



OFFICIAL REPORT  
AITHISG OIFIGEIL

# Meeting of the Parliament

Tuesday 24 October 2023

Session 6



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Pàrlamaid na h-Alba

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**Tuesday 24 October 2023**

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# Scottish Parliament

*Tuesday 24 October 2023*

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

## Time for Reflection

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

The first item of business this afternoon is time for reflection. Our time for reflection leader today is Father Krzysztof Garwolinski, parish priest of St Patrick's Shieldmuir and St Thomas' Wishaw.

**Father Krzysztof Garwolinski (St Patrick's Shieldmuir and St Thomas' Wishaw):** Abraham Lincoln is often credited with coining the saying:

"You can please some of the people all of the time, you can please all of the people some of the time, but you can't please all of the people all of the time."

In fact, it was first created by Lydgate, and its development has led to some people concluding with:

"So just please yourself."

In contrast to that, Adrian Galbas, the Archbishop of Katowice in my homeland, addressed young men preparing for the priesthood by saying:

"Someone who is incapable of offering himself as a sacrifice should not be a priest."

Those words are very relevant for our age, which is often characterised by the spirit of individualism—egoism, even. We compete with others to be noticed, to have a better job or a higher salary, and to be first and best. That is how many people gauge success.

That spirit of competition—conceit, even—is opposite to the vision of life preached by Jesus Christ. His life was not a life of collecting but a life of giving away; it was a life of service that ended in crucifixion—a seeming failure by worldly standards. Yet his life, death and resurrection enriched life for countless people in every time and space. Other giants from the past, from St Francis of Assisi to the great Mahatma Gandhi, lived and proclaimed the same enriching message.

This truth should be understood by all of us. The words spoken by Archbishop Galbas to his seminarians are also pertinent to you who serve in public life, and who do so in such a privileged way. You are here not to enrich yourselves but to sacrifice yourselves each day for the improvement of all the people of Scotland. Let us remember that those who make sacrifices can gain much more.

Whether we are priests or parliamentarians, we must all make sacrifices.

## Business Motion

Levelling-up and Regeneration Bill, Rule 9B.3.5 of Standing Orders is suspended.— [George Adam]

*Motion agreed to.*

14:04

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

The next item of business is business motion S6M-10948, in the name of George Adam, on behalf of the Parliamentary Bureau, on changes to the business programme.

*Motion moved,*

That the Parliament agrees—

(a) to the following revision to the programme of business for—

(i) Tuesday 24 October 2023—

after

*followed by* Topical Questions

insert

*followed by* First Minister's Statement: Gaza and Israel

delete

5.30 pm Decision Time

and insert

6.00 pm Decision Time

(ii) Wednesday 25 October 2023—

after

2.00 pm Portfolio Questions:  
Constitution, External Affairs and  
Culture;  
Justice and Home Affairs

insert

*followed by* Ministerial Statement: Response to Storm Babet

delete

5.10 pm Decision Time

and insert

5.40 pm Decision Time

(iii) Thursday 26 October 2023—

after

*followed by* Citizen Participation and Public Petitions  
Committee Debate: Embedding Public  
Participation in the Work of the  
Parliament

insert

*followed by* Legislative Consent Motion: Economic  
Crime and Corporate Transparency Bill -  
UK Legislation

(b) that the Social Security (Residence and Presence Requirements) (Israel, the West Bank, the Gaza Strip, East Jerusalem, the Golan Heights and Lebanon) (Scotland) Regulations 2023 [draft] be considered by the Parliament;

(c) for the purposes of consideration of the supplementary legislative consent memorandum on the

## Topical Question Time

14:04

### Storm Babet

**1. Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** To ask the Scottish Government what its response is to the impact of storm Babet on communities in Aberdeenshire, Angus, Tayside and Perthshire. (S6T-01591)

**The Cabinet Secretary for Justice and Home Affairs (Angela Constance):** Our thoughts and condolences are with those who have lost a loved one and those individuals and communities across Scotland who have faced significant impacts as a consequence of storm Babet. As the First Minister said when he saw the impact in Brechin first hand yesterday, it will be a long road to recovery, but the Scottish Government will support the affected areas. As we move into the recovery phase, the process of assessing the full amount of damage that has been caused in all areas affected by the storm is now under way.

These recent events are a stark reminder that climate change is not a far-off threat—the crisis is here and now. I also place on record our grateful thanks to the emergency services, responders and volunteers for working in extremely difficult conditions.

**Audrey Nicoll:** I, too, commend all the local responders and communities who worked tirelessly before and during storm Babet, and I extend my deepest sympathies to the families of those who were lost during the storm.

Recent extreme weather events have severely impacted the north-east, and I now have constituents who have incurred significant financial and emotional costs arising from the devastation of repeat flooding that has been exacerbated by failing nearby water infrastructure. As regional resilience partnerships continue to develop the organisational response to specific events, what steps is the Scottish Government taking to assist householders in coping with increased flood risk and in becoming resilient to future flooding events?

**Angela Constance:** The Scottish Government is working closely with responsible authorities to help communities recover from these catastrophic floods and build resilience to future flooding. The Scottish Flood Forum, which is funded by the Scottish Government, provides advice and information to individuals to help prepare and protect their homes from flooding. It also provides support and advice in the aftermath of flood events on insurance, drying out properties and carrying out repairs.

The Scottish Government has also made £42 million per year available to local authorities to invest in flood risk management actions and has committed an additional £150 million over this parliamentary session. To build community resilience to future flooding events, we are developing Scotland's first flood resilience strategy, which will engage a broad range of partners to deliver more diverse flood management actions faster.

**Audrey Nicoll:** Yesterday, Aberdeenshire Council highlighted the sudden drop in temperatures and the on-going impact of storm Babet on its 3,500-mile road network, harbours and other services. We are no strangers to severe weather, but what action is the Scottish Government taking to ensure that the public is adequately informed and prepared for adverse weather, especially as we move towards the winter months?

**Angela Constance:** Traffic Scotland provides travel information on real-time conditions to road users on multiple technological platforms, including the Traffic Scotland website, which received hundreds of thousands of views during storm Babet. Radio and social media platforms are also sources of information.

The Scottish Government's Ready Scotland channels routinely share information and advice to the general public to support them in preparing for severe weather; we also run a year-round severe weather campaign and provide social media toolkits to key partners to support them in communicating with their local audiences on these issues. During severe weather warnings, we activate a proactive marketing campaign that shares Ready Scotland content in the affected area through digital and radio advertising.

**Tess White (North East Scotland) (Con):** With lives tragically lost, homes destroyed and livelihoods in jeopardy, communities in Angus do not want warm words; they want reassurances that Angus Council will have the funds that it needs to support people who have lost everything, shore up the flood defence scheme and expedite urgent structural repairs. That is the Scottish Government's responsibility. When will the money that the cabinet secretary has mentioned be coming?

**Angela Constance:** Let me reassure Ms White that we are indeed focused on action, particularly now that we are moving from the emergency response stage to the crucial recovery stage. Yesterday, she would have heard, as would constituents in the Angus area and elsewhere, that we are absolutely committed to practically and financially supporting that recovery. I can confirm to members that three local authorities have notified the Scottish Government of potential

claims relating to storm Babet. Obviously, all of those local areas are currently in the throes of assessing the extent of the damage and what is required, but I reassure the member that there will indeed be very extensive and intensive discussions between the Scottish Government and our partners at a local level.

**Maurice Golden (North East Scotland) (Con):** In June, the Cabinet Secretary for Transport, Net Zero and Just Transition told me:

"I have absolute confidence in the river basin management plans".—[*Official Report*, 20 June 2023; c 7.]

We have just witnessed severe weather causing rivers in the north-east to burst their banks, overwhelm flood defences and leave communities devastated. Yes, it was an extreme weather event, but our plans must be up to such challenges, too. Therefore, will the cabinet secretary now agree to review them?

**Angela Constance:** Obviously, I will engage with my cabinet secretary colleague who is responsible for net zero and the implementation of the river basin management plan.

It is important to recognise the scale and exceptional nature of these events. We have had two storms within two weeks, and two months of rainfall within two days. We would all concur with the importance of plans, whether they be for river basin management or for the engineering works, but bearing in mind the challenges that we face as a consequence of climate change, we have to acknowledge that even the very best flood prevention schemes, for example, will not be able to provide us with 100 per cent protection 100 per cent of the time. There are other aspects to a plan that we all share on a collaborative basis.

The river basin management plan and the engineering works that Ms White has talked about and testified to are important, but it is also important to recognise that not only do flood prevention schemes help prevent floods and not only do they often work—indeed, they worked most recently in Brechin last November—but they can help delay any impact and can buy valuable time to help evacuate householders.

**The Presiding Officer (Alison Johnstone):** Please be brief, cabinet secretary.

**Angela Constance:** As for the point that Mr Golden has made, there does indeed need to be a cross-community and cross-Government plan that is constantly reviewed.

**John Swinney (Perthshire North) (SNP):** Does the cabinet secretary agree that, in light of the severity and extreme nature of the events that we have witnessed in the past three weeks, the imperative of intensifying our measures for tackling climate change is one of the key lessons

that must be learned from these experiences and that there is absolutely no space in our political discourse for any foot dragging on the measures that are necessary for tackling climate change in our society today?

**Angela Constance:** That is a profound and fundamental point. There is no room in the chamber or elsewhere for those who seek to deny the existence or the impact of climate change. We are all living on the front line of climate change. Although we must, of course, be focused on the resilience response to events that happen, on investments in engineering projects and on plans, whether they be river basin management plans or others, ultimately the bigger task lies in all of us working together to slow down climate change.

### **Council Tax Freeze (Verity House Agreement)**

2. **Liz Smith (Mid Scotland and Fife) (Con):** To ask the Scottish Government what its response is to the statement issued by the Convention of Scottish Local Authorities that the handling of the recent announcement about the council tax freeze undermined the spirit and the letter of the Verity house agreement. (S6T-01598)

**The Deputy First Minister and Cabinet Secretary for Finance (Shona Robison):** The fully funded council tax freeze announced by the First Minister last week will protect more than 2.5 million households during a time of economic uncertainty and rising prices. The First Minister and I acknowledge the concerns that COSLA and some council leaders have raised. We remain fully committed to the Verity house agreement and to working in partnership with local government to demonstrate that commitment. As I said, the council tax freeze will be fully funded, to ensure that councils can maintain the services on which we all rely while households are protected from increasing burdens.

**Liz Smith:** Will the cabinet secretary confirm exactly how much the council tax freeze will cost and where that money is coming from?

**Shona Robison:** When I met the COSLA presidential team, we agreed to my offer for the process to involve a negotiation with COSLA. That negotiation will take place to ensure that the council tax freeze is fully funded. The figure will be part of the 2024-25 budget process, and we believe that it is important that that is a negotiation.

I want to hear less from Opposition members about process and more about the principle of whether they support the council tax freeze. [*Interruption.*]

**The Presiding Officer:** Let us hear the cabinet secretary.



**Shona Robison:** During the budget process, we will see whether Opposition members support the freeze.

**Liz Smith:** What an extraordinary answer that was. At the Finance and Public Administration Committee's meeting on 3 October, the cabinet secretary claimed in answers to questions from Michelle Thomson and me that giving councils "more flexibility" was a significant part of the Verity house agreement. Freezing council tax has just removed that flexibility. When the cabinet secretary gave evidence to the committee, was she aware that the First Minister would announce the freeze on 17 October? If not, when did she become aware of the policy announcement?

**Shona Robison:** First, I should say that we have given local authorities more flexibility. The second home and empty home premiums that will be able to be applied are part of giving local authorities more flexibility. We are keen to discuss with local authorities what more flexibility can be given.

On the process, which Liz Smith wants to continue to talk about, we requested and received advice from officials on the concept of a council tax freeze and fully considered that advice. On balance, we decided to freeze the council tax, after taking into account the impact of sustained inflation—caused by the Tory Government's economic policy—on households in Scotland. *[Interruption.]*

**The Presiding Officer:** Members.

**Shona Robison:** I acknowledge the concerns that local government has expressed about the manner and substance of the announcement, but we believe that the freeze is the right thing to do to help more than 2.5 million households at these difficult times.

**Katy Clark (West Scotland) (Lab):** The First Minister announced a freeze to council tax without consulting local authorities or his own Cabinet. Council tax is clearly a regressive tax. In the past, the Scottish Government has spoken about having a cross-party working group to look at alternatives, but that group has never been convened. What work is the Scottish Government doing to look at a replacement for council tax or alternative funding streams for local government?

**Shona Robison:** That is a strange line of questioning from Katy Clark, given that the Labour Party spent the whole Rutherglen and Hamilton West by-election campaign talking about council tax rises. I would have thought that the Labour Party would support a council tax freeze—*[Interruption.]*

**The Presiding Officer:** Members.

**Shona Robison:**—given what it said to voters during that by-election.

On Katy Clark's question about process, last year, Scottish ministers convened the joint working group on sources of local government funding and council tax reform. The group is co-chaired by Scottish ministers and COSLA.

Scottish ministers remain committed to exploring proposals for introducing meaningful changes to the council tax in partnership with local government. We understand the need for further, more in-depth reform of the council tax. As the First Minister said in his speech, that is an important context. We understand the regressive nature of the council tax, so we want to reform it. In the meantime, we want to make important changes, such as introducing the premium on empty properties and on second homes.

**Marie McNair (Clydebank and Milngavie) (SNP):** A key mission of the Verity house agreement is to tackle poverty and relieve the effects of rising costs on household finances. Will the cabinet secretary confirm that the council tax freeze will be implemented in a way that honours that Verity house mission and assists Scottish local government in combating the United Kingdom cost of living crisis?

**Shona Robison:** I confirm to Marie McNair that we will progress the issue in partnership with COSLA through negotiation, as I said earlier. It is important to recognise the positive impact of the measure on 2.5 million households at a time when there is a cost of living crisis. We believe that that is the right measure, and we will take it forward in a fully funded way with local government. It will be part of the budget process for 2024-25.

**Liam McArthur (Orkney Islands) (LD):** With the First Minister's unilateral decision to freeze council tax, the Verity house agreement has gone the way of the historic concordat. Fergus Ewing has had his wishes granted through the shredding of the Bute house agreement, civil servants have been circumvented and Cabinet Government has been abandoned. Does the cabinet secretary believe that the First Minister was right to channel his inner Liz Truss over council tax?

**Shona Robison:** That is a decision that will help 2.5 million households, including those in the member's constituency. I would have thought that, in the midst of a cost of living crisis, he would have supported that. Lower-income households spend a greater proportion of their income on bills, including council tax. What we have heard here is the sound and fury of Opposition members about process. What we have not heard from any one of them is whether they will support the council tax freeze as part of the budget for 2024-25. That is

what the public want to hear the Opposition telling us.

### Centre of Teaching Excellence

**3. Pam Duncan-Glancy (Glasgow) (Lab):** To ask the Scottish Government whether it will provide an update on the recently announced centre of teaching excellence. (S6T-01590)

**The Cabinet Secretary for Education and Skills (Jenny Gilruth):** The Scottish Government's national mission to close the poverty-related attainment gap will be supported by the establishment of a centre for teaching excellence. The centre will be progressed as part of the education reform programme. I will provide an update to Parliament on that work later this year.

I am committed to co-designing the centre with teachers and practitioners, professional associations, local government and our national education bodies. To that end, my officials are engaging with the Scottish Council of Deans of Education and the General Teaching Council for Scotland, and I will meet trade union representatives following this question time.

I offer Pam Duncan-Glancy the opportunity to meet me so that I can hear her thoughts on the centre for teaching excellence. In that spirit, I will extend an invitation to meet all Opposition party spokespeople ahead of my update on education reform to Parliament later this year.

**Pam Duncan-Glancy:** The cabinet secretary will be aware that I have written to the Presiding Officer on this matter to highlight that the policy announcement was made to the public via the cabinet secretary's speech to the Scottish National Party conference and not to Parliament via any of the methods available. It is a significant announcement that will potentially have an impact on all Scotland's teachers, pupils and faculties of education, the General Teaching Council for Scotland, the Convention of Scottish Local Authorities and multiple trade unions. Will the cabinet secretary confirm which organisations or individuals were informed of the plan ahead of the announcement at the SNP conference?

**Jenny Gilruth:** I hope that the member took from my initial response my eagerness to work with Opposition members from across the chamber. Our aim is to establish a centre to help to support teaching excellence in our school. As a former teacher, my view is that the most powerful weapon that we can use to close the poverty-related attainment gap is the provision of quality learning and teaching. That is exactly the purpose behind the centre, and I hope that she very much supports that sentiment.

I have just set out my intention not only to engage with teachers and professional associations as we develop plans for the centre itself, but that the centre will be specifically co-designed with the teaching profession. Working with our teachers will be vital to ensuring that the centre operates to its full potential. My vision for the centre is one that brings together the expertise of the teachers who work in our classrooms, the world-leading academics in our universities and members of our professional organisations to consider how we can ensure that we remain at the cutting edge of new teaching practices. However, that is just my view. I look forward to engaging with the sector on those plans and hearing what members of our teaching profession think as we work together to ensure the best possible outcomes for our children and young people.

**Pam Duncan-Glancy:** I am disappointed that the cabinet secretary was not able to say whom she spoke to before making the announcement. Education in Scotland is in a dire state. The tertiary sector has faced unprecedented cuts and the Government is failing to deliver on promises that it has already made for schools—free school meals, reduced class sizes, and the provision of teacher non-contact time, to name a few. We know that the education budget is stretched both centrally and in local authorities. Will the cabinet secretary confirm whether the centre for teaching excellence will replace an existing organisation or become an additional body? Will she set out how much the Government expects to spend on creating and running the new body?

**Jenny Gilruth:** Doom and gloom from the Labour Party. I have to say that that was a pretty dismal question from Ms Duncan-Glancy.

Let us look at where we are in Scotland at the current time. We have the best pupil teacher ratio, the highest-paid teachers and the highest spend per pupil in the United Kingdom. I would have thought that the Scottish Labour Party would welcome that in relation to our significant investment in Scotland's education system.

I am very conscious that a generation of teachers learned how to become teachers during the pandemic. The purpose of the centre is to support those professionals' development in relation to quality learning and teaching. I hope that the Labour Party and Ms Duncan-Glancy will learn to support that, and I look forward to working with them so that we can improve outcomes for our young people. That has to be at the centre—at the heart—of our education reforms in Scotland.

**Ruth Maguire (Cunninghame South) (SNP):** How will the Government ensure that the world-leading expertise of Scotland's academic community informs the work of the centre of teaching excellence?

**Jenny Gilruth:** As I intimated in my initial response, my officials are engaging directly with teachers and the wider profession, and we will also draw on the expertise of local government, our national education bodies and, as the member alluded to, the university sector in establishing the centre. The expertise of our universities will be invaluable as we shape the centre. In particular, we want to learn from the success of, for example, the into headship programme, which has been hugely successful. The new centre will ensure that research and evidence are distilled into practical and digestible support for all teachers, no matter the stage in their career.

**Liam Kerr (North East Scotland) (Con):** Given that numerous education reports have raised concerns regarding duplication among Government bodies and the need for efficient spending, what is the expected cost of creating the centre, from where in the education budget will that money be drawn and what will the relationship with Education Scotland be?

**Jenny Gilruth:** I thank the member for his question. As I set out, plans for the centre will be co-designed with our teachers and professional associations. That will be crucial in ensuring that the centre meets its full potential and that, in relation to the member's point, there is no duplication in the system. Clearly, the outcome of that engagement with the sector will have an impact on the precise form that the centre will take, how it will operate, when it will be operational, what its scope will be and, ultimately, how much it will cost.

I hope that there is consensual support for the premise behind the establishment of the centre, which is to support our teaching profession with quality learning and teaching in our classrooms. I hope that the member will agree that that is crucial in closing the poverty-related attainment gap.

## Gaza and Israel

**The Presiding Officer (Alison Johnstone):** The next item of business is a statement by Humza Yousaf on Gaza and Israel. The First Minister will take questions at the end of his statement, so there should be no interventions or interruptions.

14:27

**The First Minister (Humza Yousaf):** There are, of course, many things that we disagree on in this chamber, but, at times of grief and sorrow, we have often found a way of putting those differences aside and coming together. Even on the issue of Israel and Palestine, where passions run high, as do differences of opinion, we can and should unite on many issues.

First, let us unite in unequivocally condemning the terror that Hamas unleashed on 7 October in southern Israel. The more we learn about Hamas's barbaric attack, which took place on the Jewish Sabbath—on a Jewish holy day—the more we are sickened by its brutality. The Scottish Government unequivocally condemns the abhorrent terrorist attacks of Hamas. Let me say, as someone who is proudly Muslim, that I was taught from a young age that Islam tells us that, if you kill one innocent person, it is as if you have killed the whole of humanity. There can be no religious or moral defence of the killing of innocent civilians. Israel, like every other country in the world, has a right to protect itself from terror. That, of course, must be done within the confines of international law, which is an issue that I will return to later. The Scottish Government also joins the international community in calling for the hostages who were taken by Hamas to be released immediately and unconditionally.

Secondly, let members in the chamber unite in our common humanity by accepting that there is no hierarchy of grief—that when a mother loses a child, we all feel that pain, hurt and sorrow, whether that mother is Israeli or Palestinian. I certainly felt that pain when I met Irene Cowan, the mother of Bernard Cowan, who was killed by Hamas. Irene and I held each other, we cried and we shared in each other's grief. She is an incredible woman, who, despite her own heartache, told me that she was praying for my in-laws and for all the innocent men, women and children who were trapped in Gaza. Let us agree that too many mothers and fathers have lost their children and that too many children have become orphaned. That is why we need an immediate ceasefire, and an immediate ceasefire must be agreed to.

Thirdly, let us all unite in saying clearly that the overwhelming majority of men, women and children in Gaza have nothing to do with Hamas and that they must not be punished for Hamas's crimes. Almost 60 per cent of Gazans are under the age of 25, and almost half of the population of Gaza are children. Cutting off electricity, food, water and fuel supplies to the people of Gaza is collective punishment and must be condemned in the strongest possible manner. International law must always be respected, especially when it is difficult.

The Scottish Government calls on all sides to agree to an immediate ceasefire to allow a humanitarian corridor to open and for supplies to get into Gaza, as well as allowing safe passage out for those who want to leave. Before the war, United Nations agencies described the humanitarian situation in Gaza as "desperate"; they now call the situation "catastrophic".

Today, premature babies, injured infants, pregnant women and all the people who have lost their homes overnight in Gaza have little in the way of access to clean water. They cannot make bread, and many are in desperate need of sufficient medical treatment for horrendous injuries and have virtually no access to life-saving medicine. The trickle of aid that is arriving in Gaza must be significantly increased without delay, and it must include fuel, because otherwise the hospitals will simply shut down and the sick, the injured and premature babies will die. If that happens, it will be a stain on the collective conscience of all of us, and one that we should not be forgiven for.

On the humanitarian effort that is now required, Scotland stands ready to do our part. The Scottish Government has already pledged £500,000 in humanitarian funding to the UN Relief and Works Agency, UNRWA, to help displaced people in Gaza. The Palestinian people are proud people. They are proud of their culture, their history and their land. They should not be forced to leave. However, we know that this conflict alone has meant that 1 million people in Gaza have already been displaced. Therefore, for those who wish to leave, I reiterate my call for the international community to commit to a worldwide refugee programme for the people of Gaza, particularly women and children. I will continue to call on the United Kingdom Government to begin work on the creation of a refugee resettlement scheme, and on plans for the medical evacuation of injured civilians in Gaza.

As I have said before, Scotland is willing to play her part and to be the first country in the UK to offer safe sanctuary to vulnerable people who are caught up in this war. Scotland is ready to treat the injured men, women and children of Gaza in our

hospitals where we can. In the past, the people of Scotland and those across the UK have opened our hearts and our homes and welcomed people from Syria, Ukraine and many other countries. We are a generous nation, and let us show that generosity of spirit and heart once again.

I am greatly concerned by the plight of British citizens who have been captured as hostages by Hamas, and I reiterate our call for them to be released. I am also deeply distressed thinking of Scots who are trapped in Gaza. British citizens, including children and the elderly, who have called Scotland home for decades are trapped within the Gaza strip waiting to cross safely into Egypt.

Of course, there is the plight of my own in-laws. I thank members from across the chamber who have sent kind messages of support and solidarity and who have told me that our family is in your prayers—your words have been of great comfort to me and Nadia.

Every night, Nadia and I go to bed, barely sleeping as we count down the hours until the morning, waiting anxiously for a message from my mother-in-law to tell us that they have survived the night. Throughout the day, the 100 people who are in our family home must ration their food. The adults barely eat—my mother-in-law only ate cashew nuts yesterday. They ration so that the children in the house do not end up malnourished, but time is running out.

I spoke to my mother-in-law this morning. She feels helpless. She has lost hope. She tells me that she feels as though the UK Government has forgotten about her. Please do not interpret my point as a political one; it is not. My mother-in-law is a UK citizen, yet the only communication that she receives from the Foreign Office is a text message telling her what she already knows: the Rafah crossing is closed. She needs the UK Government, the Prime Minister and the Foreign Secretary to spend every minute of every day demanding that their allies in Egypt and Israel open the Rafah crossing now to allow all the UK citizens who are trapped in Gaza safe passage to return home to their families.

I made that point to the Prime Minister this afternoon when we spoke on the phone, and I reiterated the Scottish Government's call for a ceasefire and for more aid, including fuel, to be allowed into Gaza. I also, of course, reiterated that the Prime Minister has our full support in everything that he is doing to bring British hostages back home.

In the meantime, I have a wife who really wants to hug her mum and dad. I have two girls who really miss their granny and grandad. Like many other families across the country, they just want to know when they will come home, and I am afraid

that it is a question to which I simply do not know the answer.

Too many innocent men, women and children are suffering. We cannot allow the conflict to create new tensions in our peaceful communities in Scotland or, indeed, elsewhere in the world. There must be zero tolerance for antisemitism, Islamophobia or sectarian violence of any kind anywhere.

Scotland's Jewish, Muslim and Palestinian communities are communities that I love. They are ones with which I have grown up and whose pain and sorrow I share. Let me be abundantly clear that, as long as I am First Minister—I am sure that I speak for the entire Parliament—there is no room for antisemitism, Islamophobia or hatred of any kind in Scotland.

