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Scottish Parliament

Wednesday 24 October 2018

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

Portfolio Question Time

Health and Sport

NHS Greater Glasgow and Clyde (Meetings)

1. **Neil Bibby (West Scotland) (Lab):** To ask the Scottish Government when it last met NHS Greater Glasgow and Clyde and what issues were discussed. (S5O-02459)

The Cabinet Secretary for Health and Sport (Jeane Freeman): Ministers and Scottish Government officials regularly meet representatives of all health boards, including NHS Greater Glasgow and Clyde.

Neil Bibby: The Cabinet Secretary for Health and Sport will be aware that Greater Glasgow and Clyde NHS Board is considering changes to breast cancer services. At the weekend, the *Greenock Telegraph* reported on a freedom of information request by Martin McCluskey, which showed that not a single patient from Inverclyde was consulted on the proposal to close the breast cancer services at the Inverclyde royal hospital. Can the cabinet secretary reassure local campaigners and confirm that breast cancer services at Inverclyde royal hospital will remain open and that the proposals will be shelved for good?

Jeane Freeman: As I understand it, at this point, no specific service proposals are included in what Greater Glasgow and Clyde NHS Board is doing in its review of acute and critical care under the banner of moving forward together. As Mr Bibby knows, should the health board want to make significant changes to service provision, in any part of its remit or its geography, those would require significant public consultation and I am keen to ensure a genuine engagement. Those proposals would then come to me, as cabinet secretary, for me to reach a view on whether I concur with them.

I hope that that is sufficient reassurance for the member, at this point, about the process that we will go through. My understanding is that, as yet, there are no specific proposals. Proposals would need to be subject to due public consultation.

The Deputy Presiding Officer (Linda Fabiani): I will take two supplementary questions; I ask members to be quite quick with them.

Stuart McMillan (Greenock and Inverclyde) (SNP): Does the cabinet secretary agree that the right to raise genuine concerns about health boards is pivotal in holding the Government and health boards to account? Does she also agree that acting responsibly is crucial in this area, and that the Labour Party continually fails in that regard, with its constant negativity and talking down of the national health service and services at Inverclyde royal hospital?

Jeane Freeman: I agree that it is important—I have said so in this chamber—that we discuss our national health service and its challenges and that if Opposition members have criticisms of this Government they absolutely should raise them.

However, we need to do that within the overall context and recognise that our health service is performing well, notwithstanding significant challenges that we must meet. We need not to take single bits of information out of context and then make assertions and claims on the back of them. In saying that, I am not casting aspersions on anyone in this chamber; I think that it is an important lesson for us all to learn and an important approach for us all to sign up to.

Annie Wells (Glasgow) (Con): The most recent statistics reveal that, in the last quarter, less than 80 per cent of cancer patients in NHS Greater Glasgow and Clyde received their first treatment within the 62-day Scottish Government target. I appreciate that the cabinet secretary talked about waiting times yesterday. What action will be taken in the months immediately ahead to reassure cancer patients that they will not wait longer than the treatment time guarantee?

Jeane Freeman: Before I answer Ms Wells's question, it is important to give the context and say that the 31-day target is being met across our health boards.

However, Ms Wells is absolutely right to raise the very poor performance with respect to the 62-day target. The plan that I published yesterday covers our intention to work towards meeting that target, particularly with respect to diagnostics. As I set out, specific action plans that will come in from this month, magnetic resonance imaging, and other scanning technologies at the Golden Jubilee national hospital will increase the diagnostic capacity that is available to NHS Greater Glasgow and Clyde.

In addition, as we work from today towards driving that waiting times improvement plan, we will be looking at each board and asking specific questions about what they are going to do and how they will make best use of the additional funds that I announced.

Winter Weather Health Effects

2. Jamie Halcro Johnston (Highlands and Islands) (Con): To ask the Scottish Government what action the health secretary is taking to support those most vulnerable to the effects of winter weather. (S5O-02460)

The Cabinet Secretary for Health and Sport (Jeane Freeman): The Scottish Government has invested an extra £10 million to support boards and their partners to develop their winter plans. The winter plans should ensure that adequate staffing cover is in place across acute, primary and social care settings, and that patients are discharged as soon as they are ready on week days, weekends and public holidays. With their partners, boards will put in place steps to avoid unnecessary admissions and to ensure that elective procedures are protected as far as possible so that they continue throughout the winter period. Those plans, once they are approved, will be published shortly.

I launched this year's flu vaccination programme on 1 October, targeting more than 2 million Scots, and I have recently seen for myself some of the work that our front-line health staff are doing to encourage their peers to be vaccinated.

Jamie Halcro Johnston: Recently released figures show that last winter saw the highest recorded increase in winter deaths in Scotland in 18 years. It is only October, but across Scotland we have already heard of a shortage of flu vaccines in many pharmacies. In my region, many older people in Orkney and Shetland are already struggling to keep their homes warm because of high rates of fuel poverty. In Moray, my colleague Douglas Ross MP raised the case of an expectant mother who was forced to endure a 60-mile trip to Aberdeen to deliver her child, due to the downgrading of the maternity unit at Dr Gray's hospital in Elgin.

Given that we know the extensive pressures that are already faced by the national health service across the Highlands and Islands, is the cabinet secretary confident that, as winter approaches, all NHS boards in Scotland are ready to meet the challenges of winter weather?

Jeane Freeman: As I mentioned, those winter plans are there precisely in order to provide me with that degree of reassurance and to let me question where I do not think that boards have planned sufficiently, based on the lessons learned from last winter, which was one of the most severe on record. I said that those plans, once approved, will be published shortly, and they are coming to me so that I can look at them.

The deaths that Mr Halcro Johnston referred to arose as a result of the severe weather—from flu, respiratory infections and other causes—and the

plans are designed to ensure that we are as prepared as possible for the worst winter.

On the supply of flu vaccinations, we order a number of delivery drops of flu vaccines, based on data on the take-up the year before. In this year, the first delivery drop has not been adequate to the demand, but that does not mean that we are wrong about the demand; it just means that more people have come forward early. We have not had all the supplies, but the supplies are coming through as anticipated and we will have sufficient vaccinations.

There were a number of points to Mr Halcro Johnston's question, so I have two final points to make. Members will be aware that I have asked for a detailed plan on how we can begin to move back towards the reinstatement of all services at Dr Gray's hospital. The first plan that I received was insufficient, in my view, in terms of its timeline and content, and I hope that in the course of the next 10 days or so I will be able to approve the additional work that I think is necessary in the short to medium term so that we can move back to full services at Dr Gray's.

My final answer is on the question of fuel poverty. Other portfolios carry that responsibility and a great deal of work is being done across this Government, but I cannot sit down without making the point that, if the UK Government paid proper attention to what is required in terms of benefits and support to our most vulnerable citizens, we would see a great deal less in the way of poverty as a whole, fuel poverty included.

Liam McArthur (Orkney Islands) (LD): The cabinet secretary will be aware that longer, harsher winters are just one of the reasons why Orkney has the highest levels of fuel poverty anywhere in the country—together with the health impacts that come as a result of that. Can she therefore redouble her efforts to press upon her colleague the Minister for Local Government, Housing and Planning to ensure that the forthcoming legislation on fuel poverty makes specific reference to the rural minimum income standard for the criteria for assessing fuel poverty and directing support to where it needs to go?

Jeane Freeman: As Mr McArthur knows, that was a subject in which I took a great deal of interest when I was in a previous role, along with my colleague Mr Stewart. I understand the issues that Mr McArthur is raising. Under my health portfolio, we have ensured that Mr Stewart is aware of those matters, particularly as they concern our more remote and rural communities, and I am confident that he is giving them all due and proper consideration.

The Deputy Presiding Officer: I wish to take supplementaries, but questions and answers have

already been fairly long. Unless members are willing to cut them down, we will not get through nearly so many questions.

Question 3 was not lodged.

Rehabilitation Right (Chest, Heart and Stroke Patients)

4. **Kezia Dugdale (Lothian) (Lab):** To ask the Scottish Government what plans it has to introduce a right to rehabilitation for patients with chest, heart and stroke conditions. (S5O-02462)

The Cabinet Secretary for Health and Sport (Jeane Freeman): Early assessment and the provision of rehabilitation by multidisciplinary working in the first few days following an acute stroke achieves the best outcomes for the person, and that is therefore a priority within the Scottish stroke improvement plan, with each national health service board reporting on progress as well as sharing good practice.

We recognise that pulmonary rehabilitation is an important element of respiratory care, and it is a key recommendation in our national clinical guidelines, which boards are expected to follow. Access to pulmonary rehabilitation will form an important part of our respiratory care action plan for Scotland.

Kezia Dugdale: With respect, I asked whether people would have an automatic right to rehabilitation, rather than just access to it. I remind the health secretary that there are 9,000 people across the Lothians who would benefit from pulmonary rehab, but there is only capacity for 1,100 people to get it. Without a right to rehab, how can my constituents expect to see that gap close?

Jeane Freeman: I do of course understand that. In our recent meeting with Chest Heart & Stroke Scotland, we began discussions on its one in five campaign. We will continue those discussions, and we will see how we can move towards the end result that Chest Heart & Stroke Scotland and, I believe, Ms Dugdale are looking for.

At this point, however, the right thing for me to do is to continue those discussions so that we can ensure that, if we make a commitment, it is one that we can meet.

General Practitioner Access (Homeless People)

5. **Bob Doris (Glasgow Maryhill and Springburn) (SNP):** To ask the Scottish Government how it ensures that people who are homeless are not disadvantaged from accessing a general practitioner. (S5O-02463)

The Cabinet Secretary for Health and Sport (Jeane Freeman): The Scottish Government published a guide for healthcare providers of general medical services on 20 September this year. The guidance clarifies that inability by a patient to provide identification or proof of address is not considered reasonable grounds to refuse or delay registering a patient. The guidance clarifies that practices can use agreed addresses such as a homeless centre, a practice's own address or "no fixed abode" to register a patient, and that street homelessness can be considered as residence in a practice area.

Bob Doris: I have a constituent who is currently homeless and is, with her two children, temporarily staying with a friend. When her youngest child needed an appointment with a GP, it was refused, with homelessness cited as a reason. My office's intervention secured an appointment.

Members will note that I have not named the practice publicly, which is because I would rather promote improved practice than shame the practice in this case. The vast majority of general practices fulfil their obligations, but how can the Scottish Government—yet again—remind general practices of their responsibilities? Are there any actions that could be taken regarding general practices that behave in such ways?

Jeane Freeman: We not only published the guidance but asked boards to ensure that it was circulated to all general practices, and we asked boards to follow that up. In addition, primary care performance improvement plans are coming forward, and I would look to ensure that general practices within primary care areas understand what the guidance is and abide by it.

If any member is aware of a situation such as that described by Mr Doris, I ask them to bring it to our attention as quickly as possible, so that we can address it as quickly as possible. I intend to raise the matter through our work with the health and social care partnerships and the Convention of Scottish Local Authorities to ensure not only that general practices know what the guidance is but that teams working with people who are homeless—as street teams or in whatever other fashion—are aware of it, too, and can advocate on behalf of those individuals' rights.

Mary Fee (West Scotland) (Lab): Given the links between transmittable diseases, such as tuberculosis, and homelessness, how will the Scottish Government ensure that homeless people, including destitute and homeless asylum seekers, can reach out to health services, and thus prevent the spread of transmittable diseases?

Jeane Freeman: I am grateful to Ms Fee for that very important question. I draw her attention—not as a complete answer, but as part of one—to a

practice here in the city of Edinburgh that I visited early in my time as cabinet secretary. In that practice, there are street homeless workers, housing workers, general practitioners, addiction workers and other support staff, all working as a single team. I am pleased to say that they will shortly move to new and more bespoke premises. That is an example of what we should see in other areas where there are significant numbers of homeless people. It is one that I am raising and trying to ensure is adopted elsewhere as part of the other work that I am talking about, which is about raising the pace and spreading good practice where we expect to see it.

The Deputy Presiding Officer: Question 6 has been withdrawn.

Respiratory Improvement Taskforce

7. **Emma Harper (South Scotland) (SNP):** I refer members to my entry in the register of interests and declare that I am the convener of the cross-party group on lung health. To ask the Scottish Government whether it will provide an update on the work of the respiratory improvement task force. (S5O-02465)

The Cabinet Secretary for Health and Sport (Jeane Freeman): As I am sure that Ms Harper knows, in Scotland respiratory managed clinical networks exist in most health boards, working to improve respiratory health and quality of life for patients. The national advisory group is the overarching group and it began the work of the task force to which Ms Harper refers. It is currently at the final stage—if you like—which it describes as the task and finish group. That will set up a respiratory action plan for Scotland.

Emma Harper: I agree that a great deal of work has already been undertaken by the national advisory group, and I understand that the group, which is now led by Dr Tom Fardon, has a key aim to publish an improvement plan. Will the cabinet secretary provide an update as to when a draft or final plan will be presented on that important work?

Jeane Freeman: My understanding is that we expect the plan to be published in mid-to-late 2019.

Breastfeeding Services (Funding)

8. **Miles Briggs (Lothian) (Con):** To ask the Scottish Government how the extra funding that it announced in July 2018 to support breastfeeding services has been distributed. (S5O-02466)

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): The Scottish Government has provided additional funding to health boards, third sector organisations and other partners to meet the cost of local quality

improvement projects and initiatives aimed at improving the breastfeeding experience for women across Scotland.

Miles Briggs: I recently met mums here in Lothian who told me about training for a peer support group network. Specifically, they asked me to raise the issue that the £2 million that the minister mentioned has not provided funding to help support that. Is the minister willing to investigate the establishment of a breastfeeding peer support fund for national health service boards across Scotland, to develop that vital network and the delivery of training and resources for peer support across Scotland?

Joe FitzPatrick: Peer support is a very important aspect, and it is one of the areas that I expect our funding to support. As well as directly funding boards, other organisations that we have funded include the Breastfeeding Network, the National Childbirth Trust, the Yale becoming breastfeeding friendly initiative, and Edinburgh Napier University for its work on the UNICEF baby friendly initiative. I will come back to Miles Briggs on the specific point as to whether peer support is being supported in Lothian. My officials have a meeting with NHS Lothian soon to discuss the review of breastfeeding services across Lothian and I will come back to Miles Briggs after that meeting.

Daniel Johnson (Edinburgh Southern) (Lab): Changes to the referral system mean that breastfeeding clinics in NHS Lothian that originally served up to 60 women a week are now serving only 12. Indeed, information that they have provided shows that attendance at specialist breastfeeding clinics has dropped by more than 50 per cent in the past year. Does the minister agree with the changes that have been made by NHS Lothian and, if not, what will he do about it?

Joe FitzPatrick: As I said to Mr Briggs, my officials will be meeting NHS Lothian soon to discuss the changes to ensure that they are meeting the needs of the small number of women who experience problems that impact on their breastfeeding journey. I am happy to update Daniel Johnson along with Mr Briggs.

Changing Places Toilet Facilities

9. **Angus MacDonald (Falkirk East) (SNP):** To ask the Scottish Government what support it is providing to ensure that there are more changing places toilet facilities throughout Scotland. (S5O-02467)

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): We are committed to increasing the number and locations of changing places toilets in Scotland. There are

currently 178 such facilities across Scotland and one portable changing places toilet—a pamiloo.

Angus MacDonald: I welcome the progress that has been made so far as a result of the campaign by the Profound and Multiple Impairment Service—PAMIS—and others, who I know greatly appreciate the support that they have received from a number of ministers and cabinet secretaries in the Scottish Government.

The announcement from Kevin Stewart prior to the summer recess, in which he confirmed that he intends to introduce changing places toilets in Scottish building regulations for certain types of new buildings, was good news for the campaigners. Although that move is very welcome indeed, will the minister advise whether the Government will encourage Scotland's national health service boards and other public bodies to retrofit changing places toilets in their premises the length and breadth of the country?

Joe FitzPatrick: The Scottish Government continues to work closely with PAMIS, which the member mentioned. PAMIS is an organisation that campaigns to ensure that, in Scotland, people with profound and multiple learning disabilities and their families have access to changing places toilets where they need them in the community.

We are confident that the proposed requirement for changing places toilets in certain types of new, large buildings, through the review of the Scottish building regulations that the member mentioned, will significantly increase the availability of changing places toilets in buildings. However, I commit to continue to work with PAMIS and others to make sure that we have those changing places toilets where they are needed.

The Deputy Presiding Officer: There are two supplementary questions.

Monica Lennon (Central Scotland) (Lab): I welcome the commitment to support an increase in changing places toilet facilities. However, the question has been asked at a time when public toilets are vanishing from our communities. Can the minister advise us what work has been undertaken to assess the public health impact of those toilet closures?

Joe FitzPatrick: I know that some members across the chamber have concerns about decisions that local authorities have made to close public toilets. I would encourage any local authority to consider carefully the implications when they change any service. I know that the issue has been of particular concern to members from the Highlands and Islands area. I do not think that the member would expect me to stand here and tell local authorities what to do, but I hope that they will take account of the needs of their residents when making any service changes.

Mark McDonald (Aberdeen Donside) (Ind): It was great to see the opening of the changing places toilet at Aberdeen airport in my constituency as part of the terminal's redevelopment.

Further to the point made by Angus MacDonald on retrofitting, although it is welcome that a requirement will be introduced for new buildings, can the minister perhaps undertake discuss with his colleagues what requirements could be introduced where refurbishment and redevelopment are taking place? That work is obviously not categorised as new build; nonetheless, that might open up opportunities for changing places toilets to be installed.

Joe FitzPatrick: The member makes a good point. Clearly, it is much easier to make such changes by design in new buildings, and retrofitting can pose challenges. However, the member makes a good point in relation to refurbishment, which I will follow up.

Primary Care Emergency Service (St Andrews)

10. **Willie Rennie (North East Fife) (LD):** To ask the Scottish Government whether it will provide an update on the proposed closure of the primary care emergency service facility in St Andrews. (S5O-02468)

The Cabinet Secretary for Health and Sport (Jeane Freeman): Fife health and social care partnership undertook a review of its out-of-hours service in line with the recommendations in Sir Lewis Ritchie's national review of out-of-hours services and an options appraisal exercise between August and October 2017. There has been a consultation, which has concluded, and the results of that consultation, which is on wider primary care and other services across Fife, will be considered by the Fife integration joint board at its meeting on 20 December.

However, as I am sure Mr Rennie will know, general practitioners in north-east Fife have offered to keep the local service running overnight. I understand that, in the next few weeks, the partnership will continue to work closely with them on those services to look at how they can develop proposals in the light of the consultation feedback and the GPs' proposition.

Willie Rennie: The health secretary will know from her visit to St Andrews in recent weeks that there is a lot of anger in the town and across east Fife, with more than 6,000 people signing a petition and packed public meetings opposing the proposed closure. The area has a rural and remote student and elderly population and local GPs are prepared to step up and provide a service, as the health secretary said. I am keen to understand what she will do if the Fife health and

social care partnership proceeds with the closure. Will she step in and change its mind?

Jeane Freeman: I understand the anger and concerns that are being expressed. I also understand—from my constituency, apart from anything else—how all too often it is easy to look at a map and think that, with regard to transport, it is relatively straightforward to move across an area without taking account of the fact that the area is remote, rural and less easy to move across in practice than Google maps or another device may make it seem. I completely appreciate the concerns.

I would not want to wait until final proposals are brought forward, and I am actively pursuing being kept up-to-date with the thinking of the health and care partnership in Fife about how it will move forward, not only on the wider consultation but on matters that directly affect patients' access to the care that they need. I hope to be able to update Mr Rennie and colleagues who have an interest in the matter from a constituency perspective over the next few weeks.

Mark Ruskell (Mid Scotland and Fife) (Green): Does the cabinet secretary believe that the retention of out-of-hours services in St Andrews, particularly at the weekend, would be more likely if the health and social care partnership adopted a more multidisciplinary approach that is less reliant on GPs?

Jeane Freeman: There are two parts to the difficulty that we have with out-of-hours services. First, the 2004 GP contract said specifically that GPs did not have to work out of hours. Secondly, the national pensions cap makes the situation more difficult, and we have struggled to find GPs who want to work out of hours.

It is important that Sir Lewis Ritchie's recommendations and the new GP contract, which has been agreed with the British Medical Association, make it clear that out-of-hours services should be GP led. That said, other parts of the new GP contract absolutely recognise the importance of multidisciplinary teams and place the GP as the local clinical leader—the medical general specialist in an area—who will work with the multidisciplinary teams to provide not only out-of-hours services but services for the rest of the time, too. Mr Ruskell makes an important point. It is important for us to understand, at least in part, why we have some of those difficulties with out-of-hours services at the moment and to recognise that we are moving to a situation in which GPs will work under a new contract that will specifically say that out-of-hours services should be GP led. That does not preclude others, of course.

Invictus Games

11. **Maurice Corry (West Scotland) (Con):** To ask the Scottish Government what role the Minister for Public Health, Sport and Wellbeing is having with its plans to bring the Invictus games to Scotland, and what discussions he has had with the culture secretary on that. (S5O-02469)

The Minister for Public Health, Sport and Wellbeing (Joe FitzPatrick): The Cabinet Secretary for Culture, Tourism and External Affairs and the Minister for Parliamentary Business and Veterans have confirmed the Scottish Government's interest in considering whether Scotland should host the Invictus games in the future. That can happen only through the appropriate formal bidding process and would be informed by a feasibility study to determine the viability of hosting. We will learn from the current games in Sydney to assist our considerations. The Scottish Government commends and congratulates the athletes who are currently competing in this year's Invictus games. I thank Mr Corry for the opportunity to put those congratulations on the record.

Maurice Corry: Holding the Invictus games in Scotland would demonstrate how highly our armed forces disabled veterans are respected here. Will the minister do all that he can to have the Scottish Government bid for the fourth Invictus games to be held here in Scotland?

Joe FitzPatrick: The member makes a strong point about the value of sport for our veterans. I was privileged to spend some time at the national centre for sport in Largs to see its para facilities. It is the first fully inclusive national sports centre, and it is second to none in the United Kingdom. When I was there, I met and discussed support with some serving armed services personnel who were being supported by Help for Heroes and who were using sport to help with their rehabilitation. The power of sport is really important.

We have fantastic facilities that are a strong argument for Scotland being a location for the games. However, there has to be a proper bid process. It is important that we use this year's Sydney games to help us to understand the size, scale and delivery of a future games here in Scotland, as a prelude to a possible future feasibility study. Along with the cabinet secretary and the veterans minister, I will give my support to Scotland making that initial feasibility study.

Mental Health Services (LGBT+ People)

12. **David Torrance (Kirkcaldy) (SNP):** To ask the Scottish Government what action it is taking to improve access to mental health services for lesbian, gay, bisexual and transgender plus people. (S5O-02470)

The Minister for Mental Health (Clare Haughey): We are engaging with LGBT+ groups to support the implementation of our mental health strategy and the suicide prevention action plan "Every Life Matters", and in the work of the children and young people's mental health task force. Up to 2019-20, we are investing £54 million to help health boards to improve access to mental health services. Our programme for government also sets out a £250 million package of measures to support positive mental health and prevent ill health. The funding aims to ensure that high-quality mental health services are accessible to everyone.

