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Scottish Parliament

Thursday 1 October 2020

[The Presiding Officer opened the meeting at 12:20]

First Minister's Question Time

The Presiding Officer (Ken Macintosh): Good afternoon, colleagues. We will begin First Minister's questions shortly, but before we do, the First Minister will give an update on the Covid-19 situation.

The First Minister (Nicola Sturgeon): I will give a short update on the daily statistics. The total number of positive cases reported yesterday is 668, which is 10.8 per cent of people who were newly tested yesterday. That takes the total number of confirmed cases to 29,912. Two hundred and forty-four of those new cases are in Greater Glasgow and Clyde, 166 are in Lothian and 123 are in Lanarkshire. The remaining 135 are spread across nine other health board areas.

There are 154 people in hospital as of today, which is an increase of 15 from yesterday; I point out to the chamber that that is also an increase of 70 since I updated the chamber at this time last week. There are 17 people in intensive care, which is an increase of two since yesterday, and I regret to report that, in the past 24 hours, three additional deaths have been registered of patients who first tested positive for Covid in the previous 28 days. The total number of deaths under that daily measurement is now 2,522. Of course, I offer my condolences to everyone who has lost a loved one.

We will shortly publish our latest estimate of the R number, which we do every Thursday. The estimate confirms our view that the R number is currently above 1 and possibly as high as 1.7. That partly reflects the impact of the outbreaks that we have seen in the past two weeks, including in student accommodation, but as a point of perspective it is also worth stressing that, because that estimate, as the R number always does, relies on past data, it does not yet take account of any impact of the new measures that we announced last week.

However, all the figures that I have just reported demonstrate why we announced those measures last week, because it is imperative that we get the virus back under control. Those figures also explain why I will confirm to the chamber today, as I gave an indication of last week, that we are postponing the route map changes for which we had previously given an indicative date of 5 October. I hope members agree that it would not

be sensible to ease the restrictions that are still in place while infection rates are rising and we are working to bring them back down. We will review those restrictions again by 15 October. However, if we need to take further action before that to curb the spread of the virus, we will not hesitate to do so, but we would of course report that to Parliament.

For the moment, the key way of bringing the virus back under control is for all of us to stick to the current rules and guidance. I will round off by briefly setting out what we are all being asked to do. With some limited exceptions, nobody should be visiting each other's homes at the moment. When we are outdoors, or in indoor public places, we must not meet in groups of any more than six people from a maximum of two households. We are also asking everyone to work from home if possible, not to car share unless essential and to download the Protect Scotland app. More than 1.3 million of us have now done that and I can advise the chamber that the app has already notified more than 2,000 people of the need to self-isolate, some of whom would not otherwise have been contact traced at all.

Finally, I urge everybody to remember FACTS: face coverings; avoid crowded places; clean hands and hard surfaces; keep 2m distance; and self-isolate and book a test if you experience any of the symptoms of Covid.

Thank you for giving me the opportunity to provide the update, Presiding Officer.

The Presiding Officer: Thank you, First Minister. I remind members that I will continue the approach of taking all the supplementary questions after question 7, but feel free to press your request-to-speak button should you have a constituency or a general open supplementary at any point.

Committee on the Scottish Government Handling of Harassment Complaints (Request for Material)

1. **Ruth Davidson (Edinburgh Central) (Con):** In January 2019, the First Minister said that the Committee on the Scottish Government Handling of Harassment Complaints, also referred to as the Salmond inquiry,

"will be able to request whatever material they want, and I undertake today that we will provide whatever material they request."—[*Official Report*, 17 January 2019; c 14.]

The inquiry has requested material and the Government has rejected the request. What has made the First Minister break her word?

The First Minister (Nicola Sturgeon): I take those matters and the inquiry very seriously, as all

of us should. That is not an accurate characterisation of the position.

As I understand it—and I will come back in a second to say why I am couching it in that way—the only material that has not been provided by the Scottish Government is material about which there is a legal reason why it cannot be provided. That includes the issue of legal privilege, which all organisations must have regard to.

As I understand it—and this information is publicly available—more than 1,000 pages of material have been made available by the Government, and Government officials have so far given more than 10 hours of oral evidence. The Government has intimated to the committee that it intends to initiate legal proceedings to try to get to a position where it can make more material available that it cannot currently make available due to legal restrictions. All of what I have just said is in the public domain.

I have recused myself from making decisions about the Scottish Government's submissions—I advised Parliament of that back at the outset. The reason for that is very simple and absolutely right: part of the remit of the committee is to look at my conduct. I think that it would be wrong if I was the minister taking decisions about the content of Scottish Government submissions. I am prepared to bet that, if I was in that position, Ruth Davidson and others would be standing here saying that that was deeply wrong and improper.

I turn to my position. I am interested in putting the facts out here. I am not sure how much of what I am about to say is understood by those who are not on the committee. The committee has been in possession of substantial written evidence from me for two months now. That has not been published, which is entirely the committee's decision. However, it is a bit galling for me to hear Conservative members of the committee say that somehow I am not answering questions. I also stand ready to give oral evidence to the committee at any point it chooses to call me. I have not yet been invited to give oral evidence to the committee.

Any accusations that I am somehow not cooperating with the committee have no substance at all. I have done everything that the committee has asked of me and I will continue to do so because I respect the committee's process. I am starting to think that that may be the difference between me and Conservative members.

Ruth Davidson: I know that the Nicola Sturgeon who is First Minister likes to pretend that she is not the Nicola Sturgeon who is also leader of the Scottish National Party, but I struggle to believe that the Nicola Sturgeon who committed to the chamber 18 months ago to give the inquiry

whatever material it requested from her Government is the same Nicola Sturgeon who stands here today saying, "I've recused myself and it's nothing to do with me, gov."

The First Minister did say something that was correct, which was that we saw something utterly unprecedented yesterday. The convener of a committee of this Parliament was forced to write to the courts to get access to documents that it needs because Scottish Government ministers refuse to hand them all over. She has been forced to do so because, in her words:

"We had hoped to be in a position to hear further oral evidence, but with responses still outstanding from the Scottish Government, the chief executive of the SNP and the former First minister, all of this means that we simply cannot proceed at this stage."

Two of those demands fall directly within the gift of the First Minister, who is head of the Scottish Government and leader of the SNP. She could ensure with a snap of her fingers that the evidence is provided. Why will she not do so?

The First Minister: It is interesting that the letter from the committee's convener seeks the court's permission to publish material. The Scottish Government had already intimated to the committee that it was going to initiate legal proceedings in order to put itself in a position where it can provide material that it cannot currently provide because of legal restrictions. The Scottish Government actually wants and intends to do exactly that.

The material that has not been provided is material that cannot be provided for one legal reason or another. Other than that, and as I have said, 1,000 or more pages of material and 10 hours of oral evidence by Scottish Government officials have already been given.

It is important, for a variety of reasons, to take the committee seriously. Regarding my role as party leader, a request for evidence was made to the SNP. That is all in the public domain and can be found on the committee's website. That request was acceded to and evidence was given by the deadline that the committee set. People can go and read the request and the answers that were given. The committee made further requests and did not put a deadline on those, but that material is currently being prepared. The idea that the Scottish Government or the SNP is trying to obstruct the committee bears no scrutiny whatsoever.

I come back to this point: I was asked to give evidence to the committee in a personal capacity and I did that two months ago when I gave substantial written evidence to it. It is not down to me that that has not been published yet. I stand ready at any time—today, next week, the week

after that—to turn up at the committee and give evidence to it orally. I have not had an invitation to do that yet.

When I said earlier that I suspected some of the Conservatives' motives here, I was met with a cry of "That's outrageous!" I will say why I fear that what I said is the case. I have given that written evidence and stand ready to give oral evidence when I am invited to do so. However, despite presumably knowing that, a Conservative member of the committee issues almost every week political comment to the effect that I am not answering questions. It starts to sound to me like it does not matter to the Conservatives what evidence any of us gives: they have already made up their minds about the outcome that they want the committee to have.

Ruth Davidson: And yet the funny thing is that the question that I asked her related to a quote from the SNP convener of that committee, so I do not think that it is just a party-political issue.

If the Scottish Government is not going to fully co-operate with the inquiry, and if the First Minister is not going to keep her word that she will "provide whatever material" the committee requests, I am afraid that she leaves us no option but to come here and ask questions directly to her face. I will therefore ask her one.

In recent days, private messages purporting to come from the SNP's chief executive, Peter Murrell, have been published in the media. The messages say that it is a

"good time to be pressurising"

the police, and

"TBH the more fronts he is having to firefight on the better for all complainers."

In this case, "he" is Alex Salmond.

We do not know whether those messages actually come from the SNP chief executive, but they were passed to the committee, and it deserves answers. I directly ask the First Minister, who is also the leader of the SNP: are those messages genuine or not?

The First Minister: As I understand it, the obtaining of those messages—and the passing of them to the committee; it appears to me that when they were passed to the committee, they were immediately leaked to the media—is currently a matter of police investigation.

I am happy to answer any questions before that committee that it wants to ask. People are saying answer—the committee has not asked me. I am not standing here—and I do not think that it is reasonable—to be asked questions about things that other people might or might not have done. Call the people who the messages are purported

to come from and ask them the questions; call me and I will answer for myself.

The issue here is that the committee can convene this afternoon and I will answer questions about my conduct before that committee. It is outrageous that I am in a position right now of having given written evidence to the committee two months ago that has not been published—that is not down to me. I have not been invited to give evidence to the committee, yet I am somehow being accused of not being prepared to answer questions and, in Parliament, being expected to answer on behalf of other people. If people want to take this seriously, treat the committee process with respect and take it seriously.

Ruth Davidson: My understanding is that the police inquiry is about how the SNP's former justice minister received the messages. That does not preclude the First Minister from saying whether they are genuine—she knows that.

Throughout this affair, the First Minister's excuse has been that she can swap hats whenever it suits her: Nicola Sturgeon who leads the SNP is not the same person as Nicola Sturgeon who runs the Scottish Government. That is complete nonsense and hides the truth, which is the shabby abuse of power that this affair has revealed.

We have the head of the civil service having to be recalled to the inquiry because she cannot remember or will not answer key questions; a tranche of Government emails related to the inquiry deleted; committee hearings having to be suspended because they cannot continue due to obstruction; and a committee chairwoman having to write to the courts to get information that the First Minister promised 18 months ago she would undertake to provide.

Two years ago, Nicola Sturgeon told the media with regards to the Salmond case:

"I ... relish the prospect to answer all and every question".

On today's performance, the question is, when is she going to start?

The First Minister: Okay. I have not been invited to give evidence to the committee, so here—[*Interruption.*] Here it is: I will turn up to the committee next week and give evidence, if the committee invites me.

I gave written evidence to the committee, meeting its deadline, two months ago. That has not been published. Let me be very clear: I respect the committee's right to decide what it publishes and when, but I cannot be held responsible for the fact that the evidence that I have submitted has not yet been published. I cannot be held responsible for the fact that the committee has not

yet invited me to give evidence. I am trying to respect the process of the committee. The committee can call me any time that it likes. I will turn up on the date and at the committee room, as the committee asks, and I will give evidence to it. It has not yet asked me to do so.

Covid-19 (Guidance to Universities)

2. Richard Leonard (Central Scotland) (Lab): Yesterday, the Minister for Further Education, Higher Education and Science told Parliament that

“we decided that asking”

students to all

“stay at home and begin their courses online would have inflicted significant harm on them”.—[*Official Report*, 30 September 2020; c 24.]

This morning, I spoke to Adam, who is a first-year drama student in Glasgow. He told me that he has been there for a week and a half, that he has spoken to only two people in his class and that he cannot access the rehearsal space in his accommodation. Last night, on the BBC, a student nurse who worked for five and a half months on a Covid ward described how she is now having to isolate in a 6 foot by 8 foot room. Does the First Minister really think that those students are better off than they would have been if they were studying from home?

The First Minister (Nicola Sturgeon): That is a really difficult matter to judge, to be honest, because I think that people will suffer detriment whatever decision is taken. That is the nature of all the decisions that we are taking around Covid right now. Every day, I am conscious that when we take a decision to try to reduce harm in one area, there is the potential for us to create harm in another area. We make the best balanced judgements that we can make.

We have sought to ensure—Governments across the United Kingdom and many other parts of the world have reached the same decisions—that we give as many young people as possible the opportunity to have some normality in their university or college education, while taking important steps to mitigate the risk of transmission of the virus.

People can argue—it is not illegitimate to do so—that we should have just kept everyone at home, but harm would have been done to students by doing that. They would have been denied the opportunity to make the links and connections that come with being in a campus environment, because university is about more than lectures and academic learning.

We put in place substantial guidance to make sure that universities take the right steps, and we continue to work with universities to ensure that

that is the case. The welfare of students should, at this point, be universities’ paramount interest, so we continue to liaise with them closely to make sure that that is the case.

Richard Leonard: Let us talk about the decision-making process. The First Minister mentioned “substantial guidance”. It is substantial; in the past seven days, students have been given three different sets of guidance, all from different people and all through multiple channels. While students were being asked and advised to act by the Government, some were being threatened with expulsion and fines by their universities. This past week has been a lesson in how not to communicate during a pandemic.

Yesterday, *The Times* reported that draft guidance that was prepared by the Scottish Government on 30 August for student accommodation gave an instruction to universities that

“Work and study that can be done remotely must be done so.”

That would have compelled universities to allow most students to work from home. However, when the formal guidance was published on 1 September, that phrase had been removed. That was not, as the First Minister has insisted, simply a “change of wording”; it was a fundamental change in the guidance.

The National Union of Students Scotland says that students should be studying from home, and university staff say that most students should be studying from home. Who were the stakeholders whom the Government consulted and agreed the change with? Why, exactly, was the change made in the space of just 48 hours?

The First Minister: The draft guidance and the final guidance both contemplated a form of blended learning—some work being done remotely online at home and some being done physically face-to-face on campus. As I said the other day, the piece in *The Times* quoted the first paragraph of the draft guidance but not the next part. It said that where work and study cannot be done from home, physical distancing must be followed. It went on to set out measures that universities need to take in relation to physical distancing, cleanliness, hygiene and other matters. Therefore, it was always envisaged that there would be a form of blended learning.

That point gets to the heart of the matter. I am pretty sure that if the Scottish Government had decided that no student should return to their university campus, some people would have said that that was outrageous and that we were denying students the opportunity to access learning.

We therefore take balanced decisions. In dealing with the pandemic, no decisions can be made categorically one way or the other; we are trying to strike the right balance in a very difficult situation. Of course, in any circumstance in which students—or any other people—are in physical proximity to one another, a wide range of mitigating measures need to be taken. That is what the guidance, in both its draft and final forms, sets out

I will make a final point. Richard Leonard talked about discipline and punishment. The Government and I could not have been clearer that the advice applies to the general population. Of course, in any situation such as this we have to have enforcement measures as a backstop. However, we should all be supporting each other to do the right things. Students should not be blamed or disciplined unless they flagrantly breach the rules. There should be a supportive environment, which is what we have been encouraging universities to provide.

My very final point is on the fact that different bits of guidance have been issued. In a situation such as this, any Government that comes up with a position to which it sticks rigidly, regardless of the need to adapt to changing circumstances is, frankly, not doing its job properly. We need to ensure that we support people in difficult situations, and that we try to build in as much flexibility as possible, which is what we will continue to do.

Richard Leonard: A trail of confusion has been left behind. In the past week, that confusion has not only been about the rules for students, but about the lack of due process in the Scottish Government's approach.

The guidance that was agreed between the Scottish Government and the universities blurred the lines between mere advice and harsher—even criminal—sanctions. That is a worrying trend. Since the need for local and targeted restrictions has arisen, new rules have, increasingly, been announced via late-night press releases, Twitter and television interviews. So far, Parliament has not had an opportunity to give its consent to local restrictions unless they have already expired. That is no way to govern. Parliament is supposed to provide checks and balances on Government power. Without those, we risk having a real democratic deficit.

In the past 24 hours, there has been a suggestion that the Government is considering the introduction of a two-week lockdown to act as a circuit breaker. Does the First Minister accept that such a move would require the consent of Parliament? Will she agree to bring future regulations to a parliamentary vote before they are imposed?

The First Minister: Yes. I give an undertaking that, where possible, we will seek to bring matters to Parliament in advance. [*Interruption.*]

With the greatest of respect to members across the chamber, I point out that we are dealing with an infectious virus. Therefore, we must at times act quickly and flexibly—for example, if sudden spikes or outbreaks put people's health and lives at risk. It is important that the Government has that flexibility.

The restrictions that have been made under regulations are reviewed every three weeks, at which points I have come to the chamber to report to members. The coronavirus legislation has to be reviewed periodically; that process is under way right now. I agree that we need, as we move into a different phase in our response, to build in more—and earlier—parliamentary scrutiny. I happily undertake to do so, because such scrutiny is important and welcome.

However, I say to members across the chamber that it is also important that Governments are able to act quickly in order to protect the population from the threat of the virus. If Richard Leonard thinks that particular restrictions that we have put in place are wrong, perhaps he should get up now and tell us which ones those are. This is not a criticism, but I point out that, every three weeks, when I have stood here and outlined the decisions that the Scottish Government has been making, he has usually stood up and said that he agreed with them.

I am happy for there to be parliamentary scrutiny, but in the hurly-burly of politics, let us not forget that we are dealing with a virus, or that we have an obligation to protect the public from it as best we can.

Covid-19 (Testing)

3. Alison Johnstone (Lothian) (Green): Today's *Scotsman* revealed that, in the midst of the pandemic, one of NHS Scotland's Covid testing labs closed because it was not being used. That happened while the First Minister was rejecting Scottish Green calls for weekly testing for national health service staff and carers on the front line—a proposal that was backed by the Royal College of Emergency Medicine, the Royal College of Nursing and Scottish Care.

Not deploying testing to its fullest to help to control the virus is clearly a policy choice. Although the World Health Organization has been clear from the start that we need to test, test, test, the Scottish Government has chosen not to follow the WHO but to take its own approach. Can the First Minister explain why she does not agree with the WHO and why her Government allowed a testing lab to close down?

The First Minister (Nicola Sturgeon): Both issues are related, but I will address them in turn. We test in line with clinical advice. We have massively increased the numbers and the groups that we are testing, but we take advice on when it is right and effective to test people and when it is less effective to do so. We will continue to do that when making those decisions. Of course we have to have the capacity to implement a testing strategy, but the decisions that we make about testing are driven by the clinical efficacy and the advice on that.

The laboratory was activated during the early stages of the pandemic because we did not, at that point, have the NHS capacity. The laboratory was activated while we were building that NHS capacity; it was never designed to be a permanent provision. The daily capacity in NHS Lothian has more than doubled since the lab was activated—that is, since the beginning of April. That means that labs such as that one can return to the important research work that they had been doing and which they want to return to.

We are also developing regional hubs, which will give us longer-term, sustainable, additional NHS capacity, including in Lothian. We are building the NHS capacity so that some of the provision that was used in the early stages can return to its original purposes.

Alison Johnstone: Obviously, it is not either/or. The fact of the matter is that we could have been doing 1,000 more tests a day and the First Minister will be aware that inadequate testing was available for when the schools returned in August, which we now know was avoidable.