I am steadfast in my commitment to solidarity and our strong tradition of inclusion and interfaith working across Scotland. I was pleased to be able to bring together senior rabbis and imams to put their names to a joint statement clearly stating that they will not be divided and that they stand together against hatred in any form.

We all know that there are people who say that violence is inevitable and that it is an eternal constant of our human condition. They are wrong. The human capacity to love is far greater.

Only days before Hamas's horrific attacks, thousands of women from the Israeli movement Women Wage Peace and the Palestinian movement Women of the Sun held a joint march for peace on 4 October demanding an end to

“the historic cycle of bloodshed”.

After Hamas's attacks on 7 October, Women Wage Peace issued the following statement:

“Every mother, Jewish and Arab, gives birth to her children to see them grow and flourish and not to bury them. That's why, even today, amid the pain and the feeling that the belief in peace has collapsed, we extend a hand in peace to the mothers of Gaza and the West Bank.”

It is time that the whole world listened to Women of the Sun, Women Wage Peace and other voices that call us to reduce armed conflict, promote equality and protect the vulnerable so that humanity can unite to overcome violence and hatred, and so that every mother can see her children grow up safely. Surely that is something that every Palestinian and every Israeli deserves.

The Scottish Government reiterates our call for hostages to be released, for an immediate ceasefire, for an end to collective punishment, for more aid, including fuel, to be allowed into Gaza and for those who want to leave, particularly foreign nationals, to be given safe passage to do so. Let us hope together and pray that humanity prevails. *[Applause.]*

**The Presiding Officer:** The First Minister will now take questions on the issues raised in his statement. I intend to allow around 20 minutes for questions, after which we will move on to the next item of business. I would be grateful if all members who wish to put a question were to press their request-to-speak button.

**Douglas Ross (Highlands and Islands) (Con):** The barbaric terrorist attack on Israel was horrifying. Innocent civilians were targeted, people murdered in cold blood, women raped and children snatched from their homes, some never to return. We cannot begin to imagine what it is like to live in fear that that could happen.

Israel has more than a right to defend itself. It has an obligation to its people and a duty to protect them by preventing such a terrorist attack from ever happening again. My party stands with Israel. We send our love, our thoughts and our sympathies to each and every one who has lost family members and loved ones.

At this time, we think of the family of Bernard Cowan, who moved from Newton Mearns to Israel and tragically was a victim of the attack. Bernard's mother, Irene, showed extraordinary courage and dignity just a few days after his death to light a candle in his memory at the service in the Giffnock Newton Mearns synagogue. His whole family remains in our thoughts at this time, as do the families of the hostages, and we reiterate the international calls for their immediate release.

We also stand with the innocent people in Palestine who are caught up in the situation, including the First Minister's own family. We can see the toll that it has taken on him, his wife Nadia, and their entire family, and we pray for a positive outcome for them.

The Palestinian people are not Hamas. They are civilians, they are innocent and they are caught up in a terrible situation, suffering from the tyranny, exploitation and oppression of Hamas terrorists. On issues like this, words matter and we must be unequivocal: the attack was not carried out by freedom fighters, nor were they militants. There is no just equivalence between the two sides, Israel and Hamas. It was an attack by terrorists, and there should be no debate about that. Terrorism is cowardly. It preys on innocents, it spreads fear and it knows no decency.

Finally, Presiding Officer, although we should never fixate on flags, especially when lives are being lost, I believe that the Scottish Parliament should have shown visibly that it stood with Israel against terrorism and flown its flag after the attack. I am disappointed it did not, especially as it would have shown solidarity with Scotland's Jewish community in a moment of grief and tragedy. We

all know that there has been fear and concern in the Jewish community here in Scotland.

Will the First Minister outline what actions have been taken to support our Jewish friends and neighbours, and what has been done to ensure that there is a zero tolerance approach to antisemitic, Islamophobic and sectarian behaviour?

**The First Minister:** I thank Douglas Ross for his contribution and for his private message to me earlier last week, when the news of my in-laws being trapped in Gaza became public. He was one of the first to reach out with a very heartfelt message, and I am very grateful to him and to many of his colleagues who have reached out personally to me. As I say, those messages have meant a great deal to me and Nadia; they have given us great comfort in the past two weeks.

Douglas Ross is absolutely right that there is real and palpable fear among many communities here in Scotland, and the Jewish community undoubtedly fears any growing rise in antisemitism, so I will give Douglas Ross a few points of assurance.

First and foremost, I recently had a meeting with the new chief constable of Police Scotland, and she told me that, thankfully, there has not yet been any reported rise in antisemitism or Islamophobia, but that is not to be complacent. There might well be underreporting, as there often is when it comes to hate crime.

It is incumbent on every single one of us to take a zero tolerance approach, but also to do what we can in our constituencies and our leadership positions to take the hands of all communities, but if I take the Muslim community and the Jewish community, who are feeling particularly vulnerable, it is incumbent on us to take their hands and to say that we will do everything we can to shield them from hatred, be it antisemitism or Islamophobia.

That is why have made today's important joint statement with the senior rabbis and senior imams. I will make sure that that statement is shared with every member of the Scottish Parliament, but members all have mosques in their constituencies, and many will also have synagogues. Of course, members will also have churches in their constituencies, and we know that many Palestinians are from the Christian community. Let us make sure that we do what we can as leaders in our communities to reach out to those who are feeling vulnerable and under attack.

I agree with Douglas Ross's first point on the fact that we should be unequivocal in our condemnation of the terror attack by Hamas. I hope that he has heard that unequivocally from

me, the Government and everybody in the chamber.

There is a broader discussion for another time—I do not think that it is for now—about how we stop the perpetual cycle of violence in the region that we see every few years. That discussion is perhaps for another day; it is one that we can all be involved in and have our own say on.

For now, I thank Douglas Ross for his personal messages to me and note that I am willing to work with everybody and anybody in the chamber to give reassurance to our communities that hatred of any type or form will not be tolerated in Scotland.

**Anas Sarwar (Glasgow) (Lab):** Everyone in Scottish Labour stands with the people who have been affected by the crisis and bloodshed in Israel and Palestine. For those such as Humza Yousaf who have family in Israel or Palestine, this must be a time of great anxiety and worry. They are in my thoughts.

We all unequivocally condemn Hamas and its actions. There is never any justification for targeting civilians or for the loss of innocent life. I think particularly of the family of Bernard Cowan, a Scottish citizen who is one of the many people who was murdered in that horrific act of terror.

Although Israel has a right to defend itself, it must act in accordance with international law. Hamas is not Palestine; there is no justification for the collective punishment of the people of Gaza. Let me be clear: withholding water, electricity, food and medicine is a breach of international law.

It might feel far away, but I still believe in the cause of peace. That is why there must be the immediate release of hostages; the immediate opening of humanitarian corridors, with the free flow of water, food and medicine; a de-escalation in violence, with an end to rocket fire into and out of the Gaza strip; and a peace process, because, right now, sadly, we have no peace and we have no process. That means a two-state solution that delivers peace, freedom and security to the people of Israel and to the people of Palestine, with an end to occupation and illegal siege. Only when every life is treated as equal will we be able to see peace.

I know how much the crisis is affecting people in Scotland. To Scotland's Jewish, Israeli, Muslim and Palestinian communities, I send my solidarity, love and support. Tragically, whenever there are rising tensions in the middle east, we see a spike in antisemitism and Islamophobia. We must say with one voice that we have zero tolerance for all forms of prejudice and hate and that we stand together with Scotland's Jewish and Muslim communities in the face of that hate.

What additional action is the Scottish Government taking to tackle antisemitism and Islamophobia in Scotland? In particular, what additional support and resources is the Government making available to protect visible symbols of faith such as places of worship?

It is a time of great hurt. I stand with all those who are in fear of their life or for their loved ones in Israel and Palestine. I stand with all those who are desperate for peace. I stand with Scotland's Jewish and Muslim communities.

**The First Minister:** I thank Anas Sarwar for his personal kindness in the messages that he has sent to me and Nadia during this time.

I agree with almost everything that Anas Sarwar has said about international law and collective punishment. He is absolutely right about that, and we all understand Israel's right—like that of any other country—to protect its citizens from terror. However, that must be done within international law. That can feel difficult to say, but we should be unequivocal about it, because it is when situations are most difficult that we must reiterate the point that international law must be adhered to.

I go one step further than Anas Sarwar. I do not think that the situation requires de-escalation; I think that it requires a ceasefire, which is required now because too many innocent men, women and children have lost their lives in Israel and Gaza. I was looking at a press release from Save the Children, which said that, of those who have been killed in Gaza, around 2,000 are children; if that number is verified, that should haunt us. I call for an immediate ceasefire.

In answer to Anas Sarwar's last question, I referenced some of the actions that we are taking. Our security for places of worship fund helped a number of religious institutions with their own security. I can check the latest status of that, and will ensure that Anas Sarwar is provided with the details.

I also recently met the Holocaust Memorial Day Trust, which does a lot of work on reminding people of the Holocaust, but also of genocides such as the Bosnian genocide and the Rwandan genocide. It does so not only because of those tragic, terrible events but to remind us of the precursor to them, which was hatred, antisemitism and—in the case of the Bosnian genocide—Islamophobia.

We must collectively take a stand, as Anas Sarwar has done over many years. I commit myself to working with everybody across the chamber to stamp out hatred in any form that it exists, anywhere in the country.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I was deeply moved by the words of the First

Minister, as I am sure everyone in the entire chamber was. He carried himself with the quiet dignity that has characterised much of his response to the unfolding situation.

Above politics, love for family unites us all. Today, members stand united in their concern for the First Minister's family, as they do for everyone who is worried about loved ones in Gaza and Israel.

What happened on 7 October was an atrocity. Members of Hamas are terrorists who degraded, kidnapped and murdered hundreds upon hundreds of Israelis, including women and children. What has happened since to the innocent civilians of Gaza, who Hamas hides behind, is fast becoming a humanitarian catastrophe that has shocked the world. Both peoples have a right to live free from fear, so I echo the First Minister's comments on the need for a ceasefire and the introduction of a humanitarian corridor.

Does the First Minister agree that one can fervently believe in Israel's right to defend herself within the bounds of international law and, at the same time, support the right of the Palestinian people to self-determination in a country of their own? Does he also agree that although the road to peace may seem vanishingly far away right now, it is a road that we can and must rejoin?

**The First Minister:** I agree. I also thank Alex Cole-Hamilton for the call that he gave me a couple of weeks ago when the situation was first unfolding. His words of comfort were greatly appreciated. Outside of the chamber, I have been full of admiration for his Liberal Democrat colleague Layla Moran, who also has family in Gaza, and who has spoken very powerfully during the past couple of weeks.

I agree with Alex Cole-Hamilton about the immediate need for a humanitarian corridor. Let us be clear about this: the trickle of aid that is coming into Gaza is simply not enough. It is a start; we all accept that, and any movement is positive, but it is nowhere near enough. A number of United Nations agencies, the World Health Organization and others are calling for at least 100 trucks per day of aid into Gaza. We associate ourselves with calls from the United Nations, the World Health Organization, United Nations Relief and Rehabilitation Administration and other humanitarian organisations.

I also agree with Alex Cole-Hamilton's point about self-determination. Again, this is no doubt part of a longer debate for another day, but we have all lived our lives seeing these cycles of violence erupt, and until we address the root cause, we will continue to see cycles of violence perpetuate in the region. One of the key issues is that two states were promised. One state exists

and has every right to exist, but the other—the Palestinian state—does not exist free and unoccupied. The international community must therefore come forward and redouble its efforts. An honest broker must step forward to allow efforts for a two-state solution to finally be realised, for the people of Israel, of course, and also—crucially—for the people of Palestine.

**Gillian Mackay (Central Scotland) (Green):** I thank the First Minister for his heartfelt words, his moral leadership and his bravery during the past two weeks, at a time of unimaginable personal strain. My thoughts and those of my party are with him and his wider family. They are all in our thoughts and prayers.

I wish to associate the Green group with what the First Minister has said this afternoon about the brutality of the Hamas attacks on 7 October and the taking and holding of hostages, on the need for Israel to adhere to international law and to cease the collective punishment of innocent people and families in Gaza, and on the need for immediate actions—including a ceasefire—and the protection of humanitarian corridors and aid access. Here in Scotland, he has our support for our country's role in supporting people displaced and scarred by conflict and in ensuring that the affected communities continue to see Scotland as a welcoming country.

We must see an end to the tragedy of escalating cycles of violence, so will the First Minister join my party and me in recognising that a negotiated agreement that respects the equal rights of Palestinians and Israelis alike to safety and security in their homeland has never been more urgent?

**The First Minister:** I will.

On the issue of a refugee scheme, I return to what I said earlier. I know from being married to a Palestinian Scot that Palestinians are very proud people, and they should be. They are proud of their culture, history, language, music and land and they do not want to leave that land. My wife's family are in Gaza but they were not originally inhabitants of Gaza: they lived on the west bank but were forced to leave following 1948 and ended up in Gaza, where they have been for around 75 years.

People should not be forced to leave, but they are displaced and their homes have been turned to rubble. When those who wish to leave seek safe sanctuary, people in Scotland and across the United Kingdom have been very generous in years gone by in opening their homes and hearts to people, whether from Syria, Ukraine or elsewhere. If that is required, let us show that generosity of spirit again. We are, of course, prepared to work with the United Kingdom Government on any

resettlement scheme, which should, I think, focus first on women and children and then on innocent people from across the board.

I agree with Gillian Mackay's second point about a negotiated agreement. I will not reiterate what I said to Alex Cole-Hamilton, but I agree wholeheartedly with her point that an Israeli life is equal to a Palestinian one and a Palestinian life is equal to an Israeli one. We must move through this difficult and tragic period to see some positive movement and real progress towards a two-state solution and the Palestinian nationhood that has been denied for so many decades.

**Clare Adamson (Motherwell and Wishaw) (SNP):** I add my best wishes to the First Minister at this incredibly difficult time for him and to anyone caught up in this conflict.

What I want to take from the chamber today is the word "unity". Despite the divisions and polarisation that surround such debates, we have seen unity in grief for those who have lost their lives, unity in hope that those still being held hostage will be safely released and unity in solidarity with innocent civilians in both Israel and Gaza, who are suffering unimaginably.

The world rightly condemned the abhorrent attacks by Hamas on 7 October, but the international community must also be equally unambiguous and unequivocal in its commitment to international law and the rejection of any collective punishment of the people of Palestine.

How are the First Minister and his Government engaging with the international community to achieve a ceasefire, humanitarian aid, a humanitarian corridor and a very much-needed negotiated and lasting peace for the region?

**The First Minister:** I thank Clare Adamson for her words and agree wholeheartedly with her sentiment. We have had many debates here about the issue of Israel and Palestine, which have often been heated and have exposed our differences about the geopolitical situation. It is undoubtedly legitimate to express those differences, but, notwithstanding that, we must be able to unite on the common humanity of the situation. I hope that I made some of that clear in my statement. There is more in this situation for us to agree on than to disagree on.

As long as we keep rooting our response, our empathy and our compassion in the requirement to adhere to international law, there will be more to unite us than to divide us. I return to the point that I made to Douglas Ross: I hope that every member will feel it to be their incumbent duty to reach out to all communities that are feeling vulnerable, particularly our Jewish and Muslim communities, to reassure them that hate crime will not be tolerated.



The UK Government has a reserved remit and responsibility for foreign affairs and it is for it to take forward the issue of a peaceful, two-state solution. I previously made some of the points that were in today's statement to the Prime Minister and to the Foreign Secretary, James Cleverly.

Where we can add value, I believe that we can be a voice, and I think that it is an important voice. I think that people want to hear what the Scottish Parliament has to say as well as what the Scottish Government has to say, and there will, no doubt, be a lot of interest in that.

A number of our constituents will feel helpless in the situation and will want to be able to help, and I would urge them to consider donating to the UN flash appeal for humanitarian aid, as the Scottish Government has done.

We will continue to provide a humanitarian response where we can. We will continue to be an important voice to urge peace, to urge for a ceasefire, to urge for a humanitarian corridor and to urge for hostages to be released. I will continue to do that on behalf of the Scottish Government and I am certain that we will be able to do that together as the Scottish Parliament.

**Meghan Gallacher (Central Scotland) (Con):** I, too, associate myself with the comments that colleagues have made in relation to the First Minister's family.

The UK Government has engaged in intensive diplomatic efforts to open the Rafah crossing from Gaza into Egypt to allow humanitarian aid to enter the territory. The crossing is now partially open and aid trucks have been arriving over the past few days. Does the First Minister recognise those efforts and acknowledge the delivery of aid into the Gazan territory so far?

**The First Minister:** I do recognise, of course, the intense diplomatic efforts that a number of Governments—the UK Government, the United States Government, the Egyptian Government and many other Governments across the world—have been involved in. I welcome that, but I go back to my point, with which I am sure Meghan Gallacher would agree, that it is a fraction of what is needed.

We are listening to the UN agencies on the ground, and I heard Medical Aid for Palestinians say just yesterday that hospitals are running out of not just medical supplies but, importantly, fuel. I spoke to the Prime Minister this afternoon and I know that he is also encouraging fuel to be allowed in—a call that I align myself with wholeheartedly. We need that to happen urgently given what some hospitals are reporting. The Al-Shifa hospital in Gaza is reporting that it only has 48 hours before it will shut down, and that is Gaza's largest hospital, as Meghan Gallacher will know.

I welcome the efforts, but we need to see far more than 20 aid trucks a day going in. We need at least 100 aid trucks a day, according to humanitarian organisations.

**Ivan McKee (Glasgow Provan) (SNP):** The latest round of the tragic conflicts between Israel and Palestine has so far claimed the lives of more than 5,000 people, most of them innocent civilians. We condemn the brutal acts carried out by Hamas, but we also recognise that collective punishment of a civilian population by Israel is a war crime.

Does the First Minister agree that a lasting peace will only come about through negotiations that recognise the rights of Palestinians in Gaza and in the west bank, remembering, of course, that many innocent Palestinians have been killed by settlers and soldiers in the west bank while this conflict has continued? Will he join me in calling for an immediate ceasefire and the release of hostages?

**The First Minister:** I agree with the sentiments expressed by Ivan McKee, who has a long-standing history of engaging with the situation. He has been to Palestine, I think, on a number of occasions and he has seen at first hand some of the challenges that exist in that region. The numbers that he reads out are more than statistics; they are people. The 5,000 people in Gaza and, we think, round about 1,400 that have been killed in Israel are real people with real families—real children, real mothers and real fathers who are all in mourning at their loss. I pay my condolences and the condolences of the Scottish Government to all those families who suffer in grief.

The member's point about collective punishment is one that I have reiterated and will reiterate again. It cannot be justified. Cutting off electricity, food, fuel and supplies cannot be justified, I am afraid. It goes against the principles of international law.

The points that Ivan McKee makes about the west bank are well made. That is why this Government has had a long-standing position on the end of the occupation, the end of the siege or blockade of Gaza and recognition of the legitimate rights of the Palestinian people to their own state, which is, of course, an objective that the international community agreed to not years ago, but decades ago. We have to see movement on that, and it has to happen in such a way, of course, that the Israeli Government and the people of Israel also have their rights and their safety protected. That is a position that I know Ivan McKee fully agrees with, too.

**Jackie Baillie (Dumbarton) (Lab):** I very much agree with the First Minister's comments about

solidarity and inclusion in Scotland. However, across the UK, for this month alone, a 1,300 per cent increase in antisemitic hate crime has been recorded and Islamophobic hate crime is up by 140 per cent. We are, of course, united in saying that hatred, violence and racism in any form cannot be tolerated. Will the First Minister advise whether our laws are sufficiently robust to tackle antisemitic and Islamophobic hate crime? Separately, what discussions has he had with local authorities and the UK Government about encouraging community cohesion?

**The First Minister:** Jackie Baillie has made important points. I do not want her to misinterpret the remarks that I made previously to mean that there is any complacency; there certainly is not. The chief constable made it clear to me that, although Police Scotland has not seen a rise, there can often be a delay in reporting.

Because Jackie Baillie has been involved in the fight against hatred and bigotry for many years, she knows well that there can be lots of underreporting and that there can be a real worry or anxiety in communities about reporting to the authorities. That is why we have third-party reporting centres, which are really important.

I will certainly consider what more we can do with local government, and with the UK Government where necessary, to send a united message that not only do we oppose antisemitism, Islamophobia and hatred in any way, shape or form, there are means and methods by which people can report such things. That will give them confidence, I hope, and lessen their anxiety.

I go back to the point that I made in my answer to Douglas Ross: we all have a responsibility—which every member of the Parliament knows well and takes very seriously—to reassure our communities that we will not stand for any hatred whatsoever. However, I will certainly reflect on Jackie Baillie's well-made points about what more we can do with local government.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** Across the UK, we have warmly welcomed refugees from Ukraine, Syria and other countries. I whole-heartedly agree with the First Minister that we should now offer the same option for safety and sanctuary to refugees from Palestine. Will the First Minister confirm again that Scotland is ready to play its part in welcoming those who wish to leave Gaza?

**The First Minister:** We are. We will begin with our colleagues in local government the process and the work necessary for a resettlement scheme. The UK Government has had resettlement schemes for Ukrainians. We have also had the Syrian vulnerable persons resettlement scheme for displaced Syrian people.

We worked hand in glove with our local government colleagues to ensure that we had the appropriate housing, public services and resettlement programme in place for those scheme. We will begin that work so that, if there is a requirement for a refugee scheme, we are ready and prepared to be the first country to offer that safety and sanctuary when it is required.

I go back to the point that I made to Gillian Mackay. The Palestinians are a very proud people. They are proud of their land. Nobody should be forced to leave. However, if there is such a requirement, the international community must be involved, given some of the numbers that we are talking about. Such a situation will not be resolved by the UK or Scotland alone but will need a worldwide effort to offer a refugee scheme for those who need it.

**Jackson Carlaw (Eastwood) (Con):** In his very public embrace of Irene Cowan in her moment of deepest grief, and in his reflections and remarks to a packed congregation in the Giffnock Newton Mearns synagogue, the First Minister's sincerity and empathy were deeply impressive and hugely appreciated by Jewish constituents in my Eastwood constituency. In turn, they know that, perhaps two decades apart, he and I grew up in a community in which we had many Jewish neighbours and friends, and their sympathy and understanding for all the innocents in the region—in particular, for the wellbeing of the First Minister's family—was equally sincere.

The Jewish community in Scotland is small. It has perhaps 11,000 souls, half of whom live in and around my Eastwood constituency. They have never been more fearful or anxious. They may take some comfort from the forthcoming visit of the chief rabbi, Sir Ephraim Mirvis, to the Calderwood Lodge campus, which is the first and only joint Catholic-Jewish primary school campus anywhere in the world and a tribute to the work of interfaith communities in Scotland to improve things for people in their communities, to protect them and to make them feel safe.

In light of everything that the First Minister has said, what more can he do to work with local politicians in communities such as mine to demonstrate that we stand together and are determined to ensure that people will continue to feel welcome and safe?

**The First Minister:** Jackson Carlaw has articulated powerfully many of the sentiments that we are all feeling. He has been a long-standing friend of the Jewish community since even before his election to this Parliament. I know that that is well recognised, and I saw that at first hand when I was at the synagogue for the service, in his solidarity and prayer.

I also spoke to the chief rabbi, Rabbi Mirvis, last week. I was again deeply touched by the fact that he made a point of telling me that he was praying not just for my family but for all the innocent men, women and children in Gaza. I can give Jackson Carlaw, I hope, a reassurance that not only are our words important—although they are important; people need to hear what we are saying about our joint endeavour to tackle antisemitism, Islamophobia and hatred—but actions are important as well. That is why I take it as a personal responsibility to be visible and to engage with communities that are very fearful indeed.

I can give Jackson Carlaw two assurances. One is that I will continue to do that. Given his standing in the Jewish community, I am more than happy to hear any suggestions that he has of where he and I can do that together, any visits he thinks need to be done, any people he thinks I need to talk to and, indeed, any role he thinks the Government can play in facilitating community conversations. We stand ready to do that.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** Robert Burns has been quoted often since this tragedy unfolded. He said:

“Man’s inhumanity to man,  
Makes countless thousands mourn.”

Can the First Minister give the people of Scotland an assurance that he will focus on humanitarian support, reconciliation and peace in order to save the countless thousands of innocent lives that are still at risk?

**The First Minister:** I can. I see it as a duty of the Government to continue to speak out and make sure that our response is rooted in empathy, compassion and international law, so that everybody who is suffering—there are many suffering in Gaza and Israel—believes that the Government speaks for peace, justice, compassion and humanity.

I will do everything that I can in my gift and in the Government’s gift to assure people at home and abroad. In this day and age of social media, there has been an interest in what the Government in Scotland has to say, as well as in what Governments have to say across the world. We will continue to raise our voice where appropriate and, of course, to give an assurance to all the people of Scotland. We have concentrated a lot on the Jewish community and the Muslim community, but there are many communities—atheists, agnostics, Christians, people of all faiths and none—who are genuinely concerned about the plight of their fellow men, women and children in Israel and Gaza. We will continue to do what we can to raise our voice and to contribute to the humanitarian effort that is ongoing.

**Neil Bibby (West Scotland) (Lab):** We know that since 7 October, in addition to many other innocent civilians, at least 21 journalists have tragically been killed. Journalists continue to do their job in the most difficult of circumstances. Democracy relies on a free press, particularly against the backdrop of misinformation. Will the First Minister take the opportunity to express his solidarity with the journalists in Israel and Palestine, as they seek to provide accurate information in a responsible way?

**The First Minister:** Neil Bibby makes an excellent point. Fearless journalism has allowed us to see the true horrors of this conflict, the true horrors of the barbaric attack by Hamas and the true horrors of the collective punishment that is taking place, unfortunately, in Gaza. It has been horrific, but it is important that we see that, because that precipitates the appropriate response from all of us in the international community.

Many journalists—21, as Neil Bibby has said—have lost their lives. I pay tribute to them. I give my commiserations, my condolences and my sympathies to their families, and I pay tribute to those journalists’ fearlessness. As Neil Bibby rightly puts it, we owe them a debt of gratitude that I suspect we will not be able to repay.

**Ruth Maguire (Cunninghame South) (SNP):** I have been contacted by constituents who feel distressed and concerned about the unfolding situation in Gaza, and who have asked me to speak up. I can do that here. I condemn the barbaric terrorism of Hamas and urge it to release all hostages unharmed. I urge the Israeli Government to operate within international law and cease the dehumanising, genocidal language towards and collective punishment of innocent men, women and children in Gaza.