David Torrance: The achievements of Kirkcaldy high school's LGBT+ group were recognised at the recent Convention of Scottish Local Authorities excellence awards. How important does the minister consider such groups to be as we continue to challenge prejudice and inequality and improve the confidence and mental health of LGBT young people?

Clare Haughey: I congratulate Kirkcaldy high school on its work and ask the member to pass on my congratulations to the school. Such work is vital to ensure that young people are confident in talking about issues that affect them. At each meeting of the children and young people's mental health task force, Dame Denise Coia will share the chair with a member of the youth commission to ensure that the voices of children and young people are kept at the centre of that work. Young people are bringing an LGBTI voice to the youth commission and, as part of its research, the youth commission plans to meet LGBT Youth Scotland.

Flu Vaccination Target (Frontline Staff)

13. **Liam Kerr (North East Scotland) (Con):** To ask the Scottish Government what action it is taking to reach the 60 per cent target of front-line staff immunised with the flu vaccine. (S5O-02471)

The Cabinet Secretary for Health and Sport (Jeane Freeman): The chief medical officer wrote to the national health service in August to reiterate the importance of the flu vaccine to staff, especially for those who are directly involved in patient care, and we have instructed boards that every effort should be made to offer the vaccine in a way that is accessible to all staff regardless of location and working pattern. In addition, there are national resources, including a toolkit that staff can use to plan their local flu campaign. This year, that includes an edit of our television advert and an interactive app that has previously been used successfully in other parts of the United Kingdom and that is designed to drive uptake among healthcare workers.

Liam Kerr: Recent figures show that 45 per cent of NHS Scotland staff who are eligible to

receive the vaccine have received it. In NHS England, the figure is 68 per cent. In England, staff who refuse the vaccine are moved from critical areas if they work with vulnerable patients, which seems eminently sensible. Will the cabinet secretary confirm whether NHS Scotland is aware of that and say when it will introduce a similar scheme, before it is too late?

Jeane Freeman: We are aware of the situation in England; indeed, the app that I referred to has been successful there in driving uptake.

An important feature of how our NHS works in Scotland is that we have a clear partnership approach with our staff, our staff-side unions and other staff representatives to ensure that we work together collaboratively across a range of matters. I would be very reluctant to start issuing diktats about moving or not moving staff without continuing discussion in the partnership forums at the national and individual board levels to find ways by which we can continue to improve uptake.

Uptake has gone up in the past two years. As Mr Kerr said, our target for this year is 60 per cent. I have seen staff take a number of innovative approaches to encourage their peers to be vaccinated, not least in the Royal Alexandra hospital, which I visited recently to launch the flu vaccine campaign.

NHS Greater Glasgow and Clyde Treatment Time Guarantee (Hip Operations)

14. **James Kelly (Glasgow) (Lab):** To ask the Scottish Government what proportion of hip operations have been carried out within the 12-week treatment time guarantee in NHS Greater Glasgow and Clyde in 2018. (S5O-02472)

The Cabinet Secretary for Health and Sport (Jeane Freeman): Waiting time information is collected at specialty level, not by procedure. That said, in the year to 30 June 2018, 48 per cent of orthopaedic in-patient and day-case procedures were carried out within 12 weeks. I am sure that Mr Kelly agrees that that level of performance is unacceptably low. The health board has begun work to address that by improving theatre utilisation, making full use of capacity at the Golden Jubilee national hospital and having additional activity in evenings and at weekends. The plan that I published yesterday will provide more investment to the board and other boards to increase capacity and improve performance.

James Kelly: The 48 per cent performance level is unacceptably low, as witnessed by my constituent Mr Paul O'Brien, who has had to wait almost 18 months to receive an orthopaedic appointment. Following numerous scans, he was placed on the waiting list in February and, as recently as September, he was advised that there

is still no appointment available for him. As a result, he is off work and suffering constant pain.

The national health service board has confirmed to me that it is unable to meet its 12-week waiting time guarantee for orthopaedic appointments because it does not have the capacity to do so. Why should anyone trust what Ms Freeman and the Government say about the NHS when people such as Mr O'Brien wait for years for a hip operation?

Jeane Freeman: I absolutely agree with Mr Kelly that the situation that his constituent has faced is unacceptable, and I am very sorry for it. The plan that I published yesterday is about increasing capacity, precisely to address the issues that have been identified and the issues that the health board has raised with Mr Kelly. That said, it is clear that NHS Greater Glasgow and Clyde's capacity was not fully utilised. There are two parts to work on this, one of which is to ensure that individual boards fully utilise their capacity. The example that I gave yesterday from Forth Valley relates to that. The other part involves the significant additional investment that was announced yesterday alongside a clear phased plan to introduce additional capacity and produce a sustainable service to deal with waiting time matters.

NHS Greater Glasgow and Clyde Waiting Times (Orthopaedics and Ophthalmology)

15. **Jackie Baillie (Dumbarton) (Lab):** To ask the Scottish Government what steps it is taking to reduce orthopaedic and ophthalmology waiting times in NHS Greater Glasgow and Clyde. (S5O-02473)

The Cabinet Secretary for Health and Sport (Jeane Freeman): NHS Greater Glasgow and Clyde has redesigned a number of orthopaedic pathways to increase capacity—for example, hip and knee post-operative pathways and foot and ankle community services. That increases capacity in other orthopaedic service areas.

The plan that I announced yesterday will provide additional capacity to Greater Glasgow and Clyde NHS Board, including through the additional use that it, and other boards, will be able to make of the Golden Jubilee national hospital; the additional computed tomography scanner that will come in early next year; the throughput of cataract operations; additional ophthalmology staff; and moving on to phase 2 of the Golden Jubilee national hospital's expansion. All of that—in addition to checking that the capacity that already exists is being fully utilised and looking at evening and weekend working, which I mentioned in my previous answer—is designed to increase capacity and improve performance.

Jackie Baillie: As I know the cabinet secretary is aware, the Golden Jubilee national hospital—Scotland's NHS national waiting times centre—is within the Greater Glasgow and Clyde NHS Board area, on the doorstep of my constituency, yet despite thousands of patients waiting in pain for increasing times of nine months to a year, the board sends a tiny proportion of cases to the Golden Jubilee hospital. Does the cabinet secretary agree that the most important consideration must be the patients? Will she tell NHS Greater Glasgow and Clyde to make better use of the Golden Jubilee hospital, so that people do not need to suffer any longer?

Jeane Freeman: I am grateful to Ms Baillie for her supplementary question on an issue that she and I have discussed many times, even prior to my appearing in this Parliament. I agree that patients are the most important consideration. I also agree that the Golden Jubilee hospital, our national waiting times centre, is not always utilised by colleague boards as well as it should be, and that is something that the Scottish Government is taking an active interest in. However, it is a national waiting times centre and it is there to provide additional capacity for all our health boards and, indeed, some of our island communities. It is because of the success of the Golden Jubilee's work and its success in patient experience and patient outcomes that the Golden Jubilee is the very model that will underpin the new elective centre programme—delivery of elective centres—that I announced yesterday.

The Deputy Presiding Officer: That concludes portfolio question time. I ask members to note that, despite going over time, we still only got to question 15, so I ask them to consider for the future the length of time that supplementary questions and answers take.

University Hospital Monklands

The Deputy Presiding Officer (Linda Fabiani): The next item of business is a debate on motion S5M-14405, in the name of Richard Leonard, on keeping the Monklands hospital in Monklands.

14:42

Richard Leonard (Central Scotland) (Lab): We are forced to bring this motion before Parliament because we fear that a great injustice might be served on the people of Lanarkshire. We bring the motion before Parliament because we believe that it is the job of Parliament and its elected members to speak up and stop a grave error, which would be felt for generations to come if we were to sit back and allow it to be made.

The decision to build a new state-of-the-art hospital for present and future needs, and to replace and not simply upgrade the existing Monklands university hospital, has been widely welcomed. However, the health board consultation, which closed last week, on what form the new hospital should take and, critically, where it is to be built has been roundly condemned.

The health board pleads that it has simply followed Scottish Government guidance. The guidance clearly states that

“the Scottish people and the staff of the NHS”

are “co-owners, in the NHS”, and that the health board has a duty to ensure that information that is presented to the public must be “balanced”. That is why we have brought the motion before Parliament today. The health board has undertaken a flawed process with flawed logic. It is true that the people of Lanarkshire have been informed, but they have been neither meaningfully engaged nor genuinely consulted. I will go further, and say that there has been nothing less than a cynical attempt to railroad through the board’s preferred option of closing the Monklands hospital and relocating its services to a new site in the village of Gartcosh in the teeth of widespread public opposition.

The public meetings were not meaningful consultations but one-sided presentations on the case for Gartcosh. People left those meetings angry and frustrated.

Before that, in June, there was an options appraisal process in which there was a desperate shortage of patient and public voices. The people who took part in the options appraisal have been described by NHS Lanarkshire as “delegates”. Here is my question to the health board: if they were delegates, who delegated them? Were they

mandated in advance, and have they reported back on their decision?

According to the guidance they were supposed to be

“health service users, patients, staff, members of the public, carers, volunteers, and the voluntary organisations which represent them.”

However, the composition of the people involved in the options appraisal appears to have been dominated by NHS Lanarkshire employees—and senior ones at that. The surgeons and the consultants might have been consulted, but what about the porters? What about the domestics? What about the catering workers? What about the lowest-paid workers, many of them shift workers, most of whom live and work locally? What about the patients? What about the service users? What about the carers?

If the exercise is in line with Scottish Government guidance, is the guidance not so much waste paper? Is it not about time that the Scottish Government started laying down tougher rules that ensure that the democratic will of local communities be respected? On the other hand, if the exercise is not in line with the guidance, surely the time has come for the Government to intervene swiftly and directly.

As a member of Parliament for Central Scotland, I initiated an online petition in August. It called on the Scottish Government to step in to ensure that the new hospital is built on the site of the existing hospital. To date, the petition has gathered more than 5,000 signatures. The majority of the people want that option.

What was the health board’s response? It said that there are

“Significant challenges in delivering key adjacencies within identified expansion zone”.

The guidelines stipulate that everything is meant to be “easy to understand”! The board also says that there is

“Potential for complex way finding associated with building over different levels”

That is not transparent; that is opaque.

We are told time and time again that construction work on the current site would lead to the temporary loss of parking spaces. Of course, that is a consideration, but surely our commitment to public health, and the great legacy of Aneurin Bevan and the founding principles of our national health service demand that we look beyond short-term car parking difficulties. What about the long-term health benefits for the people of the Monklands and a health service that is accessible and free at the point of need?

At a public meeting that I attended in Airdrie town hall, the audience faced such a hard sell to close down the Airdrie town centre hospital and move it to the village of Gartcosh that, at one point, we were told that it takes less time to get from the Monklands to Gartcosh than it takes to get from the Monklands to the Monklands. Does the health board take the people to be that gullible?

If the newly built Queen Elizabeth university hospital in Glasgow can be built on the site of the Southern general hospital in Glasgow, why on earth can we not build the new Monklands hospital on the site of the old Monklands hospital? The health board accepts that that is possible and people want it to make that happen. The Maggie's centre and the Lanarkshire Beatson are co-located on the existing site in Airdrie. Both are state of the art and fewer than five-years old, and both are good reasons to stay.

The town centre first principle, which is supposed to inform such decisions, has not been factored in by the health board—that is another good reason for the hospital to stay. The outline business case for the project will be considered by the board of NHS Lanarkshire at its meeting next month. Time is running out, but there is still time for the Scottish Government to intervene.

The Government's own guidance says that the consultation process

"needs to demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions."

Let us hear today that the Government is prepared to step in to stop the closure before it is too late—before a great injustice is committed and a grave error is made—and instruct the board to keep the new Monklands hospital in the Monklands.

In the name of the people whom we are here to represent, I move,

That the Parliament believes that a replacement hospital for the current University Hospital Monklands should be built in Monklands.

14:50

The Minister for Mental Health (Clare Haughey): I welcome this debate on an important issue for the many people who use and value the services that are delivered by Monklands hospital. I recognise the strength of feeling in the local Airdrie community about the future access to and provision of hospital services. I want to make one point absolutely clear to members and to local people who use the highly valued services at Monklands hospital: no final decision has been taken by the NHS board on the preferred option for a new or refurbished Monklands hospital.

We recognise that the hospital is more than 40 years old. Although there has been, and continues to be, significant investment in the hospital to maintain high-quality patient care, the current facilities do not have the right layout to ensure an ideal model of care in line with best modern clinical practice. That is why the Government has been clear that we support NHS Lanarkshire in bringing forward the proposals to replace or refurbish Monklands hospital for the benefit of local people. We note that the plans will ensure that the new hospital will have state-of-the-art facilities and will provide a range of specialist services for patients across Lanarkshire, as well as continuing to be the local hospital for people who live in the Monklands catchment area.

It is also important to note that the new hospital will retain an accident and emergency department for the benefit of local people, along with its key support services. Any decision on the new hospital's location must, as a priority, help to reduce the level of health inequalities in the Monklands area and across Lanarkshire.

With regard to the strategic context, the Monklands of the future will support the required clinical model to meet the objectives that are set out in the board's healthcare strategy, "Achieving Excellence: A plan for person-centred, innovative healthcare to help Lanarkshire flourish", which is consistent with the ambitions and aims of the Scottish Government as set out in the national delivery plan for health and social care.

Sustained investment in our health infrastructure is vital to ensuring that Scotland's health service can continue to provide a high standard of care. In the Government's forthcoming capital investment strategy, which will be brought to Parliament before the end of the financial year, we will set out the further steps that we will take.

I will offer members a brief update on NHS Lanarkshire's progress with the important Monklands replacement or refurbishment project. In June, local stakeholders took part in an appraisal of the non-financial benefits of the following options: on-going maintenance of the current hospital in Airdrie; a refurbishment of the current hospital; a new build on the existing site; or a new build in Gartcosh or Glenmavis. In line with national guidance on informing and engaging with local people on potential changes to the healthcare services, NHS Lanarkshire conducted formal public consultations on the options between 15 July and 15 October. NHS Lanarkshire has assured us that it will carefully consider all the responses to the consultation and rigorously evaluate all the options before the board decides on a preferred option. The board's consideration will be informed by a report on its public

consultation from the independent Scottish health council.

Elaine Smith (Central Scotland) (Lab): Perhaps the minister can tell us why the board went out so vigorously promoting Gartcosh, which is not in the Monklands area, as a preferred option. Perhaps she can also tell us who the stakeholders were, because they were not the public.

Clare Haughey: I do not know whether Elaine Smith is aware of this, but there were public engagement events, including in my constituency.

In this instance, the role of the Scottish health council is to quality assure the board's public consultation process, in line with the national guidance, "Informing, Engaging and Consulting People in Developing Health and Community Services", which was issued in 2010. The health council's report will be published in due course. It is incumbent on the board to demonstrate that it has properly dispensed its statutory duty under the National Health Service Reform (Scotland) Act 2004 to involve patients, carers and the wider community in developing the healthcare services that it provides for them. The board must be able to demonstrate that any decision on a preferred option has been meaningfully informed by the views of patients, carers, staff, elected representatives and other local stakeholders. The choice of location must also take full account of other factors, such as the views of staff, accessibility, transport links, travel times and the best return to the NHS in terms of patient care.

Ministers are aware that elected members and local people have raised concerns about the quality of the engagement and involvement activity that has been undertaken by NHS Lanarkshire. In particular, concerns have been expressed about the quality of information, the quality of the analysis that the board has undertaken and the robustness of the options appraisal process that led to Gartcosh being identified as the highest scoring option for the site of the new-build replacement hospital. I assure members that we have noted those concerns.

We are clear that it is critical that the board comes to a robust, evidence-based decision in such cases, in line with national guidance and practice—

Monica Lennon (Central Scotland) (Lab): Will the minister take an intervention?

Clare Haughey: No.

The decision must also be meaningfully informed by the views of local stakeholders. We agree that all efforts must be made to advance work on this important development while meaningfully engaging with and ensuring the

confidence of local people and their representatives.

Monica Lennon: Will the minister give way on that point?

The Deputy Presiding Officer: The minister is closing.

Clare Haughey: That is why, on the completion of the formal consultation process, the Cabinet Secretary for Health and Sport asked the director general of health and social care to liaise with the chief executive of NHS Lanarkshire to discuss the need for the board to undertake further analysis and engagement with local stakeholders to explore the concerns that have been raised in more detail. That discussion will take place by the end of the week.

I have set out ministers' clear expectations that NHS Lanarkshire's choice of a preferred option for the location of the replacement for Monklands hospital must be based on robust evidence, must be in line with national guidance and best practice, and must be meaningfully informed by the views of local stakeholders.

I move amendment S5M-14405.1, to leave out from "believes" to end and insert:

"welcomes the development of plans to refurbish or replace University Hospital Monklands; notes that these plans will ensure that the new hospital will have state-of-the-art facilities and provide a range of specialist services for patients across Lanarkshire as well as allow it to continue to be the local hospital for the patients living in the Monklands' catchment area; further notes that the new hospital will retain an A&E department along with associated specialist services; acknowledges that a public consultation has been undertaken regarding the possible sites for the new hospital; believes that any decision for the new hospital's location must, as a priority, help to reduce the level of health inequalities in the Monklands area and across Lanarkshire, and further believes that the choice of location must take full account of the views of the patients who will be served by the new hospital, as well as other key factors, such as accessibility, transport links, travel times and providing the best return to the NHS in terms of patient care."

14:57

Miles Briggs (Lothian) (Con): I am pleased to speak in today's debate about what is a major issue for residents across Lanarkshire.

I was pleased to visit Monklands hospital in May this year to meet staff and management at the hospital. I was hugely impressed with the hard work, enthusiasm and dedication of all the NHS staff who work there. It was clear to me that the hospital enjoys widespread and deep-rooted community support, and we should all work to protect and build on that.

What struck me on that visit and has stayed with me since was the fact that a nurse I met had

finished her shift but was staying on to be with her mother's elderly friend who was expected to die that evening. For me, that showed how those who work in our NHS at Monklands put the community first. We do not often have the opportunity to highlight such love and care in Parliament, and it is important that we take any opportunity to do so.

As Richard Leonard said, the news that Monklands hospital is to be rebuilt or modernised is hugely welcome, but it is vital that the choice of location for that replacement building is backed by local people who will use the hospital's facilities for decades to come.

Having spoken to a number of councillor colleagues in North Lanarkshire and members who represent the area, I fully recognise the significant public concerns about the highest-scoring option for the site that has emerged—Gartcosh—and the growing concerns about the consultation process that resulted in that option emerging as the likely preferred site. It is important to note that those serious concerns are being expressed by local elected representatives from across the political spectrum and, perhaps more important, by local residents in Lanarkshire. Many local people feel very strongly about the issue. Understandably, they want the new hospital building to be as locally accessible as possible, so they want it to be constructed in the Monklands area.

Many people believe that the Gartcosh site is too near Glasgow and that not enough has been done to consider the current Monklands site. Public transport links to Gartcosh from Airdrie and other nearby villages are very poor, and too much importance seems to have been attached to rail services to Gartcosh when a mere 4 per cent of people use the train to get to Monklands hospital. In addition, the consultation provided very little information about the Glenmavis option, even though that option has strengths and clearly has local support. It is the responsibility of NHS Lanarkshire to address the concerns of local people and their elected representatives.

Elaine Smith: The member will be aware that there was a completely cross-party campaign to prevent the A and E department from being downgraded and to keep it in the Monklands community. Does he agree that it would therefore be outrageous if the SNP Government were to sit back and allow the whole hospital to move out of the Monklands area?

Miles Briggs: What is key is that we can all accept that the hospital needs to be upgraded, and we can look forward to that happening and to all the services that have been retained there being transferred to the new site, whether that is in Monklands or involves a new preferred option.

It is clear that serious questions are now being asked about the consultation process, particularly with regard to the removal of potential other location options. Those issues must be addressed. However, we are talking about a major investment of perhaps £400 million to £600 million for a major new-build hospital that will serve the area for decades to come. It is vital, therefore, that the new hospital is developed on the best site that is available and that that choice enjoys as much support as possible from as many local people as possible.

I know from other decisions that have been taken in the past by other health boards, including the one that covers my area, that it is important to future proof the site. Having the potential for future NHS developments and investment is important, and developing a site that cannot provide that flexibility is not good for patients or the future sustainability of our NHS.

I hope that NHS Lanarkshire will listen closely to today's debate, and I thank the Labour Party for bringing the motion to the chamber. It is important that the health board acknowledges and responds to all the concerns that have been expressed by members of all parties and decides whether it needs to pause and reconsider the consultation process to date. We need to get the location of the new Monklands right and, above all, make sure that the needs and the interests of all the people of Lanarkshire are put at the heart of that decision.

15:01

Alison Johnstone (Lothian) (Green): It is important that we come to this debate and consider these proposals with an open mind. We cannot always allow the history of service changes in a particular place to shape our future decisions, although I appreciate that that is easier said than done. I also appreciate that colleagues across all parties have, at different points and in different ways, fought hard to maintain and protect Monklands hospital and the excellent, local healthcare that people there benefit from.

Looking at the information that is outlined in the consultation on these plans, I think that it is clear that a total rebuild is needed to provide the high-quality facilities that people deserve. It would be unthinkable for people to lose such quality of service.

I am extremely conscious that we spend a significant part of our time in Parliament scrutinising service change proposals and that, time and again, patients and residents are forced to point out that longer journey times are one of their main concerns. Getting to hospital by public transport can be painfully difficult. Even small relocations can cause communities real problems

when they do not line up with decent transport routes. That process also speaks volumes about the generally inadequate state of a lot of public transport in Scotland, how slow it is to change to people's needs and, frankly, how low our expectations are of what it should provide.

It is crucial that we get the sites of our hospitals right and that, as Miles Briggs pointed out, when new facilities are developed, they have the space and capacity that they need, with room to expand if necessary, and that they offer a good environment to patients, their families and the NHS staff who work in them. New public transport routes and other planning decisions should then fit around that.

It goes without saying that it would be unacceptable for any aspect of the current service at Monklands to be downgraded in any way whatsoever as part of that process, and I am glad that the Government's amendment speaks directly to those concerns, reiterating its commitment to the hospital's A and E department and specialist services.

Elaine Smith: Does the member agree that committing to an A and E department and then moving it out of Monklands is no commitment at all, from the point of view of the people of Monklands?

Alison Johnstone: It is clear that people in that area and the wider area need access to a first-class A and E department. However, I would like further information about the plans for the existing hospital site, in a situation in which new facilities are built elsewhere. I ask the minister to address, in closing, how that site could be used to the best effect for the people in the local area.

It is important to note that any judgment that Parliament takes today on the service change would be formed without sight of a report on the public consultation, which ended just 10 days ago, as that report has not been published yet. Apparently, there have been more than 600 responses to the consultation. I would prefer to be able to take those views into consideration. We rightly criticise the Government, as we have criticised health boards in the past, when consultations have been flawed and people's views and responses have not been given appropriate regard. We cannot ourselves rush past the consultation process that is in train. The board has not yet met to decide on a preferred option for the outline business case. That is not due to happen until next month.