The University of Cambridge has offered all undergraduate and postgraduate students living in university accommodation a weekly Covid test, regardless of whether they show symptoms. That is because the university wants to break the chains of infection before symptoms appear. A similar asymptomatic testing service for students and staff is being delivered by the University of Nottingham.

Instead of relying on the failed privatised United Kingdom testing system, those universities have taken things into their own hands to keep their staff and students safe, but that is not happening in Scotland. The Scottish Government continues to follow an old, outdated testing strategy that is based largely on testing only those with symptoms. Can the First Minister explain why her Government has allowed Scottish universities to fall behind when it comes to testing? What will her Government do to establish regular testing for university staff and students?

The First Minister: The testing strategy that we follow is kept under review all the time and is

updated in line with clinical advice when that is appropriate. There are differences of clinical opinion and scientific opinion about the efficacy of asymptomatic testing. In particularly vulnerable settings such as care homes, we now test many more people who are asymptomatic; care home workers are the obvious example of that.

The clinical advice right now is that in universities we should be focusing on testing those with symptoms so that positive cases can be identified and contact tracing can be done to break those chains of transmission. We have established walk-through sites in university settings; in the past week, almost 4,000 tests have been conducted in those walk-through sites alone in order to identify positive cases.

We continue to look at when and how we expand our testing and it is important that, as we make those decisions and as those decisions are rightly and legitimately scrutinised, we do not confuse the capacity and the issue of how we process the tests with the clinical decisions that determine who we test and for what purposes. We will continue to keep that strategy under review and it will be informed by the best possible clinical advice.

Care Homes (Family Visits)

4. **Willie Rennie (North East Fife) (LD):** Presiding Officer,

“She cries to us, she’s terrified of being alone, she’s distraught and she’s almost 94. Our hearts are breaking and mum’s spirit is broken.”

No one is saying that the First Minister does not care about residents who are isolated from their families in care homes. Yesterday, the Cabinet Secretary for Health and Sport said that she was having more discussions on the issue tomorrow, but I am sure that the First Minister will understand my frustration, given that that is what she told me two weeks ago. More discussions will take more time, and time is precious for these people. When will families get to see their loved ones?

The First Minister (Nicola Sturgeon): I do care. We all care deeply about the issue. Among a whole series of tough decisions that Governments everywhere are having to take right now, the decisions on that issue are probably the toughest. On the one hand, I desperately want families of residents in care homes to have normal visiting; on the other hand, I desperately want to do everything that we can to avoid the risk of Covid getting into care homes, because we know from the dreadful experience earlier in the year about the harm and damage that that does and the toll that it can take in terms of deaths. Therefore, we are treating those issues carefully, and we are considering the issues deeply.

We want to get back to a greater degree of normality. The health secretary has met with family representatives, and we are acutely aware of the importance of visiting for health and wellbeing. A process is already under way, which started in late June, if memory serves me correctly. That is a staged approach to the reintroduction of visits in care homes. It started with outdoor visits and now care homes are looking to reintroduce indoor visiting. The restrictions that were announced last week for the population have not affected that. In fact, part of the reason for putting those restrictions in place is to try to get the virus under control so that we do not have a situation in which we cannot proceed to greater flexibility around care home visiting.

These are difficult issues, and they take time, because they need the best clinical consideration and advice. We will continue to take those decisions with the greatest possible care, and we will seek to do so in a way that enables families to have as much normality as possible around their visits to, care of and interaction with their loved ones in care homes.

Willie Rennie: I understand that the decisions are tough, but they will not get any easier if we keep on delaying them. The families want to see their loved ones. It has been months now, and they are desperate. I know that the First Minister understands that, but I urge her to try to move faster on the issue, because that is what the families need.

The First Minister knows about the horrendous problems with the flu vaccine programme in Fife. Thousands of calls have been missed and there are tens of thousands of anxious and angry people. There have been traffic jams at flu centres in Edinburgh, and NHS Borders has apologised for the problems there. That should be a warning to the Scottish Government for the roll-out of any Covid vaccine. From school exams to university terms, the Scottish Government has not been great at hearing warnings and acting on them effectively. If we get a Covid vaccine, we need to be ready. What is the First Minister doing to ensure that the rush this week for the flu vaccine does not turn into a stampede in a few months with any Covid vaccine?

The First Minister: I will return to the issue of care homes before I move on to the issues of vaccines.

I absolutely take Willie Rennie's points about care home visiting in the spirit that they are intended, and they are extremely legitimate points. I simply say that, although none of us wants to delay things unduly, on such issues we have to take care that we get the decisions right. Unfortunately, we have a rising tide of Covid and we are starting to see cases again in care homes.

We want to ensure that we have all the appropriate protections in place so that we do not see a repeat of the experience in care homes that we had earlier in the year.

These are difficult decisions, and I am not saying that just to excuse the fact that we have not got to the point that Willie Rennie is asking me to get to; I am simply underlining why it is so important to get those decisions right. Unfortunately, that sometimes means taking a bit of time over them, but that is for the best possible reasons.

The flu vaccine programme officially starts today. I encourage everybody who is eligible for the vaccine to take it up. In recent weeks, we have seen scientific opinion about the particular dangers to people of getting Covid and flu together, so we should all encourage people to take up the flu vaccine.

There have been some issues in certain health boards—for example, Willie Rennie mentioned the situation in Fife. NHS Fife has increased the number of call handlers and the number of staff who are working on the issue, and measures have been put in place to ensure that the resources are there to enable everybody who comes forward for an appointment for the flu vaccine to get the vaccine. Some people might not be aware of the fact that we are delivering the vaccine in a different way this year because of the risk of Covid that would be involved in doing it in the way that we normally do it.

On the related issue of a possible Covid vaccine—I would dearly love to be in the position, in a few months, of being able to start rolling out a Covid vaccine; I genuinely do not know whether that will be possible—we already have a programme board that is looking at the practical issues around that. Discussions are taking place with the UK Government on procurement and what volumes are likely to be available. We do not yet know who the priority groups would be, because we do not yet know what vaccine is likely to be approved first or for whom it is mostly likely to be effective. However, we are very plugged into all those discussions, and we have a planning process under way so that, as we get more information, we can take the relevant decisions in an orderly fashion.

A report has been published today that is quite sobering; I read an embargoed copy last night, and I would encourage everybody to read it. Although the report—which has been produced for the Royal Society—is optimistic about the progress that is being made on vaccines, it is sobering when it comes to some of the practical issues that we face in getting from here to a position in which we can actually start to vaccinate large numbers of the population. As I said, the

Scottish Government is already thinking about how we can work through all those issues when more information becomes available.

Covid-19 Measures (Police Scotland)

5. Stuart McMillan (Greenock and Inverclyde) (SNP): To ask the First Minister what extra support the Scottish Government can provide to Police Scotland to assist with the additional pressures being placed on officers dealing with Covid-19 measures. (S5F-04438)

The First Minister (Nicola Sturgeon): Police Scotland has been at the front and centre of the response to Covid, and it continues to work closely with partners, including local authorities and the national health service, to support the response. The chief constable has made it clear that maintaining and supporting the health and wellbeing of the workforce is a key priority, and we continue to be very grateful to police officers and staff who put themselves in harm's way every day to protect the public.

This year, we have increased funding for policing by £60 million to more than £1.2 billion. However, we know that Covid is an unprecedented event that could lead to expenditure above that budget allocation, so we continue to work closely with the Scottish Police Authority and Police Scotland to monitor and manage the financial impacts of Covid on the policing budget.

Stuart McMillan: The First Minister will know the extent of the challenges that Police Scotland has faced throughout the Covid-19 crisis and how the police are genuinely trying to keep every one of us safe. She will also be aware of the spate of firebomb attacks in my constituency in recent weeks and the reported links to a drugs feud. Can she provide an assurance to my community that Police Scotland in Inverclyde is receiving additional resources to help it to track down the perpetrators of those attacks? Can she confirm that having a single police force makes it easier for additional resources to be moved around the country when that is required?

The First Minister: I was appalled to hear of the attacks in Greenock, and I certainly share Stuart McMillan's concerns. The policing of any such incident is an operational matter for the chief constable, but I can confirm that Police Scotland has increased its presence in the area in an effort to prevent further attacks. I urge the local community to contact Police Scotland if they have any information that may assist with the on-going investigation.

With regard to the issue of a single national police force, a single service brings many benefits to our communities, not least by providing

flexibility and equality of support. The additional funding that I mentioned in my original answer is helping to ensure that officer numbers are maintained, which is crucial during these times of unprecedented demand on our policing service.

Flu Vaccination

6. Michelle Ballantyne (South Scotland) (Con): To ask the First Minister whether the Scottish Government can guarantee that everyone who has been referred for a winter flu vaccination will be able to get one. (S5F-04429)

The First Minister (Nicola Sturgeon): We have worked with the United Kingdom Government and other devolved Administrations to secure enough vaccine for all those who are eligible in line with our planning assumption, which is that there will be uptake by 2.4 million people. If that is exceeded, we will then use best clinical evidence to prioritise vaccine supply for the most vulnerable.

Health boards are responsible for delivering the vaccine, but we work closely with them and other partners to ensure safe delivery of the programme. Boards will use the delivery model that is most suitable for their local circumstances while maintaining a Covid-safe environment. As I mentioned earlier, this year's vaccination programme formally starts today, but delivery is already under way in many board areas. I encourage everyone to make us aware of any issues with the programme so that we can work quickly with boards to resolve them, and I encourage everyone who is eligible for the flu vaccine to take up the opportunity.

Michelle Ballantyne: The First Minister will be aware that many of my constituents in Lothian and the Borders have been contacting us to say that they were told to go for flu jab appointments only to have to wait in long queues or even be turned away on arrival. We all know that some areas of the health service are under strain at the moment, but that is clearly unacceptable.

Our most vulnerable have already been let down by the Scottish Government's approach to the coronavirus crisis, and they must not be let down again in a possible winter flu crisis. Does the First Minister know how many people in Scotland are eligible for the vaccine in the October phase? What percentage of those vaccinations is the NHS aiming to administer by the end of November?

The First Minister: I do not have the particular figures for the different phases in front of me, but the health secretary will write to the member with that information this afternoon.

We do this every year, but, this year, eligibility for the flu vaccine has been extended. We make sure that there is prioritisation for the available

stocks. Members should remember that we have to procure stocks, and we work with the UK Government to do that, given that there are global supplies of the stocks. We make sure that, in both the amount of stock that we have and the phasing of the administering of those stocks, the most vulnerable are catered for in an appropriate way.

We are delivering the programme differently this year, for essential reasons—because of the risk of Covid—but all health boards are fully engaged in making sure that the flu vaccine system is delivered effectively and efficiently, and we should all be encouraging everybody who is eligible for the vaccine to take it up. That is important every year, but it is particularly important this year. Those who are entitled will have had or will be getting a contact in order to make the appropriate appointment.

NHS Louisa Jordan

7. Monica Lennon (Central Scotland) (Lab): To ask the First Minister what plans the Scottish Government has for NHS Louisa Jordan, in light of reports that it has awarded a contract for its decommissioning. (S5F-04433)

The First Minister (Nicola Sturgeon): The lease for the Louisa Jordan currently runs until the end of April 2021. If it is necessary to do so, we will negotiate an extension to the lease if the facility is still needed to support our pandemic response. In the meantime we are, perfectly sensibly, putting in place arrangements to allow the facility to be decommissioned when it is eventually no longer needed.

Currently, the Louisa Jordan is being used for out-patient clinics, diagnostic tests and educational activities. So far, thankfully, it has not been required for Covid patients, but the reason why we have extended its lease is so that it is there over the winter period should it prove to be necessary.

Monica Lennon: I thank the First Minister for her response. NHS lockdown is having serious impacts on treatment, waiting times and patient care, and, worryingly, it was reported this week that a higher number of patients are presenting with more advanced forms of cancer. Although it is good that we have the temporary additional capacity at the Louisa Jordan helping to alleviate the non-Covid pressures that the First Minister outlined, it does make me wonder how many Louisa Jordans we would need to clear the waiting times backlog.

In the light of the pressures on the NHS estate in terms of space requirements and physical capacity—we know that there is a maintenance and repairs backlog of almost £1 billion and that 10 per cent of those repairs are classed as high

risk—what is the Government doing to support the NHS estate across Scotland and to increase that capacity? How is the First Minister going to do that in the next few months?

The First Minister: There is an on-going maintenance programme in the NHS, which is important in ensuring that the current estate is in the state that it needs to be in. Obviously, one of the issues that we have had to deal with in the past six months is reduced capacity because health boards and hospitals have had to deal with Covid and also make sure that there is capacity to deal with it should cases rise.

The NHS Louisa Jordan was originally put in to make sure that, if we needed extra capacity for Covid, it would be there. It will be available over the winter if we need it, but it is not needed for that right now, and it is helping to do other things. In the period between the beginning of July and the middle of September, around 2,000 people were seen at the Louisa Jordan, and the intention is to increase out-patient clinics there over the next few weeks. That facility is helping to mitigate reduced capacity in other hospitals because of the need to make sure that there is a Covid contingency in them.

Next week, the health secretary will set out plans for the winter and how the national health service intends to cope with the variety of winter pressures that it faces. At that stage, she will also give an update on the on-going progress to remobilise the NHS and restart services that were paused because of Covid.

The Presiding Officer: There are a couple of supplementary questions.

Covid-19 (Uist)

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): Over the past week, the community in Uist have experienced a significant outbreak of Covid, with 24 cases now confirmed. That represents a very significant scale of outbreak in a small island community, particularly one in which finite health resources are available other than by air ambulance. It is an extremely concerning development, and I am sure that all our thoughts are with the families affected. Is the First Minister able to give an update on the situation and the Government's response to it?

The First Minister (Nicola Sturgeon): My last update on the situation was that 22 cases have so far been identified on South Uist. That includes, as I understand it, two cases at the secondary school and four cases at a care home. All schools on Uist were closed on Monday for deep cleaning. Schools have reopened today, with the exception of a couple of schools that will remain closed until after the October break. Full-time online interactive

teaching will be available from today for the pupils of those schools.

All staff and residents at the care home have been tested. Routine weekly testing of all staff was undertaken again on Wednesday, and contact tracing has been undertaken for all identified contacts. A further incident management group meeting is scheduled to take place tomorrow.

We are working in partnership with all health boards to support the response to such incidents. In respect of islands, in particular, the islands minister will meet the leader of Western Isles Council today to listen to views on recent lockdown measures.

Mahle Engine Systems

Brian Whittle (South Scotland) (Con): The First Minister may be aware that Mahle Engine Systems in Kilmarnock has just announced a plan to shed up to 45 jobs. That is another blow to Kilmarnock, which has already seen the closure of the Wabtec rail engineering plant earlier this year, with the loss of 100 jobs. What support can the Scottish Government offer the staff of Mahle? Will the First Minister commit to examining further steps that can be taken to avoid further job losses in the sector and secure the future of engineering in East Ayrshire?

The First Minister (Nicola Sturgeon): Obviously, I regret the situation that the member has outlined. It is an extremely difficult time not only for the company but for workers and their families, in particular. We will always choose to work with companies, wherever possible, to find ways of avoiding redundancies and supporting continued employment. Where that is not possible, our partnership action for continuing employment initiative will step in to work with affected employees to support them into alternative employment as quickly as possible. The PACE initiative will be available in that case, as it will be in all cases.

Obviously, we are in a very challenging situation for employment generally across the country and, indeed, across the United Kingdom. That is why we continue to constructively discuss with the UK Government how the furlough scheme can be more comprehensively replaced than by the initiatives that the chancellor outlined last week.

Alexander Thomson Hotel (Deaths)

James Kelly (Glasgow) (Lab): I raise with the First Minister the sad case of the eight deaths at the Alexander Thomson hotel in Glasgow. The hotel is used as temporary accommodation for homeless people. It was a tragic case in which people who were feeling isolated and living in difficult circumstances during lockdown lost their

lives. What steps are being taken to establish the cause of death in the seven cases in which that remains unexplained? In the light of the incident, what measures are the Government and councils taking to ensure that people living in temporary accommodation for homeless people are properly supported?

The First Minister (Nicola Sturgeon): James Kelly raises a very serious and sad issue. I am extremely sad to hear of the deaths at the Alexander Thomson hotel in Glasgow, and I send my sympathies to all the friends and family. I hope that James Kelly and others will understand that I am not able to comment further on that at the moment, because investigations into the cause of death are on-going, so it would not be appropriate for me to do so.

We work closely with a range of stakeholders to help people out of homelessness. Obviously, the reasons for homelessness can be varied and complex, which is why our housing first approach is so important. That approach focuses on finding settled permanent accommodation for people and then providing wraparound services to help with other issues that they may be experiencing.

We continue to take forward the recommendations of the homelessness and rough sleeping task force in order that we can, we hope, through a variety of actions, make homelessness and rough sleeping in Scotland a thing of the past.

WJ & W Lang

George Adam (Paisley) (SNP): What help can be offered to WJ & W Lang, which is a company that has operated at the heart of Paisley since 1872? It has decided to mothball its Seedhill site because of the coronavirus pandemic. Given the strain that that will put on the workforce at this time, can the First Minister help in securing discussions with the company about possible alternatives and any further available assistance?

The First Minister (Nicola Sturgeon): Obviously, I was disappointed to hear of the announcement by the Scottish Leather Group, which is the parent company of WJ & W Lang, that it is to consolidate tannery operations at Bridge of Weir. I know that this will be a difficult time for staff and their families and for the local area, which will be affected by that decision.

I can report that Scottish Enterprise has been engaging directly with the company in recent months to offer support during the on-going consultation period and that it will continue to engage with it. The Minister for Business, Fair Work and Skills has also spoken with the company to offer the Scottish Government's full support during this difficult time. As I said in reply to an earlier question, our partnership action for

continuing employment—PACE—initiative stands ready to help any employee who is faced with the prospect of redundancy.

Outdoor Education Centres

Liz Smith (Mid Scotland and Fife) (Con): Will the First Minister update Parliament on when the Scottish Government will give a formal response to the Parliament's unanimous calls to safeguard the future of Scotland's outdoor education centres?

The First Minister (Nicola Sturgeon): I understand that there is a ministerial meeting with representatives of the outdoor education sector today. We will be happy to give an update after that meeting.

We are fully committed to supporting outdoor education providers. They offer a very important service and experience for young people, and it is vital that we do everything that we can to protect that. There are obvious restrictions and limitations on what outdoor education providers can do right now, which none of us likes but which are, unfortunately, necessary. We have been focusing on trying to maximise the things that the sector can do and to give support for that.

I think that it is Richard Lochhead who is meeting the representatives later on. Perhaps it would be more appropriate for me to ask him to write to Liz Smith after that meeting with an update.

Flu Vaccination (Renfrewshire)

The Presiding Officer: Neil Bibby is joining us remotely.

Neil Bibby (West Scotland) (Lab): We all want to maximise the uptake of the flu vaccine this year. However, older people in places such as Johnstone and villages such as Lochwinnoch, Kilbarchan, Bridge of Weir and Houston in Renfrewshire are concerned that the vaccine will be administered centrally from St Mirren's football ground in the north of Paisley, and not in their own communities. As the First Minister will be aware, the public health advice is to avoid public transport and car sharing. A number of my constituents who are without access to a car would have to take multiple bus journeys to get to the football stadium and back. Some do not want to take that risk, and some will not take the risk. Does she accept that a lack of transport is a barrier for many people who need to get the flu jab? Will she ask Renfrewshire health and social care partnership to consider additional sites for administering the vaccine?

