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Tuesday 14 December 2021

Session 6



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Tuesday 14 December 2021

CONTENTS

	Col.
TIME FOR REFLECTION	1
BUSINESS MOTION	3
<i>Motion moved—[George Adam]—and agreed to.</i>	
COVID-19	4
<i>Statement—[The First Minister].</i>	
The First Minister (Nicola Sturgeon)	4
TOPICAL QUESTION TIME	41
Interlinked Fire Alarms (Funding)	41
NHS Lothian (Paediatric Audiology Services)	43
DRUGS SERVICES	48
<i>Statement—[Angela Constance].</i>	
The Minister for Drugs Policy (Angela Constance)	48
SCHOOLS AND EARLY LEARNING (RECOVERY AND IMPROVEMENT)	59
<i>Statement—[Shirley-Anne Somerville].</i>	
The Cabinet Secretary for Education and Skills (Shirley-Anne Somerville)	59
COVID-19 (PUBLIC INQUIRY)	71
<i>Statement—[John Swinney].</i>	
The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney)	71
DEPOSIT RETURN SCHEME	82
<i>Statement—[Lorna Slater].</i>	
The Minister for Green Skills, Circular Economy and Biodiversity (Lorna Slater)	82
BUSINESS MOTION	94
<i>Motion moved—[George Adam]—and agreed to.</i>	
DECISION TIME	95
COMMUNITY DEFIBRILLATORS	96
<i>Motion debated—[Jenni Minto].</i>	
Jenni Minto (Argyll and Bute) (SNP)	96
Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP)	98
Liz Smith (Mid Scotland and Fife) (Con)	99
Stuart McMillan (Greenock and Inverclyde) (SNP)	100
Carol Mochan (South Scotland) (Lab)	102
Jackie Dunbar (Aberdeen Donside) (SNP)	103
Gillian Mackay (Central Scotland) (Green)	105
Marie McNair (Clydebank and Milngavie) (SNP)	106
Douglas Lumsden (North East Scotland) (Con)	108
Rona Mackay (Strathkelvin and Bearsden) (SNP)	109
The Minister for Public Health, Women's Health and Sport (Maree Todd)	111

Scottish Parliament

Tuesday 14 December 2021

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

Time for Reflection

The Presiding Officer (Alison Johnstone): Good afternoon. I remind members of the Covid-related measures that are in place and that face coverings should be worn when moving around the chamber and across the Holyrood campus. The first item of business is time for reflection, and our leader today is Canon Gerard Tartaglia of St Margaret's and Our Holy Redeemer churches, Whitecrook, Clydebank.

Canon Gerard Tartaglia (St Margaret's and Our Holy Redeemer Churches, Whitecrook): Presiding Officer, members of this Scottish Parliament and all who contribute here, by your presence and action, it is a pleasure for me to be able to spend these few moments in reflection with you, before you get down to business.

Reflecting is never a waste of time. So much of our life is lived at top speed, racing around, in demand, and doing what is wanted of us. We badly need to back off a little and confront ourselves, and why we think and live the way that we do.

All of us were younger once—even the youngest contributor to the life of our beloved Parliament was younger once. I want to take a little time to reflect on the young people of Scotland. From my life in the parish in Clydebank and from our youth groups and young adults, I know the tremendous gifts and qualities that young people have and exhibit. There is a huge compassionate heart in so many of our young people and a deep desire to know why they are here and what their lives might mean.

That is no surprise. They reflect how they have been made—with the generous heart of a compassionate God. Our job is to guide and encourage those who are younger to be a good example, to be coherent and, in this Parliament in particular, to offer consistent and stable government, so that they can explore themselves, their communities, their society, their faith and the world.

You may not have considered this before, but Jesus the teacher, rabbi and son of God, was in his 30s when he began his ministry, but his disciples, followers and students—Peter and Andrew, James and John, Mary Magdalene, Martha and Mary, Lazarus, and all the others—

were not the same age, or the old men and women of statues and stories. They would have been younger: 17, 21, 25 years of age. They grew to be brave and determined, searching and desiring to discover what their calling and their purpose might be.

Our young people are in the same boat. They need to be encouraged and supported by those who are older, with a real heart and love for them.

Lord God, help us to be people who, through genuine self-reflection and by our good example, inspire our young people to greater things, to know themselves better, and to come to a mature understanding of what they are called to be, and to live it to the full with real joy. Amen.

Business Motion

14:04

The Presiding Officer (Alison Johnstone): The next item of business is consideration of business motion S6M-02544, in the name of George Adam, on behalf of the Parliamentary Bureau, setting out changes to today's business.

Any member who wishes to speak on the motion should press their request-to-speak button now. I call Alex Cole-Hamilton.