I appreciate that my colleagues are acting out of genuine concern for people and patients in the area. However, I am also mindful of the fact that the longer timescales anticipated for rebuilding on the existing site would leave patients without a

viable local service for longer—possibly many years longer—as well as putting more pressure on other hospitals that would have to absorb displaced demand during that time.

It is crucial that the best decision is made for the long-term future of the hospital. That can be achieved only with a clearer and more detailed view of the potential advantages of building on all sites, and by taking into proper account the views of patients and residents.

The Government's amendment does not make any determination on the ultimate location for the new hospital, and it stresses that the views of patients, along with other factors such as travel, must be fully taken into account. For that reason, I am minded to support the Government's amendment this evening.

15:06

Alex Cole-Hamilton (Edinburgh Western) (LD): I am grateful to the Scottish Labour Party for bringing this motion before Parliament.

I do not know Monklands hospital well, and I have never used its services, but its reputation precedes it and it has been the subject of many heated debates, questions and campaigns in the Parliament. That is testament to the calibre of its excellent staff and to how well regarded it is by the communities it serves.

Above all, I understand the drivers for and the reasoning behind the Labour Party bringing this debate to the Parliament today and the depth of feeling that exists in the community about the location of the hospital. That resonates with me, given many of the campaigns in which I have been involved about health services in the areas that I represent, so I understand it very well. The hospital is a dynamic and well-regarded institution, which has substantial throughput. What really resonates with local people who have backed the campaign is not just the certainty that the hospital provides because of where it is but its heritage and its place in the local firmament.

The process so far, which we have heard a lot about this afternoon, speaks to a wider catalogue of decisions taken in major service redesign by territorial health boards and Scottish ministers, which are underpinned by theoretical arguments, spreadsheets and arguments about economies of scale that might well look good on paper but fundamentally fail to carry the support of—and indeed are wholly adrift from—the communities that the services in question serve. I remind Parliament about what happened with the redesign of cleft services, which saw Felicity Mehendale lost to the profession and diminished our offer to patients in that regard.

Hospitals will always evoke strong emotions locally. They are in many cases central to the fabric of the communities that they serve. That is because they do not exist in isolation; many local businesses and voluntary groups have very close ties to them and depend on their location for their own viability. They define public transport links and impact in many ways on the roads and traffic profile of the communities they serve.

Our support for the Labour motion would be harder if these communities were being pitted against one another—but they are not. In fact, many residents in Gartcosh have already voiced concerns about pressure on parking, traffic flow and other such issues. Some elected members have cited proximity to gas mains and all the rest of it as aspects of the unsuitability of the Gartcosh site.

As I said at the start of my speech, I do not use this hospital, so I am not familiar with it, but I have absolute solidarity with the community campaign that has sprung up around it, given its perseverance in the locale. The campaign speaks to the much wider problem that we have in Scotland with the delivery of our health services. The process for determining where we locate services and how we design and redesign them to meet the needs of the citizens whom we are all elected to serve is fundamentally flawed, because it is focused very much on what looks good on paper but does not necessarily work as well in practice for the communities that the services are there to serve.

I welcome the motion and assure Labour members of our support for it.

The Deputy Presiding Officer: We move to the open debate. I ask for speeches of up to four minutes, as we are tight for time because there is a second debate this afternoon.

15:10

Elaine Smith (Central Scotland) (Lab): More than a decade ago, I campaigned with colleagues from across the political spectrum to stop NHS Lanarkshire downgrading our local A and E department at Monklands general hospital. The first thing that I did when I was re-elected in 2007—straight after being sworn in—was to go out of the chamber and lodge motion S3M-0002, which called for a reversal of the decision to downgrade Monklands hospital. As it is fond of reminding us, the SNP Government then instructed NHS Lanarkshire to do just that. At that time, Nicola Sturgeon MSP, the health minister, concluded that the health board had not given sufficient weight to the concerns that were being expressed by local people.

Fast forward to the present, and Monklands hospital is now facing a much worse threat: the removal of the whole hospital from the Monklands area. I assure the First Minister that, yet again, sufficient weight has not been given to the concerns of local people. The so-called consultation closed a week last Monday, while the Parliament was on recess and during the school holidays. To make matters worse, an additional paper suddenly appeared with a week to go until the closing date.

The whole process has been flawed from the start, with NHS Lanarkshire heavily promoting its preferred option of building outwith Monklands, at Gartcosh. Even the option appraisal exercise was weighted in favour of Gartcosh and involved far more staff and professionals than patients or members of the public.

It was also very clear from the public presentation—not meeting—that I attended that the Gartcosh site was being heavily promoted, with the other sites, in particular the current location, being negatively portrayed. I say to the minister that these were not inclusive public meetings but public relations exercises that were designed to promote the Gartcosh option and undersell the other options. I am sorry, but no one in my community in Monklands will believe the minister that the decision has not already been taken. Of course, the minister can overturn that decision.

As we have heard, building has happened on the Monklands site in recent years. We have new theatres, the Beatson and Maggie's centres and investment in the A and E department. The current site has many advantages: it is in a very central location; it is embedded within the Monklands community; and people can access it through well-established transport links, whether by car, bus or train. We also know that far more staff live closer to the current hospital, which is an important factor in terms of childcare and additional travel costs, as well as raising issues around providing services in bad weather, for example. We should commend the staff who walked to work during the heavy snow of last year—that will not be possible if the hospital is moved out of its central location.

Over the years, Monklands residents have lost acute medical services such as paediatrics, inpatient dermatology beds, gynaecology and orthopaedics. Living in the community, I have no doubt that the people of Monklands are deeply concerned about losing their local hospital provision in the heart of our community.

With the closing of the so-called consultation, it is time for Parliament to step in and show support for the people of Monklands. I understand that the contributions to the consultation are not being

made public by the health board, so I put that on the record.

In last week's *Airdrie and Coatbridge Advertiser*, Alex Neil MSP is quoted as saying:

"We must ensure that Gartcosh gets the kybosh."

However, Fulton MacGregor has not publicly supported keeping the Monklands in the Monklands. Both of them can show their support today by voting against the Government's anti-Monklands amendment and voting for Labour's motion.

Let us be very clear: any MSP who supports the Government's amendment, which talks of the "catchment area", will give a green light to Monklands hospital being removed from Monklands. Of course, a newer, substantially upgraded hospital is needed, but I believe that it should be on the current site.

The Scottish Government will have the final say, or it can call the decision in. The Government is investing heavily in new provision, but its amendment is worrying. It does not support keeping the Monklands in the Monklands. Having previously stopped the removal of A and E services from Monklands, I call on the Government to step in and stop the removal of the whole hospital from Monklands. If members want that, too, they need to vote against the Government's amendment and vote for Labour's motion.

15:14

Alex Neil (Airdrie and Shotts) (SNP): I speak as the local MSP for the Airdrie and Shotts constituency, which includes Monklands hospital. Neil Gray, the MP for Airdrie and Shotts, and I have spearheaded the campaign against what I regard as a stupid decision by NHS Lanarkshire to make Gartcosh the preferred site for the new hospital.

Unfortunately, that sentiment is not universally agreed with. I will quote.

"I am delighted that Gartcosh has been short-listed for a proposed new build of Monklands Hospital. Gartcosh is a good choice".

That is from Hugh Gaffney, the Labour MP for Coatbridge. The Labour Party needs to sort out its position: as usual, it is trying to face two ways at once. I speak as the local member and am facing only one way, which is this: no to Gartcosh, and no on a number of other points.

First, as a former health secretary, I say with the greatest respect for the people who work in the Monklands hospital that there were, at the options appraisal that has been referred to, 53 people, 34 of whom were senior employees of NHS

Lanarkshire and only 16 of whom were patients. Five of those 16 came from South Lanarkshire; the other 11 were from North Lanarkshire. The health board could identify only one patient who lives in the Monklands catchment area: out of 255,000 patients living there, the health board identified only one to turn up at the scoring event. The board has then had the cheek to say that it has stuck to the process that was laid down by the Government. There is no way that the board has stuck by that process.

This is not just about participation; it is about the how the whole scoring system was rigged to get the answer that the senior people in the health board wanted, against the wishes of the majority of people in North Lanarkshire and the vast majority of people in my constituency. The information on which the board scored was inaccurate, misleading and unbalanced, and very often bordered on being deliberately economical with the truth. There is no way that the exercise could be described as fair and objective.

The top priority for the health board, according to its own document, is reducing health inequalities in Lanarkshire. If the hospital goes to Gartcosh, far from reducing them, inequalities will be made much worse.

That is why Neil Gray and I have submitted to NHS Lanarkshire a petition that has 6,000 signatures. It is unfortunate that NHS Lanarkshire acts as though it is deaf: it is not listening to the people. The people told the board previously that closure of the accident and emergency department was the wrong thing to do, and the people are telling it now that putting the new hospital in Gartcosh is the worst thing to do. I agree with the people, and the evidence agrees with the people.

It is time for an independent review of the process, the information and the decision to make Gartcosh the preferred site. That decision cannot be allowed to stand. It would be a betrayal of the people of the Monklands hospital area if Gartcosh were to become the site for the new hospital. Unlike Labour Party members, I can say that on behalf of all my party's representatives for Airdrie and Shotts.

15:18

Alison Harris (Central Scotland) (Con): Monklands, in Airdrie, was the first new hospital to be built in Scotland in the post world war two era. The hospital's roots go back to 1887, when Sir John Wilson, a late 19th century businessman and local politician, bought the Airdrie House estate. He went on to bequeath that land to the people of Airdrie, and it became the site of the local maternity hospital and then Monklands hospital.

Over 40 years, there has been a significant increase in the number of people who live in the Monklands area, so it was not doubted that at some stage Monklands hospital would no longer be totally fit for purpose. It is fair to say that the hospital is currently less than fit for the modern day.

Emotions and feelings run high. Hospitals belong to communities—not only the patients who attend them, but the staff who work there and who dedicate their lives to looking after our sick people, so it is no small wonder that emotions in Monklands are running high about the potential closure and re-siting of the hospital.

I welcome today's debate. Although I am led to believe that the health board has not yet fully made up its mind regarding the location of the new hospital, there is significant evidence and other factors that must now be taken into overall consideration in respect of the hospital's future.

There is no dispute about whether there should be a new modern Monklands hospital. I do not agree with Richard Leonard and Elaine Smith that the problems will be solved simply by building on the current site of the hospital. Apart from the considerable time that will be required to dismantle the old hospital and rebuild a new one, operating an efficient hospital on the same site, which already lacks space, is simply not practical, in my view. I appreciate the passion surrounding the current location and why people think that it makes logical sense to take out the old and put in the new.

Forth Valley hospital in Falkirk had a similar experience. There was Falkirk royal hospital and there was Stirling royal hospital: a person was either a Falkirk bairn or a son of the rock, and discussions about what was the best site to replace the two hospitals went on for 25 years. The new Forth Valley royal hospital has now been there for about eight years.

Where I do agree with some participants in the debate is that Monklands is in Airdrie, so to start looking at a site in Gartcosh involves the potential move to a Glasgow postcode. There is an argument that Gartcosh is technically in Glasgow, not in North Lanarkshire, so that move would and could benefit the people of Glasgow but be a huge disadvantage to people who live in the Monklands area. Not only would travelling be problematic for a lot of elderly and infirm people in the area, but we would have to consider emergency ambulance transfer times and the additional travel time that the move would add to the already long hours that staff work.

Elaine Smith: Will Alison Harris take an intervention?

Alison Harris: If Elaine Smith will let me finish, I will do so, but as the hospital is in my region I want to try and finish this point. I will give way at the end.

The Deputy Presiding Officer (Christine Grahame): I am afraid that you cannot take an intervention, Ms Harris. You are in your last minute.

Alison Harris: Okay.

When I looked back to find out when the hospital was originally opened, I discovered the story of Sir John Wilson bequeathing land to the people of Airdrie for what would become the Monklands hospital as we know it. It was fitting to learn of a similar gesture, some 130 years later, from a local Airdrie businessman to sell for the princely sum of £1 land at a suitable location in Glenmavis with the potential to build a new Monklands hospital there. That huge gesture should be given serious thought. Glenmavis is a more central location. It is local and would keep the hospital within the heart of the community. That is a serious alternative and one that I urge the health board to consider. Now is the time to go back and have a significant rethink—not to take choice away from local people.

The Deputy Presiding Officer: I call Neil Findlay, to be followed by Fulton MacGregor. You will have four minutes to speak, so if you take an intervention I am afraid that you will have to absorb it.

15:23

Neil Findlay (Lothian) (Lab): Monklands hospital is not in my region, but I have had representations from constituents who work there or have been treated there. Like so many hospitals in Scotland, Monklands was built by a Labour Government to serve the health needs of growing communities—in that area, a growing industrial town—but the recent history of the hospital has been one of insecurity and indecision, which have left local voices marginalised by the health board.

That is a familiar tale indeed, and there are many reasons why that is the case, but today we have to concern ourselves with how we answer the question about where the new hospital will be located. People in the area have had to put up with repeated instability in recent years—not least when services have been taken away from the hospital, which has forced patients to travel further afield for treatment. That is a serious problem, especially for people who rely on public transport. It is a situation that is reflected in my area, where the same is happening at St John's hospital, with families and children having to travel up to 30 miles because a service is not run on a 24/7 basis.

All too often, such decisions are made with there having been no prior consultation of the staff or the people who fund the NHS—the taxpayers, the patients and the people. At Monklands, we have seen dermatology, gynaecology and paediatrics services lost, and bed numbers being cut from 527 to 477, despite the population growing and getting older. At what point does the downgrading of a hospital end? When will the uncertainty over the future of the hospital be settled?

I hope we are all agreed that the community needs a new well-resourced hospital, and that its location must reflect the concerns and wishes of the local population. It is not the role of Government or of NHS boards to dictate to communities that have shown a clear and strong preference. I suggest that doing so goes against the very essence of the chief medical officer's principle of realistic medicine.

A new hospital must continue to serve the people of the communities, and it should be built where the communities want it to be—at the site where it has always been.

The argument from Green Party members is bizarre. They are arguing for a hospital to be built on a greenfield site when it could be built on an existing brownfield site. That makes no sense to me whatever.

Alex Neil: It is not a greenfield site.

Alison Johnstone: It is not a greenfield site.

Neil Findlay: Well—

Richard Leonard: The site is out of town.

Neil Findlay: Let us call it an out-of-town site.

Alison Johnstone: Will the member take an intervention?

Neil Findlay: I will not, at the moment.

We should also remember that Monklands hospital is the largest employer in an area of multiple deprivation, and provides an economic boost to a community that needs it. That is very important.

Richard Leonard has secured a petition with more than 5,000 signatures, and I am delighted that Alex Neil has done the same. It is good that people are making their points, which must be taken into account over and above the so-called local consultation. It is clear that people have a clear preference.

My Labour colleagues have been pressing on the issue for many years. It is of concern that we have spent so much time deliberating on such matters, rather than getting on with the job of creating an NHS that is fit for the 21st century—

not just in Lanarkshire, but across the whole of Scotland.

Hospital instability has become a common problem in Scotland, as I know only too well from my area. That is absolutely unacceptable. People in Lanarkshire deserve certainty about their situation, just as people in West Lothian deserve certainty about theirs. Were the future of their hospitals to be secured, they could start to plan for the future and could feel confident that their services were being protected. That is why I will support the position that has been put forward by Richard Leonard.

15:27

Fulton MacGregor (Coatbridge and Chryston) (SNP): Thank you, Presiding Officer, for the opportunity to speak in the debate. As someone who grew up in the Coatbridge area, right next to Monklands hospital, it is a privilege to speak in a debate about a hospital that I know well and its future in serving my constituents and the wider area.

Because of the unique position of my constituency, I have taken extra time to listen to the differing views of people and communities within the constituency before expressing an outright opinion. I have attended the NHS public meetings, met constituents and stakeholders, held street surgeries and engaged in various forums to gather opinion. My consultation response was balanced and tried to reflect the issues.

Generally speaking, people from Coatbridge want the hospital to remain at the current site or nearby. People from the Chryston area, which encapsulates the various villages in the north of my constituency—an area that has been fighting for a health centre—are comfortable, in the main, with a move to Gartcosh, although there are exceptions.

However, the most important and wider issue that the consultation raised concerned health inequalities, which is why the Government amendment is so important. I add that it shows the Labour motion for what it is: shallow, simplistic and scaremongering.

Coatbridge and Airdrie, the two Monklands towns, have some of the most deprived areas in Scotland.

Monica Lennon: Will Fulton MacGregor take an intervention?

Fulton MacGregor: Between them they have nine areas in the most deprived 5 per cent across Scotland, according to Scottish index of multiple deprivation—SIMD—statistics.

Monica Lennon: Is the member allowed to take an intervention?

Fulton MacGregor: Would Monica Lennon listen to this? Four of those areas are in Coatbridge. If that is then increased—*[Interruption.]*

The Deputy Presiding Officer: Just a wee minute, please, Mr MacGregor. I want to hear what Mr MacGregor has to say. You will have a chance in your summing-up speech, Ms Lennon.

Fulton MacGregor: If that is increased to the most deprived 10 per cent, the figure rises to a staggering 28 areas—14 in each town. The poverty and deprivation that resulted from deindustrialisation in the 1980s under Conservative Governments, and which are being perpetuated by current failed UK Government austerity policies, have brought with them a host of health inequalities, from high rates of heart disease and other long-term health conditions to significant drug and alcohol-related harm. Monklands has been known as “the sick man of Europe”—a term that will be familiar to many of us.

It may not be the intention, but removing a well-established hospital with an A and E department from an area that has such health inequalities and where fewer people have access to private cars, could be regarded as the elitists and decision makers dealing a hammer blow to those communities. That is not what I, or anybody here, came into politics to do. As the amendment outlines, the hospital needs to serve the Monklands area and to continue to be part of a plan to address those health inequalities, on which slow but sure progress is being made by the SNP Government. The board and engagement process have a duty to instil confidence that that will be the case.

However, as others have said, generally that has not been the case. Some aspects of the consultation were good, and the meetings were responsive and professional, but there was weighting of Gartcosh as the preferred location, and I was disappointed to hear that only one Monklands resident was involved in the scoring. There should have been more information on the other central Monklands sites—for example, at Gartsherrie. That site was rejected due to poor road access, but the roads there are the main ones that would get folk from Coatbridge to Gartcosh. How does that make sense?

Similarly, the current hospital site has many positives, such as its location and transport links. I would like more information on options on the land nearby and on building up the way, which seems to have been dismissed too easily. This is a major decision and I believe that it would be best to start again and consider all the options, including

looking again at Gartcosh, while dealing with the concerns that have been raised.

I will finish with this. In 2007, it was the SNP that saved the Monklands A and E department from closure by Labour—the shameful proposed closure of an A and E department in one of Scotland’s most deprived areas. It is the SNP Government that has invested heavily in the site since then. It was this Government, under Shona Robison as Cabinet Secretary for Health and Sport, that agreed the funding for a new hospital to be built. It is local politicians including Alex Neil, Neil Gray, me and our councillor colleagues who are scrutinising the proposals of the board and holding it to account. Our candidate in the Coatbridge South ward by-election is standing on a strong platform to keep the Monklands central—*[Interruption.]*

The Deputy Presiding Officer: Mr MacGregor—

Fulton MacGregor: People are not fooled by Labour’s scare stories any more. They know that the Monklands hospital is safe in the hands of the SNP.

The Deputy Presiding Officer: Mr MacGregor, sit down! If you overrun your time, you cut other people out, no matter your passion.

15:31

Graham Simpson (Central Scotland) (Con): I was thinking that it was a very considered contribution from Fulton MacGregor, until the end.

This is an important debate for the people I represent in Central Scotland. For those of us who live in Lanarkshire, Monklands is one of our hospitals. I live in East Kilbride and Hairmyres is my local A and E, so when I fell off my bike a few years ago that is where I went, but Monklands is just as much my hospital as Hairmyres, because there are specialisms there—such as ear, nose and throat and radiotherapy—that are not available closer to home. It is Airdrie’s hospital, but it is Lanarkshire’s, too.

First, do we need a new hospital? No one is arguing that the current one fits the bill for the 21st century. The second question is, where should it be? When there is a proposal to build a new hospital, there will always be strong views on where it should be. It is vital that there is a robust, evidence-based process and that people’s views are taken into account. There has been a consultation, which is now closed, and the health board says that the process was in line with official Scottish Government guidance.

The board says that the process to select those taking part in the consultation was formally agreed with the Scottish health council. There have been

13 public meetings, attended by around 600 people, which is an average of 46 people per meeting. I can guarantee that any of us here could rustle up more than 46 people to a public meeting about something so important. That does not sound like very many people to me, and I have to wonder how well publicised those meetings were. The minister should take a very close look at the consultation process that has been followed, because we need to be absolutely certain that it was done in the correct way.

Thirty-seven sites were initially considered and various criteria were looked at. The sites had to be within North Lanarkshire, on an area of at least 40 acres, within the existing catchment area, with suitable road access and so on. Any new hospital could not be built in a location that would mean that Monklands patients would choose to go to another hospital, such as Wishaw or Forth Valley.

As we have heard, there are only three real options: building on the existing site—which I think is problematic and it would take 13 years; I do not think that people want to wait that long—or Gartcosh, or Glenmavis. Gartcosh is further away from the current site than Glenmavis is. It has a railway station but, if someone lives in Airdrie, they would have to travel into Glasgow and back out in order to get there—it takes about an hour.

Glenmavis does not have a station but there are a couple nearby, which shuttle buses could easily connect to. To me, it is more convenient. A new link road is planned and thousands of houses are to be built in the area. That is why local politicians, including Airdrie's three Conservative councillors, support that site. I think that it is sensible, but we are in an on-going process—no decision has been made.

The health board will meet at the end of November to decide its favoured option, and it will then have to produce an outline business case. We have to be absolutely certain that the board follows due process. Enough serious concerns have been raised in the chamber today to require us to question whether that has been the case. We must get this decision right for the people of Monklands and the whole of Lanarkshire.

15:36

Emma Harper (South Scotland) (SNP): I found it a wee bit of a challenge to prepare for this debate because I am not a resident in the area and I am not as familiar with the area as some others. However, I will speak in the debate because we had a similar experience in Dumfries and Galloway when the new site was being chosen for the brand-new, fantastic facility that has been built near Dumfries.

It is not very often that we are presented with a two-line motion for debate, so I was pleased to see a significantly more substantive, informative and positive amendment from the Government in the name of Clare Haughey.

The Scottish Government has been clear that it remains committed to robust, evidence-based policy making, as set out in the national clinical strategy, and I welcome plans to refurbish and replace the current Monklands university hospital.

Monica Lennon: Will the member take an intervention?

Emma Harper: Yes, I will take an intervention—please make it quick, though.

Monica Lennon: Does the Government amendment leave the door open for the hospital to move out of Monklands?