The First Minister (Nicola Sturgeon): Yes, I will ask the Cabinet Secretary for Health and Sport to engage with the local partnership to ensure that it has arrangements in place that are genuinely

accessible for people. I hope that everybody understands why there is a different delivery mechanism for the flu vaccine this year. That is unavoidable because of the Covid risks. However, it remains essential—in fact, I would say that it is more essential than ever this year—that the vaccine is available to people in an accessible way. We will take up the issue with the local partnership, and I will ask the Cabinet Secretary for Health and Sport to write to Neil Bibby when she has the opportunity to do so.

TSB (Closures)

Kenneth Gibson (Cunninghame North) (SNP): The First Minister will be aware that, yesterday, the TSB announced the closure of 73 branches across Scotland, three of which—in Kilbirnie, Largs and Saltcoats—are in my constituency. That will leave many of my constituents at even greater risk of financial exclusion, and local staff will lose their livelihoods. Far too many communities in North Ayrshire and throughout Scotland now have no access to banking in their towns. Does the First Minister agree that establishing banking hubs is one potential solution? Have the Scottish ministers contacted the TSB and United Kingdom ministers to seek the reversal of that decision, given that powers over banking are reserved to the UK Government?

The First Minister (Nicola Sturgeon): I certainly urge banks to consider all possible solutions in relation to access to banking facilities. This area is reserved to the UK Government, but we have consistently stressed the importance of financial inclusion to the sector. We have also repeatedly lobbied the UK Government to do more to ensure access to cash and banking facilities for all.

It is a worrying time for all concerned and we will continue to urge banks to listen to and address customers' concerns about their ability to access services. We will engage with banks through the banking and economy forum and the Financial Services Advisory Board to ensure that everything possible is being done to mitigate the impact of closures on communities that are affected by that and other recent announcements.

Covid-19 Laws (Parliamentary Scrutiny)

Graham Simpson (Central Scotland) (Con): I will press the First Minister on parliamentary scrutiny of Covid laws again, because I raised the issue last week and it has been mentioned again by Richard Leonard today. The United Kingdom Government budged on that yesterday.

Parliamentary scrutiny matters because, when regulations were first enacted in Scotland on the mandatory wearing of face coverings in shops, it

was legal not to wear a face covering in any shop if it provided currency exchange facilities. The legal position was that anyone could go into a shop with a post office or a supermarket where it was possible to get foreign currency and not wear a face covering. The Government had to correct that, but the Parliament had had no prior scrutiny of that legislation. That is why this stuff matters.

I understand that the Government has to act quickly, but the Parliament can also act quickly. Will the First Minister pledge to correct what the Speaker of the House of Commons described yesterday as a “totally unsatisfactory” approach to secondary legislation?

The First Minister (Nicola Sturgeon): I agree that that is important and that it matters, so I will happily give an undertaking to further consider those issues. I will ask Michael Russell, the minister who oversees coronavirus legislation, to come back with proposals for discussion with the Parliament on how we enhance and strengthen parliamentary scrutiny, and on how that can take place wherever possible—which is what the UK Government said yesterday—at an earlier stage, recognising that there will be circumstances in which Governments have to move quickly.

As I understand it, and I will be corrected if I am wrong, at the moment parliamentary committees can sit not just on parliamentary sitting days but at any point in order to scrutinise regulations that are being put forward, often at very short notice. There is already the provision for some advanced scrutiny, but I absolutely accept that the situation in which we are working, not just in this instance but in a whole range of different ways, is not ideal, and it is not what we would choose in normal circumstances.

However, as the experience continues and as we go into the winter, it is right and proper and perfectly reasonable for the Parliament to ask the Government to consider whether there are further steps that we can take to enhance the scrutiny that the Parliament is able to bring to bear.

Public Health Challenges (Covid-19)

David Stewart (Highlands and Islands) (Lab): The First Minister will be well aware of the recent publication of the 2019 Scottish health survey, which identified the scale of poor health in Scotland before the pandemic. Over half of all adults are living with long-term conditions and one fifth of all men have some form of heart disease or diabetes. It is the First Minister concerned that a failure to improve Scotland’s health, especially in disadvantaged areas, has created additional challenges for responding to Covid-19?

The First Minister (Nicola Sturgeon): There are long-standing and well-known health

inequalities in Scotland, as there are in many countries, and we have and have had a number of initiatives to tackle and close those inequalities. There is no doubt that Covid has both underlined, illustrated and exacerbated some of those inequalities.

It certainly says to me that, as we start to come out of the Covid crisis, we must redouble our efforts to deal with the underlying inequalities that exist. Action will need to be taken across a range of fronts, from preventative health measures, which the Parliament has a good record on, through to different ways of providing services in some of our most deprived communities. There is not just an opportunity but a need to do that as we come out of the acute phase of the crisis.

United Kingdom Internal Market Bill

John Mason (Glasgow Shettleston) (SNP): The United Kingdom Internal Market Bill is working its way through Westminster, and the Scottish Parliament’s Finance and Constitution Committee has heard major concerns about it. If the Scottish Parliament refuses legislative consent, does the First Minister have any message for Boris Johnson?

The First Minister (Nicola Sturgeon): If the Scottish Parliament refuses to grant consent to the bill, any UK Government worth its salt would do the right thing and respect the views of this Parliament. I think that that is a fairly basic statement of democracy. If the UK Government does not do that and insists on legislating over the head of the Scottish Parliament in devolved areas, all that it will succeed in doing is demonstrating that it has no respect for this Parliament and that, if this Parliament is to have the power to make its own decisions, it needs to stop being a devolved Parliament and become an independent Parliament so that the UK Government cannot do that.

Given that appeals to the UK Government to do the right thing for the right reasons often fall on deaf ears, perhaps I should appeal to it to do the right thing for reasons of its own self-interest. As we can see plenty evidence of, the way it is acting right now is each and every day building the support for and the case for Scottish independence. I am happy with that, but I expect that the UK Government is not.

Parent and Baby Groups (Covid-19 Restrictions)

Alex Cole-Hamilton (Edinburgh Western) (LD): New Government guidance has restricted parent and baby groups to no more than five adults per class. That has already caused several such groups to signal that they will have to fold as, with those numbers, they are not sustainable. The

First Minister will recognise that new mums accessing those groups will have spent much of lockdown shielding while they were pregnant, and other restrictions will prevent them from visiting other new parents and family support networks. The impact of all that on perinatal mental health cannot be overstated. Given that those same parents can access bars and gyms in far greater numbers, what scientific basis exists for limiting those classes to five adults at a time?

The First Minister (Nicola Sturgeon): I understand the sentiment behind the question. I have had a number of contacts from new parents making the same point. I absolutely understand the importance of parent and baby groups, and perinatal mental health is a key priority for the Government, which we have invested significantly in. I also understand the risk that large numbers of adults coming together will increase transmission of the virus. We are trying to balance those things. Just this morning, I asked the chief medical officer and the national clinical director for additional clinical advice to see whether more flexibility can be built in that area. Once I have that advice, I will be able to say what that is.

We always try to build as much flexibility into such things as possible but, fundamentally, we are trying to keep an infectious virus from spreading from person to person and household to household. Therefore, across a range of different areas of our lives, we are having to accept restrictions that normally we would not ever have and which none of us wants to be living under. I appreciate the importance and sensitivity of the issue for parent and baby groups, and that is why this morning I asked for additional advice.

Universal Credit Uplift

The Presiding Officer: Keith Brown joins us remotely.

Keith Brown (Clackmannanshire and Dunblane) (SNP): The First Minister will be aware that the Joseph Rowntree Foundation and more than 60 other organisations have written to the Chancellor of the Exchequer to call for the £20-a-week increase to universal credit to be made permanent, and to extend the same support to claimants of legacy benefits.

Does the First Minister agree that maintaining the increase beyond next April is crucial, particularly now that the United Kingdom Government has failed to extend the furlough scheme and the Scottish Tories in this Parliament have failed to support Scottish businesses, trade unions and other political parties in requesting the extension of that scheme? Does she agree, in particular, that the chancellor must act, or risk plunging hundreds of thousands of people into poverty?

The First Minister (Nicola Sturgeon): Yes, I agree. If we do not see further extension of the furlough scheme, we will have a wave of avoidable redundancies over the next period. If that happens, responsibility for it will lie with the UK Government.

There is also a need to act now to stop more people falling into poverty. We have already urged the UK Government to make permanent the £20 uplift to universal credit and to extend it further. I hope that the UK Government will commit to making those changes now, before more people are pushed into poverty. We know that thousands will face significant financial strain when the furlough scheme phases out at the end of this month.

It is not too late for the UK Government to change its position on those things—to ensure that social security support is adequate to support people and to extend the furlough scheme properly to give businesses the certainty that they so badly need. In the process, it would save an estimated 60,000 jobs across Scotland.

Prestwick Airport

Colin Smyth (South Scotland) (Lab): The decision by the preferred bidder not to go ahead with the purchase of Prestwick airport because of the downturn in aviation will be a huge blow to the 300 workers who are directly employed by Prestwick and the many thousands across Ayrshire whose jobs rely on the airport. Will the First Minister now listen to the calls from the Unite and GMB unions for sector-specific support from the Scottish Government, not just the United Kingdom Government? Will she ensure that any business support has conditionality attached that protects jobs, and pay and conditions? Will the Government introduce options for testing at airports, with follow-up tests, to make it possible to at least consider reducing quarantine?

The First Minister (Nicola Sturgeon): There are a number of questions there. Covid has, as the member said, had an impact on the global aviation sector and that unfortunately affected the planned sale of Prestwick airport. The company that was selected as the preferred bidder does not wish to complete the purchase at this time. That is disappointing, but we understand the reasons for it. We will consider further options for Glasgow Prestwick airport, but we continue to believe that it has a role to play in Scotland's aviation sector.

On the member's wider point, when we are making funding available to companies, we always seek to ensure that fair work principles are embedded in that, and we will continue to do so. We will continue to consider within our own resources the support that we can make available to businesses, but—and this is a statement of

fact—because the UK Government has recourse to borrowing powers that we do not have, our budget is finite. Once we have allocated it, as we have, it is not possible to always give more money to one priority without taking money away from others. That is why we are discussing with the UK Government further support for business. In fact, we have asked the UK Government to convene an aerospace task force to discuss some of the issues around aviation, an idea that has the support of the other devolved Administrations and the trade unions.

We will do everything that we can, and we will continue to seek to persuade the UK Government to play its full part.

Flu Vaccination (Rural Areas)

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): My question is further to the exchange with Neil Bibby. I have been contacted by elderly constituents in Melrose and Lauder who, under the new flu vaccine arrangements, which are understandable, are being required to travel many miles, often with limited access to public transport, which they are reluctant to use in any event because of Covid. Will the Scottish Government consider the introduction of a mobile vaccination facility, particularly for elderly people who live in rural areas such as mine?

The First Minister (Nicola Sturgeon): It is the responsibility of health boards to deliver the vaccine program, but we will continue to discuss with them the ways in which they ensure accessibility to the programme. Mobile facilities might well have a part to play in that. The health secretary will continue to discuss those issues with health boards and I will ask her to contact Christine Grahame about the specific local issues that she has raised when she has had the chance to do so.

Covid-19 (Weekly Testing)

Neil Findlay (Lothian) (Lab): Today, a group of members of Parliament on the House of Commons Health and Social Care Committee said that there should be weekly routine testing of all national health service staff, and that they cannot understand why it has not been introduced. Since the very start of the crisis, I have believed that we should be doing that. The majority of NHS staff in Scotland have never been tested. Why are we not doing routine weekly testing of the people who are on the front line and keeping people safe and alive during the pandemic?

The First Minister (Nicola Sturgeon): We test certain groups of NHS staff and, like all the groups that we test across the population, the groups that

we test are advised by clinical priority. We will continue to look at options for extending that.

The capacity for testing is important. We need to have the capacity to take the samples and process the tests. We have expanded NHS capacity substantially and we plan to do more of that over the remainder of the year. That will make the wherewithal available, but who is tested and how often must be driven by clinical advice and prioritisation. We will continue to take those decisions as carefully as possible.

I have not yet had the opportunity to see the select committee's report, but I will read it with interest.

Covid-19 (Self-isolation Support Grant)

Bill Kidd (Glasgow Anniesland) (SNP): The new self-isolation support grant is very welcome. It will ensure that people do not experience financial hardship as a result of doing the right thing. Can the First Minister outline how the fund will be delivered and how those who are in need of support can access it?

The First Minister (Nicola Sturgeon): We confirmed yesterday that the fund will be administered through the Scottish welfare fund, which is already established and is tried and tested in making crisis support available to people who need it. It will be available to people on low incomes and targeted at people on universal credit who will lose income if they are not able to work because of the advice to self-isolate. However, we want to have some flexibility whereby people who are outwith that category but genuinely need crisis support may be able to access it. We will make practical information available to people through the usual channels so that they know exactly how they can access that support.

Committee on the Scottish Government Handling of Harassment Complaints (Request for Material)

The Presiding Officer: Jackie Baillie joins us remotely.

Jackie Baillie (Dumbarton) (Lab): As a member of the committee that is considering the handling of harassment complaints, I say to the First Minister that the Scottish National Party Government is being disrespectful to the committee and, by extension, to the Parliament. This is not about her evidence or her attendance at the committee. She knows that that is a red herring. I know that she has recused herself, but there is no getting away from the fact that she is the leader of the Scottish Government and of the SNP, so it is in her gift to make sure that they are open and transparent.

Contrary to her briefing, the information provided at this point has been partial, witnesses have come before the committee with surprising memory difficulties and there is a complete refusal to hand over the legal advice for the judicial review, which could be done if the Government wished to do so. Will the First Minister authorise the release of all the material to the committee, as previously promised, and ensure that no documents held by the Scottish Government, the Crown Office or the SNP are destroyed before the committee finishes its inquiry? If she will not honour her previous commitment, will she explain to the chamber what on earth the Scottish Government and the SNP have to hide?

The First Minister (Nicola Sturgeon): First, I do not consider the evidence that I have already given to the committee and the evidence that I am keen to offer to it in oral session to be a red herring. It is really important and part of my responsibility.

The Government has made available substantial material. The only material that it has not yet made available is because legal reasons prevent it. It has already said in respect of some of that material that it is initiating legal proceedings to try to put itself in a position where it can hand that material over, which is the right and proper thing to do.

The SNP had no involvement in the Scottish Government complaints process, but the SNP will also put forward answers to the questions that the committee asks of it and has already done so, as anybody can go to the committee's website and see with their own two eyes. It will continue to co-operate fully.

I absolutely intend to co-operate fully, I look forward to the opportunity to share my evidence with the committee and I am respecting the process of the committee. It really begs a lot of questions when members of the committee say after literally every evidence session that I am not answering questions when I have submitted written evidence and I am waiting for the opportunity to give evidence in person.

Alex Cole-Hamilton (Edinburgh Western) (LD): On a point of order, Presiding Officer. In her exchange with Ruth Davidson, the First Minister implied that members of the harassment handling inquiry had leaked to the press the WhatsApp messages discussed in that exchange. That is a serious allegation and it is also untrue. The first that committee members learned of the messages was in an email from the clerks, to which was attached images of the messages. I quote from the email:

"We are now aware that details of the contents of these messages"

have

"also been given to the media and so we wanted to ensure that members were sighted on this before reading about it in the media."

Will the Presiding Officer advise me of the appropriate procedure by which the First Minister can either correct the Official Report or present evidence to the Parliament to substantiate her claim?

The Presiding Officer: That is not a procedural point for me to rule on. There are a number of methods by which Mr Cole-Hamilton can ask a question of the First Minister and by which she can reply, including written questions, letters and so on. The member's point is on the record. That ends First Minister's questions.

13:34

Meeting suspended.

14:30

On resuming—

Portfolio Question Time

Environment, Climate Change and Land Reform

The Deputy Presiding Officer (Lewis Macdonald): Good afternoon. The next item of business is portfolio question time, on the portfolio of environment, climate change and land reform. I remind members who wish to ask supplementary questions to press their request-to-speak button or to indicate their request by entering “R” in the chat function during the relevant question.

Marine Protected Areas

1. **Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP):** To ask the Scottish Government how inshore marine protected areas are managed. (S5O-04649)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): Last week, the Scottish Government designated the west of Scotland MPA, which means that more than 30 per cent of Scotland’s seas are now protected, thereby exceeding the proposed new international targets.

On the management of MPAs, public authorities must not grant authorisation for activities where there is significant risk of hindering an MPA’s conservation objectives. Therefore most activities are managed by regulatory authorities on an individual level, with reference to NatureScot’s advice. Unlike other sectors, fishing is managed through the implementation of management measures at sector level, with advice from NatureScot on the risks to protected features from fishing activity.

Dr Allan: The minister will be aware of the importance of scallop and prawn fishing to my constituency, which has companies such as Kallin Shellfish Ltd, which employs 30 people locally and bring vital jobs to areas in which there are few private sector employers. What discussions has the Scottish Government had regarding fisheries management measures for the Sound of Barra special area of conservation? Would any such proposals be subject to an island communities impact assessment?

Mairi Gougeon: I am acutely aware of the importance to the Western Isles of fisheries, including employers such as Kallin Shellfish.

The development of potential fisheries management measures for the Sound of Barra SAC was at the pre-consultation stage when it

was delayed because of the current pandemic. Prior to that pause, stakeholder engagement had been under way and had included the holding of meetings in Benbecula and Stornoway in March this year. When we are able to restart that process, there will be further opportunity for stakeholder engagement, and there will also be wider public consultation before any measures are adopted.

I absolutely assure Dr Allan that if it were to be anticipated that any management proposal would have an impact on island communities that would be significantly different from the effect that it would have on others, an island communities impact assessment would be undertaken.

Claudia Beamish (South Scotland) (Lab): Given that marine conservation and fisheries issues are missing from the Scottish Government’s economic recovery implementation plan, will the minister say what action will be taken to deliver a blue recovery that would enhance marine health and support inshore fishers to meet sustainability requirements while also supporting local coastal communities?

Mairi Gougeon: A variety of such projects are under way at the moment. As I said in my initial response to Dr Allan, just last week we designated one of the largest MPAs—I think that it is the largest—in the north-east Atlantic, which now brings the coverage to more than 30 per cent of our seas being protected. We are continually undertaking work on the designation of such sites.

As I alluded to in my other response, understandably, some measures and pieces of work have had to be put on hold because of the pandemic that we are having to deal with. However, I assure Claudia Beamish and other members that we consider such work to be vital and that we will continue with it as soon as we are able to do so, with the aim of improving the protection of our marine environment.

Kenneth Gibson (Cunninghame North) (SNP): The south Arran marine protected area has been a tremendous boon to the marine environment to the south of my constituency. However, it cannot have the same restorative impact as a no-take zone, which would enable the marine environment to regenerate fully. Will the minister consider the resounding success of the Lamlash Bay no-take zone over the past 12 years, and others across the world, with a view to creating more such zones in Scotland’s threatened marine environments?

Mairi Gougeon: Absolutely. We continually look at national and international good practice, because that helps to inform the development of our policies when it comes to protecting and enhancing our marine environment.