Can the First Minister provide any guidance on how my constituents, without a platform such as ours, can not only express solidarity but provide practical assistance to the Palestinian people at this time?

**The First Minister:** Speaking out is really important. We have seen many demonstrations across cities and towns in Scotland and right across the United Kingdom. It is important to facilitate people’s participation in that peaceful democratic process. That is an important outlet for people to channel their anger, frustration, compassion and humanity. It is important to state that we support people’s right to do that.

I completely understand the helplessness that people feel when they see the scenes unfolding on the television screens and across social media. One of the ways in which we all can contribute—the Government has done this—is through the UN

flash appeal. The UN is asking for around \$300 million—I think that it is \$294 million—for the on-going humanitarian crisis. We can donate to the flash appeal from those trusted partners that are delivering humanitarian aid. Although we are seeing only a trickle of trucks go in just now, my expectation is that that number will increase and increase as time goes on.

**The Presiding Officer:** That concludes the First Minister's statement. There will be a short pause before we move on to the next item of business.

## Health and Social Care (Winter Planning and Resilience)

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a statement by Michael Matheson on planning for winter 2023-24 and on-going resilience across health and social care. The cabinet secretary will take questions at the end of his statement, so there should be no interruptions or interventions.

15:17

**The Cabinet Secretary for NHS Recovery, Health and Social Care (Michael Matheson):** We are in no doubt that this winter will be extremely challenging for our health and social care system. We continue to see changes in the demand for health and care services, with the population's needs and the care packages that are required becoming increasingly complex. That sits alongside the rise in the number of patients with respiratory illnesses and winter-related injuries from falls and accidents that we see every winter.

The winter plan that we are publishing today has been developed jointly with our partners in the Convention of Scottish Local Authorities. It is the articulation of a huge amount of planning and preparatory work that is already well under way across the whole system. Since the end of last winter, the Scottish Government and COSLA have been supporting the system to be as ready as possible for the pressures that it will face, so that people can continue to have access to health and social care services and the support that they need when they need it most.

The winter plan is built around three critical principles. First, the actions that we take must centre around our citizens and the best outcomes for them, so that they can access the right care at the right time and in the right place. Secondly, we are taking a whole-system approach, recognising that pressures in one part of the health and social care system create challenges and pressures elsewhere. Thirdly and finally, we are building on the lessons that we have learned from previous winters so that, consistently and with unwavering focus, we undertake local and national actions that we know work.

There are a number of key differences in our approach to winter planning this year. The planning cycle for this winter started in early spring—earlier than ever before—in recognition of the fact that surges in demand for health and social care services do not happen only in winter. It is our intention that in future years we will undertake surge planning on an on-going basis, given the sustained pressure that the system is under all year round.

We issued a delayed discharge and hospital occupancy action plan to national health service boards and health and social care partnerships in March, and the actions and best practice that it outlines are critical to improving outcomes for patients, flow through the system and capacity in our hospitals. Those fundamentals are reiterated in the winter plan, and I urge system leaders to redouble their efforts to adopt and sustain those actions.

Moreover, in August, we convened the first NHS and social care winter summit, which brought together more than 300 leaders from across Scotland's health and social care services to share best practice and local plans for this winter. I was particularly pleased that social care providers, local government leaders and the third sector were all present.

In September, we issued a winter preparedness checklist to local systems, and we have subsequently taken action on returns from that checklist, ensuring that we have a clear understanding of the risks to the system, both locally and nationally. We have vastly improved the quality of the data and reporting needed to help us and the system spot issues as they begin to emerge and to allow us to understand when escalation is appropriate.

I want to turn to our highly skilled and committed workforce, who are the cornerstone of our response every winter, both in health and in social care. In order to meet increased demand and provide the best care possible for our citizens, we will continue to focus on recruitment and retention of our workforce and on ensuring that we support our staff's wellbeing throughout the challenging period that lies ahead and during periods of high demand.

We are pursuing a range of different strategies to nurture and grow the health and social care workforce over the longer term. With regard to our health workforce, for example, I am pleased to say that, as a result of significant Scottish Government investment of more than £15 million, an additional 1,000 nurses, midwives and allied health professionals from overseas have joined NHS Scotland over the past two years to bolster our existing workforce. In addition, we have made £3 million available to support the recruitment of up to a further 250 registered personnel. Recruitment is presently on-going, and many of those staff will be in post this winter.

As for the social care workforce, we are working with partners and have a number of national social care campaigns in place, in addition to an international recruitment pilot. That investment in our workforce will continue.

I am pleased to announce a £50 million funding boost for the Scottish Ambulance Service this year to help support increased demand, particularly ahead of the winter period. Helped in part by that funding, work is presently under way to recruit a further 317 front-line staff, which will increase emergency response capacity as well as provide additional staff in call centres. That builds on the record number of additional staff who have been recruited to the Scottish Ambulance Service, with 1,388 people joining the service in the past three years alone.

That investment will help reduce the need for people to go to hospital by increasing the number of clinicians working in the service's integrated clinical hub, improving triage for patients who might not require an emergency response and enabling people to receive the right care for them in the right place. Crucially, we are encouraging the system to adopt a home-first approach when it is clinically appropriate to do so. Assessing and providing care in a home setting is better for people, their families and carers, and frees up workforce capacity not only in our hospitals but across the social care sector.

We are supporting our services to deliver that improvement in care delivery. The Scottish Government is significantly increasing investment in the hospital at home initiative, which provides more personalised acute care to patients in their own home. That way of delivering care is preferred by the majority of people who seek support, with improved levels of patient satisfaction, and it consistently achieves equivalent or better results. We are already investing an additional £3.6 million this financial year for local systems to expand that service and increase the number of patients being treated in that way.

I can announce today additional funding of up to £12 million to expand our hospital at home service. The funding will be targeted at expanding hospital at home during this financial year, with the anticipated delivery of at least 380 more hospital at home beds this winter to significantly increase capacity in our system. That will have the knock-on impact of reducing the need for emergency admissions every single week, which, in turn, will reduce pressure on accident and emergency services and throughout the system. That will, of course, be better for those who need acute care.

The winter plan clearly seeks to address the specific operational pressures that are experienced across the health and social care system over the winter, with actions already under way to improve services. However, we know that longer-term solutions are needed, and we continue to engage separately with local government, the NHS, trade unions and other key partners on the wider improvements that are

needed in the development of the national care service.

As for the longer term, there is our joint work on establishing the national care service, which will be a key means of delivering sustained change and responding to the challenge that we know our social care system faces this winter and beyond. Even with the significant effort across the whole system over the past few months, winter remains a concern. If we arrive at a point where the measures set out in the winter plan are simply not enough to cope with surges in demand for health and social care services, we will not hesitate to act to support the system, working closely with our partners in COSLA and beyond.

The winter plan is not a starting point for action; it is the articulation of many months of whole-system collaboration for this winter. It builds on the lessons learned from previous years and on partners working together to deliver the best care for the people of Scotland. The Scottish Government and COSLA have been working tirelessly to create the conditions needed for the whole system to deliver, and we are united in our resolve to provide safe and timely access to health and social care services over the winter period.

**The Deputy Presiding Officer:** Thank you, cabinet secretary.

Members will not be surprised to hear that we are now, for obvious reasons, somewhat tight for time for the rest of the afternoon. I intend to allow up to 20 minutes for questions, after which we will need to move on to the next item of business.

**Sandesh Gulhane (Glasgow) (Con):** I refer to my entry in the register of members' interests as a practising NHS general practitioner.

This morning, new figures were published revealing that, last winter, more than 24,000 people died, the highest number in over 30 years. The news, although sobering, will be of little surprise to anyone who had to wait for hours to be seen at accident and emergency last winter, to those who were unable to be seen by their GPs and to thousands more who were left languishing on NHS waiting lists, despite the heroic efforts of clinical staff. That makes it all the more important for the Scottish National Party Government to get things right this winter and all year round so that patients are never again subjected to such conditions

However, all the signs are once again pointing to another disastrous winter for our NHS under the SNP. John-Paul Loughrey of the Royal College of Emergency Medicine told the Health, Social Care and Sport Committee

"that this is no longer a winter problem but an 'NHS in crisis' problem, and that short-term winter reactions are"

only

"crisis mitigation."—[*Official Report, Health, Social Care and Sport Committee*, 5 September 2023, c 5.]

Does the cabinet secretary agree that we need to take a more holistic approach to secondary care instead of simply moving from one crisis to the next?

**Michael Matheson:** On Mr Gulhane's first point, which was about mortality rates, I am sure that he will recognise that there is a variety of reasons for mortality rates appearing to have increased not just here in Scotland but across the UK, as was noted in the publication issued this morning. To see that as a reflection of present A and E performance would be inaccurate and would not give people the correct impression of why mortality rates have increased.

Mr Gulhane's second point was about the need for a holistic approach. As I acknowledged in my statement—and, indeed, as the winter plan acknowledges—the system is under pressure throughout the year. The situation becomes acute during the winter months for particular reasons, such as the increase in respiratory conditions and weather that can have an impact on health. All of those factors add pressures. I do accept the need for a holistic approach, which is why we are taking a whole-system approach this winter and doing everything that we can—not just in healthcare but in wider social care—to give more support to the system in what will be a challenging period for those who work in it and those who use it.

**Jackie Baillie (Dumbarton) (Lab):** I welcome the cabinet secretary's statement and thank him for an advance copy. I also thank the many staff in our NHS and social care services who support us all year round.

I, too, will raise the report from National Records of Scotland that revealed that 24,427 people died in Scotland last winter. That is a staggering 11 per cent jump on the previous year's figure and is the highest number of winter deaths in more than 30 years. At the same time, the delayed discharge figures last winter were the highest that they have ever been, which will have affected the mortality rate.

Does the cabinet secretary acknowledge that the Scottish Government failed to deliver a comprehensive winter plan last year, which resulted in a last-minute scramble to roll out additional support in January? Given that the delayed discharge figure was sitting at 1,700 in August, if we assume that his plan will work, what does he expect that number to be in January?

**Michael Matheson:** The increase in mortality rates is not peculiar to Scotland; mortality rates have increased significantly across the UK for a

variety of reasons, as the report recognises. One of the biggest drivers of the increase in mortality rates over the past decade has been austerity policy, which is literally killing people because of its direct impact on services. We have only to look at the report that the Glasgow Centre for Population Health published earlier this year, which highlighted the impact that austerity is having on our most deprived communities in driving up inequalities and mortality rates overall.

On Jackie Baillie's point about the need to have appropriate planning, I have been keen to ensure that this year's plan looks at all aspects of the system—at their interrelated nature and at how the health service depends on social care and social care depends on the healthcare system. As the plan acknowledges and as I have set out, we have learned the lessons from last year and we have implemented the actions that we can take to address some of the challenges that we faced last year.

However, I would not be foolish enough to come here and suggest that that will resolve all the issues—that the winter plan will ensure that we have no pressures in the system and that everything goes perfectly. There will be difficulties and challenges in the system, but the winter plan puts in place a mechanism to deal with them as effectively as we can in the different parts of the system that can do so.

Jackie Baillie's final point was about delayed discharges, where the challenges are not so much about the figure in itself as they are about the increase in the time that patients are staying in hospital and the increase in acuity. As a consequence, there is pressure across the whole system. Individuals whose discharge is delayed will end up having harm caused to them because they cannot get discharged into the community early enough.

Dealing with the pressure on the system is critical to addressing the issue. The most effective means to do that is through a national care service, which would achieve a consistent approach across the country. We can see that performance is good in some health and social care partnerships and not good in other areas. That is why we need to move to a service that will allow us to deal with the issues more effectively across the country.

**The Deputy Presiding Officer:** Thank you, cabinet secretary. I am going to need a bit more brevity with the responses.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I note that the cabinet secretary's statement referred to an increase in weather-related injuries from falls and accidents. I have read the winter plan, but the

humble word "pavements" does not appear there. That is not a frivolous observation, because avoidable falls on icy pavements are obvious contributors to winter pressures at all levels of our health and social care service. In the discussions with COSLA, has any progress been made on, for example, providing self-service sand and salt bins by street—say, on request? If not, could that be progressed? It might sound like a silly observation, but there is nothing silly about it. Many people fall on icy pavements.

**The Deputy Presiding Officer:** Thank you, Ms Grahame. Cabinet secretary—

**Christine Grahame:** I think that such an approach would be cost effective.

**Michael Matheson:** I recognise that, historically, there have been challenges during winter months when the weather has been adverse and there have been icy periods when accident and emergency departments have been busy with individuals who have slipped and fallen, and have broken wrists, hips, ankles and so on. It has been a long-standing issue.

The aim of the winter plan is to deal with issues in the health and social care system. We need to ensure that local authorities do everything that they can to provide communities with resources to allow them, where necessary, to be able to distribute salt in their local streets or wherever else it is provided. I encourage local authorities to play their part in helping us to take the right actions to ensure that pavements are safe during periods of adverse weather.

**Tess White (North East Scotland) (Con):** I, too, pay tribute to our hard-working NHS staff. In February this year, Aberdeen royal infirmary declared a major incident due to a perfect storm of staffing pressures, bed blocking and ambulance stacking. Other hospitals were on the brink of doing the same. The reality is that our healthcare system is already at breaking point even before the pressures of winter put greater strain on services and staff whose morale is at rock bottom. How can the Scottish National Party Government expect things to be different this time round when the wheels are already off the bus?

**Michael Matheson:** The challenges and pressures that our NHS faces in Grampian are similar to those that it faces across the whole of Scotland and, in fact, across the whole of the UK. The member made reference to the pressures on accident and emergency services in Grampian. The data on accident and emergency performance in Scotland shows that, for the past eight years, our services have outperformed those across the whole of the UK. I know that that will be cold comfort to people who go to accident and emergency and do not receive the service that

they would wish to. However, if we look at the performance figures, we see that our accident and emergency performance is almost 9 per cent ahead of that in England when it comes to four-hour waits, and we are almost 10 per cent above the figure for Wales and significantly above that for Northern Ireland.

We are putting in resources to support key services where we can. Today, I have announced £50 million of investment in the Scottish Ambulance Service and another £12 million—making a total of £15.6 million this year alone—in the hospital at home service. We are providing funding that is the equivalent of that for another Aberdeen royal infirmary to support our NHS, take demand away from the front end of our hospitals, support people in their communities and ensure that people are treated through the Ambulance Service or diverted to primary care or minor injury units where that is appropriate. We will keep taking the action that is necessary to support the first-class staff in our NHS. Our approach, together with the provision of that funding, demonstrates that. Our record over the past 16 years demonstrates our commitment to ensuring that we provide the best possible healthcare that we can.

**Kevin Stewart (Aberdeen Central) (SNP):** Aberdeen city health and social care partnership had intended to expand its hospital at home service from 37 beds to 55 beds by the end of March 2024, to ensure maximum efficient use of the current capacity, to help to provide acute care closer to people's homes, to support early discharge from hospital and to provide alternatives to admission. I welcome today's announcement on the hospital at home service. Does the cabinet secretary envisage that, with the additional £12 million of funding, the expansion of the service in Aberdeen and other places can now go further and faster for the benefit of our people?

**Michael Matheson:** As a result of the funding that we provided to partners earlier this year, NHS Grampian and Aberdeen city health and social care partnership have been able to expand the hospital at home service, as Kevin Stewart mentioned. With the additional funding, they will, over the winter period, be able to further expand the service, which provides patients who require acute care with support at home, when that is clinically appropriate.

I should point out to Kevin Stewart that although the hospital at home service is largely for older people, services in different parts of the country have expanded and provide support to younger people and to those who have respiratory conditions. The expansion of the hospital at home service that I have announced today will allow us to provide at least an extra 380 beds in the community, which, alongside what we have

already provided, will represent, as I mentioned earlier, a 50 per cent increase in capacity. That will make a significant difference in helping to manage some of the challenges that we will face this winter.

**The Deputy Presiding Officer:** Cabinet secretary, we need briefer responses as well as briefer questions.

**Paul Sweeney (Glasgow) (Lab):** The cabinet secretary referenced the recruitment of 1,000 nurses, midwives and allied health professionals over the past two years. That is welcome, but 7,000 vacancies in our NHS remain unfilled. Recruitment means little without a long-term retention strategy, so how does he plan to ensure that the new NHS workers stay in post, and how does the Government plan to fill the other 7,000 vacancies?

**Michael Matheson:** I recognise the need to not only recruit but retain staff in our NHS. That is why the nursing and midwifery task force, which I chair, has very specific actions in looking at how we can tackle both issues—how we can recruit more people into our NHS and how we can retain staff in the NHS. The task force has already taken forward work that will help to address those issues. The task force includes partners from trade unions, education and the NHS, and they are supporting that work to ensure that we have a long-term plan to support retention and recruitment in the NHS.

**Evelyn Tweed (Stirling) (SNP):** Rural areas face additional challenges in winter, such as longer journeys and greater disruption due to poor weather. How will the Scottish Government ensure that those challenges are accounted for?

**Michael Matheson:** I recognise that there can be specific challenges in rural areas. Hospital at home is a very good example of a service that can be deployed in rural communities to support people to remain in their home environment. We have also expanded the pharmacy first service, which can be deployed in rural areas, and NHS 24, which provides a range of services to individuals over the phone, including direct clinical support to individuals at home. Again, that can support people in rural communities such as Evelyn Tweed's during the winter months and throughout the rest of the year.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** The warnings from NHS workers are as bad as they have ever been. The Scottish Government is putting those workers in a situation that is as desperate as it is dangerous. The British Medical Association says that already-exhausted staff find it "demoralising" and "incredibly insulting" to listen to Government assurances on staffing. The latest statistics bear that out, with 5,600 vacancies in



nursing and midwifery and consultant vacancies at sky-high levels. Any plan to recover the NHS, to tackle horrendous waiting lists and to get people treatment will fall flat without enough staff, so does the cabinet secretary recognise that there are simply not enough staff to meet the challenge of the winter ahead?

**Michael Matheson:** I recognise that there are NHS staffing challenges in Scotland, as there are across the whole of the UK. Alex Cole-Hamilton will be aware that there are a variety of reasons for why that is the case.

What are we doing to address those challenges? We have increased our training provision in order to recruit more people into NHS staff training programmes, whether those be medical courses or courses for AHPs or nurses. We have done that to ensure that we have a sufficient throughput of training places to support the NHS. We will continue to work with professional groups to ensure that we get the training balance right in order to recruit as many people as we can into the NHS and support our staff.

I will finish on this point. One of the things that underscores the difference in the approach to staff retention and recruitment that we have taken in Scotland relates to pay. Pay for NHS staff in Scotland is higher than it is for staff in any other part of the UK. We have avoided industrial action because of our direct interaction with trade unions and because we pay our staff the wages that they deserve in order to ensure that they continue to provide the first-class services that they provide right across the country.

**The Deputy Presiding Officer:** Four members still wish to ask a question, and we have four minutes to go. I intend to get everybody in, but they will need to be brief.

**Collette Stevenson (East Kilbride) (SNP):** Following the First Minister's recent announcement of additional investment to tackle waiting lists, can the cabinet secretary outline how the £100 million annual package will improve services in East Kilbride and across Scotland while benefiting patients and staff and helping to ensure the NHS's resilience over the often challenging winter period?

**Michael Matheson:** I recognise that there are patients who are waiting too long for the treatment that they require, which is why we have the additional £100 million a year—the £300 million over the next three years. That is new investment that will go into tackling the issues with waiting lists, and it is estimated that it will allow us to treat an additional 100,000 patients over the next three years. That is a demonstration of the Government's determination to ensure that people

receive the treatment that they require at the earliest possible point in the appropriate setting.

**Gillian Mackay (Central Scotland) (Green):** NHS Forth Valley, which is in my region, has faced extreme pressure on its accident and emergency department in previous winters, affecting patients and staff alike. What action can the Government take to provide targeted support to health boards that face particularly acute pressures?

**Michael Matheson:** For health boards or health and social care partnerships where there are particular challenges, we work directly in partnership with the health and social care partnership to ensure that it takes forward a range of actions to address the pressures and challenges that it faces. In my statement, I mentioned the winter preparedness checklist that has been issued. That has allowed us to draw in a lot of information on preparations that are in place in areas such as Forth Valley, which covers my constituency, to look at their state of preparation and to address areas where further actions need to be taken.

That is the type of action that we are taking with health boards such as NHS Forth Valley and their partners to try to ensure that they are doing everything that they can to be prepared for the winter pressures that they will face.

**Sue Webber (Lothian) (Con):** Substantial and sustained improvement on delayed discharge depends significantly on addressing social work and social care workforce issues. In response to the winter planning 2023-24 inquiry in the Scottish Parliament, Social Work Scotland highlighted the issue with non-recurring funding and the detrimental impact that it has on recruitment and retention of staff. There is difficulty filling posts due to the short-term nature of the contract, which is leading to the unintended consequence of greater insecurity in the sector.

**The Deputy Presiding Officer:** Ask a question.

**Sue Webber:** What action will the cabinet secretary take to stop the on-going deterioration of the workforce situation?

**Michael Matheson:** We are taking forward a range of work to improve social work services, including making available additional funding to increase recruitment of social workers. Alongside that, we are taking forward work to encourage people into the social care setting, to make it an attractive place for people to pursue their caring career. That work will take time, but it is already in action in order to address the challenges that we face in the social care setting.

**Ruth Maguire (Cunninghame South) (SNP):** The additional funding for the Scottish Ambulance Service this year to support increased demand is

very welcome. Will the cabinet secretary say more about how that investment will be directed to improve things for patients and to reduce winter pressures on our health services?

**Michael Matheson:** A key part of the £50 million of investment that we are putting into the Scottish Ambulance Service is to allow it to recruit an extra 317 front-line staff to help to increase emergency response capacity. Alongside that, the investment will provide 18 additional clinicians who will work in the Ambulance Service call centre hubs and will be able to provide additional triage services. When an issue is not time critical and does not require an emergency response, those clinicians will provide patients with advice and information on actions that people can take to deal with their condition or circumstances appropriately.

## Transvaginal Mesh

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a debate on motion S6M-10915, in the name of Jenni Minto, on transvaginal mesh. I invite members who wish to participate in the debate to press their request-to-speak button now or as soon as possible.

15:49

**The Minister for Public Health and Women's Health (Jenni Minto):** The motion to which I speak is on the impact of transvaginal mesh on women's health, which the Parliament has rightly debated on a number of occasions in this session and previous sessions.

The fact that our Parliament has addressed the issue regularly underlines the seriousness of the harm experienced by women who continue to suffer painful complications after having mesh implanted. I will not be alone in hearing from women who have described how their lives have been blighted personally and professionally by complications after mesh surgery. What is worse, for some of them, their suffering was added to when they felt that their pain was downplayed, dismissed or ignored altogether.

However, members of this Parliament listened to women. They believed them, raised their experiences and pressed their concerns. The Government has listened, too. It is fair to say that, by working with the Parliament and committed professionals in the national health service, enduring improvements have been made to the care that is offered to women affected by mesh.

One of the ways in which the Government sought to respond to affected women was the establishment of the transvaginal mesh case record review. The review was led by Professor Alison Britton with the assistance of an expert panel and conducted entirely independently of the Scottish Government. We had no contact with the participants as part of the review nor sight of any records. The review was established to examine the medical records of women who feared that their treatment had been recorded inaccurately. Women considered that they had been informed that their mesh had been fully removed but subsequently discovered that it had been removed only in part.

I thank Professor Britton for her meticulous work and echo her thanks to the women who shared their experiences and insights. Professor Britton notes that, despite the personal and emotional cost to them, women engaged in the review not only or even mostly for themselves but to make a difference to other women's quality of life.

The review's approach was not to seek to establish blame or necessarily to find fault but to allow women an opportunity to discuss and better understand their health records with an expert panel. Forty-seven women who had been involved in a meeting in 2019 with the then First Minister and Cabinet Secretary for Health and Sport were invited to take part. Eighteen women, six of whom had had mesh removal surgery, took up the offer of a report on their records. Each of the women received a bespoke report about their circumstances and their records. Women were offered an opportunity to talk to the panel about their report. Time was allowed for them to talk again after reflecting on the report and their first discussion.

It will be for the individual women involved to judge the benefit of the process to them, but the panel noted that there was a general appreciation of not being rushed and being able to define their journey in their way. From the Government's perspective, we were grateful to Professor Britton, the panel and their staff for fulfilling their remit so thoroughly and in a way that has respected women's experiences.

The report is not easy to read and we note with concern the following observation:

"Every patient is entitled to expect and receive accurate information both before any treatment is chosen and to be advised on the effectiveness and consequences of any intervention. Most of the cases that we reviewed did not meet these standards."

That is a critical point to which I will return.

The review's remit also sought a wider report, which Professor Britton published in June with 21 recommendations. As was only reasonable, most of the recommendations were about the care that is now available to women affected by mesh. They addressed communication between clinicians and patients and between different parts of the NHS; information and support made available before and after removal surgery; and collaboration across the United Kingdom and the establishment of a register of surgery.

The Government endorses all the recommendations. Moreover, we believe that the NHS in general and the complex mesh surgical service in Glasgow in particular are acting now to make substantial progress towards achieving the objectives that the recommendations pursue, as well as responding to comments from women.

As I noted in my letter of 22 August to the Health, Social Care and Sport Committee, it is accepted by all that there remains a need for continuing improvement in the Glasgow service. However, at the same time, we know from patient feedback, which is gathered annually, that changes in the service that were made in

response to previous feedback are already better matching women's needs.

The complex mesh surgical service in Glasgow is centred on a published national clinical pathway.

**Daniel Johnson (Edinburgh Southern) (Lab):**

I am grateful to the minister for giving way. She highlights the important issues that the review has identified, but it is important to understand that this is not a historical case or set of affairs. It represents women who currently do not know their status, what happened to them and, critically, what the future pathway for treatment and care looks like. When will that be resolved so that all women who need corrective procedures know where they are in the process and when they will receive treatment?

**Jenni Minto:** I believe that the rest of my speech will answer a lot of Daniel Johnson's questions. The Glasgow mesh service is listening to women and amending the way that it works to ensure that it provides the best service for women.