Emma Harper: I thank the member for allowing me to clarify that point. The motion does not leave any door open to allowing the alternative site.

I am aware that NHS Lanarkshire has a process of consultation under way. The board must consult, engage and listen to the patients, the outpatients and all the people and service users who will use the new state-of-the-art facility.

The Scottish Government, time and again, has committed to the thinking that people should receive treatment as close to home as possible to promote safe, effective and person-centred care. Indeed, in the Government amendment, that commitment is reaffirmed.

The consultation is on-going and the board will evaluate all options. It is yet to decide on a preferred option, which will then be sent to the Scottish Government for ministerial approval. Once the board has gone through that process and when it has sent its final proposal to the Government, the proposal will be subject to the national clinical strategy. That approach will ensure that all decisions are based on available evidence and that any decision is taken on the basis of proper and comprehensive public consultation.

I echo the words of others today regarding concerns about certain aspects of the consultation. On listening this afternoon, it seems that there may need to be a further review of the actual process, the scoring system and the engagement that NHS Lanarkshire has undertaken.

I ask the Government to consider whether the process might need further investigation. Local people need to be assured that this SNP Government will always focus on providing as many services as possible as locally as possible, and I am sure that ministers will take into account

all available information before coming to any decision.

All are in agreement that the Monklands hospital needs to be upgraded. Speaking from experience, when I was working as a nurse in the old Dumfries and Galloway Royal infirmary, I used to find it difficult to move around in rooms that were too small to manoeuvre in. The equipment and supplies could not be accessed easily and we needed to carry out bedside care in a space that just did not work.

Upgrading the hospital or building a brand-new hospital will allow better, modern patient care to be achieved. I recognise the need for hospitals across Scotland to be upgraded and refurbished when necessary to meet the state-of-the-art needs of the 21st century. The constituency member for the area, Alex Neil, has been proactive in his campaign to replace the current building and I join him in expressing disappointment that the Labour Party has launched a separate petition on that matter. I support the best option for the future.

The Deputy Presiding Officer: Thank you. You have made your position clear. Closing speeches are a tight four minutes. Mr Whittle will close for the Conservatives.

15:40

Brian Whittle (South Scotland) (Con): I am pleased to close the debate on behalf of the Scottish Conservatives, and I thank Labour for bringing the debate to the chamber.

As we would have expected with the issues of health and the delivery of health services, the debate has been passionate, with MSPs—especially local members—quite rightly rallying to the cause of their constituents and, in some cases, putting partisan politics to the side. It would be remiss of me not to mention that there happens to be a local by-election tomorrow in the area. Members may call me an old sceptic, but perhaps politics is not as removed from this topic as it should be.

Such debates are often framed in the wrong way. We discuss bricks and mortar when we should be discussing the delivery of services. However, the debate highlights that it is crucial that bricks and mortar are established in the right place for the good of the whole community that they serve, ensuring that no part of the community is disadvantaged. Alison Harris pointed out that Glasgow could benefit from a Gartcosh option to the detriment of people in Monklands.

The debate has highlighted once again the NHS's continued inability to engage in satisfactory public consultation processes. That issue has been brought to the Health and Sport Committee's

attention again and again, and we must address it. Change in the delivery of services is inevitable, and the process would be much less painful if proper protocols for open and transparent consultation were implemented from the outset, led by healthcare professionals and focusing on service delivery. In this instance, we have heard from across the chamber—from Miles Briggs, Elaine Smith and Neil Findlay, and in a passionate address from Alex Neil—about the process being misleading and economical with the truth. It is obvious that the consultation process about the site of the Monklands hospital replacement has been, at best, flawed. According to some members, there has been a significant conspiratorial element to the process. The outcome seems predetermined by a process that tries to lead to a specific conclusion.

That leads to consideration, or otherwise, of the practicalities of access to services. The Monklands situation is by no means unique. I fully accept that change is inevitable as services develop, but the study must be cognisant of transport infrastructure and how the move of a service may impact on those who rely on it. For example, a plan is under consideration in Ayrshire and Arran to change the way in which cancer treatments are delivered. The basic plan has merit and is worth considering as a potential solution, until we recognise that, in some cases, it would mean changes of hospital appointments from Ayr to Crosshouse and a journey by public transport in excess of three hours for some patients to get treatment, with the same journey on return. Therefore, I am glad that infrastructure has been raised in the debate, because in considering and evaluating how we may better deliver services, a core principle in that decision should be how those in need would access the service. We also need to be cognisant of the people who deliver the services and their travel to work. The delivery of a public service—especially one as critical as the NHS—should have service users as the key element of decisions.

The question that has to be asked in the first place is, in the two decades during which health has been devolved to this Parliament, how has Monklands been allowed to deteriorate to such a poor state that it has to be replaced?

The Deputy Presiding Officer: Thank you for keeping to your time. I call Clare Haughey to close for the Government—a tight four minutes, please, minister.

15:44

Clare Haughey: I assure members that ministers have noted the concerns that have been raised. I reiterate ministers' clear expectations that, in such cases, NHS boards must come to a

robust, evidence-based decision that is in line with national guidance and best practice and that is meaningfully informed by the views of local stakeholders. We agree that all efforts must be made to move forward work on this important development while meaningfully engaging with and ensuring the confidence of local people and their representatives.

Neil Findlay: Will the minister take an intervention?

Clare Haughey: I do not have time.

I have already explained that that is the reason why ministers have asked the director general for health and social care and the chief executive of NHS Lanarkshire to discuss the need for the board to undertake further engagement and consultation with affected communities on the proposed options for replacing or refurbishing Monklands hospital.

On a wider point, local people can be reassured that the Government will always focus our approach on providing as many services as possible as locally as possible. That is our record in government, and it stands in stark contrast to that of the previous Labour-led Administration. Richard Leonard's motion calls on the Parliament to build a new Monklands hospital, but it is appropriate to conclude by reflecting on what the Government has done for local people since 2007 in comparison with what Labour delivered when in power.

In the 2007 SNP manifesto, we promised to keep vital health services local and to reverse the decisions to close Ayr and Monklands A and E departments. That was not a Labour Party manifesto commitment. Nicola Sturgeon's first act as health secretary in June 2007 was to announce to the Parliament that we were overturning the previous Labour-led Administration's decision to close the highly valued A and E departments at Monklands and Ayr hospitals. Since our decision to save the A and E at Monklands, it has provided much-needed emergency capacity, seeing more than 700,000 attendances.

We have not just maintained the service; we have invested in it and enhanced it. Under the SNP Government, the number of emergency medical consultants in NHS Lanarkshire is up by 300 per cent, from eight to 32 whole-time equivalent posts. The Government's support for NHS Lanarkshire includes a cash-terms increase in the health board's budget of £469.6 million. Overall, staff numbers are up by 16.6 per cent, or 1,441 whole-time equivalents, with consultants up by 81.4 per cent and qualified nurses and midwives up by 19.3 per cent, or 646.1 whole-time equivalents.

As I have said, we welcome and are supportive of NHS Lanarkshire bringing forward proposals to refurbish or replace Monklands hospital for the benefit of local people. However, given the range of services that are required on site to support a core A and E service, one might wonder whether, had the previous Labour-led Administration's decision to close the A and E at Monklands not been overturned by the SNP Government, there would now be a hospital there to refurbish at all. *[Interruption.]*

The Deputy Presiding Officer: If I can be heard over certain people, I call Monica Lennon to wind up the debate for Labour.

15:48

Monica Lennon (Central Scotland) (Lab): There is a simple choice before us today: support the Labour motion to keep University Hospital Monklands in the Monklands community; or support the SNP amendment, which leaves the door open to taking the hospital out of the Monklands community. We all need to understand that. Scottish Labour is clear in welcoming investment in a new state-of-the-art hospital for Monklands, and we will fight to keep the Monklands in the Monklands community.

Miles Briggs: Will the member take an intervention?

Monica Lennon: Hold on.

What an utter disgrace it is that Fulton MacGregor, the SNP MSP for Coatbridge and Chryston, has described our endeavour as "shallow". He may have grown up next to the Monklands hospital, but after today he will find it hard to look his neighbours in the eye. We have heard that the public consultation process has been farcical. It has been heavily criticised by my good friend Alex Neil, who says that it has led to a "stupid decision" to make Gartcosh the preferred site.

Fulton MacGregor: I described the motion as shallow because there is nothing to it. The Government amendment has a lot more to it, and the Labour Party should support it.

Monica Lennon: I think that we have heard enough on that, but I repeat that the motion is simple—it is to keep the Monklands in the Monklands.

Miles Briggs: Will the member give way?

Monica Lennon: Yes, but briefly because I have to make progress.

Miles Briggs: This is where—

The Deputy Presiding Officer: Hold your horses, Mr Briggs. You have to be called first.

Mr Briggs.

Miles Briggs: That is where we think that Labour is confused. Is Labour saying that the only option is to rebuild on the current site—that is its policy? Given that we have just had a consultation on lots of other opportunities and parties are—

The Deputy Presiding Officer: That is too long an intervention.

Monica Lennon: I want to make some progress. We have said enough about the consultation, and the minister has plenty of notes to take away.

I turn to some serious points. Moving the hospital away from Monklands and out to Gartcosh would increase travel costs for many staff who live in the local area, especially those who are on the lowest wages. Alison Johnstone helpfully said that, in general in Scotland, we have inadequate levels of public transport. She also talked about the downside of longer patient journeys. Those are fundamental issues. There is nothing in the proposals to move the hospital to Gartcosh that would improve accessibility and journey times for patients.

Alex Cole-Hamilton made some really good points when he talked about hospitals being “central to the fabric” of communities. What looks good in a plan is not always best for people in the area. We are not talking about a paper exercise, and we cannot afford to get it wrong.

I support the Scottish Government’s town centre first principles, and I hope that it will not abandon them in respect of Monklands.

If the flagship Queen Elizabeth university hospital can be built on the site of the former Southern general hospital in Glasgow, why is it not possible to build a new Monklands at the Monklands site? Rebuilding on the same site is not without its challenges, but it is entirely possible. We have the expertise and design teams in Scotland to deliver state-of-the-art hospitals, and there is no reason why that cannot be achieved in Monklands.

A lot of attention has been given to the cost savings that could be gained from rebuilding on a new site at Gartcosh, but not enough focus is being given to what would be lost by leaving Monklands. Elaine Smith mentioned the Maggie’s centre and the Lanarkshire Beatson, for example. Both are state-of-the-art facilities, less than five years old, that cost tens of millions of pounds, and they are co-located. What about those facilities?

We have heard a lot about health inequality, which is important. In Monklands, there are high

levels of deprivation, some of the worst health inequalities and low levels of car ownership. Moving the hospital out of Monklands will only make the situation worse. The long-term advantages of the hospital remaining in Monklands are significant, and they have not been adequately reflected in the benefits and the financial analysis.

In conclusion, we have been forced to bring this motion to the Parliament to speak out against the decision to move the Monklands out of Monklands amid deep concerns about, and public criticism of, the consultation on where the new hospital should be built, the ramifications of which will be felt for years to come.

The choice before the Parliament is clear: we can either support the decision to move Monklands hospital out of the community for decades; or we can give an unwavering commitment to the people of Lanarkshire that the current hospital should remain in the community in which it belongs. That means keeping the Monklands in the Monklands area.

The Deputy Presiding Officer: There will be a terribly brief pause before we move on to the next item of business, as there is no time in hand. With such short debates, I have to ask members to get to their seats and get ready right away. There should be no wee friendly—or unfriendly—chit-chats.

Ending Austerity, Poverty and Inequality

The Deputy Presiding Officer (Christine Grahame): The next item of business is a debate on motion S5M-14406, in the name of Elaine Smith, on ending austerity, poverty and inequality. There is no time in hand. Elaine Smith has eight minutes.

15:53

Elaine Smith (Central Scotland) (Lab): A few weeks ago, during challenge poverty week, I led a members' business debate to consider the work that was being done in our communities to deal with the consequences of poverty and inequality. In responding to that debate, the Cabinet Secretary for Communities and Local Government remarked that putting forward ideas to challenge poverty

"should not necessarily come without the appropriate challenge to Government and people in power."—[*Official Report*, 4 October 2018; c 44.]

I agree. Therefore, Scottish Labour has chosen to use debating time today to once again raise the issues of poverty and inequality, to challenge the Scottish Government to use the Parliament's powers to their full capacity to address poverty and inequality and end austerity.

We know that inequality impacts on people's life chances, life expectancy and education and employment opportunities. Tomorrow, a report will be published by the Equality and Human Rights Commission that, according to *The Herald*, will show that Scotland remains unequal,

"with little improvement over the last three years".

We know that women, disabled people and ethnic minorities are all more likely to be living in poverty; that women are less likely than men to have a job; and that women who work are likely to earn less than men. As inequality increases, so does the gap between rich and poor.

The latest life expectancy figures, which were published recently by the National Records of Scotland, must also give us serious cause for concern. The figures tell us that life expectancy in Scotland has fallen for the first time in 35 years. The United Kingdom figures are among the lowest for comparable countries internationally, and within the UK, Scotland has the lowest life expectancy. That trend is completely unacceptable.

Further, within the Scottish life expectancy figures, there are great disparities between local authority areas. For example, there is a variation of more than 10 years depending on whether a person is born in parts of North Lanarkshire or in

Perth and Kinross. That is harsh evidence of the growing gap between rich and poor, not just in financial terms, but in general health and how long a person's life will be.

Back in 2004, John Swinney, who was then Opposition leader, described the differences in life expectancy as a "national scandal" and accused Labour of complacency and inaction. In reality, the interventions that Labour was then making were beginning to close the wealth gap and slowly improve the life expectancy figures. Now, it is time for the current Scottish National Party Government to explain how that progress has stopped under its watch. This is today's national scandal and Labour expects all the powers of the Scottish Parliament to be used to improve life expectancy for all our citizens.

With life expectancy stalling around the UK, responsibility for the consequences of austerity must be placed firmly at the doors of those in Government. Responsibility also rests with the UK Government, and there is no clearer illustration of its contempt for those in need of a hand than the way in which universal credit has been rolled out around the country. Case after case demonstrates the devastating impact of the punitive way in which universal credit has been introduced. The Department for Work and Pensions' survey of claimants, which was published in June, shows that nearly half of all new universal credit claimants are falling behind with bills. It has been a disaster for many households that are already vulnerable. If Alex Cole-Hamilton's amendment to pause the roll out had been chosen today, Labour would have supported it. My colleague Pauline McNeill will expand on that in her speech.

This is not just about material and economic resources; it is also about social relationships, social processes and the control and exercise of power. Any proper consideration of poverty, inequality and wealth raises fundamental questions about the organisation of society, its structures and social justice. The report by the Institute for Public Policy Research's commission on economic justice, "Prosperity and Justice: A Plan for the New Economy", which I mentioned in the previous debate, addressed those issues and outlined the belief that a new moral purpose is needed to define the goals of economic policy. The report argues that the economy needs to deliver prosperity and justice together, which is one good reason why I agree with Alison Johnstone's comment in her unselected amendment that

"much more must be done to end austerity."

As local authorities around Scotland try to set budgets and priorities for local services, Audit Scotland reports that council budgets have fallen by 9.6 per cent since 2010-11. In 2016-17 alone,

councils had 2,500 fewer workers than they had in the year before. Quite simply, it is not possible to deliver the services that our families need with a workforce that is continually reducing. For households that have the least, those services are needed the most. Preventing poverty and reducing its impact means investing in local government provision, not cutting councils' budgets. My colleague Alex Rowley will address that issue in more depth.

We also know that families in poverty have less money to spend on food and that they spend a greater proportion of their household budget on food than those with higher incomes do. That makes increasing the entitlement to free school meals and initiatives such as North Lanarkshire Council's food 365 programme to tackle holiday hunger absolutely vital. It is why Scottish Labour supports an immediate £5 top-up to child benefit.

Poverty in a rich country means people not being able to eat properly and healthily, access school trips or social events, or live in a warm, safe, secure and affordable home.

Poverty affects mental and physical health and wellbeing. Shelter Scotland's briefing for this debate reminds us that poor health and homelessness are inextricably linked, with a particularly high rate of admission to mental health services for those in households experiencing homelessness.

It is clearly the uneven distribution of wealth, resources and power that allows the rich to grow richer while the poor grow poorer. Working towards redistributing wealth, Labour would make the richest pay their fair share, unlike the Tories, who cut the 50p tax rate, and unlike the SNP, which has not reinstated that tax rate, despite its election promises.

We now have a super-wealthy class in a rich country while one in four children is growing up in poverty. In the past year, 94 homeless people died on Scotland's streets, and life expectancy has fallen for the first time in 35 years. That is since the time of Margaret Thatcher. All politicians should hang their heads in shame when they hear those statistics.

Writing in this month's *Children in Scotland* magazine, John Dickie of the Child Poverty Action Group and Peter Kelly of the Poverty Alliance make the point that although the Scottish Government's new income supplement is welcome, urgent action is needed right now, as families simply cannot wait. In reality, in order to get urgent action, we need a Labour Government—we need one not only here but across the UK—to redistribute wealth, stop austerity and eradicate poverty and inequality by implementing policies for the many, not the few.

The Deputy Presiding Officer: You have not moved your motion.

Elaine Smith: I move,

That the Parliament notes with concern the recent publication of a number of reports that show that deep-rooted poverty and inequality persists in Scotland's communities; understands that revelations from these reports include that, in the last 12 months, at least 94 rough sleepers died on Scotland's streets and that at least one in 10 people living in the poorest areas of Scotland ran out of food due to a lack of money, and that life expectancy in Scotland has fallen for the first time in 35 years and remains the lowest of all nations in the UK; believes that, while UK Government changes to the benefit system are a significant driver of poverty, the Scottish Government has failed to use the devolved powers adequately to challenge and address the root causes of poverty and inequality, including those perpetuated by the policies of the UK Government, and, in doing so, calls for an end to austerity in Scotland.

The Deputy Presiding Officer: An ex-Deputy Presiding Officer should have remembered.

I call cabinet secretary Aileen Campbell to speak to and move amendment S5M-14406.4. You have six minutes, please.

16:01

The Cabinet Secretary for Communities and Local Government (Aileen Campbell): There is much in what Elaine Smith said with which I agree. It is unacceptable that there continues to be persistent and deep-rooted inequalities in a country as rich and prosperous as Scotland. It is right that the Government is asked to do all that we can, not just to tackle that inequality in the here and now, but to rebalance our economy and ensure that we deliver lasting and impactful change for years and generations to come. However, the backdrop against which we seek to do that is inescapable, because it is a backdrop of ideologically driven austerity that has impacted on our budget and impacts on our ability to protect those most vulnerable in our society.

The UK Government's welfare cuts have pushed more and more people into poverty, and their impact is devastating. Our analysis suggests that welfare reforms will reduce social security spending in Scotland by £3.7 billion in 2021. Alarmingly, the target of the reforms is to focus explicitly on reducing benefit generosity towards families with children. For example, over the first year of the implementation of the two-child limit, about 3,800 larger families in Scotland saw their incomes reduced by up to £2,780. The situation is set only to worsen year on year.

A quarter of the people moving from the disability living allowance on to personal independence payments were told that they do not qualify for support. Because of the decision to reduce universal credit work allowances, each

year, more and more working people in Scotland are losing out as they move to UC. By 2021, working UC claimants in Scotland are expected to lose about £250 million a year in total. Delays in initial payments, on top of the lower rates of benefits overall, result in more people being in rent arrears or being reliant on food banks. That is why the UK Government must halt the roll-out of universal credit.

The reform estimated to bring about the biggest reduction in spending in Scotland—of about £370 million by 2020-21—is the benefit freeze. Contrary to the Prime Minister's analysis, austerity is far from over for the most vulnerable in our society. It is hurting people hard—it is penalising them.

Elaine Smith: I certainly do not disagree with the cabinet secretary about the Tories' cruel approach to the benefit system, but this Parliament was supposed to be a buffer against such situations, so perhaps we could hear about what the Scottish Government—10 years on—will do to tackle poverty and inequality. [*Interruption.*]

The Deputy Presiding Officer: I have to call you before you speak. Cabinet Secretary.

Aileen Campbell: As I was going on to say, we cannot sit back and allow that to happen, which is why we have acted to mitigate the worst impacts of the UK Government's welfare reform policies. The truth is that, unless the UK Government reverses the reductions in social security spending, it will be even more challenging for the Scottish Government to meet the ambitious targets in the Child Poverty (Scotland) Act 2017 and, more generally, work towards creating the equal society that we seek.

Where we can take action, we are doing so. Since 2015-16, we have spent nearly £400 million on welfare mitigation. In 2018-19 alone, we will spend more than £125 million on welfare mitigation and measures to help to protect those on low incomes—that is more than £20 million more than we spent last year. That includes fully mitigating the bedroom tax and resource for the Scottish welfare fund, which has helped 296,000 individual households—a third of them with children—over the past five years. We have given people in Scotland the choice to receive their universal credit award either monthly or twice monthly, and to have the housing costs in their universal credit award paid directly to their landlord.

Our Child Poverty (Scotland) Act 2017, which was passed by a unanimous vote in the Scottish Parliament, articulates a bold statement of our collective commitment to end child poverty in Scotland. The actions that we need to turn that vision into reality were published in spring this year in "Every child, every chance: tackling child

poverty delivery plan 2018-2022"—our first such plan. It sets out the initial steps towards meeting our ambitious targets, which are supported by a range of investments that include our £50 million fund for tackling child poverty.

Our new social security agency, Social Security Scotland, made its first payments of the carers allowance supplement in September. Our investment increases the amount that is paid by the UK Government for the carers allowance by 13 per cent, which puts an extra £442 in carers' pockets.

To help our children in their earliest years, we will replace the sure start maternity grant with the best start grant, thereby increasing the payment to the first child and continuing payments for subsequent children, unlike in the UK system. In Scotland, free school meals are available to all children in primary 1 to primary 3 and to children of families on low incomes. That is just some of the work that we are doing to help to relieve the burden of austerity on the people of Scotland.

Nonetheless, we are not complacent. We know that there is far more work to do in order to further reduce child poverty and create a more equal and fairer society, and we are focused on doing more. That is why, in the forthcoming publication of our disability employment action plan, we will set out how we will work towards achieving our ambition to more than halve the disability employment gap—a commitment that we made in our disability delivery plan. We will also take forward actions on the gender pay gap. The Joseph Rowntree Foundation has described both those areas of work as potentially "transformational" in tackling poverty.

In recognition of the fact that poverty is fundamentally about a lack of income, we will work towards introducing a new income supplement to provide additional financial support for low-income families. In the face of the heartbreaking realities faced by people who are homeless or sleep rough, we have allocated £50 million towards accelerating measures to prevent homelessness from happening in the first place. The homelessness prevention and strategy group will set out a five-year programme to transform temporary accommodation and end rough sleeping and homelessness for good.

I have set out not just a clear set of actions that we are taking, but our plans for where we need to do more and go further. Today's debate holds us legitimately to account, but many of us will agree on where the ultimate finger of blame for the misery and pain that has been caused through cuts and reforms should point. The UK Government needs to halt universal credit, stop the austerity and instead opt to treat people across

the UK with dignity and respect and provide the support that they need.