Sites within the MPA network have a range of different measures in place and those are being monitored for environmental and economic effects to help to provide an evidence base for any future actions that we might take in our protected areas. The monitoring outcomes, including in Lamlash bay, and experiences elsewhere in the world, will inform how our MPA network evolves, especially after new international targets are set in 2021.

Climate Action Plan (Dundee)

2. Shona Robison (Dundee City East) (SNP): To ask the Scottish Government what support it is providing to Dundee to assist in the implementation of the city's climate action plan. (S5O-04650)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham): I welcome Dundee's climate action plan, which places climate change at the heart of the city's regeneration. The plan has ambitious targets, a citywide partnership approach and strong links to national policy; it supports key low-carbon technologies and climate resilience.

The Scottish Government and its agencies are working with partners in Dundee. In particular, we have committed up to £150 million over 10 years to the wider Tay cities region deal, which includes the ambition to create a step change to a low-carbon, regional economy and establish the Tay cities region as a leader for eco-innovation. To date, we have also provided over £6 million of funding to Dundee City Council to decarbonise its vehicle fleet, co-funded the development of the low-carbon district energy hub at Caird park regional performance centre for sport, and provided support to community circular economy initiatives in Dundee.

Shona Robison: The cabinet secretary may be aware of Dundee's new embark Dundee e-bike sharing scheme, which is set to launch this weekend, making Dundee the largest e-bike provider in the country. What plans does the Government have to further encourage active travel in city centres and, in particular, to improve air quality in known city centre hotspots?

Roseanna Cunningham: The budget for 2020-21 has increased to £100.5 million to support the building of large-scale active travel infrastructure and behavioural change. We have invested nearly £39 million in temporary infrastructure to help local authorities support physical distancing and to encourage walking, wheeling and cycling during the Covid-19 outbreak.

We remain absolutely committed to tackling air pollution. The Scottish Government awarded over £500,000 to Dundee in 2019-20 to develop a low-emission zone and related public transport

measures. I welcome the announcement that I read today about the new Edinburgh to Dundee electric bus service, which will start next week.

Flooding (Scottish Environment Protection Agency)

3. Rona Mackay (Strathkelvin and Bearsden) (SNP): To ask the Scottish Government when it last discussed with the Scottish Environment Protection Agency how to tackle the reportedly increasing problem of flooding in Scotland's communities. (S5O-04651)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): The Scottish Government engages extensively with SEPA and other relevant agencies on a wide range of issues to ensure that Scotland is resilient and able to adapt to the challenges of flooding and other pressures that are driven by climate change.

Rona Mackay: Houses in Lennoxton in my constituency have been hit by severe flooding three times already this year. It is clear that that problem will continue to recur, given the changing climate. Are local authorities being supported to offer long-term solutions to high flood risk areas that are identified to them?

Mairi Gougeon: I can completely understand the member's concerns about that and about other events that are increasing because of climate change. I am aware of the communities at risk of flooding, including what happened in Lennoxton on 4 August.

The Scottish Government provides substantial support, including £42 million each year to local authorities for flood protection measures. In addition, in our programme for government this year, we committed an additional £150 million over the next five years—that is over and above the £42 million—to support flood protection measures. We also provide around £200,000 annually to the Scottish Flood Forum, which provides support to communities that are affected by flooding.

In addition to the extra funds that we are committing, to help inform the future work that we will have to undertake, we are carrying out a review to consider the current and future challenges that we face and to try to scope out the opportunities and solutions that there are for efficient and effective surface water management.

Mary Fee (West Scotland) (Lab): What is the Scottish Government doing to improve the maintenance standards for sustainable urban drainage systems, which is a vital aspect of sustaining their longevity?

Mairi Gougeon: Again, I understand the member's concern regarding that matter. As I outlined in my response to Rona Mackay, we are

carrying out a review to look at the current challenges that we face. The problem will intensify and will only get worse as we see the full effects of climate change. We are taking a serious look at the issue to consider what solutions we can develop for the future.

Annabelle Ewing (Cowdenbeath) (SNP): The minister will be aware of the recent flooding event in Cardenden in my constituency. Although Fife Council had already been preparing an area flood study, curiously, the final version of the study will omit any reference at all to that significant recent flooding event. Can the minister therefore advise whether there is any guidance on the matter of what on earth would be the efficacy of the new flood study if it makes no reference at all to that significant recent flooding incident, which took place in August of this year?

Mairi Gougeon: I would be happy to consider that in more detail. The Scottish Government supports the Scottish Environment Protection Agency's flood forecasting service through a grant of £586,000. The service uses hydrological data from 250 monitoring stations plus meteorological data from the Met Office and aims to provide as accurate predictions as possible of the likelihood and timing of flood events. Of course, the service is subject to continuous updates and improvements.

On the specific point that Annabelle Ewing raises, I am happy to look into that further and respond to her more fully.

The Deputy Presiding Officer: Question 4 was not lodged.

Environmental Protection (Public Participation)

5. Maureen Watt (Aberdeen South and North Kincardine) (SNP): To ask the Scottish Government how it is encouraging people to engage in recycling and other activities to help protect Scotland's environment. (S5O-04653)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham): We want to ensure that, when it comes to recycling, the right choices are the easy choices for businesses and households. Our recent programme for government committed to a £70 million recycling fund to improve local authority collection infrastructure, as well as a review of the household recycling charter and code of practice.

The national managing our waste campaign provides guidance for households on how to manage waste, recycle and access local waste services during the Covid-19 pandemic. It also encourages use of reusable face coverings and appropriate disposal of single-use face coverings and gloves.

Maureen Watt: I thank the cabinet secretary for that answer, especially what she said about face coverings, which are becoming a real problem.

I was delighted to note that last week was recycle week 2020. What dialogue is the Scottish Government having with local authorities and other stakeholders to ensure that we continue to promote such activities, as we navigate through lockdown?

Roseanna Cunningham: We continue, of course, to engage regularly with a wide range of stakeholders from throughout the waste sector, through the waste and resources sector forum. It comprises key partners including Zero Waste Scotland, the Scottish Environment Protection Agency, the Convention of Scottish Local Authorities, local authorities and commercial bodies.

I am grateful to the people who have worked very hard to keep waste and recycling services going in communities right across Scotland, particularly over the past year.

The national managing our waste campaign, which we developed with our partners and launched in late April, will continue to provide guidance for households on how to manage waste, recycle and access local waste services during the Covid-19 pandemic.

Maurice Golden (West Scotland) (Con): Can the cabinet secretary say how many tonnes of waste are shipped out of Scotland every minute?

Roseanna Cunningham: As Maurice Golden is, very likely, aware, the answer to that is no. I do not have a minute-by-minute assessment of the waste that is exported from Scotland, any more than anyone else will have a minute-by-minute assessment of any other export from Scotland.

However, I can tell Maurice Golden that we are making a great deal of progress on recycling, on which we are doing an enormous amount of work. As he knows, we have plans to go a lot further. I have already outlined the programme for government commitment of £70 million to the recycling fund. We have long-term initiatives to tackle the throwaway culture and to reduce the global amount of waste that is created, wherever it ends up.

I hope that Mr Golden will continue to support those initiatives in the future.

Mark Ruskell (Mid Scotland and Fife) (Green): It is clear that the public strongly back waste recycling, but they do not back waste incineration. When it gave evidence to the Environment, Climate Change and Land Reform Committee last week, Zero Waste Scotland warned of a

“future that is based on incineration.”—[*Official Report, Environment, Climate Change and Land Reform Committee*, 22 September 2020; c 27.]

What is the Government doing to restrict burning of rubbish?

Roseanna Cunningham: Again, I must say that we are making very strong progress, as I said to Maurice Golden. Between 2017 and 2018, the carbon impact of our waste dropped by 11 per cent. I have also mentioned the PFG commitment.

Waste incineration is strictly regulated in line with European Union standards. Under the regulations, the Scottish Environment Protection Agency operates a very rigorous permitting system for energy-from-waste operators. We are preparing for the ban on landfilling biodegradable municipal waste that will be in place by 2025, in line with the Committee on Climate Change’s recommendations, but we will still need capacity to dispose of residual waste while we make the transition to a circular economy. That is the reason for the increase in energy-from-waste capacity.

Tarbolton Moss Landfill

6. Brian Whittle (South Scotland) (Con): To ask the Scottish Government what steps it is taking to resolve the reported serious environmental issues arising from a lack of on-going maintenance at Tarbolton Moss landfill. (S5O-04654)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham): Tarbolton Landfill Ltd, which is the operator of the site, remains in liquidation. Although the Scottish Government is not directly responsible for the site, we are working with the Scottish Environment Protection Agency and South Ayrshire Council to assess future options. On 2 July, we considered the recommendations of a recent site survey on the practical options for management of the site.

The Scottish Government is currently in the process of developing a proposition for how the different public authorities can work together to move matters forward.

Brian Whittle: As the cabinet secretary knows, she and I have spoken about the issue many times, and very little has changed on the site—apart from the facts that giant hogweed now pervades and is invading down river, and leachate continues to flow. We cannot allow an environmental health crisis to continue to grow. This is a long-standing problem that I have brought to Parliament’s attention many times. When will the Scottish Government finally act to make Tarbolton Moss landfill safe?

Roseanna Cunningham: I know that Mr Whittle has raised the issue on a number of occasions. We have had conversations about it, and I know that he feels very strongly about it. That is extremely understandable. However, the legal situation remains the same.

Mr Whittle mentioned giant hogweed. I understand that, unfortunately, much of the work across Scotland to control invasive species has been delayed because of Covid-19. That will include work at the Tarbolton site. We have previously funded work to remove giant hogweed as part of the site investigation that I mentioned, and other necessary work will be considered as part of the wider requirements for remediation of the site.

Grouse Moor Management (Werritty Review)

7. Bob Doris (Glasgow Maryhill and Springburn) (SNP): To ask the Scottish Government whether it will provide an update on when it will publish its response to the Werritty review recommendations on grouse moor management. (S5O-04655)

The Minister for Rural Affairs and the Natural Environment (Mairi Gougeon): As set out in the Scottish Government’s programme for government, which was published on 1 September this year, a response to the report by the independent grouse moor management review group will be published this autumn.

Bob Doris: I note the recommendation on licensing of grouse moors, which I hope will be adopted, given the concerns about the on-going risk to hen harriers, peregrines and other birds of prey. Will the minister give more detail on the timescale for legislating for a licensing regime, should it be decided that that will be done? I hope that such a regime can be secured as early as possible.

Mairi Gougeon: I absolutely share Bob Doris’s concern about the matter, and I know that it is something that members across the chamber want to hear more about and are concerned about.

We are carefully considering the option of licensing, because that was one of the key recommendations in Professor Werritty’s report. If our conclusion is that licensing is to be introduced, we have indicated—the First Minister and the Cabinet Secretary for Environment, Climate Change and Land Reform have already stated to Parliament—that we would likely implement it earlier than the five-year timeframe that the review group proposed.

Liz Smith (Mid Scotland and Fife) (Con): Will the Scottish Government take into consideration the soon to be published stage 2 research into the socioeconomic and biodiversity impacts of grouse

moor management and the employment rights of gamekeepers before it responds to the Werritty review.

Mairi Gougeon: I am sure that Liz Smith will be aware that we had hoped to issue our response to the review earlier in the year, but because we have had to redirect resource due to the pandemic, that has not been possible. The response has been a long time coming; as I said in my response to Bob Doris, we want to publish our response as soon as we can.

We will, of course, take any relevant information into consideration, because the recommendations in the report would impact on other agencies, too. There are lots of things that we must take into careful consideration. However, I say again that we will be looking to publish our response in the coming months.

Alison Johnstone (Lothian) (Green): The large-scale killing of mountain hares on grouse moors was a key part of the grouse moor management group's terms of reference, and the report recommended that action be taken on it. Ninety-four days ago, Parliament voted in support of my amendment to the Animals and Wildlife (Penalties, Protections and Powers) (Scotland) Bill to make the mountain hare a protected species. Will the minister provide an update on how that is being implemented and when it will come into force?

Mairi Gougeon: As Alison Johnstone said, that was the subject of an amendment that we agreed in consideration of the bill. We will set out our timetable for commencement of the relevant sections of the Animals and Wildlife (Penalties, Protections and Powers) (Scotland) Act 2020 in due course.

We have to give careful consideration to how a future licensing regime would work in relation to mountain hares because, as I am sure members are aware, the amendment that was agreed to had the effect of removing the open season for mountain hares, thereby making it an offence to intentionally or to recklessly kill, injure or take them at any time of the year. That would, of course, be subject to certain permitted exceptions that might be undertaken under licence.

Those are the kinds of things that we have to consider. As I said, we will in due course come back and lay out our timetable for commencement of the relevant part of the 2020 act.

Climate Action

8. Neil Findlay (Lothian) (Lab): To ask the Scottish Government what action it is taking to tackle climate change. (S5O-04656)

The Cabinet Secretary for Environment, Climate Change and Land Reform (Roseanna Cunningham): Scotland has the most rigorous framework of domestic climate change legislation in the world. We have already halved our greenhouse gas emissions since 1990, restored 20,000 hectares of degraded peatland, planted 22 million trees and cut waste emissions by 30 per cent. Even as we tackle the impacts of Covid-19, we are ensuring that our recovery is a green recovery by investing a groundbreaking £1.6 billion to transform how we heat our homes, £60 million to support decarbonisation of the industrial sector and £100 million for a green jobs fund to build back better.

Building on our programme for government commitments, our forthcoming update to the 2018 climate change plan will set out the next steps that we will take towards meeting our new and ambitious targets.

Neil Findlay: Energy is central to addressing climate change, but the development of the onshore wind sector has been a huge missed opportunity for communities, which see ownership of onshore wind farms concentrated in the hands of venture capital firms and foreign-based multinationals whose profits are then repatriated to Germany, Spain and Italy. What is the Scottish Government doing to avoid repeating the mistakes that it made in onshore wind development and to ensure that offshore wind developments are held by communities, so that profits that are generated go back into the local community and economy, and not to the shareholders of foreign-based multinationals?

Roseanna Cunningham: Among other things, the work that is being done with Crown Estate Scotland is very much directed at the issue that Neil Findlay has raised. We are working closely with Crown Estate Scotland to ensure that developers will need to commit to the anticipated level and location of supply-chain impact in future projects, and to incorporate them in formal agreements. That will provide developers with a clear and transparent route through which to demonstrate their progress on the industry supply-chain ambitions, and it will provide them with the opportunity to show their commitment to companies in Scotland. That is one of the initiatives that we are currently undertaking.

Of course, we continue to call on the United Kingdom Government to amend the contract for difference auction process, through which contracts are currently awarded solely on price. We want the process to better reflect the value that is added to the economy and the importance of supply-chain sustainability when contracts are awarded to projects.

Colin Beattie (Midlothian North and Musselburgh) (SNP): Can the cabinet secretary outline what the Scottish Government hopes to achieve as the European co-chair of the Under2 Coalition over the coming year?

Roseanna Cunningham: I am pleased to say that Scotland is now the European co-chair for the Under2 Coalition, alongside a number of other co-chairs, including Governor Newsom of California, Premier Zikalala of KwaZulu-Natal and Governor Domínguez Servián of Querétaro, which I hope I have pronounced correctly.

Our term as co-chair has begun. It is happening in a crucial time for climate action and it will help to drive momentum towards a green recovery and a net zero future, ahead of the 26th climate change conference of the parties. I can advise Parliament that, under our capacity as co-chair, I have already done a number of international video events.

As European co-chair, Scotland will champion the principles of just transition, inclusivity and wellbeing.

Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill: Stage 1

The Deputy Presiding Officer (Christine Grahame): I have completed the cleaning process up here, which is why there was a delay.

Our next item of business is a debate on motion S5M-22884, in the name of Jeane Freeman, on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill. I invite members who wish to take part in the debate to press their request-to-speak button now.

14:59

The Cabinet Secretary for Health and Sport (Jeane Freeman): I am pleased to open the stage 1 debate on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill. At the outset, I repeat my thanks to the Health and Sport Committee for continuing its scrutiny of the bill at a uniquely challenging time for our country. I also extend my thanks to the Finance and Constitution Committee and the Delegated Powers and Law Reform Committee for their work on the bill at stage 1. I hope that the progression of the bill by the Parliament at a time when we have necessarily had to reduce areas of our planned legislative programme sends the very important message that we are collectively committed to improving the way that the health and justice systems support victims of sexual crime. Finally, I thank the staff who have continued to deliver high-quality services to victims of sexual crime throughout the pandemic.

As the Health and Sport Committee has recognised, the bill puts the holistic healthcare needs of victims first. The bill will enshrine in law the fact that the service is a health board responsibility; it will provide a legal framework to ensure consistent access to self-referral across Scotland; and it will deliver on two of the key recommendations in the strategic review that was published by Her Majesty's Inspectorate of Constabulary in Scotland.

Self-referral means that, if a person who has experienced rape or sexual assault does not want to tell the police straight away or is undecided, the health board can obtain certain forensic evidence and keep it safe. If the person decides not to tell the police, the evidence will be destroyed after a period of time or on request. Having that choice available to people after a significant trauma is vital to giving them control over what happens to them at a time when control has been taken away.

David Stewart (Highlands and Islands) (Lab): The cabinet secretary will know that there was

some debate in the committee about the age of consent. Will she undertake to keep under review the age at which young people should make a decision about that?

Jeane Freeman: I undertake to keep that under review, and I am sure that we will return to that issue when we get to stage 2. I note that Rape Crisis Scotland and the Law Society of Scotland support the position that we have taken at this point in the bill process. However, as with other matters, we should be open to further discussion and to keeping that under review.

It is important to be clear that the principles of trauma-informed and person-centred care will apply whether or not a police report is to be made.

There has been very strong support for the bill's objectives, with 91 per cent of respondents to the 2019 consultation agreeing with the proposals in the bill. The chief executive of Rape Crisis Scotland welcomed the bill and said that it was a "significant ... step" that had

"the potential to transform how forensic services" are delivered.

I am pleased that the committee's stage 1 report welcomes the bill. It recognises that the bill will help to improve the experience of victims of sexual crime across Scotland.

The bill will underpin the work of the chief medical officer for Scotland's rape and sexual assault task force, which was set up in April 2017 to provide national leadership for the improvement of services in response to the 2017 report by Her Majesty's Inspectorate of Constabulary in Scotland. I put on record my sincere thanks to our former chief medical officer, Dr Catherine Calderwood, for her support and leadership in driving that work forward.

A five-year work plan that was published in October 2017 set out actions across a range of issues, and the bill is one important part of that. Through the work of the task force, and supported by funding of £8.5 million, the transformation of the national health service's response to rape and sexual assault is already well under way. Healthcare Improvement Scotland published national standards in 2017 to ensure consistency in the approach to healthcare and forensic medical services and to reinforce the high-quality care that everyone should expect. All health board chief executives have committed to working towards the delivery of sustainable trauma-informed services, in line with those standards. Quality indicators underpinning the HIS standards were published in March this year, and health board performance against those standards is being closely monitored.

Another key recommendation was the establishment of dedicated healthcare facilities across Scotland. Funding is being invested in all 14 territorial health boards to enhance existing, or to create new, sexual assault response co-ordination services across the country, in line with the national service specification. All examinations that were previously located in a police station have now moved to an appropriate healthcare setting, which paves the way for a national model of self-referral. Funding is also being provided to develop regional centres of expertise to support those local sexual assault response co-ordination services.