Referrals are made on the basis of a single national form provided by the Glasgow service. Before attending the centre, patients have access to a range of information that is available on one website operated by NHS Greater Glasgow and Clyde. The website explains what a patient visiting the centre can expect, including how long the consultation might take and what will happen during it. The service is being further improved in response to patient feedback. Patients are encouraged to bring a companion and are free to record consultations on a personal mobile device, so that they are under no pressure to remember everything that is said. Patients can also see and discuss any scan pictures that are taken during investigations.

The service is not just about surgery. Women are supported by a multidisciplinary team of psychologists, physiotherapists and specialist nurses and they can access advice about diet, lifestyle and pain management.

It is also made explicitly clear that women can choose to have surgery elsewhere. Information is provided online and in hard copy about mesh removal surgery with one of the independent surgeons. Patients and the multidisciplinary team can take time to reach decisions about care, and they will be taken only after the patient has been given time to reflect on their options, while being supported by high-quality decision aids and consent forms. After surgery or after treatment has concluded, patients are referred back to their local health board for on-going support.

Patient feedback shows good and improving results. As I noted earlier, that has led to changes, such as having fewer people present in examinations.

**Jackson Carlaw (Eastwood) (Con):** I am listening with interest, and I will obviously have an opportunity to say more in my contribution. Does the minister not accept that, for most women at the moment, the pathway to removal of mesh means being treated by the very same surgeons who implemented the mesh in the first place, in whom they have no confidence whatsoever? So much of what Professor Alison Britton recommended in this report and in her earlier report is—although embraced by the Government—vague about following in a transparent route how the recommendations are implemented.

**Jenni Minto:** I thank Jackson Carlaw for his intervention, and I recognise the fantastic work that he has done in supporting women in this situation.

Women have the option to choose an independent surgeon to remove mesh, but I absolutely understand his point about trust, having heard about that directly. We are focused on finding solutions to rebuild that trust, and that is what we learned from Professor Britton's report.

The service continually reviews its operations and listens to patients to ensure that it is getting it right. The Glasgow service is part of a United Kingdom-wide network of 10 specialist mesh centres. It will be a key partner in the development of a pelvic floor register, one of Professor Britton's recommendations to which the Government has committed. Further recommendations address training and information for general practitioners and surgeons, and the Government has already acted on those. A training package that is intended to help GPs to feel more confident in supporting women with mesh complications can now be accessed through the NHS Scotland online learning service. The Government continues to make progress with partners to support the development of a General Medical Council-regulated credential in mesh surgery, and we know that clinicians in Scotland are keen to take part in a pilot stage.

I return to the observations that the review offered about the accuracy of some medical records that it examined. As I said at the outset, the Scottish Government has had no access to any records and no contact with any patients as part of the review. Nevertheless, the chief medical officer has taken careful note of the findings and, with significant concern, he notes observations around consent and record keeping. As a consequence, Professor Sir Gregor Smith has now written to all health boards to draw their attention to the report of the review and to the failings that it identified. It is clearly unacceptable that any medical records in Scotland might, in the words of the review,

“not bear any reflection to the surgery that had occurred, nor its outcomes.”

I am very sorry, on behalf of the Government, that those failings happened.

As the review fairly reports, the failings might not have come to light without it being commissioned. Both the chief medical officer and I have great confidence in the professionalism and dedication of doctors across Scotland, but we also look to all in our NHS to take careful note of the report and to reflect anew on how everyone acts to maintain the highest standards of professional practice.

I conclude by repeating the welcome that I offered earlier of Professor Britton's report, along with the Government's thanks. Importantly, I thank the women who were able to share their experiences and be heard.

The report and its recommendations put new and welcome focus on what is already an important agenda for the Government. We want women to feel empowered and encouraged to ask questions, to share concerns and expectations about their care and to be treated at all times with dignity and respect. The NHS should continually reinforce good practice in confirming and recording consent in the treatment that is offered to patients.

I move,

That the Parliament welcomes the report of the independent Transvaginal Mesh Case Record Review; acknowledges the severe and painful complications endured by women after the implantation of transvaginal mesh and regrets that their trauma may have been exacerbated by initial service responses that doubted their lived experiences; notes the continuing improvement in support, informed by the views of affected women, offered by the specialist mesh surgical service at the New Victoria Hospital in Glasgow in particular and NHS Scotland in general, in ways well aligned with the recommendations of Professor Britton's review; further notes the Chief Medical Officer's request of NHS boards to sustain good practice in the seeking and recording of patients' informed consent and to be assured locally that affected women are able to access the national mesh removal referral pathway, and supports the Scottish Government's continuing commitment to offering women a choice of surgeon, if mesh removal surgery is considered appropriate, and to reimbursing women who had previously arranged qualifying mesh removal surgery privately.

16:01

**Tess White (North East Scotland) (Con):** At the outset, I want to recognise the hundreds of mesh-injured women who have fought so hard for so long for their voices to be heard. They have lived with debilitating pain. For some, their symptoms and internal injuries have been so excruciating that they have had to give up their jobs. Others have become socially isolated because managing their symptoms is so difficult

and depleting. The impact on their physical and mental health has been horrendous, compounded by the betrayal by a healthcare system that repeatedly told them that there was nothing wrong. The women felt diminished and disempowered by the clinicians whom they trusted to care for them. Heartbreakingly, one woman said that she felt like an “insignificant little nothing.”

I pay tribute to Elaine Holmes, Olive McIlroy and the Scottish Mesh Survivors, who, almost 10 years ago, started a campaign with a parliamentary petition to rectify the mistakes that mesh-injured women have endured. My colleague Jackson Carlaw and former MSPs Alex Neil and Neil Findlay heard their call to action and took up the cause in the Scottish Parliament. They helped to provide a platform for women to share their experiences of surgical mesh, but it should never have had to come to that. Our healthcare system should be patient centred and not stacked against them.

The latest review from Professor Alison Britton makes for grim and difficult reading. It examined 40,000 pages of medical notes and 18 case records of women with transvaginal mesh implants and found that many of them were not informed of the risks and implications of the treatment if it were to go wrong. Some had conditions that would not have been helped by a mesh implant in the first place and, horrifyingly, many were misled about the extent to which the mesh had been removed by the NHS. One patient lost her bladder, and she said that what had happened to her was “bordering on criminal”. Another described the feeling of being “deceived” and “gaslit” by clinicians. The legacy of distrust from the transvaginal mesh scandal will endure for a long time to come.

Professor Britton’s review has made 21 recommendations, which span communication with patients; the creation of a mesh register for procedures in Scotland, the wider UK and abroad; clarification around the mesh referral and treatment pathways from the patient perspective; requirements for post-operative care following surgery abroad; and improvements to the consent process. Today, the minister has thanked Professor Britton, so I am sure that she will agree that those are reasonable and common-sense suggestions, which the Scottish Government should implement at pace with the appropriate partners.

The minister’s motion suggests that support for mesh-injured women is already well-aligned with Professor Britton’s recommendation, but a polite way of replying to that is that it is a striking example of noncommittal political parlance if ever I heard one.

Professor Britton authored the 2018 investigative report into the initial review of the use of transvaginal mesh. The minister said today that she is grateful to Professor Britton and that she wants to find ways to build back trust, yet five years on from its publication, Professor Britton confirmed that not one of the 46 recommendations have been implemented by the SNP Government—hardly a track record to fill us with confidence.

**Daniel Johnson:** Does the member agree that alignment will happen only once every person who has survived mesh knows what treatment they will get and is satisfied with the outcome of it? The reality is that too many women are still in the dark about what will happen to them.

**Tess White:** I strongly support and echo that. Women need to build back trust. The minister talked about building trust, but the fact that not a single one of Professor Britton’s recommendations have been implemented is absolutely disgraceful.

Effective treatment for mesh-injured women has been a hard-won prize, but serious systemic problems remain. As our amendment highlights, waiting times are far too long. Earlier this year, I raised a case with the minister of a woman who had to wait a shocking 82 weeks simply for referral to the specialist mesh service in Glasgow.

Part of the issue is that the referral pathway—a complex diagram that is clear as mud for most patients—requires women affected by mesh to be seen by a local urogynaecologist for referral to the specialist service in NHS Greater Glasgow and Clyde. Their GP must refer them first to the health board, which then refers them onwards; there is no direct pathway.

It is a lengthy process, especially when urogynaecological services are under so much pressure. The process could be much better integrated to reduce waiting times. In the meantime, GPs and other clinicians must become well-versed in how to support women with surgical mesh implants to manage their physical and emotional pain.

Post-operative care in the NHS needs to be more clearly defined for mesh patients when independent providers of surgery are involved. Women have described being in limbo. They do not know whether they have been discharged or whether they require follow-up care. One patient in NHS Tayside, who had her mesh removed at Southmead Hospital in Bristol said:

“Nobody in Scotland has asked if I’m OK. I’ve had no communication from my health board.”

A mesh register—a longstanding initiative that has yet to be implemented—would help in that regard.

On the reimbursement scheme—welcome though it is—patients have expressed concerns about the pedantic penny counting for treatment that they had to arrange abroad because options were limited closer to home.

The transvaginal mesh scandal has shone a light not just on one particular procedure, but on the way that the healthcare system manages women's healthcare more widely. Let us not forget why women were given mesh implants in the first place. Often, it was to treat urinary incontinence and pelvic prolapse; they have gone from one trauma to another. There is still so much to be done to ensure that women have equality of care, and that they are listened to and respected by clinicians.

I urge the minister and the Scottish Government to heed the words of Professor Britton:

“After the wealth of knowledge and evidence gathered, it would be an appalling waste if this was not put to good use to prevent future medical scandals.”

This cannot be allowed to happen again.

I move amendment S6M-10915, to leave out from first “notes” to end and insert:

“recognises that waiting times for mesh-injured women accessing the specialist mesh surgical service are significant and that urgent action is required by the Scottish Government and NHS National Services Scotland to reduce long waits; notes with concern that affected women must be seen by a local urogynaecologist within their NHS board before being referred to specialist services and that a GP referral is not available; further notes that the referral pathway is lengthy and complex, especially relating to independent providers and post-operative care; urges the Scottish Government to implement the full recommendations of Professor Britton's review to improve the support and outcomes available for women affected by surgical mesh, including the implementation of a new register for patients; requires the Scottish Government to report back to the Scottish Parliament on progress towards the implementation of the review's recommendations, including on how the management of women's healthcare and the communication of treatment implications are being addressed by NHS boards; seeks assurances that there will be a patient role in shaping how services supporting mesh-injured women are provided, and calls for clarity around the reimbursement arrangements for women who have arranged qualifying mesh removal surgery privately.”

16:09

**Jackie Baillie (Dumbarton) (Lab):** Mesh campaigners have had to fight for many years for action on their concerns and the reality is that, despite the parallel universe set out by the minister, that fight continues.

The Scottish Government has promised to listen to and support the women involved, but progress has been glacial. There are reports that the complex mesh surgical service is not working. It was set up three years ago but the story now is one of long waiting lists and no follow-up care. I

have been contacted by many women, including Lisa Megginson, who, having had mesh surgery herself, now supports women to access treatment through the complex mesh surgical service. She points to dither, delay and a lack of aftercare.

In the real world, Government figures reveal that women have waited up to 448 days for a first appointment at the service, with the subsequent wait for mesh removal surgery lasting up to 341 days. My information is the same as Tess White's: urgent referrals have, in some cases, taken 82 weeks, which is a year and a half, and women who are being referred now are being offered appointments in 2025. Women have been left suicidal by the waits that they face and they daily suffer the risk of developing sepsis because of the constant infections caused by mesh. Must someone die before the Government takes swifter action?

The story is not much better when it comes to surgery. In a letter to the Health, Social Care and Sport Committee, the minister said that, by the end of July, only 89 women had undergone surgery in Glasgow, that 26 had travelled to the United States or to Bristol for surgery and that only 20 women had been reimbursed for surgery that they had sought and paid for out of their own pockets.

Although I understand that Dr Veronikis has been awarded another year-long contract, he has been told not to carry out any repairs to damage that he finds but only to remove mesh devices. When patients have already undergone removal surgery in Scotland, it is only once they are on the operating table in the US that Dr Veronikis can see the damage that has been caused. It cannot be morally acceptable to instruct a world-class surgeon to ignore the internal damage that he finds and to stick strictly to mesh removal only, so his contract must be reviewed and should be extended until all the women who need mesh removal have been treated.

Those who have been able to access the clinic and have received mesh removal report that follow-up support has been non-existent, leaving many feeling that they are in the same boat as they were 10 years ago. Maureen Kane from Fife underwent mesh removal surgery last November. Since then, Maureen feels as if she has, yet again, been left to suffer. She said:

“It is like we have been forgotten about. It's just the same as before. I didn't expect miracles from the operation but I did expect there to be some follow-up. I just feel like as soon as they have got the mesh out, they are done with you.”

Women like Maureen are on a merry-go-round of misery, dealing with this Government's failure to provide any follow-up care.

Another woman returned from the United States with a catheter still inside her. She contacted the complex mesh service, which did not get back to her. She went to the Queen Elizabeth university hospital, only to be told that that hospital did not provide treatment for those who had had procedures overseas. The hospital eventually, and reluctantly, agreed to help her. She could have contracted sepsis and died. Why is there no follow up? Proactive follow-up services must be set up immediately to provide essential aftercare for those women.

Mesh-injured women face lifelong pain and disability. They will require adaptations to their houses and funding to support their lives. Many have lost jobs, careers, partners or homes as a direct result of becoming disabled due to the use of mesh.

The Cumberlege report, which was welcomed by the Government, called for the setting up of a redress scheme. Why has that not yet been set up? Why is there still a delay? That is simply unacceptable.

I turn to the reviews, of which there have been a number. The independent review on transvaginal mesh implants came to a series of conclusions and recommendations in 2017. How many of those have been implemented?

As we heard from Tess White, the first of Professor Britton's investigative reviews, which was published in 2018, made 46 recommendations, but it would appear that not one has been implemented. We now have the second Professor Britton report, which was published in June 2023. That is extremely welcome, but what will the SNP do to implement its 21 recommendations—not just to endorse them, but to make them real? Are they simply to gather dust? Will the Government simply proceed at a snail's pace?

The report exposed damning evidence of women being blatantly lied to and told that they had had a full mesh removal when that was not the case. There are cases where women were given mesh implants when they should never have been treated with them, causing them life-changing injuries. I ask the minister whether those cases are subject to criminal investigations. Can the Government explain why surgeons who were found to have lied are facing no consequences for their actions? Can the minister explain why those same surgeons are providing their opinions on the future care of the very women they harmed?

The problems are not just with transvaginal mesh. There are petitions before the Parliament calling on the Government to suspend the use of all surgical mesh and fixation devices. Similarly to transvaginal mesh-injured women, people who

were fitted with mesh to treat things such as hernia have reported debilitating pain and issues with their mesh devices. There is a need for a viable and safe alternative to mesh. Transvaginal mesh-injured women were ignored for years, and now other mesh-injured survivors find themselves in the same position.

The issues are clear. The Scottish Government must urgently address delays in the Glasgow service, tackle long referral times, provide an aftercare service and actually listen to the experiences of patients. It must extend the contracts with specialists in the United States and Bristol and put in place a redress scheme. Failure to act will amount to a further betrayal of mesh-injured patients. The promise to listen to these women is one that the Scottish Government must not continue to break.

I move amendment S6M-10915.2, to insert at end:

“; is concerned by the long waits for a first appointment at the Complex Mesh Surgical Service, whilst some women have reported a lack of clarity around accessing the full range of support available for mesh-related injuries; regrets that not all of the recommendations of the reviews by Professor Britton have been implemented; agrees that a realistic medicine approach is essential going forward, where patients are empowered and supported to be in control of their healthcare, and calls on the Scottish Government to set out how it will eradicate long waits for appointments and ensure that women affected by transvaginal mesh are informed and able to easily access the range of support available, which should be person-centred and trauma-informed ongoing care, and to publish both a strategy for increased surgical training and capacity building in alternative procedures to mesh, and data on waiting times for alternative procedures.”

16:17

**Alex Cole-Hamilton (Edinburgh Western) (LD):** In the seven years for which I have been an MSP, I have spoken on the subject of transvaginal mesh several times, as have many of the speakers in this afternoon's debate. I am gratified to be speaking in a debate on the subject in Government time, because for far too long we had to debate it in Opposition time and members' business debates. It is good that the SNP Government is now taking it with the seriousness that it requires.

It is fair to say that the issue is one around which members have coalesced: there is agreement on it, and that is right. We have come together to support those women who have been harmed through no fault of their own. In speeches like this one, I have often shared the story of my constituent Cathy, whose account echoes those of hundreds of women—many of whom we have heard about today—who were referred by GPs or physiotherapists to receive mesh implants. Cathy was given very little information other than being

told that the procedure would alleviate the mild incontinence that she had. What followed was five years of crippling pain and gaslighting, which we have heard many others describe, and her mobility, her mental health and her intimacy with her partner all suffered as a result. Her quality of life was absolutely devastated.

It was an important moment for this Parliament when, in January 2022, we passed the legislation to reimburse victims of transvaginal mesh for the surgery that they would have to undergo to have it removed privately. However, as Jackson Carlaw rightly pointed out in his intervention on the minister, care pathways are still uncertain for victims and, more often than not, they lead them to the very surgeons who harmed them in the first place, in whom they have no confidence at all.

I echo the points that Jackie Baillie made about the contract under which Dr Veronikis is removing mesh in America. That desperately needs to be reviewed. We also need to make sure that the women have wraparound, holistic care.

I, too, pay tribute to the many people who have campaigned to get us to this point. I have already namechecked Jackson Carlaw, but he, Alex Neil and Neil Findlay all deserve recognition for their tireless efforts to get us here.

**Jackson Carlaw:** I mean no disrespect to the minister, but Mr Cole-Hamilton mentioned the many debates on the subject in which he has participated, and I note that, in nearly all of them, the health secretary was present and actively engaged. Is Mr Cole-Hamilton just a little bit surprised, like me, that the recently appointed Cabinet Secretary for NHS Recovery, Health and Social Care is not present? Does that reinforce in him a worry that there is a sense that we have moved on when, in fact, for many of the women, we have not?

**Alex Cole-Hamilton:** That observation is correct. This debate, like those that preceded it, will be watched far beyond the chamber by the many victims of mesh, who will share Jackson Carlaw's and my dismay that the front bench of the Scottish Government is not represented.

Although nothing can take away from the trauma that far too many women endured, at least they did not have to bear the hefty financial costs of having the implants removed. The problem has been in accessing that surgery.

The legislation was not the panacea that many hoped it would be. The reimbursement scheme did not include the victims of other mesh implants—for instance, those who have suffered complications from devices associated with hernia mesh. We have heard some very graphic descriptions of those cases. That is why I was one of the first to raise hernia mesh in the chamber, along with a

number of other MSPs. We have probably all met constituents who are missed out, still. One of my constituents has, in effect, been left crippled by her hernia mesh.

In January, we debated a petition to suspend the use of mesh altogether. I was mindful then of the concern that suspending the wider use of mesh could leave some people with no—or very limited—treatment options.

There are some life-or-death cases in which the use of mesh for a surgical implant is essential. What is utterly essential is that every patient is given access to the full facts before going ahead with any treatment of that nature. Many cases involving the use of transvaginal mesh had in common the abject failure of those who provided the treatment to make patients fully aware of the attendant risks of using those implants. Informed consent is—or should be—one of the key principles of our health service. It is right for every patient to be given full information about what their treatment involves—what is being put inside their body and what it has the potential to do to them. That is realistic medicine—treating people like grown-ups. That information must include the potential risks as well as the benefits, and patients must always, wherever possible, be offered a reasonable alternative treatment.

It is also important that health boards are provided with all that they need to ensure the availability of non-mesh surgery, and that any skills gaps in their workforce that impact on the treatment of complex cases are addressed.

I am glad that the transvaginal mesh case record review, which was conducted by Professor Alison Britton and about which we have heard today, was finally published in June. However, it is worrying that, in the introduction to the report, Professor Britton makes it clear that none of the 46 recommendations that she made in her previous report in 2018 has, so far, been properly implemented by the Scottish Government. I am grateful to the Government for using Government time for the debate, but I am sure that the minister will agree that such a glacial lack of progress is unacceptable, and I hope that she will address that in her closing remarks.

The harrowing experiences of many survivors of mesh implants have seriously damaged their trust in the NHS. It is therefore vital that we now get the issue right and that all the recommendations are implemented as a matter of urgency.

**The Deputy Presiding Officer:** I give a reminder, as we move into the open debate, that we are very tight for time, so we will stick to the allotted speaking times.



16:23

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** This debate on what is a tragic and complicated issue is one of many in which I have taken part, as has Alex Cole-Hamilton, since I was elected in 2016.

I welcome the fact that we can have further debate in the chamber today on the recent report of the independent transvaginal mesh case record review, because I believe that the misery and devastation that was caused to so many women, not just here in Scotland but globally, will go down in history as one of the greatest medical injustices ever suffered by women.

The severe and painful complications that were experienced by so many women who were implanted with mesh were exacerbated because the women were let down by those whom they should have been able to trust. By that, I mean the health boards, the medical establishment, a disgracefully flawed review and, frankly, politicians.

Cross-party consensus has existed since the horrendous problems with mesh implants came to light, which resulted in the ill-fated moratorium on implants in 2014. I commend Jackson Carlaw for his unwavering commitment.

It is not constructive to revisit in the debate the distressing history of problems, but thanks must go to Professor Alison Britton, who chaired the review, and the 18 women who agreed to take part in what was to become a two-year process. The report reveals that only two of the 18 women who took part had undergone either full or partial mesh revision surgery, with a further four receiving it over the next two years. That meant that the majority of those who participated in the case record review had not undergone any revision surgery, and the review group had to rethink its framework regarding how it would tackle the broader range of issues around the treatment and experiences of healthcare of the majority of women who had experienced implants.

Practically, that entailed the review group requesting more than 40,000 pages of records. From the initial meeting with each participant to the subsequent request for case records, to the completion of each report, the group spent some 45 to 50 hours on each participant's case, and it wrote 18 bespoke participant reports. It is not rocket science to see how labour and resource intensive that undertaking was, but the group concluded that it was worth it to get an in-depth study of the experiences of the volunteers.

So, where are we now? Crucially, the implantation of transvaginal mesh has been halted since 2018, and there are no plans to lift that halt. The review group supports the Scottish

Government's continuing commitment to offering women a choice of surgeon, if mesh removal is considered appropriate, and to reimbursing women who had previously arranged to have mesh removed privately. Scotland is the first UK country to reimburse people for private treatment that has been sought.

The Scottish Government is determined to ensure that those with mesh complications get the treatment that they want and need, but I acknowledge the points made by Tess White and Jackie Baillie, and I will not defend anything that exacerbates the suffering of these women. I would like all the problems that have been raised today to be addressed urgently.

The Government has introduced new training on mesh for general practitioners and has improved information for patients about the specialist service in Glasgow. As we have heard, patients can also have the surgery at an English NHS centre or at one of the independent providers in Bristol or the United States. Women who previously used their own money can apply to have that reimbursed by the end of March next year.

The mesh service in Glasgow offers specialist assessment and care in the treatment of complications. It is hosted by NHS Greater Glasgow and Clyde and forms part of the UK network of 10 specialist mesh centres, and it is recognised for its clinical expertise in the field.

The report makes recommendations, only some of which I have time to list. We have heard some of them. It recommends that bespoke data-sharing agreements should be put in place prior to the commencement of a large case review. It advocates for Scotland having a mesh register that records surgery in Scotland as well as surgery that has occurred in other parts of the UK. Women should have access to information, and additional support mechanisms should be put in place for GPs and practice teams to aid understanding of the concerns that women raise with them.

There should be clear and transparent communication with patients regarding the type of surgery that they will undergo, and a detailed set of medical notes and dialogue. The counselling advice that is given and communication on the risks and potential complications all have to be clear and transparent. There should be the creation of a national specific consent form for use across the country to improve the consistency of information that is given during the counselling process. The report also recommends that information on referral and treatment is clarified and published on a website.

Training and credentialing of surgeons in Scotland is a critical element. The process has to be clearly articulated, not only for clinicians but for

women who use the service. Patients must be informed that when they turn up for appointments they have the option of having a trusted person with them and that they can record discussions that take place during the appointment. All that will restore some trust.

It is crucial that there is an agreed system of NHS follow-up and on-going support in place for patients who are returning from mesh revision surgery taking place outside Scotland, and that that data is captured and collated.

All those recommendations are sensible and necessary, and I hope that those that have not been implemented will be as soon as possible.

Many people, including me, regularly call the mesh survivors group brave and courageous for taking on the fight, and they are. However, I am sure that most days they do not feel brave or courageous, as they struggle to cope with the basic things that most of us take for granted. The damage has been done to them, but they simply do not want a sister, a friend, an aunt or any other woman to go through what they had to endure. That, in my view, is dignified, unselfish and inspirational.

16:30

**Sandesh Gulhane (Glasgow) (Con):** I refer members to my entry in the register of members' interests. I am a practising NHS GP.

In the past two decades, some 20,000 women in Scotland underwent transvaginal mesh implant surgery. They were advised to do so in order to treat conditions such as incontinence and prolapse, often as a result of trauma at childbirth. Tragically, some 600 women who underwent implant surgery have suffered painful and life-changing side effects. There have been complications from surgery because of erosion of the mesh inside the body, causing nerve damage, chronic pain and vaginal scarring. There have been cases of organ perforation, with synthetic propylene mesh actually becoming exposed inside the vagina.

In the Health, Social Care and Sport Committee, we have heard from women who have had to endure harrowing experiences following mesh surgery: pain, infections, reduced mobility, difficulties with intimacy and psychological strain. Many of those women were simply not believed when they were crying out for help. It was nightmarish. Despite their pleas, those suffering women were forced to wait and wait before remedial intervention was offered. Having lost all confidence in our NHS, those with the means turned to the private sector, including travelling to the United States. They sought out specialists who

believed them and had the expertise to correct our health service's mistakes.

We have come a long way since 2014, when sufferers brought a petition to the Scottish Parliament calling for action: the implant procedure was halted in 2018; in July 2021, the Scottish Government agreed to meet the costs of private treatment to remove transvaginal mesh; and in January 2022, Parliament passed a bill to reimburse women who had already paid for private healthcare. We now also have specialist clinics in NHS Greater Glasgow and Clyde to support women experiencing complications from mesh implant surgery. There has been cross-party support since Parliament began trying to right the wrongs of failed transvaginal mesh implants and support those who are suffering. However, have we done enough?