I move amendment S5M-14406.4, to leave out from “understands” to end and insert:

“notes that the Scottish Government has used devolved powers to challenge and address root causes of poverty and inequality, including setting targets to help eradicate child poverty by 2030, fully mitigating the so-called bedroom tax, launching the Carer’s Allowance Supplement, extending access to free sanitary products, implementing recommendations from the Homelessness and Rough Sleeping Action Group, increasing the Fair Food Fund and committing to a Disability Employment Action Plan; believes that UK Government policies are a significant driver of poverty and inequality, including welfare reforms that will lead to an annual cut to people in Scotland of £3.7 billion by 2020-21; calls on the UK Government to publish its analysis of the impact of Universal Credit on people’s incomes, and further calls on it to immediately halt the roll-out in Scotland and use the UK Budget to address its fundamental flaws, reinstating work allowances, reversing the two-child limit and lifting the benefits freeze.”

16:08

Michelle Ballantyne (South Scotland) (Con): I am pleased to have the opportunity to open for my party in this important debate on ending poverty and inequality. George Bernard Shaw said:

“The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man.”

If members on the other benches aim today to paint the UK Government and members on the Conservative benches as unreasonable, it probably underpins their unwillingness or inability to address the real drivers of poverty and inequality with the sincerity and intellectual rigour that the subject deserves.

Looking at the motion that Labour has lodged, and the subsequent SNP amendment, one could be forgiven for thinking that poverty and inequality began with the election of a Liberal Democrat-Conservative coalition and that universal credit was devised simply to attack and punish people. In Elaine Smith’s opening speech for Labour, there was no reference to the reasons for which universal credit was introduced or the catastrophic failure of Labour’s legacy welfare system, which showed no interest in improving our people’s life chances. Tax credits have been hailed by members on the Labour benches as a panacea for the poor—

Neil Findlay (Lothian) (Lab): Will the member take an intervention?

Tom Arthur (Renfrewshire South) (SNP): Will the member take an intervention?

Michelle Ballantyne: In reality, a quarter of a million people never received the tax credits for which they were eligible.

I will take an intervention from Neil Findlay.

Neil Findlay: I thank the member for allowing me to intervene on an intellectual giant such as herself. Has she had any representations from people in her constituency telling her about the outrageous situation in which they find themselves with universal credit? Does she care?

Michelle Ballantyne: Yes, but I have not had nearly as many such representations as the member implies, and those that I have had I have been able to resolve.

There was no human point of contact for people who had issues with tax credits and, worst of all, many people who improved their situation and their earnings found themselves faced with demands to repay large chunks of the money that they had been given. Hundreds of thousands of people have been driven into debt under the legacy systems, and 60 per cent of the people who are coming on to universal credit are carrying that debt with them on to the new system. Labour allowed debt to spiral, for the individual and the Government, and the cost to families across the UK was a contribution that rose by nearly £3,000 a year. Labour also paid out without carrying out due diligence, thereby opening the system to fraud. The cost of that fraud has been estimated at between £11 billion and £20 billion. Worse still, it was hidden in the UK Treasury budget, where it was not subject to audit.

Therefore, I am proud to be associated with a welfare change process that is genuinely designed to tackle poverty and inequality.

Aileen Campbell: The member says that she is proud of the welfare reforms. Is she proud of the two-child limit and the rape clause?

Michelle Ballantyne: The two-child limit is about fairness. It is fair that people on benefits cannot have as many children as they like while people who work and pay their way and do not claim benefits have to make decisions about the number of children they can have. Fairness means fairness to everybody, not to one part of the community.

Neil Findlay: What a disgrace.

The Deputy Presiding Officer: Mr Findlay, I would like to hear what the member has to say. Regardless of whether you agree with it, it must be heard. Please continue, Ms Ballantyne.

Michelle Ballantyne: Universal credit might have its flaws, but the thinking behind the system is sound, and that point has been reiterated by all the witnesses who have given evidence to the Parliament on the issue.

Governments cannot address poverty and inequality without improving people’s life chances.

The reform process is about making it work better to be in work than to not be in work. Universal credit is an evolving benefit, and the roll-out was implemented to allow issues to be explored and addressed. By its very nature, it is flexible and has the ability to adapt. The roll-out process is designed to allow checks to take place to assess whether issues are policy or operational issues. To date, they have almost wholly been operational.

That means that the flaws that are there can be fixed, which would have been difficult under the legacy benefits system, with its byzantine processes and incomprehensible regulations. It was an important feature of the design of universal credit that a universal support system that would support more vulnerable claimants would be put in place. That is exactly what we have seen in recent weeks with the allocation of £39 million to Citizens Advice to provide support with the roll-out of UC, which shows that the Department for Work and Pensions recognises that there are operational difficulties and has the confidence to address them. Regardless of what others might say, it is a fact that universal credit is working for the many, as are many UK Government employment policies.

Claudia Beamish (South Scotland) (Lab)
rose—

The Deputy Presiding Officer: The member is moving into her final minute, so you must sit down.

Michelle Ballantyne: Since 2010, youth unemployment has fallen by more than 50 per cent, 1.1 million Britons are back in work, the number of children in workless homes has plummeted by 637,000 and the UK has reached a record employment rate of 75.7 per cent and a female employment rate of 71.3 per cent. All of that has been achieved during one of the worst recessions of all time and at a lower price than Labour could achieve even when the sun was shining. That is why universal credit is a key part of reducing inequality in this country and why I will continue to lend my support to it, as should every member in the chamber.

I move amendment S5M-14406.3, to leave out from “believes that” to end and insert:

“recognises that the Scottish Government has significant new devolved powers that enable it to top up and create new social security benefits if required; believes that educational standards and the economy are contributing factors to inequality, and further believes that, by improving these areas, as well as increasing the quality of public and mental healthcare, inequality in Scotland can be reduced.”

16:13

Alison Johnstone (Lothian) (Green): At the start of this month, the Joseph Rowntree Foundation warned that one in four Scottish

children are living in poverty. Highly regressive and aggressive cuts to our social security system are driving increased poverty, including child poverty and rapidly burgeoning food poverty. I inform Michelle Ballantyne that it is my view that the two-child limit is not fair—it is certainly not fair to the third child in a family.

Michelle Ballantyne: Will the member take an intervention?

Alison Johnstone: I will not; I have only four minutes.

By 2020, the on-going benefit freeze will have taken £300 million out of the pockets and wallets of our poorest people. Perhaps most cruelly, the introduction of the personal independence payment reduces or eliminates entirely the extra costs entitlement of thousands of disabled Scots. Some people have lost Motability vehicles as a result and they cannot get out to work or visit friends and family. Of course, all that is before we address universal credit, which has cut support to families, despite promises that it would not do so. The full horrendous impacts of that policy are yet to be seen.

The Labour motion is right to call attention to the terrible impact of those reforms. However, it is important to note the progress that we are making in Scotland to establish a fair social security system—a system that offers real security to people and recognises the social bonds between us all.

The social security system involves only a small part of the overall budget but it is based on the principles of dignity and respect. As a result of Green party amendments, of which we are proud, it is a system that is explicitly aimed at reducing poverty. In a system in which £16 billion-worth of benefits are unclaimed every year, Scotland is pursuing an income-maximisation approach. Scotland is also aiming for a significant increase in the uptake of the best start grant, which is welcome. Further, Scotland has taken a stand against benefit sanctions, which no longer operate through Scottish employment schemes, which is another Green party manifesto commitment.

All parties in this chamber have made the social security system stronger—all made changes to the founding legislation. It is important to recognise that progress, but the Labour motion falls short in that regard. Further, Labour is calling for an end to austerity while recklessly pursuing a “jobs-first” Brexit. Brexit is predicted to cause unprecedented levels of economic hardship across almost every sector and region of the UK. We absolutely must stand against austerity, as the Labour motion rightly notes, but a Tory Brexit will also hit the poorest the hardest. We are not content with the Conservative amendment’s attempt to cover up

the impact of the decisions of the UK Government on Scotland's poorest.

The Scottish Government is to be congratulated on taking a stand against the welfare reforms that are causing so much poverty, but it can and must go further. The Scottish Government will not use the powers that are available to it to apply a universal £5 top-up to child benefit, which we know will take tens of thousands of children out of relative poverty. It is too timid to allow local authorities the powers to levy taxes to fund vital local services—it is dragging its feet even on a tourist tax and it will not look at a workplace parking levy. Further, a new system of local taxation to replace the outdated and regressive council tax has to be investigated.

If we are serious about reducing poverty in Scotland, we have some real challenges ahead of us. However, our social security system is a positive step in the right direction. The amendment that was lodged by the Greens would have kept in the motion an acknowledgement of the need to end austerity and stand against falling living standards, rising poverty and inequality, the roll-out of universal credit and the damage that the Tory party is wreaking on our social security system, but we cannot take credibly a bid to end austerity while the Labour Party that is proposing it is supporting an exit from the European Union that will also cause huge damage to those most impacted on by austerity.

We also want the Scottish Government to do much more than it is already doing, take a more radical stance and use the powers that we now have to do all that this Parliament can do to end poverty, inequality and austerity.

The Deputy Presiding Officer: Mr Cole-Hamilton, you have a tight four minutes. I know that you will stick to that.

16:18

Alex Cole-Hamilton (Edinburgh Western) (LD): I will, Presiding Officer.

By any measure, poverty has increased demonstrably since the crash of 2008. All told, wage packets are 3 per cent lower than they were in 2008, and the situation has been compounded still further by the impact of Brexit, the devaluation of the pound and the incipient rising cost of living that has been a product of that calamitous decision.

Poverty is not just a reduction in or absence of household income; it is manifest also in the health inequalities that we debate in this place, in educational attainment and in arrested social mobility. How we respond to those issues in this chamber and in the corridors of Government,

either through investment in education or the deployment of the new welfare powers that we have at our disposal, will be the test by which we are all judged.

I suspect that, for years to come, we in this place will be mopping up the effects of the flawed delivery of welfare reforms by Westminster. I understand the role of my party in that—I am ashamed of aspects of that role. However, the staying influence of the Liberal Democrats in that coalition Government are now evident in the changes that the Conservatives have made with regard to things such as universal credit since they have been unencumbered by our influence.

I wanted to amend today's motion in relation to the delivery of universal credit by restating the commitment of the Scottish Liberal Democrats to pausing the execution and delivery of its flawed roll-out. That is what our amendment would have spoken to.

The problems with the delivery of universal credit were well described by Frank Field, in his role as chair of the Work and Pensions Committee, when he said that Wonderland visions of welfare reform collapse on contact with real life.

That is absolutely right. The problems stem from the conflicting objectives of universal credit. It was initially about providing a minimum family income, simplifying the system, saving money and incentivising work. The fact is, however, that the saving of money and the incentivising of work have taken absolute precedence over the first and crucial priority of sustaining a minimum family income. That is self-evident in the two-child limit, which we have heard mentioned several times during the debate.

Practical problems have also been ignored. Reasons for delay that were seen in the pilot roll-out have never been resolved. Unintended penalties for self-employed people have not been overcome. We are still using single bank accounts for divided families and those who are affected by domestic abuse, when finances can be used as a tool of coercive control. The list goes on and it is an embarrassing litany of failure.

The conclusion of the Work and Pensions Committee, with which I agree, is that robust safeguards must be in place to stop family incomes falling still further. I absolutely agree with that.

Since the Liberal Democrats left office, the measure of the Tory assault on those families who are dependent on universal credit has been laid bare. A total of £3 billion has now been slashed from the work allowance, and the taper rate—through which recipients keep a larger proportion of their money before benefits are cut—has been hacked to pieces.

As my colleague Stephen Lloyd foretold when he sat on the Work and Pensions Select Committee, half of the families who are in receipt of the housing benefit component of universal credit, which is no longer being paid directly to landlords, are in rent arrears of a month or more. That is why we need a pause. We need to understand the problems, which we have identified many times. We are just at the threshold of this roll-out. I will conclude by saying—

The Deputy Presiding Officer: You are concluding now.

Alex Cole-Hamilton: Having listened to many of our constituents—

The Deputy Presiding Officer: You have spoiled your track record, but never mind—I will forgive you. I ask for speeches of four minutes in the open debate.

16:22

Alex Rowley (Mid Scotland and Fife) (Lab): I welcome the fact that Elaine Smith lodged the motion and that we are having this discussion. I would rather try to focus on where we can agree, rather than on where we disagree.

I accept that the SNP will not accept the premise of the Labour motion that more can be done. On the other hand—we need to have this debate in communities across Scotland—we can agree fundamentally that the failure of needless austerity, which, as Elaine Smith said to Aileen Campbell was ideologically driven, sits at the root of the growing level of poverty, deprivation and inequality that we see in Scotland. That has halted the progress that had been made over generations by a number of political parties in trying to tackle the deep-rooted deprivation that exists in far too many communities up and down Scotland.

The Conservative Party is in complete denial: it attacked the fact that tax credits under the previous Labour Government lifted more than 1 million children in Britain—and 200,000 children in Scotland—out of poverty. To attack that is to be in complete denial.

In 2010, when the Conservative-Liberal coalition was elected, I was not aware that there were any food banks in Fife. Now there are food banks in near enough every community up and down Scotland. That is evidence that the direct result of Conservative policy, supported by the Scottish Conservatives, is the unacceptable level of poverty, deprivation and inequality in Scotland. That should galvanise the rest of us to look at where we can agree and work together. We should have this debate across Scotland so that people know what the real consequences of voting Conservative are.

Michelle Ballantyne: Is the member arguing that we should return to the legacy systems as they existed?

Alex Rowley: I am saying that, as a direct result of tax credits, a million children throughout the United Kingdom were lifted out of poverty.

The SNP's amendment states that the Government has set

"targets to ... eradicate child poverty".

Let us not forget that the Conservative Party removed the targets for tackling child poverty once it came into power because it knew that, as a direct result of its policies, more and more children in Scotland and throughout the United Kingdom were being driven into poverty. We should stand up against that, because it is unacceptable in this day and age that that is the case.

I have argued for some time that we need a national poverty strategy in Scotland. The Poverty Alliance set out a number of areas in that regard. Labour believes that increasing child benefit by £5 a week would have an immediate impact in lifting 30,000 children out of poverty and benefiting half a million children. The SNP Government looks at the options of further top-ups and targeting support. Let us enter into that discussion, because our concern is that an income supplement would be bureaucratic and cost more money. In all those areas—

The Deputy Presiding Officer: I am sorry, but it is a short debate—

Alex Rowley: —let us look at where we can work together to tackle poverty in Scotland.

The Deputy Presiding Officer: You must conclude. If short debates are selected, it is brutal but we need four-minute speeches to the nail.

16:27

Tom Arthur (Renfrewshire South) (SNP): I am grateful for the opportunity to speak in the debate. Debating poverty and inequality is one of our fundamental duties in Parliament. That debate taxes us intellectually, because of how challenging the area is, and it taxes us emotionally, because each and every member, through our roles in representing our constituencies and regions, will have come face to face with people who have been at the sharp end of Tory austerity and have had their lives utterly destroyed and shaken, in some cases, as a consequence of their engagement with the welfare system.

I recognise the motion that Labour has lodged. Unfortunately, I cannot support it because of one line that states:

"The Scottish Government has failed to use the devolved powers adequately".

I am happy to always argue for more powers to be used, for more powers to come to the Parliament and for new and innovative ways of using those powers. However, the Parliament and the Government have delivered in a lot of areas: creating the 2030 targets on child poverty; fully mitigating the bedroom tax; launching the carers' supplement; extending access to free sanitary products; committing to implementing and recognising all the recommendations of the homelessness and rough sleeping action group; increasing the fair food fund; setting up Social Security Scotland; using the income tax powers progressively to offset cuts from the UK Government; committing £750 million to closing the attainment gap through the pupil equity fund; increasing the provision of free childcare up to 30 hours by the end of this parliamentary session; committing to paying all Scottish Government employees the real living wage since 2011; and introducing the new best start grant, which is coming in imminently, and the baby box. That is what we are doing in a range of areas.

In areas in which we do not have powers, such as employment law, we are taking strong steps, including through the Scottish business pledge and the great carer positive scheme, which I encourage all MSPs to sign up to so that they can become carer positive employers. That will send out a message to all businesses and employers in our constituencies and regions that they can become carer positive employers, too.

Elaine Smith: Much of that work needs to be applauded and supported. However, over that time, the SNP has passed on Tory austerity to councils, with cuts of £1.5 billion stripped out of their budgets since 2011.

Tom Arthur: I thank the member for her intervention. The issue comes down to the fundamental point and crux of the debate—that there are two views of what this Parliament is for.

There is the view of the Labour Party, which is that it is a buffer. Alex Cole-Hamilton spoke about the Parliament having to mop up the consequences of Tory welfare reforms. That is a view and a philosophy that the Labour Party is entitled to, but it is not the view that I have. I do not want this to be the Parliament that mitigates; I want this to be the Parliament with all the powers, including powers over employment law, so that we can make sure that there is a real living wage and under 25s are not being paid the poverty national minimum wage. I want to have the full range of powers so that we can truly transform Scotland. I want the full powers so that we do not live in a country where colleagues of Michelle Ballantyne get to dictate social security policy.

I have to say that the speech from Michelle Ballantyne was one of the most disgraceful

speeches that I have ever heard in my two and a half years in this Parliament—six minutes of pompous Victorian moralising that would have been better suited to the pages of a Dickens novel.

She suggests that poverty should be a barrier to a family and that people who are poor are not entitled to any more than two children—what an absolutely disgraceful position. She should be utterly, utterly ashamed of herself.

16:31

Jeremy Balfour (Lothian) (Con): Inequality comes in many different forms, some of which we have already discussed this afternoon, sometimes loudly and sometimes softly. One area that I want to pick up in my brief time is education and the early years. The issue has been devolved to the Scottish Parliament and the Scottish Government.

It would be interesting to review how far we have come in the past 25 years—or rather, how little progress we have made for people who come from the most disadvantaged parts of our society, because under different political parties, with different policies, the attainment gap has grown wider and wider.

One of the advantages of being a member of this Parliament is that we get to meet interesting individuals and groups and we get to learn lots. Something that—to be honest—I was unaware of until two and a half years ago is the importance of the first three years of a child's life. Those three years often set the direction for the child.

The simple issue is that we are failing far too many of our children in those years. Too many children are not getting the opportunities that they deserve or require. Until we can tackle that issue, the attainment gap will not go down. Indeed, it will likely grow larger and larger.

We need to ascertain what is working and then follow best practice. For example, an organisation in my region, Dads Rock, offers fathers of all ages advice on how to parent and bring up their children, giving fathers the techniques that they lack. Dads Rock does that not by simply sitting people down and having academic discussions, but by regularly bringing together fathers and their children, to teach them how to play and about the benefits of play.

For some members, all that seems obvious. However, if parents learn techniques that encourage children to read, sing and talk at an early age, they can set their children up for their education later in life.

If we carry on making progress at the rate that this Government has set, it will be 40 years before the attainment gap is reduced to zero, and several

generations will have been failed by this Parliament and this Government. We can talk about other inequalities and disadvantages, but unless we tackle the attainment gap, nothing will change for the people who are being born into our society now.

We need to support the third sector and we need to support the people who work in front-line services, ensuring that they are given the appropriate resources to do their work.

We can have all the warm words that we want, and members of different parties can shout as much as they want in this chamber, but the root cause is clear: we are failing generations of younger children. We have been failing young children for 25 years and we are still doing so, and until we change that, nothing will change.

16:34

James Dornan (Glasgow Cathcart) (SNP): If Alex Rowley had written the motion and made the opening speech, I think that my speech would have been very different, because he took a much more sensible tone and put the blame where it lies, and he talked about being able to work together to try to solve the problems. Unfortunately, what we get from the Labour motion and what we got from Elaine Smith's speech was the usual—touching on the Tory party and saying that it is to blame for things in general, and then having a go at all the shortcomings that she sees in the SNP, without ever acknowledging all the work that the SNP and the Scottish Government have done to mitigate the problems that have come from Westminster and from the Tory party. That is not unusual. Every time Labour members come into the chamber with a motion, all they do is play politics. That is all they do.

Neil Findlay: Will the member take an intervention?

James Dornan: No, I cannot. I always like to take interventions from Neil Findlay, but I have only four minutes, so I cannot. I am sorry.

Why should we be surprised? The Labour Party has done nothing. We are the only party that has done anything to mitigate the effects of Westminster decisions. Labour is the party that campaigned to ensure that Westminster stayed in charge of us, despite the fact that it would likely be the Tories in government. It is the party that abstained when welfare cuts came to Westminster, which has meant that we are in the situation that we are now in, and when it was given the opportunity to get those powers devolved to this Parliament, it was the party that said no.

There is nothing in the Labour Party's recent history that suggests anything but contempt for this Parliament, but why should we be surprised by that? Everything is about opportunism. We saw it last week. We saw a party that had the gall to throw millions of pounds at keeping women in their place then have the gall to pretend that it is the champion of those same women. The action last week was led by the same union, the GMB, in which Labour's present leader, Richard Leonard, was a highly placed official at the time, that came to the agreement to sacrifice women's rights to protect male workers. That does not sound like "for the many" to me.

I do not mention that to have a go at the strikers, because I understand their frustration and they are fully entitled to go on strike, but the stink of hypocrisy from the Labour Party this week was quite something. Labour may try to tell me that it will be all right when Jeremy Corbyn is in number 10, but that is just not going to happen. There is more chance of me eventually taking over from Broony in the centre of Celtic's midfield than there is of Jeremy Corbyn becoming Prime Minister. Just look at the opinion polls. I accept that that they do not have a great record, but when poll after poll shows him behind the worst PM in living memory, he has got nae chance.

For any serious party to want to change things in this Parliament, there is a process that allows it to put forward its proposals for a better Scotland and to combat austerity. It is called the budget. Last time we had one, the Government and other parties took that opportunity to work together to produce a budget that would best serve everyone. Labour's contribution is here for all to see—nothing. It decided that its role of carping from the sidelines and trying to steal credit for other people's work was enough.

That is why I find the motion from Labour both distasteful and hypocritical. I wish that I could remember the last time Labour contributed something positive to the chamber, but I have been here in this Parliament only since 2007, so unfortunately I cannot. I urge members to defeat the motion and treat it with the contempt that it deserves.

16:38

Brian Whittle (South Scotland) (Con): How do you follow that, Presiding Officer? I thank Labour for bringing this topic to the chamber. I will focus my short contribution specifically on health inequality. We have all seen the diagram of the Glasgow underground and heard how, within a 2-mile radius, life expectancy varies by a staggering 16.9 years depending on which station someone lives in the vicinity of.

I start by saying that the basis of any health agenda is rooted in good nutrition and being physically active, and in inclusivity. I suggest that there are very few conditions that cannot be positively affected by improving those things. If we follow that argument, it leads us to the question of ease of access to, and understanding of, good nutrition and physical activity and the environment in which they take place.