We know that having access to a female sexual offence examiner is very important for anyone who requires a forensic medical examination following a rape or a sexual assault, and improving that access was an early priority for the task force. Since 2016-17, funding has been provided to NHS Education for Scotland to provide specific training for doctors, with the aim of increasing the number of female examiners who are available to undertake that work. That training is also open to nurses who are involved in providing trauma-informed care for victims. In response to Covid-19, NHS Education for Scotland is now delivering key elements of that course virtually to ensure that demand for the training continues to be met.

Baseline workforce data indicates that 61 per cent of sexual offence examiners in Scotland are now female, which is an increase of around 30 per cent on the indicative figure in the 2017 HMICS report. The task force is committed to developing the role of nurse sexual offence examiners, as recommended by HMICS. For the first time in Scotland, two appropriately qualified and experienced nurses are currently being recruited to that role, which will mean that they can undertake the forensic medical examination of a victim of rape or sexual assault and give evidence in court, as doctors currently do. I am grateful to the Lord Advocate for his willingness to explore and evaluate that important initiative.

I am also delighted to announce that we are funding 20 priority places on a new postgraduate qualification in advanced forensic practice at Queen Margaret University, in Edinburgh. Those funded places bring the total funding allocated to the task force to develop the role of the nurse sexual offence examiners in Scotland to £250,000. The QMU course, which starts in January next year, will offer the first qualification of its kind that is available in Scotland. Enabling access to that training is vital to developing a multidisciplinary task force and a workforce for the future, so that health boards are better placed to offer a female examiner if that is the person's preference.

Other important improvements that are being progressed include the development of a national clinical information technology system, which is due to go live in spring next year. Before the end of the calendar year 2020, the task force will launch a comprehensive package of resources to ensure a consistent national approach to the recording, collation and reporting of performance data on those services.

The package includes Scotland's first national clinical pathway for adults as well as for children and young people, which the committee has recognised will sit alongside the bill. Work is also well under way to develop a robust protocol for health boards on how to maintain the chain of evidence in a way that meets the requirements of the Scottish criminal justice system; to prepare for a public consultation on the appropriate retention period for evidence that is obtained from a self-referral examination; and to progress plans around how individuals will access self-referral services. That work is being carried out together with a national awareness-raising campaign, so that people know about the options that are available to them. All that preparatory work will help to ensure that health boards are ready for the commencement of the bill.

In my remaining time, I will briefly address the Health and Sport Committee's recommendations in its stage 1 report. The committee has delivered a fair and full report, which was no small challenge given the wide range of oral and written evidence that was provided to it, which, in some respects, offered quite different perspectives on key matters. The Government's response to that report was published on 25 September, and I hope that members will have had an opportunity to review that ahead of the debate. I am pleased that we can support a number of the committee's recommendations, particularly those concerning a new delegated power to modify the minimum age for accessing self-referral, a statutory annual reporting requirement and a revised data protection impact assessment for the bill.

On the first of those recommendations, I consider it prudent that the minimum age for accessing self-referral remains prescribed at age 16, in line with current clinical practice and the most relevant and applicable legislation, while we are keeping open the possibility of that age changing in the future should wider changes to law and guidance make that appropriate.

Alex Cole-Hamilton (Edinburgh Western) (LD): Does the cabinet secretary recognise that, when children are sexually assaulted or even raped, that can often happen at the hands of somebody they know? Does she recognise that, by setting the minimum age of self-referral at 16, a problem can be created for children who might

otherwise come forward for forensic examination but cannot do so with a parent?

Jeane Freeman: I recognise the point that Mr Cole-Hamilton raises. As I said in response to Mr Stewart, I am open to further discussion at stage 2, with the committee and others, of what we might do to begin to address some of those concerns. We can tease some of that out in full at that point.

Although the Government has not been able to support the committee's other recommendations for stage 2 amendments at this point, I hope that the Government's response demonstrates that the matters that are highlighted are recognised as being important; that significant non-legislative work is already in train through the work of the chief medical officer's task force to address them; and that, as I have said, I remain open to further discussion with the committee and members at stage 2.

Sandy Brindley, the chief executive of Rape Crisis Scotland, is one of the many stakeholders who have supported and influenced the development of the bill. Ms Brindley indicated to the Health and Sport Committee that improvements in service delivery are bedding in and making a real difference to survivors.

I invite the Parliament to endorse the bill, to complete the journey from a policing model of forensic medical services to a model in which the wellbeing and recovery of victims are, rightly, our prime considerations.

I move,

That the Parliament agrees to the general principles of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.

The Deputy Presiding Officer: Thank you very much, cabinet secretary. I can see from my screen that only one member has pressed their request-to-speak button—just as I say that, a few faces have appeared on my screen.

I call Lewis Macdonald, the convener of the Health and Sport Committee, to open on the committee's behalf.

15:11

Lewis Macdonald (North East Scotland) (Lab): As the convener of the Health and Sport Committee, I am pleased to speak to our report on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.

We support the objective of putting people first, so let me start by thanking all those who assisted the committee with our scrutiny: those who responded to our call for views, those who gave evidence in person or online, and, not least, the

committee clerks and other Parliament staff who enabled our report to be made despite Covid-19 and the circumstances that it caused.

I particularly thank those women who had suffered rape or sexual assault who spoke to us back in March, facilitated by Rape Crisis Scotland. We were truly grateful for the insights that they offered, as well as deeply impressed by their courage in doing so.

As we have just heard, the bill will require national health service boards to provide forensic medical services to victims of sexual offences and will allow victims over the age of 16 to refer themselves to the NHS for forensic examination before deciding whether they want to report to the police.

The committee supports those changes and, more broadly, we support the general principles underlying the bill. Those principles are that victims should be given choice, through the power to consent, and control—the very things that were denied to them by the perpetrators. Placing a duty on NHS boards to provide those services and allowing victims to self-refer to the NHS gives individuals the opportunity to decide whether and when they want to report a sexual assault to the police. That gives them the choice, first and foremost, to get the medical and healthcare support they need, which may help to reduce future psychological trauma. At such a time, the victim's health and wellbeing must be the top priority. The decision on reporting to the police and undergoing the process that follows that can be a secondary and separate choice for the individual to make.

Self-referring for a forensic medical examination allows victims to make decisions about what happens going forward. Section 4 of the bill details the information that individuals must receive before an examination takes place, which allows them to give their informed consent to what happens next. Under the bill, individuals should have the right to control what happens next, after they have self-referred. They can control whether and when they enter the criminal justice system; they can control the timing of reporting an incident; and, if they choose not to report an incident to the police, they can request that the collected evidence be destroyed and any clothing or belongings returned to them.

We support the legislation in principle, as a step forward in putting victims' needs and rights first and improving access to forensic medical examinations. Those are things that the victims of such offences told us were greatly needed.

Our report concentrates on areas where we think that the bill, as it is currently drafted, might not quite achieve its three fundamental objectives;

where we think the bill needs to be strengthened to make sure that everyone gets the support they need; and where we need to make sure that its laudable rights and principles will work for all those who need to access such services.

People will benefit from the right to self-refer only if they know the right is there. By its nature, the bill and its provisions might not be widely discussed. Many people will not consider the process until after they are victims of sexual assault, and, in those circumstances, it is understandably difficult for victims to be clear about what to do next. Self-referral will benefit victims only if they are, or someone they confide in is, aware that it is an option.

We believe that there needs to be a focus on raising public awareness of the principles, rights and choices in the bill by making information readily available and easily accessible to everyone. There also needs to be an early and on-going public awareness campaign as the law comes into force. It should be accompanied by local online content, and actual information should be made available in healthcare and police settings.

The Government's response is that it will achieve that by providing dedicated sexual assault telephone lines as the first point of contact. That is welcome, but I ask the Government to consider the risk that such a service might be visible only to those who have already taken the first step of presenting and to consider what more can be done to reach those victims who simply do not know that such dedicated phone lines exist. Likewise, those who present to the NHS to access self-referral services need clear information to allow them to make informed choices.

Psychological and physical trauma following an incident can have devastating effects on individuals. We are, therefore, delighted to see the Scottish Government's commitment to trauma-informed care and that it has informed the bill, but we think that it is important that the bill explicitly requires NHS boards to deliver trauma-informed care. That is another of the committee's recommendations.

That should go hand in hand with a statutory right to independent advocacy. If people are to have the choice and control to make informed decisions, they might well need support to do so, especially if they are suffering from psychological trauma. We do not believe that advocacy should be offered on a case-by-case or opt-in basis; it should be a right that is provided to everyone as standard across every service. Individuals must be given the choice and the opportunity to accept, to decline or to opt out of receiving such support if they so wish.

Advocacy support should be on-going from the moment of engagement, through interaction with the health service, once the individual has returned home, and through all subsequent interactions with Police Scotland and the court process. We look forward to hearing how that can be achieved consistently across Scotland.

We will undoubtedly reflect on the Government's response that this is, first and foremost, a health bill. That might well be true, but it is also a justice bill, and the portfolio heading should not be what decides the provision of vital support. Much of the point of the bill is about services being joined up and the provision of support throughout the whole experience of examination, reporting and, ultimately, prosecution.

In the spirit of delivering trauma-informed care, we believe that the bill should seek to eliminate any potential for further trauma in the process itself. Victims of rape and sexual assault, as well as organisations that are working to support them, were clear on two priority areas. First, we need to ensure that there are no delays in forensic examinations, thereby minimising the psychological impact on victims who are unable to shower or change following an incident. The second priority is that we give victims the opportunity to choose the gender of the person carrying out the examination. I was pleased with what the cabinet secretary had to say on that matter. Many of the women who are victims of rape or sexual assault say that guaranteed access to a female examiner would be the most important single improvement to the current system.

We have, therefore, recommended that the bill should be strengthened to require a 24/7 forensic medical examination service and to guarantee victims the right to choose the sex of the examiner. Those recommendations are vital to support and give choice and control to people who have experienced such crimes.

Again, I note the Government's response and the intention to report when delays exceed three hours. The risk could be that three hours becomes by default an "acceptable" time to wait. Reporting on the operation of the service should therefore also have a strong focus on actual waiting times, to encourage the service to do everything possible to meet the needs of those who are seeking assistance.

For the bill to deliver on its fundamental principles and its main policy objective of improving the experience of people who have been affected by sexual offences, there also needs to be robust monitoring, evaluation and learning from experience. We have, therefore, further recommended that IT systems should be in place to collect, store and access data from services across Scotland, alongside an annual

reporting requirement on NHS Scotland to evaluate and drive forward service improvements. Joined-up and effective online health records have been called for by the committee in report after report this session. I hope that the cabinet secretary will agree that this is one of the many areas in which achieving that objective could make an enormous difference to service users.

In conclusion, the committee unanimously supports the general principles of the bill while seeking further clarification on the issues and concerns that we raised in our report. I am sure that the cabinet secretary will reflect further on our report, this debate and the concerns that were raised by witnesses in the committee's inquiry, and that the bill will, as a result, be even better and stronger after stage 2.

The Deputy Presiding Officer: We have some time in hand, so I will be light on timings—to an extent. I have made Mr Cameron smile.

15:20

Donald Cameron (Highlands and Islands) (Con): I refer members to my entry in the register of interests as a member of the Faculty of Advocates.

I welcome the opportunity to open for the Scottish Conservatives in this important debate at stage 1 of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill. We will support the bill at stage 1 and we welcome its long-overdue introduction. It is another step forward in delivering a system that ensures that victims are put first—something that Conservative members have long advocated.

I am delighted that not only my colleague Brian Whittle, who sits on the Health and Sport Committee with me, but Liam Kerr, our justice spokesman, and Margaret Mitchell, who was for a long time the convener of the Justice Committee, will be speaking for us today. As Lewis Macdonald pointed out, there is a cross-portfolio element to the bill and I am pleased that the Scottish Conservative speakers reflect that.

I pay tribute to all my colleagues who sit on the Health and Sport Committee and to the clerking team for their work in drafting the report. Although I now sit on the committee and was among the MSPs who signed off the report, I was not a member for the evidence sessions. However, I have had the opportunity to read through some of those representations and, obviously, the report. I pay tribute to the people who gave evidence, particularly the survivors of sexual offences, many of whom gave evidence themselves while others gave evidence through organisations such as Rape Crisis Scotland and local support groups. It

is clear that their experiences have been a key driving force in getting the bill to this point.

As we all know, the bill was brought forward in response to a report from Her Majesty's Inspectorate of Constabulary in Scotland in 2017 on the provision of forensic medical services to victims of sexual crime. That report found that the quality of services offered to victims was unacceptable and it concluded, quite starkly, that victims are being let down. It highlighted a lack of leadership and governance, a lack of audit or inspection of services, a lack of female forensic physicians, equipment—

David Stewart: I agree with the member's points. Does he share my view, which is based on my experience in social work going back many years, that there is a huge problem with low reporting rates and with low conviction rates of perpetrators? Does he feel that anything in the bill will turn that trend around?

Donald Cameron: I hope so. I fully agree with David Stewart that there has long been an issue around conviction rates in relation to sexual offences, particularly rape. That is a longstanding problem that we require to correct.

The HMICS report highlighted the lack of overnight and weekend provision and the practice of medical examinations taking place in police buildings in many areas of Scotland. It also referred to the lengthy journeys that were often faced by victims and noted that victims were being asked not to wash for a day, or more, after an assault, which is something that Sandy Brindley of Rape Crisis Scotland spoke about during the committee's evidence taking, when she said:

"We cannot overstate how much distress is caused by having to wait hours or even days for a forensic examination after being raped or sexually assaulted".— [*Official Report, Health and Sport Committee, 17 March 2020; c 29.*]

From my perspective, as a Highlands and Islands MSP like David Stewart, I was horrified to read an article from 2017 that noted that rape victims in our island communities were forced to travel to the mainland for an examination, unwashed and hungry, due to a lack of island-based facilities. In no society should that level of degradation be acceptable, least of all ours.

Of all the aforementioned issues that the HMICS report raised, those issues need to be dealt with urgently, especially given their scale. The most recent figures available show that in 2018-19 Police Scotland recorded 13,547 sexual crimes, of which 40 per cent of the claims relate to a victim under the age of 18. That is a very high proportion, and such figures should concern us all. Although the bill sadly cannot prevent such crimes from

happening, it can help to drastically improve the experience of victims of such crimes.

I will make a few general points on key elements of the bill. The Scottish Conservatives fully welcome the work that has been carried out to develop a vision for what trauma-informed care could look like in the context of the bill. As I said, the committee heard from victims of rape and sexual assault who had experienced physical and mental trauma as a result of medical forensic examinations. It was acknowledged that trauma-informed care recognises the impact of trauma on an individual's health and their social and emotional wellbeing, and aims to deliver services that minimise the risk of further trauma. The committee recommended that the bill should explicitly state that as a requirement.

That issue also relates to other elements of the bill. Many statements from witnesses at the committee noted the need for greater access to female doctors as a means to reduce trauma. Rape Crisis Scotland said that that is the single most pressing issue that requires to be addressed to improve survivors' experience.

Another aspect that the Scottish Government should consider further is the provision of out-of-hours services, which was raised on several occasions by various witnesses. They spoke of the delays that victims have experienced while undergoing forensic examination, and they mentioned in particular the psychological impact on those who, as I said earlier, were unable to wash or change their clothes. I hope that the Government will consider that issue as the bill progresses to stage 2.

Other members have referred to the provision that seeks to make forensic medical examination available on a self-referral basis for people who are over the age of 16. That would mean that victims of sexual abuse and rape would be able to access a forensic medical exam without first reporting the incident to the police. That is important, and it has been broadly welcomed by Victim Support Scotland and Rape Crisis Scotland, which both said that it is an advantageous provision. However, Rape Crisis Scotland highlighted that the provision must be consistent across the country and available 24/7.

Alex Cole-Hamilton has already referred to one concern that was apparent during committee evidence: that restricting self-referral by age may unintentionally act as a barrier to prevent younger or vulnerable victims from coming forward. As other members have said, the Law Society's view is that the age limit needs to be kept under review, but, in the view of the Scottish Conservatives, there is an issue here. It is plain that there is further work required, and a debate to be had, around that part of the bill.

I could have spoken about many more issues, and I hope that other members will cover them during the debate, given the extensive nature of the bill. The Scottish Conservatives will support the bill today at stage 1 and scrutinise it further as it makes its way through stages 2 and 3. It is a positive and welcome step forward to ensure that victims' needs are prioritised. Survivors of sexual offences have waited long enough for this legislation and the changes within it, and it is now down to the Scottish Government to listen to the concerns that have been raised; to respond positively and proactively to the committee's report; and to make the necessary changes to ensure that the bill meets all the needs of those whom it is intended to support.

15:28

David Stewart (Highlands and Islands) (Lab):

As a member of the Health and Sport Committee, I am pleased to contribute to this important debate. I am glad to say that Labour will support the general principles of the bill, and I am convinced that parliamentarians across the political divide will recognise that the bill makes victims of sexual abuse a key priority for forensic medical services.

As I touched on in my intervention, many years before I joined Parliament I worked for over a decade running a very busy child protection team in an area of social deprivation. However, that comprehensive experience did not prepare me for the round-table event that Health and Sport Committee staff organised with survivors and victims. The survivors and the organisations that represented them spoke of the horror and anguish that they faced after reporting their attack.

There was an underlying consistency in their messages: that

“criminal procedure re-victimises the victim”,

that

“Forensic examination opens up the horrors of the attack”,

that the

“System does not function correctly,”

and, in particular, that there was a

“Lack of support for victims.”

A strong theme was the need for change, particularly of self-referral for forensic medical examinations and for independent advocacy and psychological support. I am glad that the cabinet secretary and other members echoed those important points, on which I wish to concentrate.

As other members, including the cabinet secretary, have said, we all know that the overall aim of the bill is to require health boards to make forensic medical examinations available on a self-

referral basis to people over 16. That means that victims would be able to undergo a forensic examination without any requirement to report the incident to the police.

Donald Cameron has already touched on some of the history of that. Her Majesty's Inspectorate of Constabulary in Scotland closely examined the provisions for healthcare and forensic medical services, and it drew out three key points, which I wish to emphasise. The inspectorate said, first, that there was a need for increased innovation, especially in relation to island and rural areas; secondly, that there was potential for more collaboration among boards to share specialist staff; and, thirdly, that there was a gap in service provision in cases where a victim of a sexual crime sought support and medical attention but did not wish to report it to the police.

We have already touched on the important issue of self-referral, but I would draw the Parliament's attention to the fact that section 2(4) of the Age of Legal Capacity (Scotland) Act 1991 states:

“A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.”

Many respondents to our committee's call for evidence for the inquiry believed that self-referral should not exclude children and young people under 16. Victim Support Scotland considered that it would be detrimental to restrict under-16s from the self-referral process. VSS wrote:

“Due to their age and the potential nature of the harmful sexual behaviour, especially in instances that may involve a family member, they are likely to feel less comfortable seeking a forensic medical examination through the police and prefer an alternative setting for their initial steps seeking the involvement of criminal justice agencies.”

There was other evidence that I found very interesting, from the rape and sexual health centre in Perth and Kinross. As the cabinet secretary will be aware, it reported that one fifth of survivors accessing the centre's services were aged between 13 and 15. The view of the centre was that self-referral should start at 13. The Royal College of Nursing also supported self-referral for younger children.

