AIDS conference in Vancouver, hope and relief spread across the world like wildfire. I

remember the news stories in Zimbabwe: there was a treatment that would save lives.

However, it quickly became clear that the HIV patients on ART were in high-income countries, while most people living with HIV were in low and middle-income countries. The period between 1996 and 2003 saw the peak of AIDS-related deaths, with sub-Saharan Africa being the worst affected region in the world. AIDS care was costly. People with money might survive; people without would die. Issues such as the AIDS denialism of Thabo Mbeki's South African Government did not help, but that people's life chances depended on geography and wealth was, and is, morally and ethically unacceptable. Action was needed.

In 2003, George W Bush announced his emergency plan for AIDS relief. With that, and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2005, the needed billions began to flow. Political campaigns saw the cost per patient of ART plummet from tens of thousands of dollars a year to less than \$100 per year. Death rates declined and mother-to-child transmission slowed. New and better drugs and preventative tools were developed thanks to massive public sector investment. Those same HIV research networks and trial sites proved instrumental in the development of a Covid-19 vaccine last year.

Yet, the global pandemic continues. Parts of eastern Europe, central Asia, the middle east and north Africa are seeing increasing infection rates. The absence of life-saving, life-extending antiretroviral therapies means that needless deaths continue to mount up. HIV is, increasingly, an infection affecting more marginalised communities: poor people, sex workers, men who have sex with men, transgender people, those who inject drugs, adolescents, and prisoners and detainees. Stigma and prejudice live on. Covid-19 has exacerbated those challenges.

We must recognise what we learned in the 1980s and 1990s about the value of sustained investment in science, but we also must recognise the importance of global solidarity and of activism, and advocacy. That is why today, and this debate, are so important.

17:58

**Emma Harper (South Scotland) (SNP):** I welcome this debate on world AIDS day, which this year has the theme of "End inequalities. End AIDS. End pandemics." I congratulate Jamie Greene on securing the debate and commend his contribution. I led the debate in 2019 and am pleased to continue my support for world AIDS day and the opportunity that it presents to raise

awareness 40 years since the emergence of HIV and AIDS.

I encourage everyone to access the Waverley Care and HIV Scotland websites and to learn about their work, including the generation zero campaign by HIV Scotland.

I cannot stress enough how important it is to get the message across to everyone that, once a person has received a diagnosis and had appropriate treatment so that they have no detectable load of the HIV virus, they cannot pass on the virus through sexual transmission. Waverley Care, along with NHS boards across Scotland, is doing important work to promote the importance of people knowing their HIV status, as well as promoting the undetectable equals untransmissible, or U=U, message.

In preparing for this debate, I reflected on my time working at the Cedars-Sinai medical centre in the heart of west Hollywood in Los Angeles in the early 1990s. I was in LA when Magic Johnson was diagnosed, which was huge news at the time. The stigma associated with HIV and AIDS was absolutely evident back then. I recall how people who were HIV positive or who had AIDS were negatively affected by attitudes of the public and of healthcare professionals, who should have known better. That was very distressing for people and their families and truly stigmatising. I am glad that we have moved on since then.

I also reflected on the lives that have been lost and the people I have known who have lost their lives. My condolences go out to all.

LGBT Scotland, Stonewall and even the recent Channel 4 show "It's a Sin", which others have mentioned, have had a huge impact in tackling the stigma, and that is welcome.

Scotland is leading the way in the fight against HIV and AIDS. When I led the debate in 2018, I spoke about the progress that was being made in Scotland to meet the United Nations 90-90-90 targets. The UN stated that, by 2020, 90 per cent of people living with HIV would be diagnosed, 90 per cent who were diagnosed would be receiving treatment, and 90 per cent would have an undetectable viral load. Despite the pressures that have been caused by the Covid-19 pandemic, Scotland has met those targets. Ninety-one per cent of those people are now diagnosed, 98 per cent are receiving treatment, and 94 per cent have an undetectable viral load. I pay tribute to NHS Scotland staff, such as the NHS Dumfries and Galloway sexual health and blood-borne virus nurse Marie Murray, who has just received a nurse consultant post for her work.