The health conversation has to change. Many levers are available to the Scottish Government that would not require huge budgetary commitments but which would have a significant long-term impact on the health of our nation. The educational environment should be a key battleground in delivering a healthier future for Scotland, from nursery to higher education, and in closing the health inequality gap.

When we are discussing physical and nutritional education, we need to consider not only the learning environment but how we ensure that the learning can be applied outside the school timetable. It is not enough to learn in theory; pupils must be given the opportunity to apply their learning in practice.

Looking outside to the environment adjacent to schools, we need to consider the role of planning departments and to be cognisant of where licences for fast food restaurants and the like are granted. We should consider preventing food vans from parking close to schools, and we should also consider at what age we should allow our children to leave the school premises. I have no problem with fast food, but I have a huge issue when it becomes the staple diet. There are generally more fast food outlets, gambling outlets and places offering access to alcohol in the more deprived areas per capita than there are in the more affluent areas.

In my view, whatever the child's background is, if it is possible to make a positive impact, we have a duty to do so. As Jeremy Balfour was saying, that starts with an active play framework in nursery, along with good basic nutrition. That early intervention directly tackles the situation where children are reaching primary school age already two years behind in their learning.

Neil Findlay: Will Mr Whittle take an intervention?

Brian Whittle: No, I will not.

Attainment and, ultimately, productivity are the significant sub-plot in successfully tackling health inequality. In doing that, we open up more opportunity to more of the population.

The Scottish Government has failed to recognise that many of the nation's health issues are best tackled in the education portfolio.

Therefore, if we are truly serious about tackling health inequality, a long-term cross-portfolio strategy must be implemented. Anything less and the Scottish Government is not developing the long-term strategy of sustainability; it is merely managing its demise.

The Labour motion is a hotchpotch of cobbled-together notions, devoid of any original thought or ideas. It is designed to attack both the Scottish and UK Governments on a very superficial level. Labour is desperately grappling for some kind of foothold. It is really poor fare.

As for the SNP, as long as its members can blame someone else, they will not have to take any action themselves. They tinker around the edges and look for headlines instead of being brave enough to make the big changes that would make the big differences.

There is huge inequality in this country—of that there is no doubt. There are solutions available if the powers that be are resolute and brave enough to take the bull by the horns and make the change. From what we have heard today from a tired Labour Party and an entrenched SNP Government, the solutions do not sit with them.

Education is the solution to health and welfare. It should be the SNP Government's priority, but we know for sure that its focus is somewhere else.

16:43

Pauline McNeill (Glasgow) (Lab): The universal credit project is in crisis. It has been universally condemned and it has fatal design flaws. It is hugely underfunded. It is hurting the poorest and most vulnerable people in our society. Members should not take my word for that. The fact that it is underfunded and is hurting people is the admission of the secretary of state, Esther McVey, who contradicted Downing Street by saying that families would be worse off. Do the Scottish Tories not know that? John Major, their former Prime Minister, has said that it will be their poll-tax moment. I suggest that Tory members, who have consistently defended the policy, might want to think a little about how universally condemned the system is. Even Heidi Allen MP says that it is a question of morality.

Let us look to the facts. The Resolution Foundation suggests that, overall, universal credit is set to lose people £3 billion compared with the system that it replaces—the legacy benefits that have been referred to. It will leave families £600 or more worse off per year, on average, and single parents will be even worse off, by about £1,300.

The worst element of the universal credit system is the two-child limit, which is the most draconian element of the reforms. Michelle Ballantyne says

that parents should think about how many children they should have, but why should any policy ask the children to pay the price?

Universal credit is not even fully rolled out yet. It is a system that promised to change the face of the welfare system, using benefits to encourage people to work. There have been some positive outcomes but, overall, universal credit has been a key factor in pushing people into poverty and widening the inequality gap. It does not end there; it is a problem for many people, particularly women in abusive or coercive relationships.

The tax credit and child tax credit system that Alex Rowley talked about lifted tens of thousands of children out of poverty, but the group of parents in that system, who have not previously been subject to conditionality, will now face the conditionality that is attached to that element of universal credit. They will be poorer under that system, which will undo the work of the last Labour Government, under Gordon Brown, in reducing child poverty. The Office for Budget Responsibility estimates that the full roll-out of universal credit will affect at least a third of working households.

Even back when the idea of tax credits was floated by Labour, women MPs quickly saw that the Treasury plan would cause problems. A credit system means that the money is generally paid to main earners, who are usually men. That is why child tax credits were brought in, in addition. They made sure that women—mostly—would have some control over their family's finances.

We have discussed the subject of abusive relationships in Parliament. The reason why universal credit is a problem for people in such relationships is that it is paid into one person's or a couple's bank account. If one partner in a two-income household receives a bonus, for example, universal credit treats that as joint income and the payment is adjusted accordingly. However, there can be issues in cases when one partner refuses to share the bonus that they earned—we can see the impact, particularly on women.

In the end, universal credit does not increase fairness, as Iain Duncan Smith claimed it would, and it certainly does not increase simplicity. Women's Aid and the Trades Union Congress note that 52 per cent of survivors living with their abusers said that financial abuse had prevented them from leaving their relationships. Universal credit is pushing people into poverty. It is creating the deepest social problems. We must scrap it now until we can make fundamental reforms, so that it does what it was meant to.

The Presiding Officer (Ken Macintosh): We move to closing speeches.

16:47

Maurice Golden (West Scotland) (Con): I welcome the fact that Labour's motion draws attention to the problem of poverty, but it is a missed opportunity. Instead of taking an honest look at the complex and deep-seated problems that underlie the recent decline in life expectancy, the motion is more concerned with scoring political points.

There is agreement across the chamber. Elaine Smith and Aileen Campbell said that it is not acceptable that persistent and deep-rooted poverty and inequality persist. All of us across the chamber can agree with that. Michelle Ballantyne highlighted that universal credit is a better, modern benefit that replaces an old system that disincentivised work.

Neil Findlay: Mr Golden mentioned Michelle Ballantyne. Will he apologise on behalf of his party for her utterly shameful comment that people who are on benefits cannot have more than two children?

Michelle Ballantyne: I did not say that.

Neil Findlay: Will she apologise for that shameful comment?

Maurice Golden: The only shameful thing in this chamber is the remarks from Mr Findlay. I completely agree with Michelle Ballantyne and her case, in which she highlighted the fact that, with universal credit, 700,000 more people will get the extra money to which they are entitled and 1 million more disabled households will get more money per month. In fact, 83 per cent of claimants are satisfied with the system and the roll-out. In addition, Jeremy Balfour spoke about the need to get it right for the youngest in society, particularly those under three years old, and Brian Whittle spoke about how we must tackle health inequality.

Focusing on the motion, the steady rise in life expectancy that we have seen in recent decades is to be celebrated. It is a clear sign of the advance that we, as a country, have made in improving living standards and ensuring that the next generation fares better than the last. It is for that reason that the recent decline in life expectancy is so concerning. Our children must be able to look forward to a bright, healthy and prosperous future—not a state of decline.

Any drop in life expectancy should be a wake-up call to whichever party is in government, and I genuinely hope that the SNP is up for this challenge. Unfortunately, its record in government gives little reassurance of that. The gap in educational attainment and missed healthcare treatment targets, which the Government just yesterday admitted will continue for at least three more years, are evidence of that.

More than ever, Scotland needs a Parliament that will tackle poverty as a key priority. We have the appalling situation in Scotland in which one quarter of children live in poverty. For too long Scotland has been let down and, after all of the years that Labour dominated Scottish politics, Glasgow is still plagued by deprivation.

The SNP is no better. It shirks responsibility by trying to blame the UK Government for its failings, but on the SNP's watch homelessness has risen for the first time in eight years.

We need to work together in areas of common ground. We all recognise that ending poverty is a challenge and that we need to drive up standards. Ultimately, my party and I are up for tackling poverty and inequality, and I would like to see that from across the chamber as well.

16:51

Aileen Campbell: It has been a passionate debate, and rightly so. As I said in my opening remarks, it is unacceptable that in Scotland—a rich and prosperous country—there continue to be persistent and deep-rooted inequalities. Alex Cole-Hamilton was absolutely right to point out the far-reaching impacts of poverty and inequality that affect life chances, educational attainment and health and wellbeing.

The key, therefore, is to enable people to have their fair chance to flourish and to tackle this deep-seated inequality and poverty. As Alison Johnstone said, we need to be imaginative and cross-cutting in our approach and interrogate where more needs to be done.

Although the debate was passionate, there were areas of agreement. To be honest, if someone is living in poverty and they are relying on food banks, the very least that they can expect is that they have a right to see their elected representatives work together to find solutions in spite of the punitive acts of the UK Government.

All parties bar one in this Parliament recognise the brutal impact of universal credit, such as universal credit claimants being six times as likely to be sanctioned as claimants of any other legacy payment and the income of 3,800 Scottish families being reduced because of the two-child limit.

Pauline McNeill was right that universal credit is hurting people and that its morality is questionable. Tom Arthur was also correct to get angry and call out the Conservatives' moralising, which seemed to suggest that, if someone is poor, they are not allowed any more than two children. That view is utterly reprehensible. *[Interruption.]* I am quite willing to go back to the *Official Report* tomorrow to review what was said. However, I think that we all heard the suggestion that, if

someone is poor, they do not deserve any more than two children. That is something that we need to call out, because it is not right for Michelle Ballantyne to say that. If she did not mean that, that is fair enough. However, I think that it showed us just a glimpse of the Conservatives' true reasons for pursuing these policies.

The UK Government must halt the roll-out of universal credit and the Conservatives here must face up to the impact of the ideologically driven welfare reforms of their party, including food banks, a two-child limit, a rape clause, and the gender impact of poverty as outlined by Pauline McNeill. That is not a system that I would ever associate with any sense of pride. I think that Michelle Ballantyne mentioned her pride in the system, so I am happy to take an intervention if she wants to tell us how proud she is of it.

Michelle Ballantyne: Your sarcasm does you no credit.

The fundamental issue is whether you are suggesting that you want to go back to the legacy benefits that existed before universal credit and fundamentally disagree with the principle of universal credit, or whether you are willing to iron out the flaws as we roll it out and make it work.

Aileen Campbell: I do not want to tolerate the brutal impact that universal credit is having here and now. If the Tories do not want to face up to the fact that their decisions are having that impact and will not halt it, you do a disservice to the system that you are trying to articulate is in place. That is not the reality of what people experience in their daily lives. The food banks are a reality; the two-child limit is a reality; the rape clause is a reality. You need to face up to the fact that your party is perpetrating and peddling that misery on people here and now.

The Presiding Officer: I ask all colleagues to speak through the chair, please.

Aileen Campbell: Alison Johnstone spoke about the establishment of Scotland's new social security system and how the Parliament worked together to ensure that the system that emerged from the legislation was based on dignity and respect. It gave a glimpse of what is possible when we have the chance and the powers to shape and hone an approach that seeks to have a positive impact on people's lives, through supporting people and not stigmatising them.

Alex Rowley was right to point out how the progress that has been made to tackle poverty—whether by the previous Labour-Liberal Executive or through the measures that we have taken forward, which I have outlined—has been halted by the Conservatives and that they continue to be in denial about that.

I recognise that we need to do more if we want to make good on our ambition to make Scotland the best place to grow up. We need to do more than our current plans, which include the £12 million fund to support parents in work and to develop their skills, the £7.5 million innovation fund to support new approaches to prevent and address child poverty and a list of other actions that we are taking forward to eradicate child poverty. We are committed to doing more, which is why, in recognition that poverty is fundamentally about a lack of income, our tackling child poverty delivery plan commits us to work towards the introduction of a new income supplement to provide additional financial support for low-income families.

I was pleased to hear Alex Rowley's offer to work together to work out where we can find agreement and to collaborate in recognition that what has been said in the debate includes a lot of agreement that the Tories are perpetrating misery on our society, which we need to respond to in a responsible way. I welcome his commitment to work with us to work out what more we can do in a reasonable way. I look forward to working with him and I welcome him to his new post. I want to continue to work with other parties because together—all bar one party—we are in agreement that this country needs to move toward and we need to help children to have their fair chance to flourish.

16:57

David Stewart (Highlands and Islands) (Lab):

There can be few more important topics for debate than the aim of ending austerity, poverty and inequality. It is understandable that the debate has been passionate, mostly well informed and, occasionally, animated about poverty and deprivation.

Richard Leakey once said:

"Today we stand with the brains of hunter-gatherers in our heads, looking out on a modern world made comfortable for some by the fruits of human inventiveness, and made miserable for others by the scandal of deprivation in the midst of plenty."

We do not need to look far to find evidence in Scotland for Richard Leakey's powerful comments on the human condition. As many speakers have mentioned, in each year between 2014 and 2017, 1 million people in Scotland were living in poverty; 8 per cent of people were in persistent poverty; the poverty rates for single adult women were higher than for single adult men, as Elaine Smith said; and there were particular worries about minority ethnic groups, with higher rates of poverty than among white ethnic groups. Relative pensioner poverty is also a major issue.

Elaine Smith said that no one in 21st century Scotland should have to live in poverty and that it is simply unacceptable that one in five people and one in four children are forced to live in poverty. Many speakers, including Alex Rowley, Pauline McNeill, Alex Cole-Hamilton and Brian Whittle, spoke about health inequalities—when the poor die younger than the affluent. We know that poverty, social deprivation and inequality are significant contributors to poor health expectations and that the least well-off are most at risk.

In 1948, the national health service represented the advance of egalitarianism in our nation. There was great hope for the new future that it heralded. A news article in *The Guardian* at the time said that the health service was "designed to offset" as far as it could

"the inequalities that arise from the chances of life, to ensure that a 'bad start' or a stroke of bad luck"

and the "often crippling ... economic penalty" of the past should be changed.

Inequality in health is fundamental to the debate. The increases in life expectancy in the UK have stalled and, in the past 50 years, the chasm between the health outcomes of the rich and those of the poor has widened. [Interruption.] For those who are listening, I say that it is an outrage that, in our 21st century society, individuals' health expectations are intrinsically linked to their postcode. However, I believe that health inequalities are just a symptom of the problem and that we have to look at the wider issues.

I apologise that I cannot mention all the speakers. In the brief time that is available, I will make a final few comments. The greatest enemy that we face is not some distant foe, hiding in foreign fields. It is here today and every day in Scotland, hiding in plain sight. It is poverty, discrimination, inequality, ignorance and want. Those are different creatures in size and scale from the five giants of the Beveridge report of 1942, but they have the same roots. Too many people are living below the poverty line, the poor are dying younger than the affluent and we have a dysfunctional and inadequate system of welfare protection and a postcode lottery of healthcare. The root cause is a fundamental inequality of power, rights and wealth in society. We will slay the five giants only when we win the battle against austerity and the war against inequality. All that we need is

"the will to do and the soul to dare."

Business Motions

17:01

The Presiding Officer (Ken Macintosh): The next item of business is consideration of business motion S5M-14427, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out a business programme.

Motion moved,

That the Parliament agrees—

(a) the following programme of business—

Tuesday 30 October 2018

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Debate: A Digital Society For All: Working Together to Maximise the Benefits of Digital Inclusion

followed by Business Motions

followed by Parliamentary Bureau Motions

followed by Committee Announcements

5.00 pm Decision Time

followed by Members' Business

Wednesday 31 October 2018

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Communities and Local Government;
Social Security and Older People

followed by Scottish Conservative and Unionist
Party Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 1 November 2018

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 Ministerial Statement: The Scottish
Greenhouse Gas Emissions Annual
Target Report for 2016: Setting
Scotland's Future Direction on the Low
Carbon Transition

followed by Ministerial Statement: Aberdeen
Western Peripheral Route Update

followed by Scottish Government Debate: A Place of
Safety: Supporting Asylum Seekers in
Scotland

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

Tuesday 6 November 2018

2.00 pm Time for Reflection

followed by Parliamentary Bureau Motions

followed by Topical Questions (if selected)

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

followed by Committee Announcements

5.00 pm Decision Time

followed by Members' Business

Wednesday 7 November 2018

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions:
Finance, Economy and Fair Work

followed by Scottish Government Business

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

followed by Members' Business

Thursday 8 November 2018

11.40 am Parliamentary Bureau Motions

11.40 am General Questions

12.00 pm First Minister's Questions

followed by Motion of Remembrance

1.45 pm Parliamentary Bureau Motions

1.45 pm Members' Business

followed by Stage 3 Proceedings: Prescription
(Scotland) Bill

followed by Business Motions

followed by Parliamentary Bureau Motions

5.00 pm Decision Time

(b) that, in relation to any debate on a business motion setting out a business programme taken on Wednesday 31 October 2018, the second sentence of rule 8.11.3 is suspended and replaced with "Any Member may speak on the motion at the discretion of the Presiding Officer", and

(c) that, in relation to First Minister's Questions on 1 November 2018, in rule 13.6.2, insert at end "and may provide an opportunity for Party Leaders or their representatives to question the First Minister".—[*Graeme Dey*]

Motion agreed to.

The Presiding Officer: The next item of business is consideration of business motion S5M-

14428, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, on a stage 2 timetable for a bill.

Motion moved,

That the Parliament agrees that consideration of the Planning (Scotland) Bill at stage 2 be extended to 16 November 2018.—[*Graeme Dey*]

Motion agreed to.

Parliamentary Bureau Motions

17:02

The Presiding Officer (Ken Macintosh): The next item of business is consideration of three Parliamentary Bureau motions. I ask Graeme Dey to move, on behalf of the bureau, motions S5M-14429 to S5M-14431, on approval of Scottish statutory instruments.

Motions moved,

That the Parliament agrees that the Early Years Assistance (Best Start Grants) (Scotland) Regulations 2018 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland (Chambers) Amendment Regulations 2018 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland (Allocation of Functions to the Social Security Chamber) Regulations 2018 [draft] be approved.—[*Graeme Dey*]

Decision Time

17:02

The Presiding Officer (Ken Macintosh): The first question is, that amendment S5M-14405.1, in the name of Clare Haughey, which seeks to amend motion S5M-14405, in the name of Richard Leonard, on keep the Monklands in Monklands, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Campbell, Aileen (Clydesdale) (SNP)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Corry, Maurice (West Scotland) (Con)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 Finnie, John (Highlands and Islands) (Green)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
 Gibson, Kenneth (Cunninghame North) (SNP)
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
 Golden, Maurice (West Scotland) (Con)
 Gougeon, Mairi (Angus North and Mearns) (SNP)
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harper, Emma (South Scotland) (SNP)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Johnstone, Alison (Lothian) (Green)
 Kerr, Liam (North East Scotland) (Con)
 Kidd, Bill (Glasgow Anniesland) (SNP)

Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Mason, Tom (North East Scotland) (Con)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Mountain, Edward (Highlands and Islands) (Con)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Russell, Michael (Argyll and Bute) (SNP)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wells, Annie (Glasgow) (Con)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Kelly, James (Glasgow) (Lab)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Macdonald, Lewis (North East Scotland) (Lab)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Rennie, Willie (North East Fife) (LD)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, Tavish (Shetland Islands) (LD)
 Smith, Elaine (Central Scotland) (Lab)

Smyth, Colin (South Scotland) (Lab)
Stewart, David (Highlands and Islands) (Lab)

The Presiding Officer: The result of the division is: For 94, Against 26, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The next question is, that motion S5M-14405, in the name of Richard Leonard, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
Adamson, Clare (Motherwell and Wishaw) (SNP)
Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
Arthur, Tom (Renfrewshire South) (SNP)
Balfour, Jeremy (Lothian) (Con)
Ballantyne, Michelle (South Scotland) (Con)
Beattie, Colin (Midlothian North and Musselburgh) (SNP)
Bowman, Bill (North East Scotland) (Con)
Briggs, Miles (Lothian) (Con)
Brown, Keith (Clackmannanshire and Dunblane) (SNP)
Burnett, Alexander (Aberdeenshire West) (Con)
Cameron, Donald (Highlands and Islands) (Con)
Campbell, Aileen (Clydesdale) (SNP)
Carlaw, Jackson (Eastwood) (Con)
Carson, Finlay (Galloway and West Dumfries) (Con)
Chapman, Peter (North East Scotland) (Con)
Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
Cole-Hamilton, Alex (Edinburgh Western) (LD)
Constance, Angela (Almond Valley) (SNP)
Corry, Maurice (West Scotland) (Con)
Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
Denham, Ash (Edinburgh Eastern) (SNP)
Dey, Graeme (Angus South) (SNP)
Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
Dornan, James (Glasgow Cathcart) (SNP)
Ewing, Annabelle (Cowdenbeath) (SNP)
Ewing, Fergus (Inverness and Nairn) (SNP)
Fabiani, Linda (East Kilbride) (SNP)
Finnie, John (Highlands and Islands) (Green)
FitzPatrick, Joe (Dundee City West) (SNP)
Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
Fraser, Murdo (Mid Scotland and Fife) (Con)
Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)
Gibson, Kenneth (Cunninghame North) (SNP)
Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)
Golden, Maurice (West Scotland) (Con)
Gougeon, Mairi (Angus North and Mearns) (SNP)
Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)
Greene, Jamie (West Scotland) (Con)
Greer, Ross (West Scotland) (Green)
Halcro Johnston, Jamie (Highlands and Islands) (Con)
Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
Harper, Emma (South Scotland) (SNP)
Harris, Alison (Central Scotland) (Con)
Harvie, Patrick (Glasgow) (Green)
Haughey, Clare (Rutherglen) (SNP)
Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
Hyslop, Fiona (Linlithgow) (SNP)
Johnstone, Alison (Lothian) (Green)
Kerr, Liam (North East Scotland) (Con)
Kidd, Bill (Glasgow Anniesland) (SNP)

Lindhurst, Gordon (Lothian) (Con)
Lockhart, Dean (Mid Scotland and Fife) (Con)
Lyle, Richard (Uddingston and Bellshill) (SNP)
MacDonald, Angus (Falkirk East) (SNP)
MacDonald, Gordon (Edinburgh Pentlands) (SNP)
MacGregor, Fulton (Coatbridge and Chryston) (SNP)
Mackay, Derek (Renfrewshire North and West) (SNP)
Mackay, Rona (Strathkelvin and Bearsden) (SNP)
Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
Maguire, Ruth (Cunninghame South) (SNP)
Martin, Gillian (Aberdeenshire East) (SNP)
Mason, John (Glasgow Shettleston) (SNP)
Mason, Tom (North East Scotland) (Con)
Matheson, Michael (Falkirk West) (SNP)
McAlpine, Joan (South Scotland) (SNP)
McArthur, Liam (Orkney Islands) (LD)
McDonald, Mark (Aberdeen Donside) (Ind)
McKee, Ivan (Glasgow Provan) (SNP)
McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
McMillan, Stuart (Greenock and Inverclyde) (SNP)
Mountain, Edward (Highlands and Islands) (Con)
Neil, Alex (Airdrie and Shotts) (SNP)
Paterson, Gil (Clydebank and Milngavie) (SNP)
Rennie, Willie (North East Fife) (LD)
Robison, Shona (Dundee City East) (SNP)
Ross, Gail (Caithness, Sutherland and Ross) (SNP)
Rumbles, Mike (North East Scotland) (LD)
Ruskell, Mark (Mid Scotland and Fife) (Green)
Russell, Michael (Argyll and Bute) (SNP)
Scott, John (Ayr) (Con)
Scott, Tavish (Shetland Islands) (LD)
Simpson, Graham (Central Scotland) (Con)
Smith, Liz (Mid Scotland and Fife) (Con)
Somerville, Shirley-Anne (Dunfermline) (SNP)
Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
Stewart, Alexander (Mid Scotland and Fife) (Con)
Stewart, Kevin (Aberdeen Central) (SNP)
Sturgeon, Nicola (Glasgow Southside) (SNP)
Swinney, John (Perthshire North) (SNP)
Todd, Maree (Highlands and Islands) (SNP)
Torrance, David (Kirkcaldy) (SNP)
Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
Wells, Annie (Glasgow) (Con)
Wheelhouse, Paul (South Scotland) (SNP)
White, Sandra (Glasgow Kelvin) (SNP)
Wightman, Andy (Lothian) (Green)
Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
Baker, Claire (Mid Scotland and Fife) (Lab)
Beamish, Claudia (South Scotland) (Lab)
Bibby, Neil (West Scotland) (Lab)
Dugdale, Kezia (Lothian) (Lab)
Fee, Mary (West Scotland) (Lab)
Findlay, Neil (Lothian) (Lab)
Grant, Rhoda (Highlands and Islands) (Lab)
Gray, Iain (East Lothian) (Lab)
Johnson, Daniel (Edinburgh Southern) (Lab)
Kelly, James (Glasgow) (Lab)
Lamont, Johann (Glasgow) (Lab)
Lennon, Monica (Central Scotland) (Lab)
Leonard, Richard (Central Scotland) (Lab)
Macdonald, Lewis (North East Scotland) (Lab)
McNeill, Pauline (Glasgow) (Lab)
Rowley, Alex (Mid Scotland and Fife) (Lab)
Sarwar, Anas (Glasgow) (Lab)
Smith, Elaine (Central Scotland) (Lab)
Smyth, Colin (South Scotland) (Lab)
Stewart, David (Highlands and Islands) (Lab)

The Presiding Officer: The result of the division is: For 98, Against 21, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament welcomes the development of plans to refurbish or replace University Hospital Monklands; notes that these plans will ensure that the new hospital will have state-of-the-art facilities and provide a range of specialist services for patients across Lanarkshire as well as allow it to continue to be the local hospital for the patients living in the Monklands' catchment area; further notes that the new hospital will retain an A&E department along with associated specialist services; acknowledges that a public consultation has been undertaken regarding the possible sites for the new hospital; believes that any decision for the new hospital's location must, as a priority, help to reduce the level of health inequalities in the Monklands area and across Lanarkshire, and further believes that the choice of location must take full account of the views of the patients who will be served by the new hospital, as well as other key factors, such as accessibility, transport links, travel times and providing the best return to the NHS in terms of patient care.