A number of members, including the committee convener, have raised the issue of public awareness, which I agree is important. Self-referral will benefit victims only if they are aware that it is an option. The RCN was right to say in its submission that there needs to be a focus on ensuring public awareness of the provisions of the bill.

I would be grateful if the cabinet secretary, in her closing remarks, could specify the Government's strategy for public information and education. We will all support the bill at 5 o'clock but, if we do not have public information and awareness, the bill will not be worth the paper it is written on.

Particular thought needs to be given to equality of access to information and services for those with learning disabilities and for same-sex victims. The committee made a strong recommendation on that point. The key is informed consent and equality of access, taking into account travel, rurality and low population density.

It is important that vulnerable young victims, who are likely to be shocked and traumatised, have a statutory right to independent advocacy across Scotland.

I agree with the comments made by other members that it is crucial to have female practitioners. Rape Crisis Scotland noted:

"The feedback that we have from survivors is that the most important issue is access to a female doctor. The lack of access to a female doctor is what causes the most trauma."

The committee recommended that the bill be amended to guarantee an individual's right to choose the gender of the examiner. I know that the cabinet secretary will say that the Scottish Government's response is that section 9 of the Victims and Witnesses (Scotland) Act 2014 ensures that people who access forensic medical examinations can request a female examiner. However, we perhaps need to strengthen the bill in that respect.

I will make a point that I do not think others have raised. It is important to stress that the bill does not give an individual the right to a forensic medical examination; examinations are carried out on the professional judgment of a healthcare professional. As the stage 1 report made clear,

"professional judgment can include both clinical and non-clinical elements supported by guidance from the Faculty of Forensic and Legal Medicine."

The fairer Scotland duty assessment of the bill notes that

"women in lower socioeconomic groups are more likely to be the victim of sexual offending and are thus more likely to benefit from the objectives of the Bill."

NHS Lanarkshire, for example, uses data collection along with advice from third sector groups to target resources in areas of deprivation. That reflects the committee's recommendation to require all health boards to capture analysis and publish data addressing equity of access.

This is an important bill for protecting the healthcare needs of victims of sexual offences,

and we must listen to the voices of survivors. We need a criminal justice system that puts victims squarely in centre court, does not revictimise or repeat the sin and where victims are listened to, respected and supported. As one survivor said,

"Violators cannot live with the truth: survivors cannot live without it."

I support the general principles of the bill.

15:36

Alison Johnstone (Lothian) (Green): As a non-member of the committee, I begin by thanking the committee, the clerks and in particular the witnesses who gave the evidence that has brought the bill to this stage. I welcome the debate and I thank the Royal College of Nursing and Rape Crisis Scotland among others for their excellent briefings.

The Scottish Greens support the general principles of this important bill, which seeks to deliver equity of access to healthcare for those hurt by rape and sexual crime. Crucially, it would enable people to access trauma-informed healthcare services without first having to make a police report. The RCN and others support a statutory duty for health boards to provide forensic medical examination to victims. Placing such a duty on health boards would also ensure that the clinicians undertaking those examinations could refer to other NHS specialties without barriers, which would enable the provision of more holistic care to victims of sexual assault. As the committee report notes, victims would be able to access and be signposted to other key services, such as sexually transmitted infection testing, emergency contraception and mental health support, while their forensic examination takes place. Clearly, a healthcare environment is more suited to caring for someone who has just experienced a physically and psychologically traumatic event.

Health and social care integration also has an important role to play as, when an individual is accessing forensic services in a healthcare setting, they can be signposted to community services that can continue to support them. I am particularly interested in how the bill may allow health boards to take a more preventative approach. The mental trauma experienced by some who have experienced sexual assault is not always immediately apparent and may manifest later in time, but if people can access or be signposted to mental health support when attending an examination, that may prevent or lessen such trauma before they reach crisis point.

It is entirely appropriate that victims of sexual assault should access forensic examinations in healthcare settings. Rape Crisis Scotland cites examinations taking place in inappropriate and

unsuitable locations, including police stations, as a major flaw in the current system. It is important to note, as colleagues have done, that further physical and mental trauma can be caused by forensic examinations. The bill has an important role to play in lessening any further harm and ensuring that victims can access the support that they need in an appropriate environment, without having to make an extremely difficult decision about whether they want to go to the police when they may still be in shock.

The decision to inform the police of a sexual assault can often be difficult, for many reasons, and no one should feel pressured into reporting as a means of accessing forensic examination. Self-referral is therefore an extremely important aspect of the bill that has the potential to transform and improve sexual assault victims' experiences when accessing help.

However, as the committee report notes—and as others have mentioned, as it is clearly a major point—self-referral will be of benefit only if victims are aware of its existence. I have been contacted by constituents who were retraumatised by their experiences when reporting their assaults, largely because they did not know what choices were available to them.

Health boards and the Scottish Government have a responsibility to ensure that the public is aware of those services and of how to access them. I support the committee's call for a public awareness campaign about the changes to the law that are contained in this important bill.

There should also be a multitude of pathways for people to access forensic examination services. We must ensure that barriers to access are removed or minimised. Some victims may not be aware of the self-referral service or of how to access help, and may even be unaware that what they have experienced is a crime.

Other healthcare services should be able to direct victims to forensic examination services. In its response to the committee's consultation on the bill, Community Pharmacy Scotland stated the need for a recognised pathway for people who seek help in the first instance at a pharmacy. I support that call.

Once victims have accessed forensic services, it must be made clear to them—by people who have been trained to deliver the message—what their rights are, what the self-referral service is for and how it can help them. The report makes the point that, if victims are not fully informed, they may not be aware that other evidence pertaining to their case, such as closed-circuit TV footage, might be lost if they do not promptly report to the police.

Victims are also impacted by a lack of available staff. The Rape Crisis briefing tells the heart-

rending story of a woman who was left unable to shower for two days after a sexual assault. We cannot allow victims to continue to be retraumatised when they report sexual assault. Rape Crisis Scotland says that a lack of female doctors is exacerbating long delays, a point that colleagues have raised already. I am glad that the bill contains a provision for victims of sexual offences to be given the opportunity to request that the person who is to carry out a forensic medical examination be of a specified gender.

The changes will result in increased demand for those services. The evidence suggests that that will be the case: the Scottish Government estimates an increased service demand of 10 per cent following the introduction of self-referral. Future workforce planning is key to delivering equity.

Rape Crisis says that we must proactively ensure that there are sufficient female doctors who are able to undertake the role of forensic examiner. Rape Crisis also notes a major issue when the role requires doctors to cover custody cases as well as undertake forensic examinations, and states that to make that a dedicated role would have a significant and positive impact on the availability of female doctors. I would be grateful if the cabinet secretary would respond to that and outline how she plans to address the issue.

The RCN has worked to develop the role of nurse sexual offence examiners to enable them to undertake forensic medical examinations and to give evidence in court. Enabling expert nurses to undertake that work will improve access and will support the provision of trauma-informed and person-centred care.

I know that there has been some debate about the decision to place an age limit on access to self-referral. The RCN questioned the restriction to over-16s, as did my colleague Alex Cole-Hamilton. The bill should reflect the sad reality that significant numbers of children are victims of sexual crime. If children could self-refer, that would provide another important route towards help and safeguarding. I note and appreciate the cabinet secretary's openness to amendments at stage 2.

15:43

Alex Cole-Hamilton (Edinburgh Western) (LD): It gives me great pleasure to speak in favour of the bill. I pay tribute to the victims and witnesses who gave such compelling evidence during stage 1. Their testimony will stay with me for life and members of the committee will recall that I was rendered almost incapable of moving on

to the next piece of business after hearing that testimony.

I am sure that I echo the thoughts of colleagues in the chamber when I say that, because that evidence was so powerful, I feel a sense of grave responsibility, not only to speak to ensure that the bill fully serves its purpose, but also to use this platform to give voice to those who have been silenced for so long.

The recommendations contained in the HMICS report must be urgently addressed. There has been some progress in the intervening years, but the scale of the challenge should not be underestimated.

There has been a long-term upward trend in sexual crime in Scotland since 1974. Sexual assault, rape and attempted rape have increased significantly in the past 10 years. At the same time, reports by victims of rape and of sexual assault have consistently shown that the criminal justice system is a traumatic arena for victims.

The Scottish crime and justice survey for 2017-18 reported that only 23 per cent of respondents reported the most recent or only incident of forced sexual intercourse to the police. Evidence heard throughout the committee's consideration of the bill confirmed much of what was already known about the lack of trauma-informed care. That aspect was harrowingly described in Dr Lesley Thomson QC's "Review of Victim Care in the Justice Sector in Scotland" of January 2017, which stated:

"Victims often speak of feelings of re-victimisation or secondary victimisation once they enter the criminal justice arena. In the course of this Review, a victim of rape described the trial experience as worse than the crime itself."

That is truly unacceptable and a failure of our duty to those women.

I believe that the bill's ambitions are good in attempting to alleviate, at least in part, the trauma of post-sexual-crime forensics. There are, however, hurdles in the bill that we must overcome for it to reach its full potential. Self-referral offers the chance to help stop victims being pulled into a system that they are not ready for; it will give people time and space to consider whether they want to report an issue to the police; and it will offer some sense of empowerment in a situation where people have been made to feel utterly powerless. At the same time, the opportunity to seek prosecution is not lost. As the Crown Office and Procurator Fiscal Service said in its evidence, the bill will also enable

"potential evidence to be obtained and preserved at the outset, thereby potentially strengthening any subsequent investigation and prosecution should the person decide to report the incident to the police at a later stage."

Making sure that important evidence is not lost is vital. Conviction rates for rape and attempted rape remain the lowest for all criminal prosecutions, with only 39 per cent of cases being successful. One of the largest declines in conviction rates in the past 10 years is that for sexual assault.

What makes the bill so important is the opportunity that it will provide for those who suffer from rape or sexual assault to seek help and secure justice. My concern, however, is that the bill fails to do that for children and young people—I intervened earlier on the cabinet secretary about why I believe that the bill's minimum age of referral makes that the case. The bill proposes that the minimum age of self-referral should be 16, which would mean that those under the age of 16 would require to be accompanied by an adult. I understand that the logic of that is to ensure child protection, but I am afraid that it is not that simple. Victims of sexual assault who are under the age of 16 are most likely to be sexually assaulted by a parent or another adult whom they know, so the lack of autonomy given to young people in the bill would disadvantage them in accessing the bill's full benefits.

Representatives from Children 1st spoke to the committee and to me directly, laying out concerns about how the bill as introduced risks inadvertently excluding children from the support that the bill seeks to offer. Children's recovery needs are inherently different from those of adults. Children do not naturally compartmentalise their experiences, so they often need to address a multitude of experiences when recovering from a sexual crime. If, as the Government has stated, there will be no practical difference from meeting the needs of children who have experienced other types of abuse, it is not clear what the role of the associated clinical pathway is. Both of the concerns expressed by Children 1st highlight how important it is that any pathway developed alongside the bill must set out clearly how it will meet the forensic, medical, recovery and justice rights of all children.

Further to the issue of accessibility, I am concerned that certain areas of Scotland risk being disadvantaged by the bill as introduced. The Scottish Government's assurance about a consistent approach being taken to accessing self-referral services needs to be more than just words. My colleagues in the northern isles of Orkney and Shetland have pointed out before that those from the islands face unacceptable hurdles in accessing the specialist support that an incident such as sexual assault or rape demands. We heard about some of that from a Conservative member earlier in the debate.

Jeane Freeman: I completely agree with the sentiment that Mr Cole-Hamilton and other members have expressed about the unacceptability of victims who live in our island board areas having to travel under the circumstances described. I am therefore sure that Mr Cole-Hamilton will welcome that every island board now has its own healthcare facility where forensic medical examinations can take place.

Alex Cole-Hamilton: I accept that, and it is highly welcome, but we need to be sure that every aspect of the bill is island-proofed so that every citizen in our islands receives exactly the same kind of service as everybody on the mainland.

The bill's ambitions should be praised, as it has the potential to at least in some way alleviate the terrible trauma that the criminal justice system can inflict on victims of sexual crime. However, in order for it to do so to its full potential, it must be completely inclusive for all demographics, irrespective of age, gender or postcode.

15:50

Sandra White (Glasgow Kelvin) (SNP): I, too, thank the clerks, the many groups and individuals who came to the committee in person or who provided written submissions and the organisations that have sent briefings for today's debate.

I also want to thank in particular the women whom the Health and Sport Committee met in private to hear about their experiences, which Alex Cole-Hamilton summed up well. It was an emotional meeting, and I congratulate them on their courage in coming to speak to us. They were very brave and their tenacity was fantastic. I hope that, through this debate, and as we move through stages 1, 2 and 3, the bill, once passed, will do justice to all the victims who spoke to us and to all those who we have not heard from.

As the Law Society of Scotland's briefing for the debate said,

"The Bill's main policy objective is to improve the experience of people who have been affected by sexual crime."

That is an important point. We must all remember that the bill will, I hope, achieve that.

The committee covered many aspects of the bill. There are too many to cover, but I have picked out a couple. One is the health-led approach that is taken in the bill. That is really important. We know that the reporting of sexual crimes falls between the two stools of the health and justice systems. The victims we spoke to—this was brought out in the recommendations that were sent to the committee, too—felt that they were badly let down by that. By ensuring that the approach is health

service led, the bill gives an assurance to victims that they will be treated with compassion and empathy.

We covered that aspect in great detail with the women we met in private. I know that this has been mentioned, but it was appalling how some of those women were treated. They had to wait for hours, and sometimes for days before they were examined. Some of them sat in a cold police room. They were not given tea or coffee, they were not allowed to drink anything and they were not allowed to change their clothes.

We should be proud of moving to health-led forensic services once we pass the bill. All victims must get compassion and help. They must be given an assurance that they have done the right thing when they report an offence and they must be treated with compassion.

That brings me on to the issue of self-referral. That very important part of the bill has been mentioned. Other members have spoken about the age of referral. We heard evidence on both sides of the argument. Alex Cole-Hamilton and others are right. People younger than 13 have been victims of sexual abuse. Maybe, as the cabinet secretary said, the current provisions will be kept, but we will consider the issue and see where we can go with it, perhaps at stage 2, or further down the line in the bill process.

We have to remember, as I am sure that we do, that the victims of sexual abuse and crime are sometimes in shock and they do not always realise that they have been victims. There are a multitude of reasons why they might not report what has happened straight away. It is difficult for someone to recollect such a crime within 24 hours when they have to sit in a room in a police station—or even, as we heard about in the case of one lady, in the back of a police car. It is hard for them to recollect exactly what happened to them, so being able to access a self-referral system will be important.

As has been mentioned already, we must also ensure that, when such a crime is reported, health-led services are available. Advocacy and support have not been mentioned so far, but having someone there to support victims is very important. There is no point in introducing such a bill if we do not have the resources to cover those aspects. The Cabinet Secretary for Health and Sport has mentioned that resources will be made available, and I am sure that they will be. However, as the bill goes through its parliamentary stages, we will need to ensure that such aspects are not only considered but delivered. In delivering the self-referral system, we must also provide information, advocacy and support. We need to have provision on those aspects in place in the bill before we can make progress.

Another issue that has been mentioned by previous speakers is the need for victims to have access to female doctors. As Donald Cameron and others have mentioned, and as Rape Crisis Scotland has said, the single most pressing issue that requires to be addressed is the lack of access to female doctors. That also came across very clearly from the women to whom committee members spoke in private.

I welcome the cabinet secretary's announcement of extra funding for 20 places on a dedicated course at Queen Margaret University. The fact that 61 per cent of sexual offence examiners in Scotland are now female is also fantastic. However, Rape Crisis Scotland went on to say:

"We note that this is not currently a single-sex role. Replacing the word 'gender' for 'sex' in the bill is not going to address the barriers to survivors being able to access female doctors."

I ask the cabinet secretary to address that point either in her closing remarks or at stage 2, if the bill progresses. It was one of the most pressing aspects of the evidence that the committee heard. I do not decry the approach of most male doctors, but we heard that, in certain cases, empathy and compassion were not shown when they were treating female victims of sexual abuse. We must remember, although I think that we all know, that the vast majority of sexual crimes are perpetrated by men on women.

We must be absolutely certain that, when we promote the self-referral system, as it is important that we do, by telling people how they can access it, we ensure that we also offer them access to female doctors. We cannot deny them that. I know that achieving that might be difficult, but for me and others that lack of access was one of the main driving forces behind wanting the bill to progress. I feel that changing the name from "sex" to "gender" is not—[*Interruption.*]

I am sorry, Presiding Officer. Have I gone over my time?

The Deputy Presiding Officer: Can you see my face, Ms White?

Sandra White: Yes.

The Deputy Presiding Officer: The topic is a serious one, and I know that we have time in hand, but I wasnae giving it all to you. [*Laughter.*] Please conclude.

Sandra White: I am very sorry about that, Presiding Officer. You should have said so. I thought that I had more time.

I will conclude by saying that I very much support the principles of the bill, as I hope that all members will do.

Thank you for your leniency, Presiding Officer.

The Deputy Presiding Officer: Thank you very much, Ms White. You are a wonder.

15:59

Liam Kerr (North East Scotland) (Con): For full transparency, I remind members that I am a practising solicitor and hold a practising certificate from the Law Society of Scotland.

I have not had much involvement in the bill's development so far, because it has come within the health and sport rather than the justice portfolio—and rightly so. Rape Crisis Scotland made a good point when it said:

"this is a health issue and therefore falls under the responsibility of Health".

However, I heard the Health and Sport Committee convener's remarks that the justice portfolio must play a role in this and I am pleased to have the opportunity to speak and to welcome what will be a critically important piece of legislation. I say that because, looking back, I can see that the bill is a response to the powerful and damning 2017 HMICS report on the provision of forensic medical services to victims of sexual crime. Many of the recommendations, including the establishment of a system of self-referral for examination, of which more later, have made it into the bill. That is all good and that is why I will strongly support the principles of the bill at decision time.

Listening to the debate so far, I have some thoughts that may be useful for the committee as the bill progresses. First, I listened when a number of speakers talked about the bill making forensic medical examination available on a self-referral basis for people over the age of 16. That is one of several positive aspects of the bill and reflects a call in the HMICS report.

Setting the age of self-referral at 16 is interesting. I worry about the argument that restricting self-referral may unintentionally act as a barrier to younger vulnerable victims coming forward. I think that the committee, the Scottish Children's Reporter Administration and Children 1st are right that that is the correct age currently, but let us recall Donald Cameron highlighting the recorded crime in Scotland figures, which show that at least 40 per cent of the 13,364 sexual crimes recorded in the last year related to a victim under 18. That being so, I think that the committee is right to recommend keeping the age of self-referral under review. I thought that David Stewart and Alex Cole-Hamilton spoke particularly persuasively in that regard and I was pleased with the cabinet secretary's response to David Stewart's intervention. I wonder whether, in closing, the cabinet secretary could give an

indication of the timescale of when and how that would be assessed.

The cabinet secretary also raised the issue of data collection. I note from the committee evidence that the Faculty of Advocates highlighted possible issues around the integrity and security of samples collected when a constable is not present.

David Stewart: Apologies for not being in the chamber for the start of the member's speech.