Today in Scotland, HIV is considered to be a manageable long-term health condition with treatments such as PrEP, which allows people to

live long and healthy lives. On PrEP and other HIV and AIDS treatments, it is extremely reckless that the UK Government has cut UNAIDS funding by 83 per cent. A recent International Development Select Committee report laid bare the devastating impact that those cuts are having on the global fight against HIV. It said that the cut would reverse decades of hard-won progress in cutting transmission rates and death rates. Today, on world AIDS day, I repeat the Scottish National Party's calls on Boris Johnson's Government to reverse the cuts to UK funding for crucial AIDS and HIV treatment, as we continue to battle that other deadly pandemic.

Testing has a central role to play in reducing the number of new infections, particularly by helping to reduce the proportion of undiagnosed HIV cases. Testing can be as simple as taking a finger prick blood sample, and the results are known immediately. My ask of the Scottish Government is not to take the foot off the pedal and to continue public awareness campaigns about the importance of sexual health tests, including for HIV and AIDS.

I again welcome the debate and the progress that has been made so far, and I commend Jamie Greene for bringing the debate to Parliament.

18:03

**Stephen Kerr (Central Scotland) (Con):** I must confess that I felt dismayed listening to Emma Harper's speech, because I think that we should all come together on this occasion and speak with one voice about things that are of the utmost importance.

I congratulate my colleague and friend Jamie Greene on lodging the motion, and I thank everyone who has supported him in the debate.

There is a time in every person's life when they are presented with a situation of anxiety. That can be when they are waiting for the first scan in a difficult pregnancy, when they are faced with the loss of their job, or when they are told that a loved one has a terminal illness. However, few situations raise as much anxiety as that in which one is waiting for a medical diagnosis. That is a scenario that many of us and our fellow citizens go through. It is made more bearable with the understanding of the person's family and the people around them. Friends and people who love them stand by them. Nobody should face a diagnosis alone.

Far too many people face an HIV diagnosis and feel very alone. They are left feeling stigmatised by the diagnosis, and they hide away as a result of other people's ignorance or their own sense of regret. It is worth reflecting, as Paul O'Kane indicated, that for those whose viral status is undetectable—as mentioned in the motion—the

stigma can still remain. What I am saying is that, despite what my friend Jamie Greene rightly describes as huge advancements in medicine, there is still a lot of evidence that those who are HIV positive experience stigma. Too often, they feel alone, which drives a sense of abandonment, isolation and depression. We must be sensitive to the mental wellbeing of those who have been diagnosed with HIV. We must do all we can to support and help them. They need us to stand alongside them and support them with compassion.

As we move towards the target of no transmission by 2030 set by the Scottish Government last year, we must be increasingly sensitive to those who have HIV and to how we can support them. Yes, we should support them through the available treatment, but we must also offer them support as people, rather than as cases. What specific plans does the minister have for mental health support as we move towards the 2030 target? How does the Government plan to ensure that we do not leave HIV positive people behind as we focus more of our efforts on prevention?

The target to remove transmission is ambitious, but it is one that medical technology and better information make eminently possible. The reduction in infection rates as a result of PrEP, as well as treatments to allow people to live with the virus at an undetectable level, already show what can be achieved. However, we must always have a care never to leave anyone behind. Those who continue to live with HIV need our compassion, understanding and support. Perhaps, more than anything else, they need our love.

18:06

**The Minister for Public Health, Women's Health and Sport (Maree Todd):** I thank Jamie Greene for bringing this important matter to the chamber. I am struck by the many thoughtful speeches that we have heard today. I will begin by paying tribute to everyone who has lost their life to AIDS-related illness over the past four decades—it has taken too many people. I know that the pain of that loss continues to be felt by many in Scotland today and my heart goes out to them. I hope that we honour those losses with the progress that we have made and will continue to make in tackling HIV and AIDS.

Although those losses can never and should never be forgotten, a diagnosis of HIV is no longer a death sentence. In most cases, it is a manageable condition that does not prevent people from living full, healthy and happy lives. For anyone who remembers the darkest days of the pandemic, that fact still seems remarkable. Thinking about studying for my pharmacy degree

in the early 1990s and learning about what was then a relatively new virus and the new drugs that were coming in to treat it, I have to pinch myself when I consider how far we have come.

This afternoon, I want to acknowledge the work over the past four decades that has got us to this point; I am incredibly grateful to everyone who has fought with such passion and dedication. We should all be incredibly proud of the strides that have been taken to detect and treat HIV around the world, including here in Scotland.

In 2017, Scotland was one of the first countries in the world to introduce HIV pre-exposure prophylaxis, offering free preventative medication to those who were deemed at highest risk of acquiring HIV. To date, more than 4,000 people have had PrEP prescribed at least once, and we have seen significant reductions in new diagnoses of HIV among gay and bisexual men in the four years since it was launched.