The Presiding Officer: I remind members that, if amendment S5M-14406.4, in the name of Aileen Campbell, is agreed to, amendment S5M-14406.3, in the name of Michelle Ballantyne, will fall.

The next question is, that amendment S5M-14406.4, in the name of Aileen Campbell, which seeks to amend motion S5M-14406, in the name of Elaine Smith, on ending austerity, poverty and inequality, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Constance, Angela (Almond Valley) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (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)
 Harper, Emma (South Scotland) (SNP)
 Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)

Kidd, Bill (Glasgow Anniesland) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Russell, Michael (Argyll and Bute) (SNP)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Corry, Maurice (West Scotland) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harris, Alison (Central Scotland) (Con)
 Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)

Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Mason, Tom (North East Scotland) (Con)
 McArthur, Liam (Orkney Islands) (LD)
 McNeill, Pauline (Glasgow) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Rennie, Willie (North East Fife) (LD)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Rumbles, Mike (North East Scotland) (LD)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Scott, Tavish (Shetland Islands) (LD)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 61, Against 59, Abstentions 0.

Amendment agreed to.

The Presiding Officer: The amendment in the name of Michelle Ballantyne therefore falls.

The next question is, that motion S5M-14406, in the name of Elaine Smith, on ending austerity, poverty and inequality, as amended, be agreed to. Are we agreed?

Members: No.

The Presiding Officer: There will be a division.

For

Adam, George (Paisley) (SNP)
 Adamson, Clare (Motherwell and Wishaw) (SNP)
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)
 Arthur, Tom (Renfrewshire South) (SNP)
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)
 Campbell, Aileen (Clydesdale) (SNP)
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)
 Cole-Hamilton, Alex (Edinburgh Western) (LD)
 Constance, Angela (Almond Valley) (SNP)
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)
 Denham, Ash (Edinburgh Eastern) (SNP)
 Dey, Graeme (Angus South) (SNP)
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)
 Dornan, James (Glasgow Cathcart) (SNP)
 Ewing, Annabelle (Cowdenbeath) (SNP)
 Ewing, Fergus (Inverness and Nairn) (SNP)
 Fabiani, Linda (East Kilbride) (SNP)
 FitzPatrick, Joe (Dundee City West) (SNP)
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (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)
 Harper, Emma (South Scotland) (SNP)

Haughey, Clare (Rutherglen) (SNP)
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)
 Hyslop, Fiona (Linlithgow) (SNP)
 Kidd, Bill (Glasgow Anniesland) (SNP)
 Lyle, Richard (Uddingston and Bellshill) (SNP)
 MacDonald, Angus (Falkirk East) (SNP)
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)
 Mackay, Derek (Renfrewshire North and West) (SNP)
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)
 Maguire, Ruth (Cunninghame South) (SNP)
 Martin, Gillian (Aberdeenshire East) (SNP)
 Mason, John (Glasgow Shettleston) (SNP)
 Matheson, Michael (Falkirk West) (SNP)
 McAlpine, Joan (South Scotland) (SNP)
 McArthur, Liam (Orkney Islands) (LD)
 McDonald, Mark (Aberdeen Donside) (Ind)
 McKee, Ivan (Glasgow Provan) (SNP)
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)
 McMillan, Stuart (Greenock and Inverclyde) (SNP)
 Neil, Alex (Airdrie and Shotts) (SNP)
 Paterson, Gil (Clydebank and Milngavie) (SNP)
 Rennie, Willie (North East Fife) (LD)
 Robison, Shona (Dundee City East) (SNP)
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)
 Rumbles, Mike (North East Scotland) (LD)
 Russell, Michael (Argyll and Bute) (SNP)
 Scott, Tavish (Shetland Islands) (LD)
 Somerville, Shirley-Anne (Dunfermline) (SNP)
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)
 Stewart, Kevin (Aberdeen Central) (SNP)
 Sturgeon, Nicola (Glasgow Southside) (SNP)
 Swinney, John (Perthshire North) (SNP)
 Todd, Maree (Highlands and Islands) (SNP)
 Torrance, David (Kirkcaldy) (SNP)
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)
 Wheelhouse, Paul (South Scotland) (SNP)
 White, Sandra (Glasgow Kelvin) (SNP)
 Yousaf, Humza (Glasgow Pollok) (SNP)

Against

Baillie, Jackie (Dumbarton) (Lab)
 Baker, Claire (Mid Scotland and Fife) (Lab)
 Balfour, Jeremy (Lothian) (Con)
 Ballantyne, Michelle (South Scotland) (Con)
 Beamish, Claudia (South Scotland) (Lab)
 Bibby, Neil (West Scotland) (Lab)
 Bowman, Bill (North East Scotland) (Con)
 Briggs, Miles (Lothian) (Con)
 Burnett, Alexander (Aberdeenshire West) (Con)
 Cameron, Donald (Highlands and Islands) (Con)
 Carlaw, Jackson (Eastwood) (Con)
 Carson, Finlay (Galloway and West Dumfries) (Con)
 Chapman, Peter (North East Scotland) (Con)
 Corry, Maurice (West Scotland) (Con)
 Dugdale, Kezia (Lothian) (Lab)
 Fee, Mary (West Scotland) (Lab)
 Findlay, Neil (Lothian) (Lab)
 Finnie, John (Highlands and Islands) (Green)
 Fraser, Murdo (Mid Scotland and Fife) (Con)
 Golden, Maurice (West Scotland) (Con)
 Grant, Rhoda (Highlands and Islands) (Lab)
 Gray, Iain (East Lothian) (Lab)
 Greene, Jamie (West Scotland) (Con)
 Greer, Ross (West Scotland) (Green)
 Halcro Johnston, Jamie (Highlands and Islands) (Con)
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)
 Harris, Alison (Central Scotland) (Con)

Harvie, Patrick (Glasgow) (Green)
 Johnson, Daniel (Edinburgh Southern) (Lab)
 Johnstone, Alison (Lothian) (Green)
 Kelly, James (Glasgow) (Lab)
 Kerr, Liam (North East Scotland) (Con)
 Lamont, Johann (Glasgow) (Lab)
 Lennon, Monica (Central Scotland) (Lab)
 Leonard, Richard (Central Scotland) (Lab)
 Lindhurst, Gordon (Lothian) (Con)
 Lockhart, Dean (Mid Scotland and Fife) (Con)
 Macdonald, Lewis (North East Scotland) (Lab)
 Mason, Tom (North East Scotland) (Con)
 McNeill, Pauline (Glasgow) (Lab)
 Mountain, Edward (Highlands and Islands) (Con)
 Rowley, Alex (Mid Scotland and Fife) (Lab)
 Ruskell, Mark (Mid Scotland and Fife) (Green)
 Sarwar, Anas (Glasgow) (Lab)
 Scott, John (Ayr) (Con)
 Simpson, Graham (Central Scotland) (Con)
 Smith, Elaine (Central Scotland) (Lab)
 Smith, Liz (Mid Scotland and Fife) (Con)
 Smyth, Colin (South Scotland) (Lab)
 Stewart, Alexander (Mid Scotland and Fife) (Con)
 Stewart, David (Highlands and Islands) (Lab)
 Wells, Annie (Glasgow) (Con)
 Whittle, Brian (South Scotland) (Con)
 Wightman, Andy (Lothian) (Green)

The Presiding Officer: The result of the division is: For 66, Against 54, Abstentions 0.

Motion, as amended, agreed to,

That the Parliament notes with concern the recent publication of a number of reports that show that deep-rooted poverty and inequality persists in Scotland's communities; notes that the Scottish Government has used devolved powers to challenge and address root causes of poverty and inequality, including setting targets to help eradicate child poverty by 2030, fully mitigating the so-called bedroom tax, launching the Carer's Allowance Supplement, extending access to free sanitary products, implementing recommendations from the Homelessness and Rough Sleeping Action Group, increasing the Fair Food Fund and committing to a Disability Employment Action Plan; believes that UK Government policies are a significant driver of poverty and inequality, including welfare reforms that will lead to an annual cut to people in Scotland of £3.7 billion by 2020-21; calls on the UK Government to publish its analysis of the impact of Universal Credit on people's incomes, and further calls on it to immediately halt the roll-out in Scotland and use the UK Budget to address its fundamental flaws, reinstating work allowances, reversing the two-child limit and lifting the benefits freeze.

The Presiding Officer: I propose to ask a single question on the three Parliamentary Bureau motions. If any member objects to a single question being put, they should say so now.

There being no objections, the question is, that motions S5M-14429 to S5M-14431, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, be agreed to.

Motions agreed to.

That the Parliament agrees that the Early Years Assistance (Best Start Grants) (Scotland) Regulations 2018 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland (Chambers) Amendment Regulations 2018 [draft] be approved.

That the Parliament agrees that the First-tier Tribunal for Scotland (Allocation of Functions to the Social Security Chamber) Regulations 2018 [draft] be approved.

Deaths Abroad (Support for Families)

The Deputy Presiding Officer (Linda Fabiani): The final item of business is a members' business debate on motion S5M-13681, in the name of Angela Constance, on support for families of loved ones killed abroad. The debate will be concluded without any question being put.

Motion debated,

That the Parliament acknowledges the BBC documentary, *Killed Abroad*, which was recently aired in Scotland and highlighted the tragic death of Kirsty Maxwell, who was from Livingston; believes that this demonstrated what it sees as the unacceptable obstacles that families face in seeking information and support in such tragic circumstances; recognises the profound impact that this has on those who have lost loved ones abroad; notes the calls for the Scottish Government to urge the UK Government to take meaningful action to address what it considers to be the failings and gaps in support and procedures provided by the Foreign and Commonwealth Office to families of those affected; commends the work of the UK All-party Parliamentary Group on Deaths Abroad and Consular Services in highlighting these issues, and notes its call for an urgent review into the support provided for bereaved families and for a closer look into devolved services so that grieving families having to deal with multiple agencies are not faced with insurmountable barriers in their fight for information on the most basic facts about the circumstances of their loved ones' deaths.

17:09

Angela Constance (Almond Valley) (SNP): Kirsty Maxwell is described by her mother as a

"beautiful girl who touched the hearts of many",

and as a popular young woman in whom friends and family chose to confide. Eighteen months ago, when she was in Benidorm with friends, Kirsty's life was taken, as her mother says,

"in incredibly cruel, brutal and unexplained circumstances."

Ever since then, Kirsty's husband, Adam Maxwell, and her parents, Brian and Denise Curry, have been on an arduous and anguished quest for justice for Kirsty.

Kirsty's mum and her aunt Angela are here tonight in the gallery with their local MP, Hannah Bardell, and others—Deborah Pearson, Harry and Anthony Lindsay, Kirsten Macnicol and Julie Love—whose loved ones were killed abroad in a murder or manslaughter, or died in suspicious circumstances. I have no doubt that I speak on behalf of the entire chamber when I express our heartfelt condolences to all those families—although I cannot help but think that the families must get weary of our words of sympathy when they are crying out for action and answers. As MSPs, our words are important, but so are our

deeds—especially to constituents who reach out to us in their darkest hour.

I thank members who have supported the motion in my name and helped to secure tonight's debate, and I am also grateful to members who will speak in the debate. I pass on the apologies of Neil Findlay MSP, who is at a public meeting—that I should have liked us both to be at—in Stoneyburn. I hope that the fact that old foes and adversaries like Neil and I are co-operating on the issue shows its great importance.

The BBC documentary "Killed Abroad" highlighted unanswered questions about the deaths of Kirsty Maxwell and Craig Mallon, and the plight of their families.

It is difficult to adjust to the death of a loved one, and it is more difficult when the death is the result of a crime, or occurred in suspicious circumstances. It is harder still when the death occurred abroad.

The news that a loved one has died can be delivered in a variety of ways that can add to the shock and trauma that families experience. Adam Maxwell was informed of his wife's death by a brief and unclear phone call from Spanish police.

Other challenges and complexities come from dealing with unfamiliar jurisdictions and justice systems, the cost of repatriation—on average, it costs £4,000, but it can be as much as £8,000—finding and funding suitable overseas legal representation, the cost of travel and translation services, insurance issues and post mortem and autopsy difficulties. Families have to cope with all that and more while they are grieving and dealing with the demands of daily life.

Families inform us that the service that is provided by the Foreign and Commonwealth Office and consular services is patchy and inconsistent, and that support is far from proactive.

Consequently, the Westminster all-party parliamentary group on deaths abroad and consular services is pursuing matters vigorously, given that 80 to 90 United Kingdom citizens are murdered abroad every year. The APPG has taken evidence from 50 families around the UK, including 10 from Scotland, and from organisations including Murdered Abroad and DAYNA, which stands for Death Abroad—You're Not Alone, which was established by Julie Love after the death of her son in Venezuela in 2009. The Westminster all-party group, which is chaired by Hannah Bardell MP, will soon report its findings and make recommendations mainly, but not exclusively, to the Foreign and Commonwealth Office.

The FCO clearly has a leading role, but there is also a role for devolved services in justice and

health portfolios. How we support the third sector, and our external relations with other jurisdictions are also important. There is room for improvement at UK and Scotland levels.

The Scottish Government has raised the concerns of Kirsty's family with the UK and Spanish Governments, and Police Scotland stands ready to assist the investigation into Kirsty's death if invited to do so by the Spanish authorities. The Crown Office and Procurator Fiscal Service does not have jurisdiction to investigate deaths that occur outside Scotland except in a few limited circumstances, one of which is when the death occurred by murder or culpable homicide by another British citizen.

It may also be worth considering a review of implementation of recent fatal accident inquiry legislation.

The Scottish Government has an overarching commitment to support victims with access to information and a wide range of services. That is harder to achieve when overseas justice agencies are involved and we are reliant on them investigating, but those important principles should apply in our endeavours for all victims here in Scotland. Will Humza Yousaf, the Cabinet Secretary for Justice, ensure that full consideration of the needs of people whose loved one has been killed abroad in a crime or in suspicious circumstances is undertaken by the victims and witnesses team that is headed by Anna Donald and the victims task force that he will chair?

The new homicide service for Scotland, which is to be welcomed, will be established next April. It is important to mention that its remit excludes victims who die abroad through suspected crime or in suspicious circumstances, so I hope that the cabinet secretary will be able to rectify that situation, too.

The needs and rights of families who are affected by deaths abroad is also missing from the "Victims' Code for Scotland" and the revised "Working Together for Victims and Witnesses" interagency guidance.

Although the issue was considered, Police Scotland will not deploy family liaison officers in all cases in which a British national has been murdered abroad, because its doing so is dependent on what, if any, investigative role it has. Will the cabinet secretary consider guidelines or regulations whereby the host police force of the family has a duty to provide a service, perhaps in partnership with other organisations? I think that Police Scotland would welcome that approach.

Victim Support Scotland has highlighted that it has, despite having a protocol with the Foreign and Commonwealth Office since 2012, received only seven notifications of Scots being murdered

abroad. Police Scotland is not officially notified by the FCO if a Scot is murdered abroad, so the process could be improved. Notifications should also include deaths by serious crime or those that occur in suspicious circumstances.

Trauma-aware notification should kick-start trauma-informed support, so will the cabinet secretary do his best to help families such as Kirsty Maxwell's to get the right services at the right time, and give full consideration to how access to emotional, practical, financial and legal support can be improved?

I end my remarks by quoting Kirsty Maxwell's dad, Brian, who in correspondence to me said:

"I feel we have a chance here in Scotland to make a change and do something that actually supports victims and their families. Legally, emotionally, and financially, a protocol or vehicle that guides and supports victims' families through the myriad of hoops and hurdles that ultimately force victims families to give up hope, give up on the system, and give up on life."

I hope that, together, we can take the chance for change and give hope to the family of Kirsty Maxwell and others in their hour of greatest need. *[Applause.]*

The Deputy Presiding Officer: I know that it might sound unreasonable, but I ask people in the gallery to refrain from showing appreciation. Thank you very much.

17:18

Alexander Stewart (Mid Scotland and Fife) (Con): I welcome the opportunity to take part in the debate and thank Angela Constance for bringing the motion to the chamber.

As Ms Constance's motion acknowledges, the recent BBC documentary, "Killed Abroad", highlighted the apparent obstacles and difficulties that some families have faced in seeking information and support in awful and tragic circumstances. I, for one, recognise the profound impact that that must have on people who have lost loved ones abroad. I also recognise that their experiences have, seemingly, exposed gaps in support that is provided by and the procedures of the Foreign and Commonwealth Office to families of people who are affected. Of course, those matters have to be addressed, and that need has been acknowledged.

It is only right and proper that we have the opportunity to debate the issue in the Scottish Parliament. I, too, thank the Westminster all-party parliamentary group on deaths abroad and consular services, because it has made a real contribution to the process. As we know, all-party groups and cross-party groups often have enormous insight. They take the time to study and hear evidence and to analyse the ways in which

many organisations operate in a bid to improve individuals' experiences, which is being achieved.

The Westminster all-party parliamentary group has already taken evidence from in excess of 40 families who have been affected by deaths abroad, and is currently taking evidence from a number of other families and individuals. That work is very important. Once the group has gathered the evidence, the facts and information will go to both the United Kingdom Government and the Foreign and Commonwealth Office in a bid to improve the methods through which valuable support might be offered.

I am also aware that there are, very sadly, tragedies in which individuals are lost or are reported missing abroad. There are many anxieties for families who find themselves in such situations, when they do not know what has happened to their loved one. There are excellent charities working in that area. I pay tribute to them: they go to enormous lengths to provide information and advice to individuals who suffer worry and anxiety when they find themselves in the incomprehensible situation of having lost a loved one.

The charities include the Lucie Blackman Trust, which has since 2008 been providing outstanding care to families of British victims of murder or manslaughter. The charity is able to offer to victims advice, repatriation assistance, problem solving, fundraising support and many more facets of assistance. It provides families with information, liaison and support throughout a missing-person case overseas: that remains a core part of its operations. The skills, knowledge and contacts that the charity has gained from its years of providing that type and level of support, along with its mutual respectful relationship with the Foreign and Commonwealth Office and its responsibilities, has enabled it to expand its remit to deal with victims of serious crime, which is very important.

It is vital that we sit up and listen to families and loved ones, note the concerns that they raise, and address the failings and improve the service and advice that we provide. Such situations must be awful for people to deal with, and we must ensure that they are not exacerbated by failings, by officials or by obstacles being put in the way. The goal must be to provide support, advice and compassion to all who are affected.

We must ensure that we are getting it right for every family, and that the services are fit for purpose, because it appears to be that that is not always the case. The current situation has to be managed and acknowledged by the UK Government and the Scottish Government, because we want to learn lessons for the future.

17:22

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I start by paying tribute to Angela Constance for bringing to the chamber this vitally important members' business debate, and to the family of Kirsty Maxwell for their determination to get answers for themselves and justice for Kirsty.

I also pay tribute to my constituent Julie Love MBE—a remarkable woman from Maryhill who, following the tragic drowning of her son Colin in Venezuela, has campaigned tirelessly to improve advice, help and support for families in such circumstances. The charity that she founded, Death Abroad—You're Not Alone, has directly offered support, both emotional and practical, on a volunteer basis. Julie sits at the heart of that advice giving and support. I will therefore pick up on several areas in which I feel that she would wish me to raise a number of concerns.

In a briefing for the debate, Victim Support Scotland notes the support that it seeks to offer for those who are murdered or involved in suspicious deaths or who are victimised overseas. That support is of course most welcome; however, the remit excludes victims of tragedies such as road traffic accidents and, as in Colin Love's case, drowning. I stress that the families of those loved ones strongly feel a sense of loss, anger and victimisation, and I believe that we must broaden the range of families who are offered support by Victim Support Scotland and others.

I know that families can struggle to get authorities overseas, or indeed here at home, to consider certain deaths as suspicious. Furthermore, we must ask what evidence is used to determine whether a death is suspicious, and who decides that? Broadening the range of families who are supported will mitigate some of those concerns, as would the right to a post mortem back here in Scotland, for which I am calling today. It is also simply the right thing to do.

Getting clear, reliable and consistent information—or, indeed, any information—from the FCO can be a challenge, regardless of how a loved one dies overseas, as can the process of navigating through the various overseas legal systems and processes. It is certainly not easy or inexpensive for someone to bring their loved one back home from abroad, as I will go on to discuss. Therefore, let us get the definition widened and start to put meaningful support in place.