In light of his background, what is the member's view on the creation of an anonymous DNA database, which is particularly useful in relation to repeat offenders? As the member will know, that happens quite regularly in the States—the Federal Bureau of Investigation has managed to locate lots of serial offenders. To be clear, the committee did not recommend that, but I think that there is some work to be done in this area to pursue it.

Liam Kerr: The member makes a good point. There is something to look at here. The member would not expect me to give a commitment one way or the other, because he is right—this is a huge area, which we need to look at, but there are a lot of issues inherent in it that need to be explored in some considerable depth.

To go back to the evidential point, I was talking about the Faculty of Advocates expressing concern about the integrity and security of samples and I notice that the Law Society submitted a note earlier on, stating:

"We continue to have concerns over the ambiguity in the Bill as to how data is processed, stored and transferred".

The collection and storage of evidence could have a significant impact on the evidential basis for a subsequent prosecution, so I acknowledge the preparatory work that the cabinet secretary alluded to earlier.

The committee raised concerns that healthcare professionals may be required to make decisions on what should or should not be stored. The committee believed that it would be a matter for Police Scotland. I note the committee recommendation that the Government set out in regulations what is to be stored by health boards and I also note that the cabinet secretary accepts that a revised data protection impact assessment needs to be undertaken. One would hope that that is prioritised in order to give sufficient time for stage 2.

The final thought that occurs is one that Rape Crisis Scotland's submission made me think on. It stated that this legislation

"has the potential to transform survivors' experience",

but it caveated that by adding

"if implemented properly".

That is a crucial point and something that I think Sandra White was getting at, because what is clear from the committee's report and the various submissions that have been received is that the bill provides a framework but it is what is ultimately put in place around it that will determine whether the bill is successful in achieving that transformation.

From going through the report and the various submissions, I can see that the success of the bill and its principles hinges on various moving parts, such as the duty on each territorial health board to provide or secure the provision of an examination service, to provide victims with information on what will happen with any evidence that is collected and to identify and address the healthcare needs of the victim, even where a forensic medical examination did not take place.

The bill's success also hinges on whether it mandates trauma-informed care, as I think it should, and which I presume requires training. It hinges on the recommended consistency of approach across all health boards and on public awareness. The committee noted:

"Self-referral will only benefit victims if they, or someone they confide in, are aware this is an option."

Like David Stewart, I hope that the cabinet secretary might respond to that in closing the debate.

The bill's success also hinges on the advocacy and mental health support that the committee convener rightly focused on. Success also requires the Government to put in place a national clinical information technology system as soon as possible, as the committee has urged, and access to female doctors. According to Rape Crisis Scotland, that is the single most pressing and important issue that requires to be addressed. I believe that that is the case, but that needs training and resources. At this stage, it is only fair to acknowledge the cabinet secretary's remarks about the 20 priority places.

Overall, all those measures are good and right, but they are all expensive. The financial memorandum contains the Government's estimate that the bill will result in a 10 per cent increase in forensic medical examinations. I have no idea whether that will prove to be correct, but I do not see equivalent provision for those other aspects that the committee has referred to. That concerns me because, logically, what is not resourced will not be provided. Perhaps that will be revisited as a result of amendments at stage 2.

Jeane Freeman: Will the member take an intervention?

Liam Kerr: I am over my time by a long way.

All that having been said, I reiterate my support for the principles of the bill, and I look forward to voting for it at decision time.

16:06

Annabelle Ewing (Cowdenbeath) (SNP): I am pleased to speak in the stage 1 debate on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, which is a vital piece of legislation that is very much to be welcomed. As we have heard, the bill is designed to improve the experience of victims of sexual offences by dealing with the state's role. I hope that, in turn, that will have a positive effect on recovery for victims and will perhaps facilitate better engagement with the justice process.

The backdrop is that, incredibly, in the not-too-distant past, many victims of sexual assault were required to be forensically examined in a police station. It is very difficult to imagine how traumatic that would have been—it was simply adding trauma upon trauma. Even though we have seen a welcome shift in the intervening years, with such examinations being transferred to a health setting from a police setting, the whole process has still been seen very much through the prism of the justice system rather than that of the health service.

The bill will correct that, for it sets forth the overarching principle that forensic examinations are a health issue and not a justice issue. The bill will place on a statutory footing the current arrangements that are set forth in the non-binding memoranda of understanding between health boards and Police Scotland. In fact, the bill will impose a legal duty on health boards to provide forensic medical services for victims of sexual offences and, crucially, it will require health boards to ensure that the healthcare needs of such individuals are addressed at the same time. Taken together, those key provisions represent a major step forward and reflect the compassionate country that Scotland strives to be.

A key issue in that regard, which has been referred to already, is the clear preference for female victims of sexual offences to be examined by a female doctor or by one of the new female nurse practitioners who are trained especially for that purpose. I welcome the cabinet secretary's announcement in that regard this afternoon. I support the Health and Sport Committee's recommendation in its stage 1 report that the bill should be expressly amended to make it absolutely clear that the victim should be able

“to choose the sex of the examiner.”

If we conflate gender with sex in this instance, I do not believe that we will discharge our obligation to put the interests of the victim first.

As we have heard, another of the bill's key provisions concerns the self-referral process. That process will enable victims of sexual offences who are 16 or over—I note the on-going debate about that issue—to self-refer for a forensic medical examination without having first reported the matter to the police. Given that that is not possible—with a few limited exceptions—at present, the new provision will give the victim more choice and more control, which is absolutely fitting.

A number of technical but important issues have been raised. Those include the arrangements for the retention of samples and other physical evidence, and the length of time for which data can be retained. I am pleased to note that a debate is taking place with the Scottish Government about how those matters can be satisfactorily resolved.

On the important issue of independent advocacy support, which was mentioned by my colleague Sandra White, I consider that the arguments in favour of putting a requirement to provide such support on a statutory footing as a matter of principle are strong. I would welcome clarification from the cabinet secretary, when she winds up the debate, of what would be practically feasible in that regard, further to the committee's clear recommendations on the matter.

Finally, I want to bring to the chamber's attention an example of where such arrangements are working well in practice. The state-of-the-art forensic medical suite that was set up by NHS Fife at the Queen Margaret hospital in Dunfermline opened in June 2019. It was the culmination of many years' hard work, including on the part of members of the Fife Rape and Sexual Assault Centre. They worked extremely hard to convince a host of people that the unit should be set up. I believe that it is running very well indeed, so I congratulate them and NHS Fife on being in the vanguard of the work in this area.

I am happy to support this important piece of proposed legislation at stage 1, as I believe that it will ensure that victims of sexual offences will get the care, understanding and compassion that they are absolutely entitled to.

16:12

Mary Fee (West Scotland) (Lab): I welcome the opportunity to take part in the stage 1 debate on what I know to be an important and essential bill.

First, I thank the Health and Sport Committee for its thoughtfulness and diligence in producing its stage 1 report on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.

Secondly, I am very grateful to the individuals and organisations that provided such valuable insight into the issues surrounding the bill, including the victims of sexual assault and rape who showed incredible strength and courage in helping to shape the bill. Their input will be essential as the bill progresses through Parliament.

As my colleague David Stewart has already stated, Scottish Labour supports the bill. I hope that, as a Parliament, we can produce a strong and effective piece of legislation that will support the health needs of victims of rape and sexual assault.

Many of the provisions in the bill are long overdue, including those on self-referral, although I am aware that two health boards already provide such a service. The bill will ensure that all victims of sexual offences in Scotland have the same access to the healthcare that they need.

We are all too aware of the pain and the misery that sexual violence causes victims. The option of self-referral, with or without criminal justice involvement, is a major step forward in reducing the barriers that exist to seeking the right physical and psychological support. Wraparound, trauma-informed support is vital, and improvements are required if we are to consistently deliver the trauma-informed care, information, advocacy and holistic healthcare services that victims need.

The committee's report highlights several areas of concern, and I welcome the Scottish Government's commitment to ease those concerns and strengthen the bill at stage 2.

I note that there is a difference of opinion on the age of self-referral, which the bill sets at 16. Although that falls in line with the age of consent, I worry when I see statistics that the Rape and Sexual Abuse Centre Perth and Kinross has provided, which show that 20 per cent of survivors who access its services were between 13 and 15 years of age when their abuse started, and a further 27 per cent were under 13. Those are worrying figures—and each case is one that should not have happened, regardless of age.

The Scottish Children's Reporter Administration and Children 1st have highlighted that children and young people are automatically considered within child protection procedures. However, concerns have been raised that restricting self-referral for under 16s may act as a barrier to younger victims, especially where the abuse involves a family member. I sincerely hope that the Scottish Government will closely monitor the age of self-referral in order to better support all victims of rape or sexual abuse when access to services is sought.

It is important to ensure that all victims are aware of their healthcare rights, and I back the Royal College of Nursing's call for public awareness of the bill. As well-intentioned and well-resourced as the eventual act will be, we will require information to be spread as widely as possible to all parts of Scotland.

The mental trauma of rape and sexual abuse can last significantly longer than the physical injuries that are suffered. However, mental health services are stretched at present, just as they were pre-Covid. A guarantee of access to appropriate mental health services must be delivered as part of any wraparound, trauma-informed care, and it must be delivered with the right degree of advocacy. I know that many fantastic, essential organisations are providing such advocacy in all parts of Scotland.

Scottish Labour supports the calls for 24/7 forensic medical examination services but, again, they must be available consistently across the country.

I believe that the bill has the potential to support all victims of sexual offences by removing barriers to healthcare and ensuring that the decision to become involved in the criminal justice system is in the hands of the victim. In my time as a member of this Parliament, I have heard the range of emotions, including anxiety and fear, that individuals face when reporting sexual assault. Although the vast majority of people who experience sexual assault are women, we must remember and be mindful of the fact that men and boys can also suffer sexual assault.

The bill will rightly put the victim at the centre of their treatment and recovery, with or without the added pressure of police and court involvement. I support the general principles of the bill.

16:19

Margaret Mitchell (Central Scotland) (Con): I very much welcome the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, which will place on health boards a statutory duty to provide forensic medical services for victims of sexual offences. At present, such examinations can, for the most part, be carried out only after an incident has been reported to the police, and following a referral from them.

The bill balances health and justice issues. Crucially, it includes a self-referral provision that will be available to individuals aged 16 or older, and which will ensure that individuals who have been sexually assaulted can access the healthcare that they need, and that evidence is collected for possible future proceedings without the immediate pressure of having to involve the police.

The police support the self-referral provision, which was one of 10 recommendations that was made in the damning 2017 report by Her Majesty's Inspectorate of Constabulary in Scotland on provision of forensic medical services to victims of sexual crime. The report was scathing about medical examinations being conducted in police buildings. In effect, the self-referral provision will give the individual control over the situation, empower them when they feel powerless, and give them time to decide whether they want the evidence to be collected and transferred to the police.

In the time that remains to me, I will focus my remarks on how the bill will impact on children who have been sexually abused. A visit to Oslo with the Justice Committee in 2018 provided the opportunity to see first hand how the barnahus model deals with child sexual abuse cases. It provides wraparound support to child victims of sexual abuse and child witnesses, using a trauma-informed multidisciplinary approach to children who have been sexually assaulted, and a forensic examination that secures the best evidence. Crucially, that is all provided under one roof in a child-friendly environment.

I would be grateful for the cabinet secretary's assurance that the bill will consolidate Scotland's journey towards a full barnahus model, and will not create a separate parallel approach for children, which Children 1st was concerned about. I would also be grateful if, in her closing remarks, the cabinet secretary could provide an update on the work of Healthcare Improvement Scotland and the Care Inspectorate on developing Scottish standards for a barnahus response to child victims and witnesses of violence, which I believe were due this summer.

I turn to the self-referral provision and the fact that it applies only to individuals aged 16 years or older, which has been one of the more contentious aspects of the bill. It means that for people under the age of 16, child protection processes apply. Consequently, if a child presents to a health board, the health board is duty bound to report what has happened to the relevant authorities, including the police.

The Royal College of Nursing argued that allowing children under 16 to self-refer would offer another route for them to seek help and care immediately, and would offer children the same benefits of self-referral as adults have. Mary Fee and Dave Stewart referred to the sobering statistics from the Rape and Sexual Abuse Centre Perth and Kinross, which outlined that over the past 5 years, a staggering 20 per cent of survivors who accessed its services were in the 13 to 16 age group, and a further 27 per cent were under 13 years of age.

Other local groups have argued that the age limit should be 13 in order to address concerns that making it 16 could prevent young vulnerable people from coming forward. That is a valid concern that was recognised 12 years ago, when the cross-party group on adult survivors of childhood sexual abuse had the privilege of hosting the launch of a booklet entitled "See us—Hear us!". The booklet was produced by the charity Eighteen and Under with support from Barnardo's, and was edited by Dr Sarah Nelson. It contained young people's comments, as well as recommendations for schools that work with sexually abused young people. It revealed the need for a safe space for an interview when young people disclose; the need for more time to be given before their confidence is broken and the police or parents are informed; the need for young people to be assured that they are believed and taken seriously by professionals; and the need for children and professionals to be prepared for what comes next in child protection and the justice system.

Given that the vast majority of child sexual abuse is not committed by strangers but by family members and people who are in positions of power and trust, and given the unpalatable fact that, during lockdown, child abuse incidents have spiralled, I firmly believe that the exclusion of under-16s from the bill's self-referral provision needs further consideration. In conclusion, I ask the cabinet secretary, please, to ensure that we do not let those young people down again by denying those who are aged 13 and over the prospect of early intervention, which access to the self-referral forensic medical examination could provide.

In the meantime, I welcome the bill and support its general principles.

16:26

Emma Harper (South Scotland) (SNP): As the deputy convener of the Health and Sport Committee, which is the lead committee for the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, I welcome the opportunity to speak in this stage 1 debate. I support the bill's general principles.

The Scottish Government introduced the bill in November 2019. It proposes to place a duty on health boards to provide forensic medical services to victims of sexual offences, and the duties in the bill place the responsibility for delivery and improvement of the services with health boards rather than with the police.

As we have heard from colleagues, the bill proposes that persons who have been raped or sexually assaulted can self-refer for a forensic medical examination without having to go to the

police first. As we have heard from colleagues, we welcome that principle. That is extremely important, because the main policy objective of supporting the psychological and physical aspects of the process will improve the experience.

In relation to forensic medical services, we know that there is underreporting of offences. The fact that we are progressing the bill should, in itself, raise awareness and improve reporting of sexual offences and rape.

The committee held five evidence sessions, including a session with victims of rape and sexual violence. Perhaps a better word to describe those women—which they used—is “survivors”. It was a very emotional evidence session. I thank the women for their bravery, and I thank Sandy Brindley from Rape Crisis Scotland, who helped to support and co-ordinate that powerful and informative evidence session with the survivors.

The committee’s stage 1 report made a number of recommendations. I will not reiterate all of them. I will not rehearse or reinform members about issues relating to age or the barnahus model, which I will be interested in, as we take the bill forward, but I will talk about a couple of issues that came out in committee scrutiny.

Trauma-informed care was highlighted as being crucial in delivering the best healthcare and follow-on care and treatment for persons who are affected. That was explored in an informal meeting—in particular, in relation to HIV post-exposure prophylaxis and the current lack of co-ordination of continued care and follow-up appointments. The principle of trauma-informed care is included in the bill, and the committee was informed that that would be delivered using multi-agency services. The committee recommended that trauma-informed care be on the face of the bill. I am interested to hear more views on that.

The chain of evidence is an important issue. I helped to write a chain of evidence policy for when bullets had been removed from gunshot victims, so I would be interested to know how that process will be secure; how evidence will be collected and stored; how long it will be stored for; what will happen if a case is not taken forward; who will own and dispose of evidence; and, of course, what will happen with data, which others have mentioned. I note that that is in discussion already.

Another concern that was expressed in evidence sessions was that victims need to be informed about and, where appropriate, given access to advocacy and support. We heard that in current practice, information is provided by various means, including by forensically trained nurses at Archway in Glasgow and by rape crisis support workers in NHS Tayside. The need for adequate

and consistent information led the committee to make the recommendation that

“all health boards, alongside Police Scotland, should follow a consistent approach to the provision of information about self referral. This must include clear information allowing for individuals to make informed decisions.”

I would appreciate further information from the cabinet secretary on that recommendation.

In my constituency work and in learning about the bill and preparing for scrutiny of the bill, I visited the rape crisis centre in Dumfries to hear from its manager Jill Cochrane and her team about their direct experience and what they want to see in the bill. They welcome the bill’s proposal to change provision of the forensic medical service from provision by the police to provision by health boards, and they agree that a self-referral process will allow for choice and personal control for rape survivors. I imagine that we will see more people reporting offences as the bill proceeds and the process around self-referral moves forward, and as people come to know more about self-referral and health board engagement. Through that and the chain of evidence, perhaps we will see more convictions, which have not been the highest, so far. I thank Jill and her team for the vital work that they do and the support that they have given me.

I also visited the Mountainhall treatment centre’s forensic medical suite in Dumfries. Wendy Copeland met me there and gave me a detailed tour, and a walk-through and description of the holistic trauma-informed process that is already being provided. We spoke in particular about supporting persons who have been raped or sexually assaulted who live in rural areas, such as Dumfries and Galloway in the South Scotland region that I represent. That also came up during the committee’s evidence sessions. Rurality poses challenges in access to services, forensic or otherwise.

Having a 24/7 service and being able to choose the gender of the person undertaking the forensic examination were also raised as rurality concerns. The calls for a 24/7 service and choice in the gender of the examiner are potential challenges in rural areas. A 24/7 wraparound service and the need for adequate staffing were supported by the Royal College of Nursing.

I was pleased to hear from the cabinet secretary about the extra funding that has been allocated for training additional forensic medical examiner nurses. I welcome the fact that Dumfries and Galloway already has a commitment to having a women-led forensic medical service.

Areas with smaller populations might have issues with protecting confidentiality, which could mean that a person who is living in Stranraer should attend a forensic suite outside Dumfries

and Galloway. A procedure is already in place so that people from Stranraer can be treated outside their area.

Finally, I say that I welcome the stage 1 debate and look forward to stage 2 and seeing the bill make progress. I thank everyone for their input so far, and look forward to hearing the cabinet secretary's closing remarks.

The Deputy Presiding Officer (Linda Fabiani): We now move to the closing speeches. I have a little time in hand. Claire Baker has a generous six minutes.

16:33

Claire Baker (Mid Scotland and Fife) (Lab): I am pleased to have the opportunity to speak in the debate. This is an area of healthcare and justice policy that has needed to be addressed for some time, as the system has been failing too many survivors of rape and sexual assault. The care and attention that are given to someone who has experienced a sexual assault is critical to how they respond to the trauma they have experienced, their ability to take control of a terrible situation and the recovery that they can go on to experience.

The initial treatment of someone who seeks help after an assault can have a lasting impact on them, and I welcome the changes that the bill aims to bring about. It is an important piece of legislation, and I very much welcome the work that the committee has done to scrutinise the proposal, make suggestions for how the bill can be effectively implemented and provide suggestions for the cabinet secretary to consider. However, I want to recognise even more than the contributions of MSPs the contribution of the Rape Crisis Scotland survivor reference group, whose members shared their experiences with the committee. Their openness and honesty have had a significant impact on the bill.