In her motion, the Minister for Public Health and Women's Health, Jenny Minto, highlighted the continuing improvement in the support offered by NHS Scotland and notes that it is well aligned with the recommendations of a major case review of records. The motion also notes the assurance that affected women are able to access the national mesh removal referral pathway and that the Scottish Government is committed to offering women a choice of surgeon. However, are the processes that are in place today robust? Do women still find themselves at the mercy of an absurd, Kafkaesque bureaucracy?

There is still a long way to go to rectify the injustices of Scotland's implant mesh failures and still further to posit Scotland as an example for others to follow. Waiting times to access specialist surgical services for mesh-injured women are still unacceptably high. The referral pathway is still lengthy and complex, especially when patients seek care outwith the NHS. Complex mesh surgical services are hosted by NHS Greater Glasgow and Clyde. Despite agreements being in place with private providers, there are real concerns that bureaucratic gatekeepers at the Glasgow service may obstruct the signing off of patients' preferred plans to seek treatment outwith Scotland. Patients who return from abroad are left with no follow-up.

There is a reason why some patients may want to look elsewhere. Professor Britton's review found that trust in the complex mesh surgical service was all but completely depleted. The review found evidence that women had been repeatedly misled and told that they had undergone full mesh removal when, in fact, just small amounts of plastic had been surgically excised—with no groin incisions, full removal was impossible.

The Health, Social Care and Sport Committee also found that many women faced long waits for treatment from the NHS service, with one woman

saying that she had waited nearly two years between appointments. There is more. GPs cannot refer patients directly to the complex mesh surgical service. Patients have to first see a local urogynaecologist in their local health board before being referred on, which means another layer of bureaucracy, significantly more time waiting and significantly more time in unnecessary pain. That is unacceptable.

We must make it easier for patients to get the help that they deserve. This SNP Government talks the talk but, having not implemented any of Professor Britton's 46 recommendations or thought about other changes, it does not walk the walk. There has been a complete failure of implementation, despite cross-party support.

The minister must do better and perhaps show some contrition for those women who are suffering.

16:36

**Evelyn Tweed (Stirling) (SNP):** As we have heard, complications relating to the use of vaginal mesh have caused widespread and severe symptoms in thousands of women. Those patients have been failed once and, as it stands, the complex mesh surgical service, or CMSS, which is a service designed to remedy the pain and suffering of those patients, continues to fail some of them.

In its scrutiny of the CMSS, the Health, Social Care and Sport Committee took a variety of evidence. Some reported positive experiences, which is to be welcomed, but others reported barriers to accessing long-term holistic care and support that they feel that they need and should be entitled to expect. Evidence that we heard demonstrates a lack of urgency. Without intervention, the service could exacerbate the trauma of some patients. I am pleased to hear that the minister acknowledges that and to have the opportunity to highlight some of the key issues that the committee heard evidence on.

Uncertainty around referral pathways is rife, with variation between different NHS boards and confusion among medical professionals. If people working in the sector are not clear on how this works, what hope is there for patients? The minister has set out plans to remedy that, including a letter to GPs clarifying the referral pathway. I seek detail on how the Government will ensure that those measures are effective.

Once referred, patients report

"living in limbo' and 'treading water' whilst waiting for a mesh complications consultation, 'pushed from pillar to post': an 'endless conveyor belt' of 'humiliating tests' and 'red tape' with no one really knowing what to do."

Patients told us that during that uncertain time it was difficult to contact the CMSS. Poor communication is an on-going theme, with limited information provided to patients. Waiting well initiatives could help, and I eagerly await an update and detail on how the Government will ensure that information is accessible to patients for whom English is not their first language.

On top of years of life-changing symptoms, these patients face difficult decisions and a complicated procedure, which participants described in a study as like

"taking fish bones out of chewing gum."

It is clear that emotional support is much needed. Demand for proposed peer support groups was limited, but is that surprising when peer support groups put the onus on patients to support each other? That lack of uptake should absolutely not be taken for a lack of need for emotional support. That is very much needed by those women. The minister has acknowledged the struggles of patients who face doubt from medical professionals.

Indeed, academic research has found that patients have felt that the medical community has denied that symptoms were caused by mesh. Some felt treated as if they were hysterical. Some report months—if not years—of trying to be heard. Studies from University College London show that healthcare staff routinely underestimate women's pain and that not everyone who will have a complication from surgical mesh has started to have symptoms. That issue is on-going, and we have a chance to learn from previous mistakes.

Bias creates shame and taboo around women's health. That makes it difficult for women to communicate their pain and the issues that they have. When they have finally found the words and the courage to talk about this, they have not been listened to. I seek assurance from the Government that it will tackle the bias that is present in the healthcare system so that we do not fail another wave of patients who are adversely affected by transvaginal mesh or any other healthcare issue.

We must also grant attention to prevention. Many do not know about stress urinary incontinence until they give birth. Open and frank conversations about the importance of pelvic floor strength are required. I am pleased to see that the Government has accepted the Health, Social Care and Sport Committee's recommendation on that matter.

On-going monitoring of the success of the initiatives and changes that have been made accordingly will be vital. Reducing stigma is an important factor in prevention.

I thank those who shared evidence with us. There can be no doubt that we have failed those patients and that they, quite rightly, expect more.

16:41

**Katy Clark (West Scotland) (Lab):** I start by paying tribute to the tireless campaigning of mesh-injured women. It is their campaigning that has been the driving force for much of the progress that we have seen on transvaginal mesh. The independent reviews, the creation of the complex mesh surgical service and the reimbursement scheme are all testament to their efforts.

That is one of the reasons why it is so disappointing that many of those women continue to experience so many problems in accessing the medical care that they need. Some have shared publicly their experience in dealing with GPs who still lack basic knowledge and understanding of the complications arising from transvaginal mesh implants. Others have spoken about the long referral times in order to access care and support at the complex mesh surgical service. Women who have been referred to the complex mesh surgical service have also described the lack of a full range of treatment and support options, and women who have had mesh surgically removed have spoken about the lack of aftercare support in relation to their mental health and the trauma that they have endured.

According to Professor Britton, whose initial report on the issue was published back in 2018, the Scottish Government has yet to act on her recommendations. That has been said a number of times in this debate. In her second report, which was published earlier this year, Professor Britton made a series of recommendations to improve the healthcare experience of mesh-injured women. Those recommendations include improving support mechanisms for women who wish to raise concerns with their GP following transvaginal mesh surgery, the creation of a mesh register to keep track of surgeries that have been carried out, and putting patient consent at the heart of healthcare. Labour urges the minister to come forward with recommendations and to deliver. We hope that she is able to give a commitment on that today.

My own office is still receiving new cases from mesh-injured women who are suffering complications and getting in touch. They are currently not getting adequate support from their GP, and they are unaware of the complex mesh surgical service. It is clear that the Scottish Government must do more to support those who are injured and that the issue continues to have an impact on too many lives even after a decade of campaigning by those affected.

The minister will be aware of the work that I have been doing with my constituents Roseanna Clarkin and Lauren McDougall on surgical mesh that is used to treat hernias. Informed consent has been discussed in the debate. Roseanna gave me permission to say that she was told that pig skin, and not the mesh that was used, would be used in her procedure. Such surgical mesh differs from transvaginal mesh, but many people are now suffering from similar complications and life-altering injuries to those that were observed in women who were implanted with transvaginal mesh.

Roseanna and Lauren have a petition before Parliament that calls for an independent review of the use of such mesh and for its use by NHS Scotland to be suspended pending the outcome of that review. I am grateful to the Citizen Participation and Public Petitions Committee for its on-going work on the petition. I know that many of that committee's members were involved in the initial petitions on transvaginal mesh and recognise the parallels in the experiences of those who have been implanted with surgical mesh to treat hernias.

Despite years of campaigning, Roseanna and Lauren have found the Scottish Government unwilling to engage or failing to take their concerns seriously. The same disregard for the lived experiences of mesh-injured people delayed progress on addressing issues that related to transvaginal mesh. I fear that we are at risk of making the same mistake with surgical mesh that is used to treat hernias.

I therefore very much welcome the fact that the minister recently agreed to meet my constituents and me in the coming weeks to discuss the issue. The need for an urgent independent review could not be clearer, and I hope that the minister will give that further serious consideration.

I previously submitted freedom of information requests to every health board across Scotland in an attempt to establish the scale of the problem with surgical mesh that is used to treat hernias. Many health boards did not hold the requested information or did not respond, but the health boards that did provide information showed the scale of the problem. In NHS Ayrshire and Arran, 8 per cent of patients who were implanted with surgical mesh to treat hernias said that they had complications, and the figure in NHS Lanarkshire was 10 per cent.

**The Presiding Officer (Alison Johnstone):** Ms Clark, I ask you to conclude.

**Katy Clark:** I very much look forward to hearing the minister's response to my points.

16:48

**Stuart McMillan (Greenock and Inverclyde) (SNP):** I am speaking in the debate because, as I have previously mentioned in the chamber, I have met several of my constituents who have suffered with the horrors of transvaginal mesh. I have also spoken with and supported women who have travelled outside Scotland to have the removal procedure carried out.

Unfortunately, that highlights the extent to which the relationship has broken down between some patients and NHS Scotland when it comes to the issue of transvaginal mesh. The thought of travelling to the US to have surgery while in excruciating pain clearly will not be pleasant, yet some of our constituents have felt that they had no choice but to do that. That is why I note that the Scottish Government's motion

"acknowledges the severe and painful complications endured by women after the implantation of transvaginal mesh and regrets that their trauma may have been exacerbated by initial service responses that doubted their lived experiences".

Some of the most harrowing conversations that I have had as an MSP over the past 16 and a half years have been with constituents who have suffered because of transvaginal mesh. How any of those women could have been doubted is beyond me. That said, I am sure that some will welcome the fact that the Scottish Government accepts that more could and should have been done to support women who are suffering from these terrible complications.

I also welcome the Scottish Government's commitment to offer women for whom mesh removal is considered appropriate the services of a surgeon of their choice, and to allow women who have already paid privately for such surgery until 31 March 2024 to apply for reimbursement of the cost. As other members have commented, the paper-based process for getting the money back is sometimes lengthy. It is certainly not an easy process, but the fact that it exists is helping some women. Scotland is also the first country in the UK to reimburse women for private treatment that they had previously sought, which I genuinely believe is very much the right thing to do.

Hindsight is always a great thing. That said, we should always strive to ensure that we do not need to say the words "in hindsight". Too many lives have been impacted, too many women are suffering through the use of transvaginal mesh, and too many families and friends have had to watch them suffer over the years.

Back in November 2019, the former First Minister and the former Cabinet Secretary for Health and Sport met women who had experienced complications following surgery for mesh implants. Following those meetings, the then

First Minister confirmed that the women would be given an opportunity to raise their concerns, and she offered them a review of their case records. It then took until 12 February 2021 for the transvaginal mesh case record review to be introduced, which reported in June this year. I accept—I am sure that other members will, too—that the Covid pandemic had a part to play in the length of time that it took for that to happen. It should have happened sooner. Women across Scotland have continued to suffer, while others who might have had the removal surgery before now have been waiting for answers. I hope that the recommendations that were published earlier this year will go some way towards answering their questions. The fact that the Scottish Parliament is again debating the subject demonstrates that it is listening. We want to ensure that women get the treatment that they need to enable them to recover.

**Daniel Johnson:** Stuart McMillan is right to say that this is not about hindsight. However, the reality is that acknowledging recommendations is not enough. Too many women are still in the dark, do not know what is happening and are suffering. The issue is not yet in the past. We need action now—not just acknowledgement of action points in a report, which seems to be all that we are getting. Does the member not recognise that?

**Stuart McMillan:** I do not disagree at all. I have spoken in similar debates in the past. My comments in those are on the record, so if the member wishes to go and have a look at them, he certainly can do so. This is still very much an issue of today; it is not purely about the past.

I have met women who have recovered, so I know that removal surgery can help to give them their lives back. The contrast that I saw in some of them was stark as they compared the pain and suffering that they had had before the removal operation with what their lives are like now.

**Jackson Carlaw rose—**

**Stuart McMillan:** Two wee seconds.

The contrast was stark. I welcome that change, but it does not take away the mental challenges that those women have had to endure for many years.

I would normally take Mr Carlaw's intervention, but I am running out of time.

We should not lose sight of the fact that the work that has been done is welcome, but there is still a challenge for the NHS. More work is very much required, but I welcome the minister's comments on the 21 recommendations. We cannot change the past, but we have an opportunity to right some wrongs and implement changes that will have a lasting, positive impact.

The Scottish Parliament has consistently been told that its members should listen to clinicians, as they are the experts. That is the case for professionals in many disciplines and for many health debates, as we have heard over the years. I am glad that the women who suffer from transvaginal mesh issues did not listen to the clinicians but fought the system. I thank them for all their work on the issue, which they have consistently pushed to the fore. We all owe them a huge debt of gratitude.

16:54

**Gillian Mackay (Central Scotland) (Green):**

Like many others, I pay tribute to the incredible efforts of the mesh survivors in bringing this issue to light in order to secure justice. Their bravery and determination are an inspiration to us all.

I also want to mention the efforts of the MSPs who have raised the issue previously, including the “meshketeers”—Jackson Carlaw, Neil Findlay and Alex Neil. I know that all three have been champions of the issue for a long time.

The final report of the transvaginal mesh case record review carefully sets out what a long journey it has been for mesh survivors and how far we still have to go to restore justice fully. I want to focus on a few of the report’s findings and how they relate to transparency and the rebuilding of trust.

One such finding is that, in a number of cases, there was a lack of clarity in the case records. Some notes were misleading, while others

“did not bear any reflection to the surgery that had occurred, nor its outcomes.”

The report notes that, in some cases, misleading or missing information from case records led to a breakdown of trust between the patient and their clinician, as women felt that they could not trust what was in their records. That lack of trust fed into many wider areas within the NHS. One quote from the report stands out:

“I’ve lost a lot of trust in the NHS and that doesn’t just apply to mesh. It applies to everything”.

The health service is meant to care for us and to keep us safe and well. I cannot imagine the betrayal that some of the women must have felt.

Rebuilding trust will necessarily be a long process. The report makes a number of recommendations in that regard, such as organisations providing patients with an explanation of why certain information has been redacted and keeping a detailed set of medical notes of the dialogue between clinicians and patients. I would appreciate it if the minister could set out any work that is being done to provide that to patients.

Another important point that is made in the report is that we need to continue to listen to the women who are affected by mesh. It states:

“Having to exclude the lived experiences of the women from the practicalities of what could be evidenced in the case records, has made the Panel realise that the mechanics of a case record review cannot address the more nuanced parts of a lived experience ... Something more inclusive is required”.

It is essential that we continue to listen to and record people’s lived experiences in order to gain a comprehensive understanding of the impact of transvaginal mesh. The case record review provides us with valuable evidence about what went wrong and where improvements can be made, but it cannot capture the pain, anguish and frustration that many mesh survivors have felt. We need to support them to tell their stories, not only so that we can learn from them but because they deserve to be heard.

Many of the personal testimonies that are included in the report were heartbreaking to read. Women described feelings of awkwardness, shame and embarrassment, as well as a loss of autonomy and self-worth. Many cited social isolation as a result of mesh complications, and that isolation will inevitably have been worsened by the Covid-19 pandemic. Some find themselves having to plan going out around when and how they can access a toilet, or having to explain to friends and family members that they are unable to sit for long periods of time.

Those involved in the review spoke to women who are now being advised by clinicians that nothing more can be done for them surgically, which might result in additional trauma. The report illustrates the importance of providing mesh survivors with wraparound support that addresses their emotional needs as well as their physical needs. In the Health, Social Care and Sport Committee and in the chamber previously, I have spoken about the need for on-going mental health support for mesh survivors. They need targeted, specific counselling that takes account of the trauma that they have experienced.

We also need to ensure that people are properly supported to engage with information gathering. Those involved in the review heard from women who described their fatigue at continually having to tell their stories. One woman said:

“Wherever you turn you just don’t feel heard. You really don’t. It’s like here’s another survey or here’s another whatever, you know? The wee bit of energy you’ve got you are trying to fight to help”.

People need to know that action is being taken as a result of their sharing their story. The worst thing that we could do is cause people to disengage with the process. It has been such a long road for

them, and they have had to fight every step of the way.

The report identifies several steps in the patient journey where improvements can be made. One example relates to the referral process. The report characterises the operation of the referral system as “confusing”, with the need for

“further explanation so that it is clear where the responsibility for patient care may lie at any given point and what might be expected from their care journey.”

I will end by once again paying tribute to mesh survivors. As the motion states, there is

“continuing improvement in support, informed by the views of affected women”.

We are taking significant steps towards righting a terrible wrong. The report highlights the importance of centring lived experience as we continue on this journey.

17:00

**Clare Haughey (Rutherglen) (SNP):** Like many, if not all, members, I have heard from constituents over the years whose lives were devastated as a result of mesh implants. As we know, mesh was implanted in patients to support weakened or damaged tissue, and was used to treat conditions that some women suffer after childbirth, such as incontinence and prolapse. Over 20 years, more than 100,000 women across the UK, including more than 20,000 in Scotland, had transvaginal mesh implants. However, in 2018, the use of mesh was halted in Scotland, after hundreds of women were left with painful and life-changing side effects.

The physical symptoms and trauma that some women have endured are unimaginable and unacceptable. The situation was often made worse because they felt that their experiences were not taken seriously when they sought help. I have constituents who travelled to the USA and paid privately to be treated because they had, understandably, lost trust in those who would treat them here in Scotland.

One of my constituents sought help from Dr Veronikis in the period between the Scottish Government procuring an NHS referral route to private removal surgery and the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Act 2022 coming into force. Initially, she would have missed out on being reimbursed, due to the cut-off date for reimbursement. I am sincerely grateful to the then health secretary—the current First Minister—for accepting an amendment at stage 2 of the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill process to adjust the date to ensure that my constituent and many other affected women would benefit from that support. Rightly, the Scottish Government listened

to the women impacted and ensured that no one was penalised for using their own funds to seek mesh removal surgery privately.

People turn to our NHS at times of need and expect our health service to do what it can to alleviate their health problems. Sadly, for too many women, the medical procedures only exacerbated the pain and suffering that they felt. The complications of transvaginal mesh surgery can have long-lasting effects, even after the mesh has been fully or partially removed, all of which contributed to a breakdown in trust for many.

I know that the Scottish Government is working hard, as is our health service, to rebuild that trust. The Scottish Government has taken decisive action on mesh and has already taken many steps that address a number of Professor Britton’s findings in the transvaginal mesh case record review. Scotland is also the first country in the UK to reimburse people for private treatment previously sought. Rightly, the Scottish Government has agreed with the principle that women should be supported and empowered to make decisions about their treatment.

A range of other measures are being undertaken to improve the services for people with complications arising from a result of mesh surgery, whether that is through the reimbursement of costs that I mentioned, the procurement of private providers in Bristol and Missouri or the specialist service in Scotland. It is that latter service that I want to speak about, particularly through the lens of the work of the Health, Social Care and Sport Committee. Members will be aware that, throughout this year, the committee has been taking evidence on the complex mesh surgical service, and that is on top of the previous scrutiny of the cost reimbursement bill, which took place before I became committee convener.

The committee’s primary purpose in carrying out its scrutiny of the CMSS has been to highlight the issues that have been raised through the consultation process to those who are responsible for delivering the service, and to explore what is being done and what further can be done to improve the service so that it properly meets the needs of its patients. As convener, I have written a number of times to the Minister for Public Health and Women’s Health to share concerns that have been raised with the committee in evidence. Those include concerns about the referral pathways, which other contributors have mentioned this afternoon, waiting times for CMSS, perceived inconsistent information being provided and the need, among other things, for an integrated system that provides holistic support to women.

In the minister's most recent response, she acknowledged that there is scope for further improvement in the service. I know that the Scottish Government wants to ensure that the satisfaction levels of women attending the NHS specialist service in Glasgow continue to grow and that waiting times fall.

I also note the minister's comments on the progress that is being made regarding a training pathway for mesh removal credentials as well as the recruitment of a specialist consultant to work with the core urogynaecology team in the Queen Elizabeth university hospital campus. Additionally, I welcome the action by the chief medical officer, who has written to all GPs to raise awareness of the referral pathway and to encourage them to access a mesh learning package that has been made available on NHS Scotland's online learning service.

Those actions will continue to improve the support that is on offer to the women who are impacted. I know that all members are united in our determination that everything be done to help those whose lives have been impacted by mesh complications, whether women opt into or out of surgery.

It is only the courage of the women affected that has brought us to this point. Of course, it should not have taken their retelling of their experiences for them to be listened to. As the First Minister has recognised, they were badly let down by the initial service responses that doubted their lived experiences. We owe it to all the women affected and their families to continue listening to their concerns and acting on them.

17:06

**Sue Webber (Lothian) (Con):** I have raised questions about vaginal mesh in the chamber before and have written articles in support of the women affected, and I welcome the chance to speak in the debate. Like many of my fellow MSPs across the chamber, I have constituents who have come to me regarding their post-operative experience of transvaginal mesh surgery and of the circus of on-going referral that continues to this day as they seek help.

I know that there are countless women who had the procedure and benefited greatly from it, with their pelvic organ prolapses being cured or their stress urinary incontinence reversed. However, we cannot ignore the voices of the women who have experienced life-changing complications from the procedure and continue to struggle as a result.

When I look at the motion that the Scottish Government has presented to us, I feel a sense of disappointment and perhaps even a shared sense of bewilderment with the women. The motion

appears not to recognise that many women are still unable to access the treatment for which they are desperate.

Whether that treatment be in Glasgow, Missouri or Bristol, many women no longer trust the services that are provided by NHS Greater Glasgow and Clyde, albeit at the new ambulatory care hospital in south Glasgow. In fact, at the Health, Social Care and Sport Committee in April, 75 women came to share their experiences of the complex mesh surgical service. Women with long-term negative experiences felt that, rightly or wrongly, those views coloured their views of the current west of Scotland services. In fact, things were so bad that it was said that

"trust in the many medical professionals they have encountered"

was

"all but completely depleted".

A constituent of mine told me that she has been in constant pain since her operation 17 years ago. The plan that the Scottish Government unveiled in July 2020 gave her hope, but she is living proof that the promise has not been fully honoured. She said:

"I find it impossible to trust the NHS to care for me with mesh issues. A life with mesh is a painful, humiliating, and soul-destroying existence and has already destroyed so much of our lives."

Today's Scottish Government motion makes no reference to that continuing pain. That is deeply concerning. We hear time and again that the Scottish Government is listening to the women's views, but I am afraid that the actions taken do not appear to reflect that. The women deserved to get free specialist treatment after many of them were rebuffed by their health authorities.

Our Conservative Party amendment reflects the unnecessarily complex referral pathway that women must endure and the lengthy waits as they ping between services. Evelyn Tweed commented on how the women were moved from pillar to post. As of April 2023, the median wait for referral to the complex mesh surgical service in Glasgow was 236 days and the longest wait was 448 days. Women then need to wait a significant length of time to start treatment that might alleviate or even remove their symptoms. However, I ask members to remember that that does not even include the time that it takes to get an appointment with their health board first.

Our amendment also acknowledges that, to date, there is no clear pathway for women to be referred to an independent external service, whether that be in England or Missouri, should they not want to go to Glasgow. In 2019, First Minister Nicola Sturgeon promised that she was absolutely committed and determined to do



everything possible to get those women the treatment and care that they needed. However, when he was Cabinet Secretary for Health and Social Care, Humza Yousaf agreed to the principle that the treatment that those women desperately need can be accessed only after approval from the same authorities that were obstructive in the first place.

Neither I nor the women who have contacted me over the years believe that the Scottish Government has done enough to engage with mesh survivors or to help with their heartbreaking plight. The victims must receive the treatment that Mr Yousaf now says that they are entitled to receive for free. Unfortunately, I am not certain that the commercial terms for those external referrals have been arranged on a long-term basis.

The Scottish Conservatives supported the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill, and we have been supportive since the issue was raised in the Scottish Parliament by public petition. However, the Scottish National Party Government must do more to ensure that women who are affected by mesh can access the services that they need.

17:11

**Daniel Johnson (Edinburgh Southern) (Lab):** When we have discussed transvaginal mesh in previous debates, I have started by paying tribute to fellow MSPs who have campaigned on the issue. However, I do not think that I can do that this afternoon, because it has been nine years since the petition first came before the Public Petitions Committee. That means nine years of debates in the Parliament, nine years of people expressing concern and bewilderment about the pain that women have had to endure, and nine years of failure to act. I do not think that I can pay tribute to that. In fact, all that I can do is apologise to those brave women who have campaigned so hard, because, frankly, as I stand here today, I wonder just how much progress we have really made.

Today, we have had an acknowledgement of what women have had to endure. We have outlined initiatives that might take place and funds that might be available if the women qualified and they applied in time, and we have heard that training and a register might be in place. However, the reality is that, as the most recent report said, not one of the 2017 report's 46 recommendations has been implemented.

Notwithstanding the facts and whether those reports have been adhered to, for too many women, the reality is that their simple questions are not being answered. Those women rightly

have simple questions about what is happening to them. When is it going to get better for them? When will they receive treatment? How can they get information? Speaker after speaker has said that we do not have answers for them, or if there are answers, they are incredibly difficult to get, and that is not good enough. We can talk about policy and reports, but the simple reality is that, for nine years, we have been discussing an issue of individual women's pain and suffering over many years.

I came to the issue through one of my constituents, Samantha Hindle, who has endured 18 years of pain. I have written time and time again to the Government and the health board in an attempt to get her some updates and information about what is happening. Let me outline what has happened after 18 years. Samantha Hindle first approached me in 2019, after she had exhausted every other avenue. I wrote and wrote and we finally got a referral in July 2022, which, I note, was a month after the closure of the fund for reimbursing people if they had already received private treatment.

We then followed up on when an appointment might be received. I wrote twice in December and, in February, we finally got a letter from the health board saying that my constituent had received her treatment. On 23 January, she had apparently had the mesh successfully removed, except that that was news to my constituent. No such appointment had taken place and no such procedure had been carried out. What is more, and what makes it worse, is that she then got an appointment for an ultrasound, which was apparently to locate the mesh and see whether it had been removed.