PrEP is not the only good news story. In October 2021, I was absolutely delighted to see that Scotland has become the first country in the UK to authorise an injection to manage HIV. That can make a huge difference to people with HIV by giving them a choice about the treatment that is right for them.

However, while we have come far, our work is not yet done. That is why the Government committed in its manifesto to eliminate HIV transmission by 2030. That is, of course, a challenge, particularly as we emerge from another pandemic that has taken a huge toll on our communities, our people and our health services.

I am in absolutely no doubt that, with the same collective purpose that has transformed HIV treatment in the past four decades, we can reach the next goal. In the coming weeks, we will take an important step towards it. Dr Rak Nandwani will begin his work as chair of the Scottish Government's HIV transmission elimination oversight group. Its members include clinicians, academics, public health experts, third sector representatives and people living with HIV. It will develop and test a proposal for how we can eliminate HIV transmission, which is due to be published in late 2022. The proposal will contain advice on target setting, outcomes, definitions and building links right across the system to support diagnosis and treatment. To answer a point that was raised during the debate, the group will also consider options for widening access to PrEP across Scotland.

**Douglas Lumsden (North East Scotland) (Con):** It is great to hear about the advancements that we are making on the medical side of things, but I have heard a lot about the stigma tonight. How do we break that stigma and try to educate

people better so that they understand that people with HIV are not a danger to others?

**Maree Todd:** This is a significant and important debate in doing exactly that: tackling the stigma and setting out that HIV is a condition that people live with now and that the disease can be driven down to such a level that it is not a risk to anyone—that it is no longer a transmissible risk.

I recognise that meeting the 2030 target will require concerted and focused effort. We have to act quickly. However, we will succeed only with careful planning, and taking our time now will increase our chances of success in the long term. I am very grateful to Dr Nandwani and the members of his group for taking on the work, and I look forward to providing future updates on its progress.

I acknowledge that continued progress hinges on the existence of resilient sexual health and blood-borne viruses services—which was another point raised during the debate. We have recently published “Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Virus Services” to address the impact of Covid-19 and to identify recovery priorities. To support that, the Scottish Government has already provided almost £900,000 this year to third sector organisations, and we are in the process of allocating additional funding to support specific recovery actions, focused on testing, HIV and hepatitis C elimination.

To further support that work, along with other key priorities, we are beginning work to reinvigorate the framework on sexual health and blood-borne viruses. That has guided our work for 10 years, and it has been a vital tool, but it is really important that we take stock of where we are and update the framework so that it reflects current challenges and priorities.

**Jamie Greene:** Will the minister take an intervention?

**Maree Todd:** I think I am in my last minute.

**The Deputy Presiding Officer:** I can give you the time back, minister.

**Jamie Greene:** I appreciate the minister’s forbearance, because I want to make an important point. We know that sexual health services are extremely busy, which is partly due to the introduction of things like PrEP, which has been a game changer, and partly to being victims of our own success. I congratulate the Government on that. However, those services are pushed to the limits. The problem is that many people, especially in rural communities, do not feel comfortable or able to go to their GPs, pharmacies or elsewhere for those services. If they are delivered only in those centralised environments, people will be

waiting for a very long time. We need to address that now; we do not have time to wait.

**Maree Todd:** That is a valid point. Some of the ways in which we have changed our access to healthcare over the course of the current pandemic will certainly be useful in widening access and reducing the stigma of accessing specialist services in future. The potential to use technologies such as Near Me and the potential to access such support in community pharmacies are likely to offer a real way forward.

In the next few months we will accelerate the work to achieve the new framework and the framework refresh in co-production with third sector clinicians and academics, ensuring that we are considering all the issues and challenges in a systemic, holistic way. Updating the framework must be collaborative. Now more than ever, the framework must be capable of delivering real change, and that means listening to those who best understand what change is needed. I am confident that, if we succeed, the framework, too, will play a vital role in helping us to achieve our 2030 target for HIV transmission elimination.

I once again extend my sincere thanks to all those who have achieved so much over the past 40 years. The AIDS epidemic exacted a tremendous cost, but I am continually humbled by the strength of those who did not give up and who fought for a better future. I commit today to continuing in that spirit and to working towards a future where HIV transmission is eliminated in Scotland.

*Meeting closed at 18:15.*



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