As an MSP, I have worked with Rape Crisis Scotland on issues of forensic examination. We all know that the service for victims has not been good enough and that, at times, it has been completely unacceptable. At the time of the report by the Inspectorate of Prosecution in Scotland in November 2017, which Margaret Mitchell mentioned, I raised the case of a young woman who spoke to me about her experience of the forensic service following a rape. Her description of the care that she received was heart-breaking, and she was not alone in having this experience. She told me:

"Think, just think, how it felt at the time of the assault, how it felt being in a barren environment where basic needs were only just being met (heating, water, food), where the male Forensic Medical Examiner did not have the tools to do the job."—[*Official Report*, 21 November 2017; c 9.]

At the time, I asked for urgent action to be taken to address the clear deficiencies in how forensic examinations were carried out, and I recognise that some initial progress has been made. However, the legislation that is before us is an important lever in enabling us to deliver significant improvements across Scotland, and it is important that it is properly resourced and implemented.

The environment in which victims are being examined is not appropriate. Although there has been some progress, there are still situations that are uncomfortable and undignified. Rape Crisis Scotland highlights the unacceptable waits that women have had to go through in very recent months before they have had an examination. The situation has been unacceptable.

There is another reason why I wanted to speak in the debate, in relation to which I welcome Annabelle Ewing's contribution. Last year, NHS Fife opened a dedicated suite for forensic medical services at the Queen Margaret hospital in Dunfermline. It has transformed the service that is offered in Fife. Developed in partnership with the Scottish Government chief medical officer's task force, the Fife health and social care partnership, NHS Fife, the police, third sector agencies and local organisations, the suite contains a consulting room, a sitting room and a medical examination room. A holistic approach has been adopted, with additional staff available to provide support, and it is led by a care co-ordinator who will work with victims of rape or sexual assault to ensure that there is follow-up care and that access to additional services is co-ordinated. Jan Swan from the Fife Rape and Sexual Assault Centre has described it as a "massive milestone", and it shows what can be done.

As others have said, the responsibility for forensic medical services has often fallen into the cracks between justice and health, and those services have not been prioritised or centred on the needs of the victim. The bill makes it clear who has responsibility. It is right that that will be health boards, and we need to ensure that they are supported and resourced to deliver.

The committee emphasises the importance of 24/7 provision and the need for consistency across the country while understanding and addressing the challenges of rurality and inequalities. All those issues will need to be addressed and the response to them strengthened in the implementation of the bill. I note that some health boards are advancing their preparations, and I encourage them to look at the good practice that has been developed in Fife.

A number of issues were raised in the stage 1 report, and members have explored both the evidence that was laid before the committee and the recommendations that have been made.

The introduction of self-referral is a welcome and sensible policy. It recognises the reality of people's response to sexual violence and the fact that survivors are often in shock and might need time to decide whether they want to report the crime to the police. Making the change to self-referral will mean that evidence can be collected and stored, and it will then be available to a criminal case if the decision is made to raise one. The committee has made points about the need to raise awareness of the service and to build in future proofing around the age of self-referral. Members made a very good point about raising awareness. It is important that, once the legislation is passed, people are aware that it exists and know how to access the service when they are in need.

Women who experience rape and sexual assault routinely ask for a woman doctor, and I am pleased that, since 2017, following the report of the Inspectorate of Prosecution into the investigation and prosecution of sexual crimes, we have seen an increase of 30 per cent in the number of female examiners after a concerted effort to bring them into the service. I also welcome the number of doctors and nurses who have received NES training.

I note the committee's recommendation to replace the term "gender" with "sex". The cabinet secretary will need to reflect on that.

I would like to raise a point that Rape Crisis Scotland made in its briefing, on access to female doctors. It describes such access as the single most pressing and important issue that needs to be addressed, but it argues that key to that is ensuring there are sufficient female doctors to undertake the role. It identifies the requirement for doctors to cover custody cases as well as forensic examinations as a potential barrier, and it proposes introducing a dedicated role for forensic examinations, which would have a positive impact on the availability of female doctors. I hope that the cabinet secretary will consider that.

I support the proposal to establish a statutory right to independent advocacy. In designing the system to deliver forensic medical services, health boards should include independent advocacy services and work in partnership with them from the point of self-referral. There are examples of good partnership working already, and putting it into the bill embeds the role of advocacy and recognises its value, which then attributes a worth to it. Although I accept that there has been investment in independent services, they are often under pressure and have more referrals than they can cope with. A statutory right would underline their importance and deliver for survivors.

I welcome the legislation, and I believe that it can make a difference for people who are going

through a very difficult experience. It recognises the need for compassion and that it is not always a case of coldly gathering evidence—there is a person here who needs respect and support. I hope that the bill dramatically improves how people are treated at a traumatic time in their lives.

16:42

Brian Whittle (South Scotland) (Con): I am pleased to be closing the debate on behalf of the Scottish Conservatives. I thank those who gave evidence, the clerks and my fellow committee members and, as many of my fellow committee members have done, I offer my thanks and admiration to those women who gave evidence about their journey following a rape or sexual assault. It was compelling and moving, as Alex Cole-Hamilton and others have said, and it will follow us for a very long time.

The bill is incredibly important because it starts the process by considering the plight of the victim first and foremost. I purposely say "starts the process", because it is but one point of many that need to change if we are truly going to change the way in which victims of sexual crimes are treated. The bill can be a message to those who have suffered that Parliament, the law and society are prepared to start listening to and believing them, and are ready to set out a path that will begin to tackle the issue of retraumatisation.

I have written to John Swinney and Humza Yousaf about the issue of retraumatisation and asked specifically for a meeting. As some members know, for the past three years or so I have been working with a constituent whose continual retraumatisation is shocking, to say the very least. She has just managed to get her alleged abuser charged and into court after 44 years. The number of times that she has had to tell and retell her story to so many agencies is, without question, secondary victimisation. Neither cabinet secretary has responded to me so far and I do not intend to let it go, so I would gently say to them that we can speak about the matter in private and perhaps help to develop other legislation, or we can debate it in the chamber. Either way, we will be discussing it because we cannot allow the system to continue to treat victims in such a callous way.

Why is the bill so crucial? A meta-analysis of 28 studies of women and girls aged 14 and over who had had non-consensual sex through force, threats, or incapacitation found that 60 per cent of them did not acknowledge that they had been raped. It is common for victims to need time to acknowledge what has happened to them. It is a gradual process and an indicator of post-traumatic stress disorder in avoiding reminders of the trauma. Giving people the ability to self-refer

without initially reporting a crime while they are assimilating what has happened to them is, I think, a significant positive step.

I want to highlight two issues. The first is the debate around record keeping and the retention of samples. I start with the cabinet secretary's admission during the evidence session that records would be kept in a paper format, at least initially, which is incredible. I do not understand. That would hamper the ability to cross-examine data. What century are we living in?

However, that aside, I want to discuss the arbitrary timescale for the destruction of evidence, which is sitting at two years and two months. When we looked at the retention of samples, many respondents called for consideration to be given to the length of the retention period, but there was no consensus on what that timescale should be. The two months is presumably included to avoid the destruction of evidence on the two-year anniversary of the incident. However, many members of victim support groups suggested that the period should be much longer.

I am not clear why the Cabinet Secretary for Health and Sport suggested that there was consensus around that period. No rationale seems to have been provided for setting that two-year period and it does not take into account the points included in the draft report, which could be summed up as "one size does not fit all". In my mind, when I am looking at that period, I am thinking of the abuse of a 16-year-old who is then asked about the evidence being destroyed at the age of 18, when they are still very young and unlikely to have processed what has happened to them.

Retention periods must be based on the purposes for retention. The bill states that the retention service is for evidence that

"has not been transferred to a constable"

and

"The purpose is the preservation of the evidence for use in connection with—

(a) any investigation of the incident which gave rise to the need for the examination,

or

(b) any proceedings in relation to the incident."

That is, it is for the maintenance of examination evidence held by health boards to support possible future investigations and related proceedings in relation to the incident.

There is the potential for a rolling review of that retention period, with alleged victims being asked whether they wished the evidence to be retained for a further iteration of that time period. David Stewart made the profound point that having an

advocate to support the victim would help with that—it would help victims to make the decisions that were right for them at the time. I was heartened to hear the cabinet secretary raise that matter in her opening speech.

The evidence that is retained is very specific and when developing a robust framework for the implementation of the legislation we will need to consider how that evidence will be managed, which should be in such a way that it can be linked to other records relating to the same incident, which will almost certainly be held by other organisations, and so that the value of DNA evidence relating to the alleged incident can be used in identifying a multiple offender in the future—another point that was made by David Stewart.

There is an opportunity for the bill to set a precedent for getting records retention and wider records management requirements right within legislation. A key aspect of compliance with and implementation of legislation, and the exercising of people's rights as set out within legislation, lies in the creation and retention of records. Standards relating to that aspect of legislative content are varied and there is an implicit requirement to create and retain records to a detailed prescriptive list.

Explicit retention periods are rarely included and tend to state a minimum period, with the obvious exception of data protection, which specifies a maximum period but requires to be considered case by case. There is a need to balance a number of often conflicting factors and it is therefore open to wide interpretation. I recommend the input of records management expertise via a memorandum of understanding with the keeper of the records of Scotland when drawing up new legislation and amendments to existing legislation.

My second point concerns limiting the age of people who can self-refer to 16 and above. I do not think that there is a standard level of maturity for a 16-year-old to start with, and in my opinion the bill may fall foul of United Nations Convention on the Rights of the Child legislation. GIRFEC is about getting it right for every child and the bill does not follow that ethos. If it is not in this bill, I ask the cabinet secretary what the Scottish Government proposes to bring forward to afford appropriate rights for under-16s. That cannot be an afterthought.

Alex Cole-Hamilton noted the dilemma of someone who is under 16 being assaulted by a family member. That is very similar to what happened to my constituent, who was 12 when she was allegedly assaulted.

The Deputy Presiding Officer: I ask the member to come to a close now.

Brian Whittle: I will finish where I began: by stating that the bill is a crucial and important piece of legislation, not only because of its content but because of its potential as a statement of intent to those who have suffered trauma and sexual abuse. As Desmond Tutu once said:

“If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality.”

There has, for a long time, been an injustice in the way that victims of sexual abuse have been treated by the system. Let us not miss the opportunity to right those wrongs.

16:50

Jeane Freeman: I am grateful for and pleased at, but not surprised by, the consensual nature of the debate. I think that we all want to right the wrongs of the past—as they have rightly been described—and create the best legislation that we possibly can.

I hope that any survivors who are following the debate, and the organisations that support and represent them, welcome the support that we have heard from members on all sides of the chamber and across parties and committees.

The bill is ultimately intended to improve the experience of victims and to consign to the past practices that do not put victims’ healthcare and recovery front and centre in forensic medical services.

David Stewart: Will the cabinet secretary take an intervention?

Jeane Freeman: No—I am sorry, but I have a great deal to get through, including responding to some of the points that Mr Stewart made.

It is important to recognise that although the bill is important, it is only one part of a suite of work that has been under way since 2017, led by the task force, which has significantly improved many of the aspects that we are trying to address. Members have commented on some of those improvements, not least the fact that facilities are now significantly improved, and the days of victims being examined in police stations are now over.

There has been a full debate on our position on stage 2 amendments; I have listened carefully to all the points that have been made and noted them all down. We want to deliver the best bill possible, and I have not closed my mind to any suggestions from members that might improve and clarify the bill during the remaining part of its parliamentary process.

I will address some of those points—I hope that members will forgive me if I do not have the time

to touch on all of them. On behalf of the Health and Sport Committee, Lewis Macdonald talked—as other members did—about how people need to know about the rights and choices in the bill, and about the importance of ensuring that information is clear and is made widely and consistently available in a range of formats. I could not agree more with him on that.

My previous experience as Minister for Social Security has served me well with regard to understanding the full range of accessibility needs in order to ensure that information is widely available. I am happy to commit to do much more work on that and to discuss it further with the committee as we go forward.

Lewis Macdonald also made the point, as the committee report did, about putting trauma in the text of the bill. The bill already legislates for a healthcare focus on trauma-informed care, but I have no particular reason not to discuss that further with the committee, and I would be happy to do so.

Lewis Macdonald and others made a point about advocacy. There is already appropriate statutory underpinning for advocacy. As Rape Crisis Scotland made clear, advocacy services do not necessarily need to be underpinned by legislation, but I will be happy to look at that aspect further and discuss it with the committee when we get to stage 2.

Sandra White and many other members mentioned a guarantee for victims of the right to choose that their examiner will be female, if that is what they wish. In my opening remarks I mentioned the 61 per cent increase in the number of women doctors who are now trained and ready—a considerable increase of 30 per cent since this work began. The key thing is our multidisciplinary approach, which allows us to ensure that the right to a female forensic examiner is there for every victim, if that is what they choose. That is why the work being done with nurses and the new places at Queen Margaret University that I mentioned are so important. We will continue to do that work so that we can offer—consistently and across the country—what I personally consider to be a very important right.

Mr Cameron spoke about a number of issues, many of which are already being addressed by the task force, and I take this opportunity again to thank the task force, which was drawn from many different disciplines and types of experience, for the work that it has undertaken over a very short space of time and for the achievements that it has secured. I recognise that the bill is just one part of that work.

I made this point before, but I want to repeat it: it is important to recognise that all island boards now

have on-island services, and no adult needs to travel outwith their islands unless they choose to do so.

On a particular point that Mr Cameron rightly made, and which I think his colleague Mr Kerr also made, we recognise the cross-portfolio nature of the bill. The Cabinet Secretary for Justice launched the consultation in 2019 and is a co-signatory to the bill itself.

On the point about the age of 16, at which self-referral is possible, which was made by Mr Stewart and a number of other members, the bill is consistent with the Age of Legal Capacity (Scotland) Act 1991, as we have specifically clarified in the policy memorandum to the bill, but we are persuaded of the need for an additional delegated power to keep that under review. We will discuss that further.

On the point that Mr Cole-Hamilton made, the issue is not one of the person under 16 being accompanied by a parent or guardian, which is not necessary; the issue, which I think was touched on by Ms Mitchell, is about whether clinicians would be obliged to report sexual assault on a young person under 16, as is current practice. We can consider whether there are any ways around that or what else we might do. That is one of the many reasons why the children and young people's pathways—to which Children 1st is a key contributor—are so important. We can consider how we bring those two things together.

For Mr Cole-Hamilton's benefit, I should say that we have published an island communities impact assessment, which was welcomed by his colleague Mr McArthur.

Mr Kerr also made a point about finances—indeed, he made some very important points in that respect. We can pass legislation, but we need to be sure that we can implement it. Mr Kerr has my personal assurance that I am not interested in legislation unless I can be sure that we can implement it—I see no point otherwise. In my opening statement, I made a point about the additional resources that have been given to health boards to ensure that they can do that and that they can put the services in place. Of course, we have to be very sure—through Healthcare Improvement Scotland quality indicators and through the monitoring of all that—that those services are actually delivered, and delivered to the level that we require.

As regards the integrity of the justice system, I point out that the Crown Office and Procurator Fiscal Service is involved in the task force. As Ms Harper and Mr Whittle pointed out, it will be the Lord Advocate who will approve the final protocol on how we secure evidence and on the processes for that. On the matter of retention of evidence, we

are now consulting on a timescale, and that will have survivor input so that we can ensure that we get it right.

Many important points have been made in the debate, and I am grateful to members for the thought that they have given to the matter and the points that they have raised, and we will take them all away. I look forward to further constructive discussion with the Health and Sport Committee and with other members, if they wish to take me up on the offer.

Rape and sexual assault are among the very worst experiences that any one of us can face in our life, and their impact lasts—there is no question about that. The bill is one part of the work that we have to do to ensure that we put the victim first and look after their healthcare, their trauma and their recovery as best we can. We will not do that alone; we will do it with many partners across the public sector and third sector, but we always need to listen to the views of victims, survivors and the organisations that represent them. I hope that as we move forward, the Parliament will stand as one to endorse the bill, and I look forward to the stage 2 proceedings when we will continue to improve what is already a very good start to the legislation.

The Deputy Presiding Officer: That concludes the debate on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.

**Forensic Medical Services
(Victims of Sexual Offences)
(Scotland) Bill: Financial
Resolution**

17:00

The Deputy Presiding Officer (Linda Fabiani): The next item of business is consideration of motion S5M-22654, in the name of Kate Forbes, on a financial resolution for the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill. I invite Ben Macpherson to move the motion.

Motion moved,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, agrees to any expenditure of a kind referred to in Rule 9.12.3(b) of the Parliament's Standing Orders arising in consequence of the Act.—[*Ben Macpherson*]

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

Business Motion

17:01

The Deputy Presiding Officer (Linda Fabiani): The next item of business is consideration of business motion S5M-22917, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out changes to next week's business. I call Miles Briggs to move the motion.

Motion moved,

That the Parliament agrees—

(a) to the following revision to the programme of business for Tuesday 6 October 2020—

delete

followed by Topical Questions

followed by Ministerial Statement: Assessment of SQA National Qualifications in 2020-21

followed by Ministerial Statement: Delayed UK Budget: Implications for Scottish Budget

insert

followed by Ministerial Statement: Delayed UK Budget: Implications for Scottish Budget

followed by Topical Questions

followed by Ministerial Statement: Assessment of SQA National Qualifications in 2020-21

(b) that, under Rule 12.3.3B of Standing Orders, the Finance and Constitution Committee can meet, if necessary, at the same time as a meeting of the Parliament from 2.35 pm on Tuesday 6 October 2020 to consider a draft report on the LCM on the UK Internal Market Bill.—[*Miles Briggs*]

Motion agreed to.

Parliamentary Bureau Motion

17:01

The Deputy Presiding Officer (Linda Fabiani): The next item of business is consideration of Parliamentary Bureau motion S5M-22913, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, on recess dates. I ask Miles Briggs to move the motion on behalf of the Parliamentary Bureau.

Motion moved,

That the Parliament agrees, further to motion S5M-17943 and under Rule 2.3.1, that the parliamentary recess dates of 10 to 25 October 2020 (inclusive) be replaced with 10 to 25 October 2020 (inclusive) with the exception of 15 October 2020, on which date business may be programmed by the Bureau.—[*Miles Briggs*]

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

Decision Time

17:02

The Deputy Presiding Officer (Linda Fabiani): There are three questions to be put as a result of today's business. The first question is, that motion S5M-22884, in the name of Jeane Freeman, on the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, be agreed to.

Motion agreed to,

That the Parliament agrees to the general principles of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.

The Deputy Presiding Officer: The next question is, that motion S5M-22654, in the name of Kate Forbes, on a financial resolution for the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, be agreed to.

Motion agreed to,

That the Parliament, for the purposes of any Act of the Scottish Parliament resulting from the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, agrees to any expenditure of a kind referred to in Rule 9.12.3(b) of the Parliament's Standing Orders arising in consequence of the Act.

The Deputy Presiding Officer: The final question is, that motion S5M-22913, in the name of Graeme Dey, on parliamentary recess dates, be agreed to.

Motion agreed to,

That the Parliament agrees, further to motion S5M-17943 and under Rule 2.3.1, that the parliamentary recess dates of 10 to 25 October 2020 (inclusive) be replaced with 10 to 25 October 2020 (inclusive) with the exception of 15 October 2020, on which date business may be programmed by the Bureau.

The Deputy Presiding Officer: That concludes decision time. Please take care on leaving the chamber that you observe social distancing measures.

Meeting closed at 17:03.

This is the final edition of the *Official Report* for this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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