When she showed up for the appointment, she found out that the ultrasound was not to identify where the mesh was but to investigate her ovarian cysts. Those were cysts that she did not know were suspected and which—guess what?—were never found. Given that we are talking about a person who presented with mesh problems after her MSP had written time and again to the Government and the health board, yet the health board could not even get those basic facts right, what progress have we made?

After that saga, I wrote to the First Minister to say that, on a human level, putting aside policy and commitments, the situation was surely not right. I appealed for an acknowledgement that, on a basic human level, leaving people in the dark without answers was just not right. Unfortunately—this is no reflection on the minister—my letter was handed to the minister and the First Minister did not even reply.

What did we get? We got a list of those self-same initiatives—in other words, that a letter had been written so that NHS Greater Glasgow and

Clyde would make contact; that work would be undertaken; that training would be in place; that there was a fund, although it was now closed, so my constituent could not apply for it; and, above all else, that there was the prospect of “waiting well”. I have to say that the phrase “waiting well” rings a little hollow for my constituent Samantha Hindle, because the reality is that, after nine years, she still does not know when she will get an appointment, when her situation will get better or what treatment she can get. Until we get such answers for her and the hundreds of women like her, we will continue to fail women who have been implanted with mesh.

17:16

**David Torrance (Kirkcaldy) (SNP):** I welcome the opportunity to speak in this important debate. As always, I extend my gratitude to the campaigners, medical professionals, researchers and constituents whose invaluable efforts continue to put the important issue of transvaginal mesh implants on the agenda.

Once deemed a medical solution, transvaginal mesh implants have now become a source of debilitating complications for many people across Scotland. As we are aware from the numerous occasions on which the issue has been debated in the chamber, the complications arising from implants are not merely physical but extend to psychological distress, too.

We have made significant progress in recent years, which we can confidently attribute to the joint efforts of campaigners and individuals who have been massively affected by the issue. I am absolutely certain that future generations will benefit from better healthcare thanks to their incredible work.

I acknowledge the work that the Scottish Government has undertaken to mitigate the suffering of the affected patients. Many of our constituents have suffered life-changing complications related to mesh implants, so I support the Scottish Government’s decision to establish a fund that will support those with mesh complications, providing a semblance of relief to patients and their families. I am proud that Scotland is the first UK country to reimburse people for private treatment that was previously sought. That is a reflection of our commitment to providing holistic care and financial support to those who are in need.

Despite those significant achievements, there is more to be done, which brings me to the main focus of the motion: the transvaginal mesh case record review. The review has been a massive and impressive undertaking by Professor Alison Britton of Glasgow Caledonian University, and I

commend the 18 women who came forward to have their case records reviewed as part of it. The review is a significant initiative commissioned by the Scottish Government to address the profound concerns that women have raised. Their experiences will be integral in informing the future of mesh procedures. We must take this important opportunity to learn from their experiences.

As a member of the Health, Social Care and Sport Committee and the Citizen Participation and Public Petitions Committee, I have had the privilege of hearing invaluable evidence from medical advisers, NHS experts, campaign groups and, most importantly, patients. The recommendations in Professor Britton’s review are very much consistent with the evidence that the health committee has taken over the years. The committee evidence sessions have helped us to ensure that patients’ voices are heard, amplified and carefully considered. I thank each and every one of our witnesses for their influential contributions.

The discourse surrounding transvaginal mesh has brought to the fore the importance of ensuring that medical interventions are not only safe and effective but transparently documented and communicated to patients. The unanimous backing of the Patient Safety Commissioner for Scotland Bill earlier this year exemplifies Scotland’s commitment to amplifying the voice of patients, including those who are impacted by mesh implant complications, and will drive safety improvements across our health service. Insights from the review are a testament to the collective endeavour of addressing the concerns of affected individuals and improving the standards of patient care.

**Jackie Baillie:** I am grateful to the member for taking an intervention. We have debated the Cumberlege report before, which proposed a redress scheme. Can the member shed any light on why that has not happened, and would he support it being implemented quickly?

**David Torrance:** I think that Jackie Baillie knows my view on that—I would be very supportive of it. Members know how many times I have debated this subject in the chamber. I think that Jackson Carlaw and I are the only two remaining members of the public petitions committee that originally considered this issue, which shows how many times I have taken part in debates on it.

Although the country has made progress, we must continue to scrutinise the complex mesh service and the many issues surrounding the procedure. Our healthcare system must be equipped with the necessary resources and trained personnel to provide both physical and psychological support to affected patients. The

establishment of specialist clinics for post-mesh surgery care, psychological counselling and community support groups are vital steps toward addressing the multifaceted needs of those who are affected.

Furthermore, robust monitoring and regulation of medical devices, alongside comprehensive informed consent processes, are imperative to prevent future complications. I am confident that the Scottish Government will continue to work closely with stakeholders and experts to ensure that patients can access the care that they need and are fully supported by their GP and other clinicians.

Scotland can also learn from our international partners in Australia and New Zealand, where groundbreaking research found that there was a significant lack of available data regarding the exact number of women who received a transvaginal mesh implant and how many also experienced complications. In 2017, Western Australia established a confidential free telephone line as well as a mesh register to aid with data capture, which has been found to be informative. Professor Britton's review recognises that a lack of reliable data is also an issue in Scotland, and I very much support its recommendations to address that.

Scotland can also learn from New Zealand's restorative justice approach to mesh implants, which is centred on patient involvement and focused on enabling women to share their experiences in a safe environment.

It is reassuring to know that the Scottish Government has already taken a number of steps to address the recommendations in Professor Britton's report. Those include making a mesh learning package available to GPs to offer additional support and help them understand and address concerns that women might raise with them following mesh surgery. The Scottish Government is also taking steps to improve the information that is available to patients through online information and patient information leaflets. It is crucial that women have the information that they need to make informed decisions about their care.

Safety lies at the heart of delivering our health services, and it is essential for the Scottish Government to act on the recommendations and continue to be a clear and strong voice for patients.

The transvaginal mesh case record review is a mirror reflecting both our achievements and the areas that necessitate improvement in the healthcare domain. As we move forward, let us take the insights garnered from this review to heart, working collaboratively to foster a

healthcare environment that is safe, transparent and supportive of every individual's healthcare journey. I look forward to achieving even more progress under the guidance of Professor Britton's review.

**The Deputy Presiding Officer (Liam McArthur):** We move to closing speeches.

17:23

**Paul Sweeney (Glasgow) (Lab):** My colleague the member for Edinburgh Southern hit the nail on the head: for nine years—the best part of a decade—we have condemned our fellow Scots to suffering and pain. That should be a mark of shame on our country.

I acknowledge the apologies that have come from those on benches across the chamber, but it is simply not good enough that the Government has failed to respond in the way that it has. Indeed, the latest insult is the letter from the minister to the Health, Social Care and Sport Committee. I am afraid that it is not good enough, as it fails to acknowledge the severity of the trauma that is faced by the women who are affected.

Listening to my own constituents and many others at the petitions committee during the past number of years has, in many cases, been harrowing. For them to simply be talked down to in the form of being given advice about waiting well or for them to be informed that a leaflet will be published in due course does not acknowledge the sheer agony—not just physical but psychological—and torment that they have endured over the years.

The Parliament has been a champion for those voices in many different ways, but it simply has not moved quickly enough to push the Government to put in place the necessary measures to address the scale of the challenge faced by people in this country.

The minister acknowledged in her letter that 135 women have been treated so far. There are more than 800 women in the Scottish Mesh Survivors group. The national health service has had no formal engagement with that group, but it ensures that membership of the group is noted in a patient's records, which surely shows that that is significant.

What are we doing to engage formally with those women and to understand what can be done about pathways to treatment? It is just not good enough to say that health boards are carrying out consultations, because the answers are already obvious. It is not sufficient to tick a box and to say that the pathways meet the guidelines set out by the National Institute for Health and Care

Excellence; they must be far more robust, customer focused and patient focused. They must address the reality of the complexities faced by women who may be deeply distrustful of the medical establishment that has gaslighted them for so long and of surgeons who have continued to stand by the treatments and mesh that they have used and who do not accept that they should be concerned about what has happened.

That is the reality faced by women in Scotland today. The whole system has failed them and medical fashion has trumped their rights. That is a devastating realisation—it is devastating that it has taken so long to realise it.

**Sandesh Gulhane:** Does the member agree that we are seeing a failure of implementation and that what women want, need and deserve is a very simple process for getting help?

**Paul Sweeney:** I could not agree more with the member's point. He is absolutely correct.

The establishment of the service in Glasgow is to be commended, but it is agonisingly frustrating that it is not achieving outcomes at pace. I acknowledge that it was established during the pandemic, but now, three years on from its establishment, we are not seeing the necessary pace of change. I said that there are 800 women in the mesh survivors group, but there are probably at least another 800 out there who do not have such access or membership. The scale of the problem is huge and the treatment rate is not sufficient.

The follow-up rate is also not sufficient. We already know that further complexities have arisen after surgery to repair mesh implants. Those women have not been sufficiently followed up and their on-going psychological trauma is not being addressed.

As the minister's letter acknowledged, another issue is that no specialist consultant has yet been recruited to the mesh service. It is not good enough to say that the service is co-located on the Queen Elizabeth university hospital campus; a dedicated consultant should be in post and there should be a dedicated helpline for patients, not just a leaflet.

We need clear pathways. We know that the dissemination of advice to GPs is patchy at best and that many GPs are simply so burnt out and hard pressed that they do not have time to do the continuous professional development courses that would give them the latest advice and options available. They are overwhelmed: we get that feedback loud and clear almost weekly from GPs in our constituencies.

I encourage the minister to take on the chin the powerful comments that have been made by

members from across the chamber, to note them with the necessary modesty, showing real contrition for this Government's failure to meet the needs of our fellow Scots and, in her closing remarks, to say clearly what she will do to address those comments.

I also encourage her to take particular note of the transvaginal mesh case record review. There are 46 recommendations in the 2017 report. The minister should clearly inform parliamentarians and our constituents what the Government is doing to meet each of those recommendations.

There is a further series of recommendations in the 2023 report, which was published in June and highlighted additional support mechanisms that could be put in place to aid GPs and practice teams in gaining understanding of how to address the concerns that women might raise with them following transvaginal mesh surgery. What is being done to ensure that that is happening? It is not enough to passively send out letters.

We could have a mesh register. The minister says that it is too onerous for health boards to do that; I say that that is nonsense. Those women's pain is too onerous and it is time that the Government stood up and recognised that.

We need a clear understanding of the language used to communicate with people.

**The Deputy Presiding Officer:** Please conclude, Mr Sweeney.

**Paul Sweeney:** The biggest communication problem throughout all of this has been the illusion that communication ever happened. I urge the minister to address the Government's huge inadequacy in dealing with this critical issue.

17:29

**Jackson Carlaw (Eastwood) (Con):** I thank all those who have contributed to this afternoon's debate. There have been some season ticket holders, I think, to our discussions on the issue over many years, and I am very grateful to them for having stuck with it. They include Jackie Baillie; Rona Mackay; Katy Clark; Gillian Mackay, who engaged with quite a bit of what the report actually has to say; David Torrance, who was there right back in the initial days when this was all discussed; Clare Haughey; Sue Webber; and Daniel Johnson.

Daniel Johnson said that we have made no progress, which is slightly ungenerous. I do not blame the Scottish Government for the mesh crisis. It happened in Australia, in America, in New Zealand and in England. It happened all across the world. The question is how we responded to it and whether we have matched our expectation and the promise that we gave the women in the

response that we have managed to offer to date. That is where some of the shortcomings are. However, let us acknowledge that it was this Government—with Jeane Freeman and then Humza Yousaf—that passed legislation that saw the first scheme to reimburse women who had incurred costs by going internationally to have mesh removed and who were able to do that.

I do not intend to repeat all the speeches that I have made on the subject, but it seems to me that, at times, we have taken two steps forward and one step back. I hope that none of the members in the chamber who have been on this journey—and I urge the Government not to do this—will become defensive and feel that they now have to defend the medical establishment.

**Daniel Johnson:** Will the member take an intervention?

**Jackson Carlaw:** I ask Mr Johnson to let me make a little more progress.

Some may remember that, just before the summer recess, I asked the First Minister whether he would agree to hold a debate on the Government's response to the findings and whether he would comment on Professor Britton's assertion that the 46 recommendations in her 2018 report had not been implemented. The First Minister said to me in a written reply:

"The recommendations have already been reflected in a number of inquiries and reviews established in recent years since the report was published."

However, what does that mean? Paul Sweeney asked at the end of his speech whether there could be a grid showing progress on the 46 recommendations that were made—something that we could interrogate transparently to see what has happened to them.

The 46 recommendations have now been followed up with 21 more in Professor Britton's latest report, and the chief medical officer's response is remarkable in relation to one of them. I think that the minister has included the point in her motion. The chief medical officer said:

"Health Board Mesh Accountable Officers have discussed Professor Britton's findings and have reported to Scottish Government officials that there are measures in place within the Complex Mesh Surgical Service ... in Glasgow and, more widely, in Health Boards, to prevent a recurrence of the failings identified in the Review. I am grateful to have received those assurances."

It would be interesting to know what the assurances are. What are the procedures that are going to be implemented across health boards that will ensure that this does not happen again?

I have never been a Government minister—people will say, "Thank God for that"—and I am never going to be one, but it seems to me that part of the problem that we have had in relation to the

whole mesh crisis is that we love and value our national health service and we are reluctant to interrogate it when things go wrong. It seems to me that there have been three parts to this: Government ministers have been advised by civil servants, and they have been advised by the clinicians. Only very lately did the patients have any look-in on any of this. They were told that they were talking nonsense, that they were psychologically disturbed, that they were not suffering any pain whatsoever and—worse than that—that they had had their mesh removed when centimetres of it were still within them.

I fear that the clinicians who were responsible for all this are now the clinicians who we have put in charge of remedying it. The people who put the mesh into the women are the same people at the centre who are now responsible and are reassuring them that they can take it out. In a different context, it would be like asking women to go and see Professor Eljamel to have the mistakes that were made with their brain surgery rectified by him. That is how the women feel. They have lost all confidence. They therefore wanted to go and see Dr Veronikis. A number of them have done so, thanks to the legislation, but they have come back and found that the NHS has disowned them and that there is no post-operative treatment or follow-up for any of the surgery that they had while they were in the United States. That is just not good enough.

Stuart McMillan said that he has spoken to many of the women and they have got their lives back. Some have, but what does he mean by "got their lives back"? For some of them, it is just about the knowledge that the mesh has been removed from their system, but others lost their homes, their husbands, their families, their jobs or their lives. Even if they do not have the mesh within them, they are going to need on-going care for the rest of their lives.

That is why, in the Cumberlege report, there is a redress scheme, which Jackie Baillie and others have referred to. The question is, why are we not embracing a redress scheme to ensure that those women can have confidence in their future as we go forward from here?

We have an awful lot yet to do. I will not extend but will cut myself short for once. Do members remember that ghastly moment when George Bush sat on an aircraft carrier underneath a big banner that said, "MISSION ACCOMPLISHED"? There is just a whiff of that from the whole NHS and from civil servants, encouraging ministers to think that we have moved on.

Earlier, I said that I was disappointed that the health secretary was not here. It is as if the issue has slipped down the agenda somewhat and is

just not going to have the same urgency and attention as we go forward.

Here is what one woman said to me:

“Jackson, please do everything in your power to ensure the knowledge and information gathered over two years by Professor Britton in particular does not go to waste. Personally participating in this review was the best thing I have done. It was difficult reliving things but I was vindicated and believed. But don’t let go. Don’t give up.”

I can only say to her and to all the other women that, in the time that is left to me in the Parliament, I will not let go. I hope that the minister—who, everybody acknowledges, is sincere and is doing her best—understands that they simply do not think that we have yet gone far enough towards a point at which, in future, women can have confidence that the health service works for them.

17:36

**Jenni Minto:** I am grateful to all the members who have taken part in the debate. I will try to address all the points that they raised, but if I miss some out, I commit to responding in writing.

What has been incredibly powerful about this afternoon is that members across the parties have reflected the pain and continuing trauma of women who have been affected so severely by mesh complications.

Paul Sweeney made very powerful comments, with which I agree. To Jackson Carlaw, I say that, through the reading that I have done in preparing for the debate, I am very aware that it is not just Scotland that this has impacted.

I recognise that we have further to go. However, to comment on what Stuart McMillan and Daniel Johnson said, it is still a today issue, which is why we have created the CMSS in Glasgow as a national service; we are giving women the choice of surgeon; and we are improving aftercare and information. I am not saying that we have done everything that we can do, but we recognise that women have been traumatised and have lost trust, and we are working as hard as we can.

I am sorry that I am not the cabinet secretary. I am the Minister for Public Health and Women’s Health, so the issue ticks two boxes for me. That is how important it is in my roles and responsibilities. It is high on my list. I have also met women in my constituency.

**Daniel Johnson:** For clarity’s sake, perhaps I overemphasised the lack of progress but, to reflect on what the minister has just said, although we have the centre in Glasgow, do we not need to make sure, most importantly, that women who are referred have clarity and information about where they sit in the treatment process, starting from the point of initial referral and, if there is a second

referral, what the status of that is and when they are likely to be treated? That lack of information and clarity is one of the biggest fundamental barriers that women still face in the daily hardship and pain that are caused by mesh.

**Jenni Minto:** I thank Daniel Johnson for that further comment. I recognise what he has just said, and I am taking note of it. My officials at the back of the chamber will also have taken note, and the service will be watching the debate as well.

Decision making between clinicians and patients should be about shared understanding of benefits, risks and alternatives. For some years, that ethos has been the focus of the new chief medical officer’s realistic medicine initiative. That work between the Government, NHS professionals and the public is helping to consolidate a changed culture that has informed consent at its core. However, the review’s report underlines that our focus and ambition has to be sustained, and both the CMO and I accept that responsibility.

As I have just highlighted, a number of members drew attention to the services that are now available to women. Members expressed vocally and quite loudly their frustration about waiting times for a first appointment in the Glasgow service, which can remain too long. That concern is fully appreciated by me and NHS Greater Glasgow and Clyde. I regret that patients are experiencing delays in the mesh removal service in Glasgow. As I said, waiting times for first appointments are too long. The service is increasing out-patient capacity, including by employing an additional translabial scanner, which will allow more patients to be seen.

**Paul Sweeney:** Will the member take an intervention?

**Jenni Minto:** I actually have a wee bit to get through—I probably will not get through it all anyway.

Waiting times from decision to treatment to surgery are now generally in line with the 12-week treatment time guarantee, but we will continue to work with NHS National Services Scotland and NHS Greater Glasgow and Clyde to bring those waiting times down.

I should point out, because it is important, that the service in Glasgow is looked on across the UK as a model of clinical expertise and service development. Since its inception, it has sought out patient views and made positive improvements to its service based on feedback received, and it remains committed to further improvement.

**Jackie Baillie:** Does that mean that it will urgently consider a follow-up aftercare service?

**Jenni Minto:** That leads me on to patients who have had removal surgery carried out by

independent providers, who receive two follow-up telephone or video calls from their surgeon or specialist nurse after their operation. Any further aftercare will be provided by the patient's local health board. That is a normal process for surgery aftercare, and it means that the patient is treated as close to home as possible. I can see that Jackie Baillie is shaking her head, so I will go back and speak to my officials about that.

Points were made about the Scottish pelvic floor register, which will allow clinicians to record details of pelvic floor procedures that are undertaken on individual patients. In time, that could allow for product recall in the event of a safety concern and comparisons of outcomes associated with different types of procedure. It is clear that better data collection is important for the NHS and for patients. Better data allows for comparisons of outcomes, more efficient recall of trends and many other benefits.

Jackie Baillie made points about redress, and others have commented on the mesh fund, the reimbursement fund and options for surgery outside the NHS. In her review, Baroness Cumberlege talked about a redress system. The Scottish Government accepted the recommendations of Baroness Cumberlege that were within the scope of Scottish powers. We also committed to supporting and working with the UK Government and others, including the redress agency. However, the UK Government did not accept the recommendation regarding a redress agency. I am aware of that process.

Members also talked a bit about the accountability of clinicians. Clinicians are subject to independent regulation, including through the GMC. The Government has had no sight, as I have said before, of any records involved in the review, but it is aware that the panel did not refer any individual to professional regulatory bodies. That was a matter for the panel's professional judgment, which the Government of course respects.

There was discussion about the number of ways in which the Scottish Government has sought to assist women affected by mesh. I want to confirm two further actions. First, I can confirm that the NHS contracts that are in place with independent sector providers of mesh removal surgery have been extended for a further year into 2024—I know that in earlier debates there was concern that the agreements that allow for those contracts might expire. Moreover, the Government plans to offer further contract extensions after 2024, while there remain women to be seen by the Glasgow service who wish to exercise their choice to have mesh removed by other surgeons.

Secondly, my officials will shortly lay a new mesh reimbursement scheme under the 2022 act.

That new scheme will extend the closing date for new applications from the original closing date of 6 December 2023 to 31 March 2024. Members will recall that the mesh reimbursement scheme was put in place to reimburse the small number of women who had entered into arrangements to pay privately for mesh removal surgery before the independent provider contracts were in place.

Let me end by repeating my thanks to all members who contributed to today's debate. I know that the Government and the Parliament will not lose sight of the work that must continue to be done to offer respectful and dignified care to those courageous women who have suffered such enduring harm. I am committed to maintaining all the Government's efforts to that end, and I hope that I will continue to have the Parliament's support in that.

**The Deputy Presiding Officer:** That concludes the debate on transvaginal mesh.

## Levelling-up and Regeneration Bill

**The Deputy Presiding Officer (Liam McArthur):** The next item of business is a debate on motion S6M-10916, in the name of Shona Robison, on the Levelling-up and Regeneration Bill, which is United Kingdom legislation. I invite members who wish to speak in the debate to press their request-to-speak buttons as soon as possible.

17:46

**The Deputy First Minister and Cabinet Secretary for Finance (Shona Robison):** It is important that the Parliament gives the matter of consent to the bill careful consideration. Although much of the bill focuses on matters that are not relevant to Scotland, part 1 has direct implications for us. That is because it introduces powers for UK Government ministers to set targets for the 12 levelling up missions in Scotland and allows UK Government ministers to report on their progress, irrespective of the fact that six of those missions relate to devolved matters. Part 6 of the bill is relevant to the interests of the Parliament, as it makes provision for introducing environmental outcome reports to replace our existing environmental assessment regimes. There are consequential links with part 3, which relates to planning data. Two miscellaneous provisions in part 12, which also apply in Scotland, relate to the surveying profession and fees for post-marine licence services.

We have engaged with the UK Government to ensure that the bill does not interfere with our devolved powers and that the powers of the Parliament are respected. With regard to part 6 and the associated provisions in part 3 and part 12, I am pleased to say that we have come to an agreement with the UK Government and are able to support consent for those parts. That position is the result of extensive negotiation.

Under previous versions of the bill, the secretary of state had the power to make regulations on environmental outcome reports after consulting with Scottish ministers. We have negotiated amendments to ensure that consent is required for matters within devolved legislative or executive competence. That means that we will retain our existing roles and responsibilities. Scottish ministers will have discretion to consider whether there is merit in replacing our well-established and well-understood environmental assessment regimes with environmental outcome reports.

Further, the UK Government has committed to reinstating the Scottish ministers' regulation-making powers under the Electricity Works

(Environmental Impact Assessment) (Scotland) Regulations 2017, which were rendered inoperative due to Brexit and the loss of relevant enabling powers. The UK Government has committed to doing that before the end of the current UK Parliament. That is important because those regulations play a key role in our consenting regime for offshore renewables and related onshore infrastructure. I am pleased that we have been able to come to an agreement on that.

Nevertheless, we remain concerned about the potential for diverging environmental assessment regimes for the consenting of offshore renewable projects, which could have a significant impact on our collective ability to meet net zero commitments.

Similarly, we have secured amendments to relevant provisions of part 3, so that the secretary of state may make provisions on planning data in Scotland only with the consent of the Scottish ministers. Although that is positive, I should be clear that the Scottish Government remains unconvinced that, at this time, existing arrangements for environmental assessments would benefit from a major overhaul. It is unclear whether the new regime would be consistent with existing European requirements or move us away from the current high standards for environmental assessment. That will emerge only through secondary legislation.

Furthermore, there is very little detail about how any new regime would operate in practice, the outcomes that it would seek to achieve and the benefits for investors and regulators. Much more evidence and explanation would be required before we would be persuaded to make such significant changes in Scotland. When considering any future changes, we will need to carefully consider the needs of our environment and the need to reach net zero.

I have no concerns regarding relevant miscellaneous provisions in part 12 of the bill relating to the role of chartered surveyors and fees for post-marine licence services. However, I must be clear that the Scottish Government remains firmly opposed to part 1 of the bill, which relates to levelling up missions. That cuts across devolved responsibilities and therefore raises constitutional issues. I am disappointed with the UK Government's approach to part 1. Scottish ministers must retain the right to disagree on the principle of a bill with a view to continued and productive negotiations. This is about good governance in the face of disagreement between mature Governments.

Although we have a shared interest in reducing economic inequality, the route to that is not through setting targets in devolved areas. Rather, it is through redistributing economic and financial



powers to Scotland in a way that allows the Scottish Government to deliver the activity that will effectively target inequality.

Incidentally, important themes are picked up in the Constitution, Europe, External Affairs and Culture Committee report, which was published earlier today. It highlights the extent to which the UK Government's approach diminishes the role of the Scottish Parliament in scrutinising decisions that are taken by UK ministers in devolved areas without agreement. As written, the bill requires UK ministers to publish and report on objectives for levelling up missions, explaining when and how they will measure progress.

As I said, six of those missions are in devolved policy areas, including in transport, justice, education, skills, health and housing. Those are the responsibilities of the Scottish Government and the Scottish Parliament under the devolution settlement. Though some efforts have been made to incorporate a degree of consultation with the Scottish Government in part 1 of the bill, the provisions remain weak and vague. As it stands, there is no explicit definition or shared understanding of what would constitute meaningful consultation with Scottish ministers prior to UK Government ministers reporting on devolved matters in Westminster.