Victim Support Scotland states that although it has had a protocol with the FCO in place since 2012, it has received only seven notifications of Scots who have been murdered, and the number of actual referrals is much smaller. I find that deeply worrying. I am unclear about whether that

protocol has ever been published, let alone promoted, to ensure that families are aware of their rights and the support that is available.

A number of years ago, I and Julie Love sought to organise a meeting of relevant stakeholders across police, justice, external affairs and health—and, of course, Victim Support Scotland—but the fragmented nature of Government responsibilities threw up challenges. As well as cross-cutting work that goes across ministerial briefs at Scottish level, we need a single Scottish Government minister to take full responsibility for the overall approach to deaths abroad, regardless of which topic area such a death might fall within.

I am aware that the Cabinet Secretary for Justice has established a new victim support task force, and I am sure that my constituent Julie Love would welcome a dialogue with that forum. I note, too, that Victim Support Scotland is leading on the development of a new homicide service for Scotland, which will involve families getting support via a dedicated case worker. Murders abroad are excluded, but VSS has indicated a willingness to extend the scope of that service. It should be extended, and not just to cover murders abroad—it should go far broader than that.

There is much more that I would like to say, but I will not, because I know that time is short. Julie Love, whom I have mentioned several times, has already succeeded in getting the law changed by the Parliament, to extend, on a discretionary basis, the scope of fatal accident inquiries to cover deaths overseas. I am worried and alarmed that that discretion has never been used. There is no point in having laws on the statute book if they are not exercised in positive ways to get justice and answers for families.

I pay tribute to Angela Constance. I think that the issue on which she has secured a members' business debate deserves a full plenary debate in normal time, but this evening's debate is a crucial first step.

17:27

Daniel Johnson (Edinburgh Southern) (Lab):

I will begin where Bob Doris ended. Support for families of loved ones who are killed abroad is a very serious topic and one that is worthy of further consideration in a full plenary debate, and I lend my support to that call.

I thank Angela Constance for securing the debate; more important, I associate myself with the sentiments that she expressed at the beginning of her speech. It is wonderful that we have such families here and it is right that our thoughts are with them, but what they need to hear is not warm words; they want to find out what changes we will make and how we will make a

difference. That is crucial for this evening's debate and future debates that we hold on the topic.

An unexpected death is always traumatic for family members. Many immediate questions will occur. What happened? Why did it happen? Did something go wrong? Was the help that was supposed to be there actually there? If there is a question of fault, other questions will arise. Who was responsible? What will happen to them? Those questions will occur to people with any unexplained death, but when such circumstances arise abroad, the complexity is compounded. There are additional questions that people must have settled in order to move on and have closure, whatever that means, but they must deal with a foreign system that looks complicated and which is expensive to deal with because it is in another country. There will be confusion about how the system works and how it will make decisions, and there will be the language difference to contend with. Those are the issues that the documentary "Killed Abroad" brought to life so well. It is a terrible fate, and we need to do better in terms of supporting families who find themselves in those terrible circumstances.

It is right that the motion talks about the FCO and consular response that is required, and it is also right that it highlights the work that is done by the APPG in Westminster. Quite simply, the support that is required is not there. Months can pass before details are received by families, there is no single point of contact, there are translation problems and there is far too little financial support. We heard this evening that, under the protocol that is supposed to be in place, Police Scotland has received only seven notifications. Clearly, that is not good enough, and I would be interested to hear what the minister will be doing with regard to seeking assurances that that situation will be improved.

I have also spoken with my colleague Hugh Gaffney, who has been working with the family of Craig Mallon, who died tragically in May 2012, and who was also featured in the documentary. The conversations that he has had with them and subsequently with me have highlighted the difference between the situation in England and Wales and that in Scotland when it comes to post-mortem examinations, which is a point that Bob Doris made. In England and Wales, the coroner will normally investigate the case of someone who died a violent or unnatural death overseas, the body will be returned to the home country and the coroner makes a decision about whether to undertake a post-mortem examination, taking into account the manner of the death, whether a post-mortem was done in the other country, concerns about the process and any other extenuating circumstances. In Scotland, there are no coroners, and the rules are completely different. Although

the rules have changed, the basic presumption that there is a possibility that there will be a post mortem is simply not there. We must ask serious questions about that, and I would be interested to hear whether the cabinet secretary has any thoughts about the possibility of bringing forward the right to a post mortem in cases in which there has been a tragic death abroad.

It is right that the law has changed, but I think that we need to examine the rules that we have in Scotland. There is obviously a question for the Foreign and Commonwealth Office, but there are also questions about what we can do here. Addressing the issue of the coroner and the post mortem would be an important step forward for many families who have, tragically, experienced the death of a loved one abroad.

17:32

Stewart Stevenson (Banffshire and Buchan Coast) (SNP): When we go into another country, we present our passport. The inside cover of the passport says:

“Her Britannic Majesty’s Principal Secretary of State for Foreign and Commonwealth Affairs Requests and requires in the Name of Her Majesty all those whom it may concern to allow the bearer to pass freely without let or hindrance, and”—

this is the important part for this debate—

“to afford the bearer such assistance and protection as may be necessary.”

When that country accepts the holder of that passport across its border, it is, in essence, entering into a contract with us that it will honour that request from Her Majesty. Of course, the debate is about whether the support that we get from our institutions in working with foreign jurisdictions meets the requirements, and whether people are getting the assistance that they need.

Before I move into the substance of my speech, I want to give a vote of thanks to Chloe Henderson, who is a pupil at Fraserburgh academy. She has been on placement with me this week and has done the research and written the notes for this speech. She has done very well.

Like constituents of other members, people in my constituency have experienced difficulties with people dying abroad. However, I want to speak about a case that has a slightly happier outcome but which nonetheless demonstrates the need for appropriate support.

I acknowledge that people need access to information and support at times of bereavement abroad and that they encounter endless obstacles and unanswered questions from the Foreign and Commonwealth Office and the foreign jurisdiction. There are many logistical challenges that are

made harder by potential language barriers, including contacting local authorities, funeral directors and caseworkers. I want to talk for a minute or two about my constituent, Alan Wright, who is from Portsoy and whom my MP colleague, Eilidh Whiteford, supported. His family, in the north-east of Scotland, needed consular assistance after he was taken hostage while working in an Algerian oil field in 2013.

What he thought was a power cut turned out to be a terrorist attack by militants on the In Amenas oil field. Mr Wright and a colleague were forced to hide in a room with only a satellite phone to connect them to the outside world. In a television interview, Mr Wright, aged 37—half my age—recounted the nine terrifying hours that he and colleagues spent trying to remain hidden. Others who were subject to the attack were not as fortunate as he was and were killed.

Mr Wright had to make an emotional call to his family at home, not knowing whether it would be his last. He chose not to speak to his two daughters as he did not want them to remember their last phone call over a crackly line. He said:

“You fear the worst, you can’t put into words how bad you feel.”

That is the environment in which we expect the Foreign and Commonwealth Office, the Scottish Government and local jurisdictions to respond to the needs of those such as Mr Wright, as well as to the needs of those like his colleagues who were killed. Although there was a happy ending for my constituent, his case illustrates a general point.

Relatives who are looking for help often simply do not know what questions they should be asking, far less what answers they need. That is not a matter simply for a couple of people in my constituency or the scattered constituencies represented by members in this evening’s debate. A 2015 survey sent to 150 families found that they did not feel supported in their experience of trying to bring a loved one home after their death abroad, and more than half said that the FCO was not at all helpful.

In times of grief, there are many unpredictable factors. The people who are grieving are vulnerable and need a special kind of help and support, which must be tailored to their individual needs.

I hope that this debate will play its role in alerting the Scottish Administration, the Foreign and Commonwealth Office and jurisdictions abroad to the need to provide enhanced and more relevant support to those who lose people abroad.

17:37

Alison Johnstone (Lothian) (Green): I, too, thank Angela Constance for securing the debate. Each of us in the chamber has experienced the loss of a loved one. We know how painful, sad and empty life can feel when someone so loved and so close to us is no longer here. That is all the worse when the death is of a young person with so much life ahead of them.

In the case of Kirsty Maxwell, the loss was still worse. Kirsty's death occurred in unexplained circumstances, thousands of miles away from her home and family in a country with a different language and legal system. In such challenging and terrible circumstances, for which nobody can ever be expected to be prepared, we would expect the best possible support. In the case of Kirsty and, as we have heard, too many others who have died abroad in unexplained circumstances, that support has simply not been there.

Kirsty's parents have said that they got no help whatsoever—no guidance about what to do from the UK Government or the Spanish Government—and that they felt “very much abandoned”. Kirsty's husband Adam described the support received as “the bare minimum”. Kirsty's family is not the first to experience serious problems in getting the support that they need.

This has been a long-running problem over many years. In 2014, the House of Commons Foreign Affairs Select Committee's investigation into consular services found significant and widespread failings in the support given to families of British citizens who died abroad. Those failings ranged from calls not being returned and emails not being answered to desk officers not being adequately trained to assist traumatised families, failure to appoint a suitable person to help, such as a liaison officer, and failure or even refusal to provide long-term assistance in the case of lengthy investigations or trials. Such situations can be terribly stressful, not to mention expensive—and, for some people, possibly even unaffordable. The committee heard from many families who had lost loved ones and who had received a poor level of support at such a difficult time.

That was in 2014, so what has changed? To judge from the experience of Kirsty's family, not nearly enough. Kirsty's MP, Hannah Bardell, has worked tirelessly on the issue. She established the all-party parliamentary group on deaths abroad and consular services and has spoken of the difficulties in getting assistance when there is no conviction.

There is little sense of the Foreign Office being there to back the family up in one of the worse possible situations that a family could find

themselves in, and to fight their corner when things are not happening as they should.

Of course, other countries have their own legal systems and processes that must be respected. However, helping bereaved families who have lost a loved one to navigate a legal system that is unknown to them, particularly in the case of an unexplained death such as Kirsty's, is not interfering, and holding a country to its own standards is not interfering. As Hannah Bardell has said in relation to Kirsty's case, there is a Spanish victims' bill of rights that is not being respected. It is not interfering to ensure that British citizens in a foreign country get access to the same standard of support and service as that country's own citizens.

I pay tribute to Kirsty's husband Adam, her parents, Denise and Brian Curry, and all her family and friends, who have been tireless in trying to find out what happened. In the BBC documentary that is referred to in the motion, Kirsty's parents say that they have promised their daughter that they will not give up until they get answers. I know from meeting them that they most certainly will not give up. Their determination in such difficult and challenging circumstances is truly inspiring. The least that we can do is ensure that they have the full support of the UK and Scottish Governments and all the resources that are at our disposal to help to find those answers. That support has been lacking in Kirsty's case, in Craig Mallon's case and in the cases of too many others. There is cross-party agreement on the need for improvement and change. The level of support must change—and change quickly—before more families are let down at such a difficult time.

17:41

Fulton MacGregor (Coatbridge and Chryston) (SNP): I thank Angela Constance for bringing this important issue to the chamber and for highlighting the tragic case of Kirsty Maxwell.

I want to concentrate on a young man from Coatbridge in my constituency whose story, through being told in the local *Airdrie and Coatbridge Advertiser* as well as in the national press, has touched many hearts. His story was also part of the recent BBC documentary to which Angela Constance and others have referred. I thank David Swindle from the multilingual review team for the briefing.

Twenty-six-year-old Craig Mallon's life ended tragically within hours of his arriving in the holiday resort of Lloret de Mar, Spain, on 19 May 2012, when he was fatally assaulted by a single punch in a busy street near several nightclubs. The news quickly reverberated around the Monklands community.

On the basis of cross-party working, I mention the work of my parliamentary colleague Hugh Gaffney, who has done work on the issue with Hannah Bardell through the all-party group at Westminster. It is right that party politics are put well to one side on such issues.

The case is unresolved, still open and subject to on-going court investigations, but that is as a result only of the persistence of Craig's family, friends and previous employer, who have sought answers. No family or relative should ever have to endure what happened to Craig Mallon's family. They learned about his death in a phone call from Craig's brother, not via an official channel. When attending the Spanish mortuary for identification purposes, they found that his body had not been prepared or cleaned, so there was a lack of dignity.

There was no second autopsy when Craig's body was returned to Scotland. Family liaison officers in Scotland could take no active part in providing support, advice or updates. The family received a visit from Victim Support Scotland, which could offer no formalised support through financial or pastoral assistance.

Some documented updates in Catalan and Spanish were sent to Craig's family from the British consulate without being translated into English for them. Inaccurate media reporting and updates from Spain were confusing and did not confirm to Craig's family that his death was being treated as a homicide—it took until 2012 to get that confirmation.

The family were left to their own devices to recruit a lawyer in another country, receiving no advice from the British consulate or any other UK body. After a year, the services of the lawyer were terminated when it was learned that, despite charging substantial sums of money, she had not provided progressive professional services.

Craig's family have had to navigate through a different legal and investigatory system in another country, only getting progress as a result of constantly pushing the Spanish authorities for answers. This is a family who, despite having financial and multilingual review team support, have struggled with the complexities of the unfamiliar legal system of another country, because no formalised support and advice structure is provided in Scotland or in the UK as a whole.

I am informed by David Swindle that, although there were shortcomings in British consulate communication in the early stages of the investigation, in the past two years the Barcelona consular official has been supportive with respect to liaison with the Spanish lawyer and court, to the

extent that a meeting with the judge on evidential opportunities is scheduled for 30 November.

I am sad to say that in April this year Craig's mum Antoinette died aged 48, without having seen progress on various key lines of inquiry or on justice for Craig. Craig's father Ian Mallon, who is unable to attend this evening's debate due to illness, is hopeful that changes will be made to ensure that other families who are unfortunate enough to lose a loved one to homicide abroad do not have to endure what happened to him and his beloved Antoinette.

I know that the cabinet secretary is sympathetic to the Mallons and to others in such situations. I ask him to consider meeting Craig's family and to think about the options that are available for supporting people—although we all hope that there will never be another family in that situation.

17:46

Maurice Corry (West Scotland) (Con): I thank Angela Constance for lodging this important motion and bringing the debate to the Parliament tonight.

When a loved one is tragically killed abroad, families have to navigate their way through a nightmare of decisions, all of which tend to be unfamiliar and unclear. We must ensure that such families have strong support at what must be a harrowing time. We need to get that right.

Losing a loved one in any situation is extremely difficult, but when that happens in another country, where there are different procedures and processes to reckon with, families often feel that they are left to struggle, with limited help. It is understandable that the lack of even the most basic information can fuel feelings of anxiety and stress.

The lack of communication is the stand-out issue. Too often, families encounter slow responses, which fail to give them the answers that they need. Often, families are notified of a loved one's death indirectly and through wrong and unclear channels of communication, such as the media. Families should never have to encounter such a lack of clarity.

Foreign protocols and procedures can be unfamiliar. Indeed, the way in which investigations into deaths are conducted can foster unwarranted confusion. Even the wait for the return of a victim's belongings to their family is far too long in many instances. Surely it is critical to make international processes smoother, for the sake of Scotland's grieving families.

Unhelpful speculation by foreign investigators is another issue. It is clearly not good enough that people should speculate about the cause of a

victim's death. It is paramount that families of loved ones be treated with respect and dignity. For that to happen, they must be given sincere answers, with the crucial detail that they deserve to have.

Never was that demonstrated to me more clearly than when one of my constituents went missing in the mountains of Vietnam. Sadly, my constituent was found dead many months later.

Support for families could be furthered in clear ways. Surely if the Foreign and Commonwealth Office offered translation services, family members would have a greater understanding of even the most fundamental issues, such as the cause of their loved one's death.

Repatriation services are worryingly costly and complex for families to handle. Funding should be far more readily available, to lessen such unnecessary difficulties.

The existence of the all-party parliamentary group on deaths abroad and consular services should be of great encouragement to families who are in this unimaginable situation. The group hopes to improve services and processes for the families of loved ones who are missing, who are in jail, who have been killed or who have died in suspicious circumstances. It has shown the gaps in our consular services and it pushes forward recommendations on how the issues can be put right.

From my military experience and work overseas, I fully appreciate the need for support for grieving families to be as helpful and efficient as possible. The armed forces community has lost many loved ones overseas on deployed operations. For the most part, the forces treat the bereaved and those who have passed away with the utmost respect, but ensuring that dependants are offered advice and support from an understanding, single point of contact will help to remove the obstacles that they, like other bereaved families in Scotland, can face.

I welcome the motion and the debate. For the sake of families who are enduring a tragic loss, I hope that support services will act with the greatest sensitivity and openness.

17:49

The Cabinet Secretary for Justice (Humza Yousaf): I join colleagues in thanking Angela Constance for bringing this important debate to the chamber, and I also thank those who have signed the motion. I know that all of us would rather not be at this debate or have to deal with the issues that unfortunately face those who have suffered as the Maxwell family has. However, we are in this situation and it is only right that we shine a

spotlight and ask the questions that need to be asked. Some of those questions are for the FCO, but some are for the Government in Scotland and for institutions and support services in Scotland, so I am thankful to Angela Constance for bringing the subject before us.

I also agree and associate myself with remarks that other members have made about holding a longer debate on the issue. That is for the Parliament and the bureau to decide, but the Government would be very willing to be part of that debate. It is certainly worth further consideration.

On behalf of the Government and personally on behalf of the First Minister, I offer our sympathies once again to the Maxwell family, who I know are here this evening. A number of people have mentioned the fact that, if any of us were in the situation that the Maxwell family unfortunately find themselves in, we would be demanding answers to the questions that they are rightly demanding answers to. Whether a person is killed here or abroad, every single one of us would want to know the circumstances surrounding their death—the who, the why, the where. As other members have said, it is difficult to imagine the complexity and the difficulties of navigating a foreign landscape in those circumstances, so I pay tribute to the Maxwell family, and to other families who have gone through something similar, for their tenacity and for what they are doing on behalf of Kirsty's legacy. I wanted to put that on record.

I also want to record my thanks to the press and to the BBC for its documentary "Killed Abroad". It is important that a light is shone on those issues and that people ask the questions that need answers.

I am aware that Kirsty's family have not been satisfied with their experience of dealing with the Spanish authorities, and I recognise the family's strong view that mistakes have been made from the earliest point in the process. I will be meeting Kirsty's family, who are in the gallery this evening, along with Angela Constance and their MP, Hannah Bardell, after the debate finishes to discuss further the dreadful incident that took place.

A few common themes have arisen in the contributions by a number of speakers. Before I mention them, I want to emphasise some of the actions that the Scottish Government has taken. Members may be aware that the First Minister herself met Kirsty's family in August and heard their concerns first hand. Since then, she has taken a number of actions. The Scottish Government has pressed the FCO to fully support the family in their efforts to secure justice through the Spanish legal systems. At the family's request, the First Minister also wrote to the Spanish Prime

Minister seeking reassurance that the necessary resources have been deployed to allow the Spanish police and prosecutors to carry out a full and thorough investigation into Kirsty's death. Notwithstanding that, every single member has mentioned the fact that the family feel that there have been deficiencies not just in the Spanish process but in the support that they have received, whether through the FCO or through other support agencies. We will continue to liaise with the FCO on various aspects of the investigation, including the family's engagement with the Spanish legal system.

As Stewart Stevenson noted, when something as tragic and awful happens to us as has happened to the Maxwell family, citizens of this country expect our Governments—Scottish, UK or whatever Government it is—to step in and provide the support services that we so desperately need. On this occasion there are some serious questions about whether the Maxwell family received that support, and I very much recognise the family's view that they did not.

We are committed to ensuring that everything possible is done to establish the full circumstances that led to Kirsty's death. Although it has no locus to investigate, Police Scotland has been clear that it stands ready to assist the Spanish authorities with their inquiries. To date, it has not been called on, but I reiterate that that offer very much remains on the table. Police Scotland's family liaison officer has met Kirsty's family on a number of occasions regarding the case and continues to support the family through this difficult period. When I meet the Maxwell family I will of course probe that further to see whether there is more support that they need from Police Scotland.

I have mentioned the First Minister's interest and the fact that she has personally intervened where appropriate. The Scottish Government and I are committed to doing everything that we can to help the Maxwell family and other families who suffer the death of a loved one abroad. Many of my colleagues from across the chamber have spoken about families in their constituencies who unfortunately have had a loved one who passed away abroad. I have taken notes on that. I will follow up with them and with the families, too.

Daniel Johnson: On the specific point about second post mortems, will the cabinet secretary commit to look at fatal accident inquiries, which permit second post mortems, although they have a very high threshold and a much higher threshold than that which exists in England and Wales?

Humza Yousaf: I am conscious of the time. I was coming to that issue along with a couple of others, but I will address it now.

As Daniel Johnson will be aware, post mortems are ultimately the responsibility of the Lord Advocate. I will raise the issue with the Lord Advocate. Issues have been raised about post mortems and the possibility of having a post mortem that are rightly for the Lord Advocate—understandably so for the independence of the judiciary and of the Crown—but I will raise the matter with him. I will also raise the issue that Bob Doris mentioned regarding the change of law around fatal accident inquiries at the discretion of the Lord Advocate for those who die abroad, and I will ask about the threshold that Daniel Johnson mentions and whether it needs to be re-examined.

Bob Doris: Will the cabinet secretary take an intervention?

Humza Yousaf: Yes.

The Deputy Presiding Officer: You have to be fairly quick now.

Bob Doris: I really appreciate the comments that the cabinet secretary is making, but a wider issue has always been how the Lord Advocate can make an informed decision to use that discretion. One of the ways in which the Lord Advocate could make an informed decision is by instructing a post mortem when families have concerns, which could inform that potential discretionary decision. Right now, he is flying blind on the information that he has available.

Humza Yousaf: That point is well made and is now on the record. I personally will raise the issue with the Lord Advocate, and I invite other members of the Parliament to do so.

I have mentioned the victims task force. Angela Constance previously asked me whether we will consider the experiences of those families of victims who have died abroad. I absolutely will do that. I would like to extend that out to other families, too. Many families have been mentioned in the debate. I got a specific request from Fulton MacGregor about the family of Craig Mallon. Of course I would be happy to meet them—perhaps as part of a wider format or, if he thinks it is better, one to one. For the victims task force, we should consider the support that is needed for families of victims who have died abroad.

I will engage with the all-party parliamentary group that Hannah Bardell has set up, which she has played a key role in founding and supporting. I am happy to engage with the group on its call for a review into the support that is provided for bereaved families. I know that Scottish Government officials are due to meet the all-party group in the coming weeks, and I look forward to reading about that. I will write to Hannah Bardell, as the chair of that group, to offer my assistance on that important piece of work.

I will also look into the issue of Police Scotland notifications, which was also raised. I am happy to keep Daniel Johnson and other members who have spoken in the debate up to date on the progress of that.

I now look forward to meeting the Maxwell family. I thank Angela Constance for giving this important issue an airing in the Parliament. I agree with members around the chamber that there is perhaps a wider, further and more in-depth discussion to be had, but I thank her for securing the debate and I thank members for making some very helpful contributions for the Government to take forward.

Meeting closed at 17:59.

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