The UK Government claims that that part of the bill does not require consent from this Parliament, as it covers UK-wide targets, but we strongly disagree with that. As I have set out, the levelling up missions are clearly in devolved areas and so are clearly within the responsibilities of the Scottish Parliament. In our view, the UK Government is failing to respect the role of this Parliament and the allocation of responsibilities set out in the devolution settlement. Consequently, I cannot recommend consent for part 1 of the bill. Although some progress has been made, the provisions still fail to recognise that the provisions on levelling up undermine the powers of Scottish ministers and, importantly, the Scottish Parliament.

I move,

That the Parliament agrees that the relevant provisions in Part 3 - Chapter 1, Part 6, Part 12 and Schedules 14-15 and 25 of the Levelling-up and Regeneration Bill, introduced in the House of Commons on 11 May 2022 and subsequently amended, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.

17:53

**Edward Mountain (Highlands and Islands) (Con):** I speak as convener of the Net Zero, Energy and Transport Committee to highlight part 6 of the bill, on which the committee focused its

scrutiny. This important part of the bill relates to the environmental outcome reports, which are a new approach to the environmental assessment. The bill sets out a framework for environmental outcome reports, but much of the detail is left to subordinate legislation, which means that in the bill as introduced, broad powers are given to the UK Government to make regulations in devolved areas without the consent of the Scottish ministers. That prevented the Scottish Government from recommending consent to those provisions.

The committee's report encouraged both Governments to agree an acceptable outcome to the matter, and the bill has now been amended so that the consent of the Scottish ministers is required before those powers are used in devolved areas. That ensures that the Scottish ministers can decide whether to agree to adopting the proposed environmental outcome report approach or to maintain the current approach.

It is welcome that the Governments could reach that agreement. However, the committee has also highlighted the lack of clarity about the role of the Scottish Parliament in scrutinising proposed regulations in the area. Now that agreement between the Governments has been reached, I would welcome any thoughts from the Deputy First Minister on how parliamentary scrutiny can be assured. I am sure that we can all agree that that is hugely important in the Parliament.

**The Deputy Presiding Officer:** I call Kenneth Gibson to speak on behalf of the Finance and Public Administration Committee.

17:55

**Kenneth Gibson (Cunninghame North) (SNP):** I speak as convener of the Finance and Public Administration Committee, which has a long-standing interest in the UK Government's levelling up fund and the UK shared prosperity fund. Of particular interest is how effectively those funds will be spent in Scotland, the outcomes that they will achieve, and their impact on Scottish Government policy and spending plans.

Notwithstanding the Deputy First Minister's comments, I will focus on amendments made to part 1 of the Levelling-up and Regeneration Bill. That part of the bill establishes a new statutory requirement for UK Government ministers to set and review levelling up missions and report on progress. The amendments provide for UK ministers to "have regard to" any role of the devolved legislatures and to consult devolved authorities in relation to reviewing the levelling up missions and any changes to mission progress methodology, metrics or target dates.

As a result, the committee sought confirmation that the Scottish Government will work with Parliament to agree a formal and meaningful role by which Parliament and relevant committees can be consulted on any proposals to change the missions or revise the methodology, metrics or target dates of the levelling up missions. We welcome the Deputy First Minister's confirmation that she is happy to work with the committee on a process

"When there is a clearer proposal from the UK Government on how it intends to carry out the duties set out in Part 1 of the Bill".

We also welcome the Deputy First Minister's commitment that the Scottish ministers will continue to operate on the basis of informing Parliament of significant policy developments and sharing relevant information, where appropriate.

The Scottish Government was consulted on the amendments to part 1 that relate in part to the Parliament, but it is disappointing that the Scottish Parliament and the committee were not consulted. We would welcome a Scottish Government commitment that that will not be the case going forward, and we seek clarity from the Deputy First Minister that, in relation to the UK Government's annual report on progress in delivering the 12 missions, the Scottish Government will work with the committee to ensure that it is made available in Parliament for scrutiny.

The 12 missions for the levelling up fund matter, as they will serve as a policy anchor across the UK Government, including in relation to funding to be spent in devolved areas. However, as the former finance cabinet secretary explained in 2021, it is extremely difficult for the Scottish ministers to determine how best to use capital funding when UK ministers make decisions about capital spend that the Scottish Government is not sighted on. We have written to the Secretary of State for Levelling Up, Housing and Communities to ask how UK ministers intend to comply with the duty in the bill to report on how they have had regard to any Scottish Parliament and Scottish Government role.

The committee looks forward to working with the Scottish Government to develop a transparent process that supports parliamentary scrutiny.

17:58

**Douglas Lumsden (North East Scotland) (Con):** I, too, extend my thanks to the committees and clerks who spent time looking at the legislative consent motion back in 2022 when it first came to the Parliament. It is a pity that the devolved Scottish Government has not shown the same respect to our committee system and the processes of the Scottish Parliament in lodging

today's motion, as we have heard from two conveners.

Our committees are in place to provide scrutiny and reports to Parliament. The devolved Government will like and use some parts of those, and it will disagree with other parts of them, but normally in a respectful way. It is disappointing that the committees have been treated in such a poor way over the LCM.

I will move on to the motion that is before us. I welcome the fact that civil servants of both Governments have worked to ensure that the measures and benefits of the bill will work across the whole of the United Kingdom. Council leaders from all parties have welcomed the additional funding from the UK Parliament, and councils—including Scottish National Party-led councils—have been eager to put forward projects and proposals to access it. That is indicative of the requirement of local authorities to access much-needed funding for capital and major infrastructure projects in their areas.

The levelling up funds have led to significant projects—there is £27 million for a new ferry for Fair Isle, £20 million for Peterhead regeneration, £20 million for town centre regeneration in Kilmarnock, £19.3 million for Fife and £18 million for Dumfries and Galloway, plus many more projects. All those projects will deliver economic growth, regeneration, business development and—most important—jobs. The money goes direct to our communities so that they can make significant improvements to benefit their areas. That is real devolution in action.

I am pleased that compromise has been found on many of the clauses in parts 3, 6 and 12 of the bill. Our two Governments seem to disagree about part 1—one says that it goes against devolution and the other says that consent is not necessary for setting missions. If only we had committees of this Parliament that could report with a view.

It is strange to hear that the cabinet secretary feels that part 1 is an attack on devolution in the same week that a council tax freeze has been imposed on local government. The past week has shown the value that the Scottish Government places on our local authority colleagues; it has ripped up the Verity house agreement before the ink was even dry. That agreement clearly states that there should be no surprises, although the announcement that council tax would be frozen was a surprise not only to local government but to the Cabinet, according to the cabinet secretary.

The changes that UK ministers proposed to secure legislative consent make it clear that they will consult devolved Administrations and Governments appropriately. UK ministers will have regard to devolved legislatures and Governments

in preparing statements on levelling up missions. Other provisions in part 1 will ensure that the Scottish ministers retain the options and controls that are required in the devolved context.

Conservative colleagues will vote for the motion. In support of our valued colleagues in local government, we want to see more investment, not less, and we want to see more devolution to our communities. We support the efforts of any Government to do that.

18:01

**Mark Griffin (Central Scotland) (Lab):** We will support the legislative consent motion, while recognising that the bill legislates in devolved areas. Scotland and Britain need to get building to tackle our housing crisis, and we can see why powers are needed to align planning data and report on environmental outcomes, but the Tories' bill is desperately lacking in ambition and is as thin as the white paper that came before it.

Planning information must be used to drive improvement, but it will also expose the fact that a decade of Government cuts has hollowed out local authority planning departments. We want planning that delivers more genuinely affordable housing, serves communities well and helps local businesses and town centres to thrive. The bill will not achieve that for Scotland, but the national planning framework does not do that, either.

It is welcome that the UK Government may make planning data regulations only after consulting the Scottish ministers or if they are outside devolved competence, but the bill has been beset by Tory back-bench rebellions and Government U-turns, which ended up in the UK Government ditching mandatory housing targets. In ditching those targets, the Tory Government let the SNP Government off the hook for failing to set its own all-tenure targets, which we desperately need to get back to building the 25,000-plus homes a year that we need.

As with the Government here, the UK Government lacks ambition in its bill's reform of compulsory purchase rules for England, which will hinder progress on development, on delivering more houses and on bringing empty homes back into use. The measures in the bill will do little to address the deep inequalities that exist in Scotland and in every part of the UK. Major decisions will continue to be made in Whitehall, with communities forced to compete for small pots of money that are handed out by Tory ministers. Many of the poorest areas will miss out entirely, which seems to be a badge of honour for the current Tory Prime Minister. If neither current Government will deliver on the promise to level up the country, Labour will.

18:04

**Shona Robison:** I thank all members who have spoken in the debate, albeit that it has been a short one. There have been some thoughtful contributions, which I will try to cover.

Douglas Lumsden said that we should be investing more, not less. I say to him that I do not see how his position can be reconciled with the UK Government's cut of nearly 7 per cent to the capital budget. That delivers not more but less across the length and breadth of Scotland.

I am pleased that we have been able to improve parts of the bill. The concerns raised regarding part 1 do not detract from the progress that has been made on parts 3 and 6. The amendments that we have negotiated to part 6 and, by consequence, part 3 now recognise that the consent of the Scottish ministers must be sought before the UK Government makes decisions on devolved matters that will directly impact on Scotland's environment and the economy.

**John Swinney (Perthshire North) (SNP):** Will the Deputy First Minister take an intervention?

**Shona Robison:** I will, in a second.

I say to Edward Mountain, the convener of the Net Zero, Energy and Transport Committee, that I will be happy to take forward the issue that he raised about parliamentary scrutiny, and I will ensure that it is progressed.

**John Swinney:** Although I applaud the Government's success in securing the changes that have been made to the bill, which protect devolution, does the Deputy First Minister agree that it would have been best for the Government not to have had to face such a threat by having a United Kingdom Government that respected devolution in the first place?

**Shona Robison:** As ever, John Swinney makes an important point. The fact that we have had to negotiate at length and in such detail over provisions that should have respected devolution in the first place is a sign of the UK Government's starting point, which is to try to remove and undermine devolution and to remove the powers not only of the Scottish Government but of this Parliament. Every one of us, across the parties, should be concerned about that.

The UK Government's commitment to make an order under the Scotland Act 1998 to reinstate specific powers of the Scottish ministers that were rendered inoperative following Brexit is an important step forward in the wider context of our Government's capacity to assess and regulate critical offshore renewables projects and related infrastructure. Of all the changes that have been made, those are significant.

However, we have to get back to the point of part 1 of the bill, about which Kenneth Gibson made important points.

**The Presiding Officer (Alison Johnstone):** Please conclude.

**Shona Robison:** Mr Gibson's committee has asked Michael Gove, the Secretary of State for Levelling Up, Housing and Communities, to provide evidence to the cross-party committee. I hope that the UK Government will respond to that.

As I said in response to Edward Mountain, I look forward to working with the Finance and Public Administration Committee as we take forward those matters.

**The Presiding Officer:** That concludes the debate on the Levelling-up and Regeneration Bill.

## Committee Announcement (Equalities, Human Rights and Civil Justice Committee)

**The Presiding Officer (Alison Johnstone):** The next item of business is an announcement by the Equalities, Human Rights and Civil Justice Committee on its inquiry into the human rights of asylum seekers in Scotland. I call Kaukab Stewart, the convener of the committee, to make the announcement.

18:08

**Kaukab Stewart (Glasgow Kelvin) (SNP):** I am grateful to have the opportunity to make this announcement on behalf of the Equalities, Human Rights and Civil Justice Committee. Today the committee published a report on its inquiry into the human rights of asylum seekers in Scotland.

The committee began taking oral evidence on 25 April, at my first meeting as its convener, and we continued throughout May and June.

Paragraphs 65 to 71 of our report set out the witnesses from whom the committee heard. We are extremely grateful to all those who contributed to the inquiry, but I particularly want to thank the asylum seekers and refugees who spoke directly to us in our engagement sessions. It was essential to me that we heard about their lived experience, which was often traumatic, so that the committee clearly understood the significant challenges that they face. I encourage members to read the notes from our engagement sessions, which are published on the committee's web page. They provide a telling picture of the conditions that refugees and asylum seekers face. We hope that our report gives a voice to those experiences, which informed our conclusions and recommendations.

Sadly, we heard about substandard, inappropriate and inadequate conditions—especially in relation to accommodation—which presented people with an increased risk of being a victim of crime and/or exploitation, as well as an increased risk of physical and mental health issues developing or being exacerbated.

We heard that support in accessing English as a second language classes is inconsistent and that there is a lack of quality interpreters. English language teaching is essential in helping asylum seekers arriving in Scotland to integrate in our communities, so that issue needs to be addressed.

There is a significant reliance on the third sector, as asylum seekers rely on it for clothing and for accessing transportation and education, medical, community, religious and cultural

facilities. I know that the convener of the Citizen Participation and Public Petitions Committee has raised the issue of concessionary travel with the First Minister directly. I also note that, later this week, Paul Sweeney will lead a members' business debate on the issue, which I look forward to contributing to in a personal capacity. On behalf of the committee, I take this opportunity to acknowledge the incredible work of all the third sector organisations that help asylum seekers to find their place in our communities.

Although immigration is a reserved matter, our report challenges the Scottish Government to make full use of its existing powers to support and protect asylum seekers. Among our recommendations, we challenge the Scottish Government to ensure that the third sector can benefit from improved resourcing; to honour its commitment to maintain and enhance the wellbeing of children in local authorities; to maintain and enhance anti-trafficking protections; and to ensure that asylum seekers understand their rights by providing them with accessible education and information.

We look forward to the committee debate, which we hope to secure before the end of the year, and to the Scottish Government's response to the report in advance of that debate.

## Decision Time

18:12

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

The first question is, that amendment S6M-10915.1, in the name of Tess White, which seeks to amend motion S6M-10915, in the name of Jenni Minto, on transvaginal mesh, be agreed to. Are we agreed?

**Members:** No.

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

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

18:12

*Meeting suspended.*

18:15

*On resuming—*

**The Presiding Officer:** The question is, that amendment S6M-10915.1, in the name of Tess White, be agreed to. Members should cast their votes now.

The vote is closed.

**The Minister for Local Government Empowerment and Planning (Joe FitzPatrick):** On a point of order, Presiding Officer. I did not manage to connect to the voting app. I would have voted no.

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

**Kenneth Gibson (Cunninghame North) (SNP):** On a point of order, Presiding Officer. I could not connect to the digital platform. I would have voted no.

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

**Craig Hoy (South Scotland) (Con):** On a point of order, Presiding Officer. I am not sure whether my vote was recorded. I would have voted yes.

**The Presiding Officer:** I can confirm that your vote was recorded, Mr Hoy.

**Sharon Dowey (South Scotland) (Con):** On a point of order, Presiding Officer. I could not access the app. I would have voted yes.

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

For

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

#### Against

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)

Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Regan, Ash (Edinburgh Eastern) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)

**The Presiding Officer:** The result of the division on amendment S6M-10915.1, in the name of Tess White, is: For 49, Against 63, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that amendment S6M-10915.2, in the name of Jackie Baillie, which seeks to amend motion S6M-10915, in the name of Jenni Minto, on transvaginal mesh, be agreed to. Are we agreed?

**Members:** No.

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

The vote is closed.

**Sarah Boyack (Lothian) (Lab):** On a point of order, Presiding Officer. My system is still attempting to connect to the digital voting platform. I would have voted yes.

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

**For**

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

**Against**

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)

Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Regan, Ash (Edinburgh Eastern) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)

**The Presiding Officer:** The result of the division on amendment S6M-10915.2, in the name of Jackie Baillie, is: For 50, Against 63, Abstentions 0.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that motion S6M-10915, in the name of Jenni Minto, on transvaginal mesh, be agreed to. Are we agreed?

**Members:** No.

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

**For**

Adam, George (Paisley) (SNP)  
 Adam, Karen (Banffshire and Buchan Coast) (SNP)

Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Brown, Siobhian (Ayr) (SNP)  
 Burgess, Ariane (Highlands and Islands) (Green)  
 Callaghan, Stephanie (Uddingston and Bellshill) (SNP)  
 Chapman, Maggie (North East Scotland) (Green)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Don, Natalie (Renfrewshire North and West) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fairlie, Jim (Perthshire South and Kinross-shire) (SNP)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Gillian (Central Scotland) (Green)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAllan, Màiri (Clydesdale) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McLennan, Paul (East Lothian) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNair, Marie (Clydebank and Milngavie) (SNP)  
 Minto, Jenni (Argyll and Bute) (SNP)  
 Nicoll, Audrey (Aberdeen South and North Kincardine) (SNP)  
 Regan, Ash (Edinburgh Eastern) (SNP)  
 Robertson, Angus (Edinburgh Central) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Roddick, Emma (Highlands and Islands) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Slater, Lorna (Lothian) (Green)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Collette (East Kilbride) (SNP)  
 Stewart, Kaukab (Glasgow Kelvin) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Sturgeon, Nicola (Glasgow Southside) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Thomson, Michelle (Falkirk East) (SNP)  
 Todd, Maree (Caithness, Sutherland and Ross) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Tweed, Evelyn (Stirling) (SNP)  
 Whitham, Elena (Carrick, Cumnock and Doon Valley) (SNP)

#### Against

Stewart, Alexander (Mid Scotland and Fife) (Con)

#### Abstentions

Baillie, Jackie (Dumbarton) (Lab)  
 Balfour, Jeremy (Lothian) (Con)

Bibby, Neil (West Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Choudhury, Foysol (Lothian) (Lab)  
 Clark, Katy (West Scotland) (Lab)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Dowey, Sharon (South Scotland) (Con)  
 Duncan-Glancy, Pam (Glasgow) (Lab)  
 Findlay, Russell (West Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Gallacher, Meghan (Central Scotland) (Con)  
 Golden, Maurice (North East Scotland) (Con)  
 Gosal, Pam (West Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Gulhane, Sandesh (Glasgow) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Hoy, Craig (South Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kerr, Stephen (Central Scotland) (Con)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lumsden, Douglas (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 McCall, Roz (Mid Scotland and Fife) (Con)  
 Mochan, Carol (South Scotland) (Lab)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Ross, Douglas (Highlands and Islands) (Con)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Sweeney, Paul (Glasgow) (Lab)  
 Webber, Sue (Lothian) (Con)  
 Wells, Annie (Glasgow) (Con)  
 White, Tess (North East Scotland) (Con)  
 Whitfield, Martin (South Scotland) (Lab)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

**The Presiding Officer:** The result of the division on motion S6M-10915, in the name of Jenni Minto, on transvaginal mesh, is: For 63, Against 1, Abstentions 49.

#### *Motion agreed to,*

That the Parliament welcomes the report of the independent Transvaginal Mesh Case Record Review; acknowledges the severe and painful complications endured by women after the implantation of transvaginal mesh and regrets that their trauma may have been exacerbated by initial service responses that doubted their lived experiences; notes the continuing improvement in support, informed by the views of affected women, offered by the specialist mesh surgical service at the New Victoria Hospital in Glasgow in particular and NHS Scotland in general, in ways well aligned with the recommendations of Professor Britton's review; further notes the Chief Medical Officer's request of NHS boards to sustain good practice in the seeking and recording of patients' informed consent and to be assured locally that affected women are able to access the national mesh removal referral pathway, and



supports the Scottish Government's continuing commitment to offering women a choice of surgeon, if mesh removal surgery is considered appropriate, and to reimbursing women who had previously arranged qualifying mesh removal surgery privately.

**The Presiding Officer:** The final question is, that motion S6M-10916, in the name of Shona Robison, on the Levelling-up and Regeneration Bill, which is United Kingdom legislation, be agreed to.

*Motion agreed to,*

That the Parliament agrees that the relevant provisions in Part 3 - Chapter 1, Part 6, Part 12 and Schedules 14-15 and 25 of the Levelling-up and Regeneration Bill, introduced in the House of Commons on 11 May 2022 and subsequently amended, so far as these matters fall within the legislative competence of the Scottish Parliament or alter the executive competence of the Scottish Ministers, should be considered by the UK Parliament.

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

## Challenge Poverty Week 2023

**The Deputy Presiding Officer (Liam McArthur):** I encourage members who are leaving the chamber to do so as quickly and quietly as possible. The final item of business is a members' business debate on motion S6M-10526, in the name of Collette Stevenson, on challenge poverty week 2023. The debate will be concluded without any question being put. I invite members who wish to participate to press their request-to-speak buttons now or as soon as possible, and I invite Collette Stevenson to open the debate by speaking for around seven minutes.

*Motion debated,*

That the Parliament recognises Challenge Poverty Week 2023, which is coordinated by the Poverty Alliance, Scotland's anti-poverty network, and which runs from 2 to 8 October; notes that activities, events and actions will take place across Scotland to highlight the realities of, and solutions to, poverty, as well as increasing public support for tackling poverty; understands that the week emphasises the importance of a number of key policy asks, to help to unlock people from the grip of poverty, including the role of communities, access to food and adequate incomes; believes that over one million people in Scotland, including 250,000 children, are living in the grip of poverty and that the ongoing cost of living crisis continues to pull even more into hardship; notes the view that governments, politicians, civil society and communities all have a role to play in solving poverty; understands that particular groups of people, including low-paid women, lone parents, disabled people and people from black and minority ethnic backgrounds are disproportionately experiencing poverty; notes the view that poverty in Scotland can be solved by utilising all levers to boost incomes and reduce the impact of the cost of living crisis; further notes the view that people in Scotland support action to end poverty and believe in compassion and social justice; celebrates the work undertaken by organisations and communities across Scotland to stem what it sees as the rising tide of poverty, and notes the view that people across Scotland, including all MSPs, should attend and support events and activities in their areas to mark Challenge Poverty Week 2023.

18:24

**Collette Stevenson (East Kilbride) (SNP):** I am grateful to members across the chamber for supporting my motion. There are many things that I want to touch on in my speech, and I accept the challenge of doing so in seven minutes.

First, I pay tribute to the Poverty Alliance, which plays an important role as Scotland's anti-poverty network, alongside many other organisations, community groups and activists. With the current cost of living crisis, we are all acutely aware of the increased difficulties that people across the country face. Challenge poverty week 2023 gave us the opportunity to acknowledge that and recognise that, for many, the crisis is compounding their hardship. The realities of poverty were highlighted and solutions were put forward. This year's calls included ensuring that

people have adequate incomes and that no one goes hungry.

Around 250,000 children are living in poverty in Scotland. I know that everyone here is united in supporting the Scottish Government's national mission to tackle poverty. Under the Child Poverty (Scotland) Act 2017, Scotland is the only part of the United Kingdom with statutory income targets for tackling child poverty, with bold targets for 2030 and interim targets that are to be met this financial year. As convener of the Social Justice and Social Security Committee, I want us to review the 2017 act when data for this year are available, and to ensure that we learn the right lessons in order to meet those 2030 targets. Of course, much has changed since 2017—Brexit, Covid and Liz Truss's economic vandalism have all added to the pain that is felt by people across the UK.

Those crises might affect the targets, but the Scottish Government has worked hard to support people through them, with a wide-ranging package of measures to build a fairer Scotland. A crucial part of that is the Scottish child payment, which charities have hailed as a game changer. That payment of £25 per eligible child per week is a lifeline for many families, and it will help more than 300,000 children this year. In addition, the Scottish National Party Government is widening access to free school meals, boosting social security spending by £1 billion, expanding free childcare and continuing to mitigate the worst of Westminster's policies. Such actions are expected to lift 90,000 children out of poverty this year alone.

However, with one hand tied behind its back, there is only so much that this Parliament can do. Imagine the fairer country that we could build if this Parliament had the full economic and fiscal powers that are required to tackle poverty and inequalities. Instead, we are left with Westminster austerity and toxic Tory policies, such as the rape clause, which hamper our efforts to tackle poverty. Sadly, the Labour Party is offering nothing other than a continuation of those cruel policies.

The First Minister's three key missions are tackling poverty, building a fair, green and growing economy, and delivering effective public services. Those three areas are interlinked. As Alfie Stirling from the Joseph Rowntree Foundation recently said,

"Business investment may be the lifeblood of a growing economy, but social security and public services provide the heartbeat."

Social security is important in order to support people when they need it and, equally, in the fight against poverty. I am glad that, with recent but limited powers, we have built a new Scottish social

security system that is based on fairness, dignity and respect.

However, although social security has a role to play, it is by no means the only tool. Regardless of social security status, those people who are in work are not immune from the risk of poverty. Indeed, the Poverty Alliance has pointed out the stark statistics that more than 10 per cent of workers in Scotland are locked in persistent low pay and that nearly three quarters of those workers are women.

Last week, I spoke at an event celebrating SSE's 10th anniversary as a living wage employer. We had an interesting discussion about the benefits—not only for social justice but to the business—of paying staff a fair wage for a fair day's work. Unfortunately, with employment law reserved to Westminster, we are reliant on employers choosing to adopt it. I am glad that so many organisations are doing so. East Kilbride is home to more than 60 living wage employers.

This year, the living wage is 48p per hour higher than the minimum wage for people who are aged over 22. For someone in that age bracket, who is working a 37-hour week, that translates to an extra £923 over the year. However, one of the unfair aspects of the UK minimum wage policy is that it includes age inequality by default. For someone aged 21 or 22, the loss rises to nearly £1,400 if they are on the minimum wage rather than the living wage, and for someone aged 18 to 20, that loss rises to a staggering £6,500. This morning, the new living wage rate was announced at £12 per hour—£1 more than the minimum wage—so that inequality will only get worse.

Poverty at the end of life is another issue that we must challenge. The Marie Curie Foundation found that two thirds of people with a terminal illness rely on benefits, so it is vital that we ensure sufficient support for people in that situation and their carers.

I pay tribute to all of Scotland's anti-poverty campaigners. I commend the Poverty Alliance for another successful challenge poverty week, which is an initiative that it launched 10 years ago. I will certainly continue to challenge poverty and to work for a fairer Scotland. I look forward to hearing contributions from all of my colleagues.

18:31

**Clare Adamson (Motherwell and Wishaw) (SNP):** I begin by giving my apologies to those in the chamber, as I have to leave the debate early this evening.

I congratulate Collette Stevenson on bringing this important debate to the chamber. After all, as legislators and representatives of the people who

elected us, challenging poverty should be a collective moral imperative. Like Collette, I could have talked about many things this evening, such as the two-child cap, which remains an abhorrent UK policy that continues to drive children into poverty. According to the Child Poverty Action Group in Scotland, 15,000 children a year have been pushed into poverty by that policy.

I could also talk about the alarming new study from the Joseph Rowntree Foundation that was published today, which shows that around 3.8 million people in the UK experience destitution. That number is up 61 per cent since 2019 and has more than doubled since 2017. Destitution is increasing more slowly in Scotland thanks to the bold policies that we have, such as the Scottish child payment, but we remain limited in what we can do in this Parliament without all the powers of an independent country. I am confident that my colleagues will cover some of those areas this evening, but I will focus on an extant injustice that has been raised by a number of my constituents: historical energy debt. I do not mean their historical energy debt; I mean debt that comes with a prepayment meter.

I have spoken to a number of people who have taken up tenancies, whether in social housing, council houses or new properties, who, if they did not get a new top-up card in the prepayment meter, could carry the debt of the previous tenant and the previous owner, and the standing charges from when it was last used. Even if people supply meter readings, the standing charge debt can accrue and be put on to their system. That is leaving some of the most vulnerable people in my constituency absolutely devastated. They cannot heat their homes or look after their budgets, because they are being lumped with up to £271—which is the highest amount that I have heard about so far—of someone else's debt. That is morally repugnant. Although we could say that it is a Westminster issue and that it needs legislation, what are the energy companies doing to right that wrong? It is an absolute disgrace.

That is just one of the problems with prepayment metres that we know about. Quite often, there can also be an increased or a more expensive tariff. In addition, people who are struggling and trying to manage their energy use can fall victim to self-disconnection. In this century, with all the weather problems that we have in Scotland, why are we talking about self-disconnection? It makes no sense whatsoever. I cannot understand why that term is still being used in this country.

Perhaps this is the biggest problem. I got the £400 grant from the United Kingdom Government to help with energy costs—everyone in this room probably did—but take-up for people on

prepayment meters is minuscule. In some cases, it is about 60 per cent. Those people are not accessing the vouchers, because it is assumed that they have a mobile phone to which the voucher can be sent and that they have digital access. Why should the most vulnerable people in our society have to jump through hoops to get a benefit that we in this room all get? Energy companies could be doing so much more to help people on prepayment meters and to right that injustice. There is a moral imperative on them to fix the problem as quickly as possible.

18:36

**Miles Briggs (Lothian) (Con):** I, too, thank Collette Stevenson for securing the debate. Challenge poverty week was launched in 2013 by the Poverty Alliance with the aim of highlighting the injustice of poverty in Scotland and with a desire to find solutions based on compassion and collective action. I congratulate all those who helped to organise, and took part in, this year's challenge poverty week, with more than 400 events taking place between 2 and 8 October.

Challenge poverty week is important. It is important that we recognise that the Poverty Alliance has been pushing the Parliament on such issues, and its strong advocacy has helped to make the Government and the Parliament act in many areas. That is why there is continued strong cross-party consensus on the objectives of the Child Poverty (Scotland) Act 2017. That legislation, which was passed unanimously by the Parliament, sets a target to substantially reduce child poverty rates in Scotland, and, collectively, we must continue to focus on delivering the outcomes that are set out in the 2017 act.

In the time that I have today, I want to concentrate on three key sections of our society that need more focused and targeted support. Poverty levels among Scotland's ethnic minority communities remain disproportionately higher than those among the general population. It is estimated that the poverty rate stands at 48 per cent among mixed, black and other ethnic minority groups and at 49 per cent among Asian ethnic minority groups in our society. Clearly, specific factors are having a negative impact on the minority ethnic groups that experience higher levels of poverty. We need more focused action on removing the barriers that exist for those groups that are furthest removed from accessing welfare and support. In the Social Justice and Social Security Committee, we have heard that a key factor continues to be language barriers.

There are also higher poverty rates among lone-parent families—92 per cent of which involve single women—with a single source of income. Almost 40 per cent of children in relative poverty in

Scotland live in a lone-parent family, so it stands to reason that we need to look at what targeted support can be provided to them. When we consider future increases in targeted support such as the child payment, I hope that the Parliament and the Government will consider how targeted support could be provided to those specific groups. In many previous committee sessions, those asks have been made, and there is the opportunity for us to look at that.

Collette Stevenson mentioned unpaid carers, and I hope that that group will be given more targeted support in the future. I welcome the fact that the Scottish Government has listened to some of the concerns that I and others have outlined. In relation to people undertaking a caring role, once the person who is being cared for dies, the guillotine comes down on payments, which has an impact on many people, so I welcome the fact that the Government has committed to extending the carer support payment for a further six months after a person who is being cared for dies.

There is a lot more that we could do. For example, I hope that we can have a conversation about the additional support that people might need in order to get them back into the workplace or society.

I welcome challenge poverty week 2023. Above all, I hope that this year, once again, presents the opportunity for us all to rededicate ourselves to delivering the policy outcomes to which we are all committed and to working as a Parliament and with the Government to lift people out of poverty.

18:39

**Stuart McMillan (Greenock and Inverclyde) (SNP):** I thank Collette Stevenson for securing this important debate. I know that I am not alone when I say that I did not get into politics to make things worse; I got into politics to try to make things better for people, and I believe that we should all challenge poverty at every opportunity. During last year's challenge poverty week, I organised two cost of living surgeries to raise awareness of the support and advice that are freely available to people who were worried about rising bills. Since then, I have organised another seven such surgeries and I have another lined up for next month.

As an MSP, I have always strived to be as accessible as possible to my constituents. Having those surgeries outwith my office and in local town centres was key to their success. There was existing footfall in the Oak Mall shopping centre in Greenock, and I also had a surgery in the Inverclyde Community Development Trust's offices in Port Glasgow. People stopped to engage with the advice agencies that were in attendance,

such as Advice Direct Scotland and Home Energy Scotland, among other local partners. Social Security Scotland is now one of the key agencies that I invite to the cost of living surgeries, which have become a regular feature of my parliamentary duties. I do it because I want to ensure that my constituents receive all the assistance to which they are entitled and to try to reduce poverty in my constituency.

The Scottish child payment, which is a benefit that is unique to Scotland, is worth £25 per week per eligible child. As of 30 June this year, the payment was benefiting 316,000 children and it is estimated to have lifted 50,000 children out of relative poverty. That shows that the Scottish National Party Government is committed to using the powers at its disposal to try to tackle poverty in Scotland, and it demonstrates that Scotland can take a different approach to welfare reform. Just think about how much further we could go in the Parliament if we had more powers, or with independence. The reality is that the UK Government has presided over a cost of living crisis that is hitting our economy harder than is the case in our European neighbours. Research shows, time and again, that Brexit is one of the driving factors behind that, and that policy is now, sadly, supported by the Labour Party.

The UK Government's continued pursuit of austerity, which was started by Labour when it was last in power and which is now going full steam ahead with the Tories, is making people's lives harder, not easier. The waiting time for universal credit is still far too long and continues to drive people to food banks. When people eventually receive a universal credit payment, it does not cover all the basics. I regularly visit Inverclyde Foodbank and I support the Trussell Trust's guaranteed essentials campaign, which is calling for the basic rate of universal credit to at least cover the cost of essentials such as food, household bills and travel costs. That is because around 90 per cent of low-income households receiving universal credit are going without at least one essential, such as food, a warm home or toiletries.

That shows that the UK Government's policies are contributing to poverty, which is in stark contrast to the efforts of this Parliament and the Government here in Scotland. We are attempting to tackle poverty in Scotland with one hand tied behind our back. Sadly, with Labour now signed up to the two-child cap, which is working against efforts to lift children out of poverty, it is abundantly clear that we cannot trust the Westminster parties with looking after those who are most in need.

In the run-up to challenge poverty week, I was asked by the Poverty Alliance to write a blog post

about my work on challenging poverty. I gave some background on the cost of living surges that I mentioned, but one key point that I stressed and that I want to stress again to everyone listening is: if you need help, please ask. MSPs and their staff across the country deal with difficult situations daily, and there are certainly folk there who can help.

I am conscious of time, so I will end there, Presiding Officer.

18:44

**Richard Leonard (Central Scotland) (Lab):** I thank Collette Stevenson for bringing this debate to Parliament, and I pay tribute to the Poverty Alliance and all those organisations that are leading in the fight against poverty. Because poverty is not simply a lack of wealth; it is a lack of power as well, which can lead to acquiescence, and that is why we must all challenge poverty at every opportunity.

Do we not have a responsibility? Do we not owe a debt to the elderly who built this society but who now find themselves living in fear and in deprivation? Do we not have an obligation to all of those children being brought up in abject poverty to take action? Does that duty not extend to the 80,000 children in Scotland who are punished by the two-child cap?

The two-child cap is an immoral, cowardly assault by the Tory Government on defenceless people, on children in the deepest poverty. It is built on the grotesque fiction that there is a deserving and an undeserving poor, and that a woman will undergo nine months of pregnancy and a family will invest 18 years in raising a child simply so that they can pick up more welfare payments for an extra £15 a week. It is nothing short of obscene.

So, to the Scottish Government, my message is this. We cannot set legally binding targets in this Parliament to eliminate child poverty and then break our own laws with impunity.

But to my own party, I also have a simple message. If not us, who? If not now, when? This is no time for a truce with poverty, especially child poverty. We must overcome those irresponsible voices who talk of economy, or worse, those who speak of the money markets. We must understand that people are the assets on our balance sheet.

Throughout most of my adult life, there has always been a debate about a cap on social security spending. Why is there never a debate about a cap on military security spending? There is always a debate about what we can afford to give to the very poorest in our society, but there is never a debate about how much we subsidise the

very richest in our society. We are told time and time again that welfare spending is wasteful, but what is really wasteful is writing these kids off. Tackling child poverty is an investment, but more, it speaks to our common humanity; to the value of human dignity and social justice.

We know that two out of three of those children in Scotland living in poverty are in families where at least one adult is in work. They have got a job, but it is a low-paid and insecure job.

We receive reports about thousands of children in Scotland in this day and age admitted to hospital for malnutrition, and the number is rising. Last year, it doubled, but there is no shortage of food; it is just that there are serious problems with its distribution. And we know where this leads. Children who are suffering today from malnutrition will almost certainly face health problems throughout their lives, their life expectancy shortened. So we do not need simply piecemeal reform—we need a fundamental transformation in the established relations of power.

Let me conclude with the words of John Smith, who on his election as leader of the Labour Party said this:

“It is not just people who live in poverty who gain from our commitment to social justice and fairness. We all live in the same society. It is a poorer society if it is diminished by unemployment, homelessness and poverty.”

His words call out to us down the ages. They require to be heeded and they demand to be acted upon.

18:49

**Kaukab Stewart (Glasgow Kelvin) (SNP):** I am grateful to my colleague Collette Stevenson for bringing the debate to the chamber.

I was elected to this place just two and a half years ago and have engaged in many debates about poverty, but I am struggling. I am struggling because time and time again, we come here to discuss poverty, its effects and the impact that it has on health, wellbeing, educational attainment—I could go on. Time and time again, the Scottish Government implements mechanisms to alleviate that poverty in targeted areas, such as the Scottish child payment, which has been praised by many as a game changer, and yet, time and time again, those efforts are undermined by a UK Government that has been hellbent on reducing welfare and access to welfare for more than 13 years. A person who needs support in Scotland simultaneously has one hand giving it, while another, from 400 miles down the road, snatches it away.

If we reflect on the 24 years of this still-young Parliament, we can see that this place has flexed

its ambition for our country with the creation of Social Security Scotland. It is not a silver bullet—no organisation is—but it demonstrates a clear intent to treat people who need support with the dignity and respect that they deserve. We should contrast Social Security Scotland with the Department for Work and Pensions, which, over the past decade and a bit, has contracted private companies to assess benefit claimants to make sure that they are not scamming the system. People with lifelong degenerative disabilities are still required to present to an assessor frequently. If they do not, they face being sanctioned and losing the support that they need simply to get by.

Even with welfare benefits, getting by is a struggle. The Tories' benefit cap is set at roughly £14,750 per year for a single adult living outside London. In contrast, the real living wage is the minimum income that it is calculated that a person needs in order to be able to afford life's basics. The new rate announced today of £12 per hour works out at a take-home pay of around £18,900 per year, after income tax and national insurance.

We cannot have a Tory welfare system that is difficult to navigate—in the hope that people just give up—and makes inadequate payments. The Tories have not even ensured that work pays, either. George Osborne introduced the national living wage as the legal minimum amount that a worker can be paid, but it was nothing but a con—a rebranded minimum wage. Outside London, it amounts to more than £1.50 per hour less than the real living wage, which works out at £2,730 per year less for a full-time worker on 35 hours per week. Is it any wonder that the number of people in the UK who use Trussell Trust food banks has increased from around 26,000 in 2010, when the Tories came into power, to almost 3 million in 2023?

It is time for a different kind of politics. Sadly, we have had no indication that that will come from Keir Starmer's Labour Party, which will not even reverse the two-child benefit cap and rape clause, which loses families more than £3,000 per year.

While many welfare streams remain under Westminster control, I urge all parties to look to Scotland and the ethos of our devolved social security system. People need and deserve dignity and respect. Work should pay. There should be no more con tricks—a living wage should be exactly that.

During challenge poverty week, I encourage colleagues to engage with the events so that we are reminded of how important it is to alleviate and eradicate poverty.

18:53

**Beatrice Wishart (Shetland Islands) (LD):** I thank Collette Stevenson for bringing this important debate to the chamber.

As deputy convener of the cross-party group on poverty, I welcome the opportunity to support challenge poverty week and to raise awareness of the issue of poverty and the interlinked impact that poverty can have on all aspects of people's lives.

As the motion outlines, poverty has many roots. There are links between discrimination of all kinds and poverty. As a society, we must challenge poverty and discrimination. We must break any stigma about poverty to ensure that people who need assistance are supported. That includes their receiving any financial assistance to which they are entitled.

We should move away from the idea that poverty is solely the cause of individual choices. All of us in society have a responsibility to help to tackle poverty, not least to our children. The fact that there are 250,000 children in poverty in Scotland today should shame us all, and we know that when someone is born into poverty, they are more likely to die in poverty.

For rural and island Scotland, the challenges of geography can impact poverty. Before the announcement last year of the UK Government's energy payment support scheme to cover part of the cost of energy bills, Shetland Islands Council predicted that 96 per cent of households in the isles would find themselves in fuel poverty. That meant that only islanders earning £104,000 a year would not be classed as being in fuel poverty.

We know that families and households across Scotland are being pushed to the very limits of their finances. Since the start of the cost of living crisis, constituents have contacted me with concerns about their energy bills and their inability to pay them. I recognise the points that Clare Adamson was making about prepayment meters. In the 21st century, as with any utility and necessity, the cost of energy should not exacerbate or be a cause of poverty.

Shetland's location as the windiest part of the UK and the most northerly island group means that we often keep heating on for longer throughout the year. Islanders recognise the irony of living in and around such an energy-rich environment. Fuel poverty levels remain stubbornly high in island and rural areas. A few weeks ago, I questioned the Scottish Government about its plans for this winter. The UK Government's intervention on energy costs last year showed that there can be policy solutions, and policies that may not be directly aimed at reducing poverty can have that added outcome. A programme of Scottish Government support for

home insulation would be one way to improve energy efficiency, thereby reducing household energy costs and helping to tackle fuel poverty.

Transport in rural areas is another example of the geographic impact on poverty levels. Lack of sufficient public transport can be a block to accessing services. Health services are just one example, but transport challenges also affect employment opportunities, including childcare, shift work and the ability to secure jobs further afield from home. As the motion suggests, that all has a disproportionate impact on certain sectors of society.

I kept my speech focused on the impact of geography on poverty, but island, rural, urban and inner-city areas all have their own stories when it comes to poverty, and geography is one small fragment of the bigger picture. We must identify and dismantle the stigma surrounding poverty. We can dream of a world without poverty, a world where Government policies support those who need them, a world without demonisation of those who are being supported by benefits, and a world where no newborn is more likely to be born into poverty than any other.

The Liberal reforms early in the last century began the model of state policies that intervene to mitigate poverty. The Scottish Government's competence over social benefits is an opportunity in the early years of this century to tackle our ever-evolving understanding of poverty.

18:57

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** I congratulate Collette Stevenson on securing this important debate. I, too, thank the Poverty Alliance for its tireless and passionate campaign to end poverty.

Poverty robs people of choices and the chance to lead fulfilling and dignified lives. It basically strips the joy right out of our lives. Sadly, more than 1 million Scots are grappling with poverty, and almost half of those people are living in deep poverty. Others, who could never have imagined struggling with poverty just a few short years ago, now find themselves having to make unimaginable choices between eating, heating and keeping clean. No one should have to compromise their dignity in a country as affluent and resource rich as ours. The inequality that prevails across the UK is nothing short of scandalous, as we have already heard.

The Scottish Women's Budget Group 2023 report, "Experiences of rising costs across Scotland", highlights that women are often the shock absorber of poverty in their households, with women commonly cutting back on life's essentials in order to better provide for their

children. A fifth of women surveyed were skipping meals, and just under half were not replacing clothes and shoes. One woman said that the changes that she had made personally did not apply to the children, and that they do not go without healthy meals and showers.

However, despite those selfless acts, women cannot break the relentless cycle of poverty, and the associated mental stresses often have far-reaching consequences. Poverty rates are higher among lone parents, too, and 92 per cent of those parents are women.

When someone has a single source of income, limited job flexibility and childcare costs, and is confronted with Westminster's cruel two-child benefit policy in a universal credit system that is described as an "insufficient means of livelihood", the pressures of being the sole provider are often crippling and isolating. That holds particularly true for mums and parents under 25 years old—Collette Stevenson referred to this earlier—who also lose out on £75 of universal credit per month just because of their age. One young single mother said:

"I don't understand how someone over 25 gets more for being in exactly the same situation that I am."

I find it hard to disagree with her.

This year, one of the Poverty Alliance's calls is for fair and sustainable funding for third sector organisations. We know the significant contribution that our third sector makes to support our most vulnerable communities, with many of them also actively targeting the gendered nature of poverty and the structural inequalities that undermine women.

I spoke recently to One Parent Families Scotland, which provides vital support to lone parents and children in Lanarkshire, where I live, and across Scotland. It offers a telephone helpline that is highly valued by communities. However, the organisation told me that calls for advice are increasingly becoming emergency crisis calls, as more and more families reach a cliff edge. Its resources are being spread even thinner.

I am certainly proud that eradicating child poverty is a core commitment of Scotland's programme for government and that our Scottish child payment is a world first—a game changer, as we have heard. However, we must still strive to support our invaluable third sector in every way that we can, despite the financial challenges that our Government and the Parliament face.

19:01

**Marie McNair (Clydebank and Milngavie) (SNP):** I congratulate Collette Stevenson on securing this important debate on challenge

poverty week. Tackling poverty and inequality is the single biggest challenge that we face in Scotland, and it requires continued, urgent and sustained action.

In Scotland, we are introducing a fairer social security system—one in which the stigma and conditionality of the Department for Work and Pensions system play no part. There is no two-child limit, which is favoured by the two parties that aspire to govern at Westminster. Instead, we have a Scottish child payment that was increased to £25 and is described by the Child Poverty Action Group as

“an absolute game-changer in the fight to end child poverty”.

I am the first to acknowledge that more can be done, and I welcome that we will review the level of the payment in future budgets.

In my home town of Clydebank and across my constituency, the residents do more than challenge poverty for just one week in the year—they do it every day. Faifley food share provides a food pantry for residents that is run by a small team of volunteers. Dalmuir Barclay church community pantry runs a food pantry, drop-in cafe, clothing drives, indoor bowling and three craft groups. Old Kilpatrick Food Parcels offers a free food pantry, chatty cafes for residents to have a warm meal and a chat with others, movie nights for kids and so much more. The kindness and warmth of those groups and their dedication to help others and challenge poverty is unmatched. The generosity of the whole Clydebank and Milngavie community, who come together to support those who are struggling, is a lifeline. I am grateful for what those groups do, but it should not have to be this way.

The existence of food banks in the 21st century is an outrage. Unfortunately, Westminster policies—policies that have inflicted decades of austerity and dreadful cuts to social security—have made them essential for many. The Trussell Trust, which is the organisation that runs around two thirds of the food banks in the UK, went from giving out around 61,000 food parcels in 2010 to giving out 2.5 million in 2020.

In 2022, David Cameron tweeted that he had been volunteering at his local food bank for the past two years. That is truly the starkest of ironies, given that food bank usage went up by 2,612 per cent while he was Prime Minister. That is not something to be proud of. In the face of the current Westminster cost of living crisis, we need action from the UK Government that will challenge poverty. We need the £20 universal credit uplift to be reinstated and increased, the abhorrent two-child cap and the rape clause to be abolished, and the energy bill rebate to be reintroduced to ensure

that no one has to decide between heating and eating.

A report last year from Aberlour Children’s Charity found that families that are in receipt of universal credit are having their monthly income reduced by, on average, £80 to cover debts such as universal credit advances. At such a difficult time for families, surely the Westminster Government should suspend those deductions and not reduce an already inadequate level of support.

I am thankful for the work that the local food pantries do in my constituency, but we should all fight for a Scotland where they are not needed. No one should ever be unable to afford the essentials. We want a just and equal Scotland, and I truly believe that we can achieve some of that with cross-party support. However, we need a UK Government to act. With the current Tory Government or with the Labour Party, which will keep the two-child policy, we will never see a truly equal and poverty-free Scotland; only with the control of our own affairs will we see that.

19:05

**The Minister for Equalities, Migration and Refugees (Emma Roddick):** I thank the members who have stayed for tonight’s important debate, and I thank Collette Stevenson for bringing it forward. She is a strong voice for social justice in the Parliament and outwith it, and I always find her contributions well informed and insightful.

I enjoy it when we can take a cross-party look at issues such as challenging poverty, which could and should be a unanimous effort in which we mainly agree with each other. I welcome the comments from Miles Briggs about the need to consider intersecting inequalities, and his shout-out for some Scottish Government policies, which saves me a job.

Challenge poverty week is an important event in our calendars, or it should be. I have been glad to hear of MSPs from across the chamber making use of the raised focus and awareness to shine a spotlight on issues or to have best practice in their constituencies.

I will highlight Stuart McMillan’s contribution, because he talked about taking a different approach and holding cost of living surgeries in town halls and other places that people go to for other reasons. This morning, when I was in front of the Equalities, Human Rights and Civil Justice Committee, Maggie Chapman and I discussed the idea of so-called hard-to-reach groups. She described them as “easy to ignore”. What Stuart McMillan has done—he is not alone in this, but I congratulate him on his efforts—is to go where people are already, rather than ask them to come



to him. He brings support organisations to people rather than signpost and hope for the best.

Events such as challenge poverty week should allow us to scrutinise our efforts to help constituents—as any MSP of any party or none should surely wish to do—and to pick up on best practice such as Stuart McMillan's. As Beatrice Wishart put it, we all have a responsibility to end poverty. I was glad to be able to visit Tagasa Uibhist during challenge poverty week to discuss food poverty and the extra challenges that island communities face in accessing affordable and appropriate food, and to get into the issues that Beatrice Wishart described.

Although energy is, of course, reserved, we have reacted to the increased cost of living in the islands through a range of measures, including tripling the fuel insecurity fund, which I know is supporting various efforts in island communities across Scotland. I also know that colleagues across Government used challenge poverty week similarly. The First Minister met anti-poverty summit attendees with lived experience of poverty, supported by the Poverty Alliance, continuing the focus that he has placed on the issue since taking office.

That is not to say that the Scottish Government wants to challenge poverty only one week a year. Tackling poverty is one of our three interdependent and defining missions, alongside growing a green wellbeing economy and improving public services. It runs through everything that we do, and all ministers are determined to do their bit in their portfolios to create the fairer Scotland that I think we all want. Last year and this, the Scottish Government has allocated almost £3 billion to support policies that tackle poverty and protect people as far as possible during the on-going cost of living crisis. Modelling estimates that, this year, 90,000 fewer children will live in relative and absolute poverty as a result of the Scottish Government's policies, with poverty levels 9 percentage points lower than they would have been otherwise. That includes lifting an estimated 50,000 children out of relative poverty through the Scottish child payment.

We have transformed social security provision in Scotland—I cannot overstate that. I remember being genuinely overwhelmed with emotion when I visited Social Security Scotland in Dundee for the first time and heard just how different the application process for disability benefits is and how strong the support for applicants is. On Marie McNair's point, we are the first nation in the UK to publish a plan to end the need for food banks. We are doing things differently here, and it is making a difference.

Clare Adamson referred to the recent Joseph Rowntree Foundation report. I want to be clear

that the fact that destitution has risen less in Scotland than it has in the rest of the UK is not a matter to celebrate. I cannot bring myself to take joy in a lower rise in destitution than in other countries, especially when we know that, with more powers, more fiscal flexibility or different UK Government decisions, the trend could be going the right way: down.

We want to end destitution in Scotland. It is welcome that our policies, within our limited powers, are having an impact on destitution being allowed to continue, but we want to do more than mitigate; we want to lead on eradicating poverty. Scotland has the opportunity to join our neighbours in the European Union as an independent nation that is fairer, wealthier and happier. Scotland simply cannot afford to be shackled to a Westminster system that is driving more children into poverty, overseeing one of the highest levels of income inequality in Europe and not only failing to react to but creating situations that force people into destitution.

Kaukab Stewart was right to point out that every time the Scottish Government takes a step and makes an investment to tackle poverty, we seem to contend with yet another policy change, such as a welfare cap, a cut or some other contradictory action down south that makes our job harder or even removes money from the same household budgets that we are trying to top up. Sadly, as Stuart McMillan pointed out, it looks like that is set to continue, no matter who occupies Downing Street. UK Labour has signed itself right up to some of the most punitive and cruel Tory policies, such as the two-child limit, which can only serve to further entrench child poverty.

I was glad to hear Richard Leonard's eloquent take-down of the two-child cap. He was right to highlight the decisions that happen here. Politicians and Governments get to choose our priorities and what we want to spend money on. The Scottish Government has made the investment that he described, through the introduction of the Scottish child payment and increases to it. I genuinely pay tribute to him, as he is the first Scottish Labour member that I have heard in a debate such as this one unequivocally calling on his UK party colleagues to take action on the issue. I can only hope that they listen, because I would much rather see UK Labour commit to helping us lift children out of poverty than have to keep bringing up this disappointment in debates with Scottish Labour.

Although, sadly, it is clear that too many people still suffer poverty, we are making a difference while fighting against the tide. Just imagine what we could do with the full powers of independence.

*Meeting closed at 19:12.*



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