Alex Cole-Hamilton (Edinburgh Western) (LD): That was an accident, Presiding Officer.

The Presiding Officer: I will not call Mr Cole-Hamilton, but will call the minister to move the motion.

Motion moved,

That the Parliament agrees to the following revisions to the programme of business for Tuesday 14 December 2021—

delete

followed by Topical Questions (if selected)

followed by First Minister's Statement: COVID-19 Update

and insert

followed by First Minister's Statement: COVID-19 Update

followed by Topical Questions (if selected)

delete

followed by Ministerial Statement: Publication of Achievement of Curriculum for Excellence Levels Statistics

followed by Scottish Government Business

and insert

followed by Ministerial Statement: Recovery and Improvement in Schools and Early Learning

followed by Ministerial Statement: COVID-19 Public Inquiry

followed by Ministerial Statement: Scotland's Deposit Return Scheme

delete

5.00 pm Decision Time

and insert

6.00 pm Decision Time—[George Adam.]

Motion agreed to.

Covid-19

The Presiding Officer (Alison Johnstone):

The next item of business is a statement by Nicola Sturgeon, giving a Covid-19 update. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

14:05

The First Minister (Nicola Sturgeon): I will give a general update on Covid and share the latest information that we have on the omicron variant. I will also set out the further protective measures that we consider necessary to help to slow its spread while we accelerate the pace of booster vaccines.

First, I will give today's overall statistics. Yesterday, 3,177 positive cases were reported. That was 11.3 per cent of all tests carried out. The number of polymerase chain reaction—PCR—tests yesterday was slightly lower than in recent days. Therefore, I appeal to people not to put off going for a PCR test if they have symptoms or a positive lateral flow test. I know that no one wants to test positive or isolate at Christmas, but testing is a vital part of our defence and there is no shortage of capacity, so please do get tested.

Currently, 541 people are in hospital with Covid. That is 20 fewer than yesterday. However, I confirm that we now know of two confirmed omicron cases who are in hospital. Sequencing of other possible cases continues and the actual total is likely to be higher.

Thirty-eight people are in intensive care with Covid generally, which is one fewer than yesterday. Sadly, a further six deaths have been reported. That takes the total number of deaths under the daily definition to 9,725. I again send my condolences to everyone who has lost a loved one.

Our current assessment is that omicron is spreading very rapidly in Scotland. The best indicator of that is the proportion of cases that show what is called the S-gene dropout. For about 95 per cent of cases in Scotland, tests are currently processed in a way that allows us to know whether the S gene is present. That shows that omicron cases are increasing exponentially—faster than any variant that has gone before.

When I made a statement to Parliament this time last week, around 4 per cent of cases showed the S-gene dropout. By Wednesday, it was 7 per cent. On Friday, it was above 15 per cent. Today, it is 27.5 per cent. We estimate that the doubling time is two to three days—more rapid than anything experienced in the pandemic so far—and

we expect omicron to become the dominant strain circulating in Scotland within days.

That matters because omicron is significantly more transmissible than the delta variant. The reproduction number—or R number—associated with delta is around 1, but the R number for omicron appears to be well over 2, and it is possibly above 4.

Cases in Scotland in total have increased by a quarter in the past week. They have risen in all age groups except the over-85s and omicron is already contributing to that increase. However, as it becomes the dominant strain, its much higher R number will also dominate, and that will drive a much steeper increase in cases. That is why I warned on Friday that we are facing a likely tsunami of cases in the weeks ahead.

Some are suggesting that omicron may be milder in its impact on individual health than delta. Obviously, we all hope that that is the case. However, we do not yet know that it is. Indeed, there is some initial evidence from Denmark that may suggest otherwise. However, even if it proves to be milder, simple arithmetic means the challenge that it poses will still be very significant.

Let me illustrate that. In recent months, the proportion of delta cases needing hospital care has been around 2 per cent. That means that an average daily case number of around 2,700—as has been the case in recent weeks—will result in around 400 hospital admissions a week. However, if cases rise significantly to, say, 10,000 a day because of omicron's much greater transmissibility—and that is well within the modelled estimates in the evidence paper that we published on Friday—even if the hospitalisation rate turned out to be half that of delta's, at just 1 per cent, we would see 700 hospital admissions a week.

The basic and very hard fact is that a much more transmissible infection, even if milder in terms of severe illness, can still place a much bigger burden on the national health service.

More people being infected will result in more severe illness and, tragically, more people will die. A surging level of infection will also result in many more people being off work due to mild illness and self-isolation, so the impact on our economy and on our ability to deliver critical services will also be severe. We are starting to see those impacts already. All that explains why we must take omicron extremely seriously. It is not a choice between protecting health and protecting the economy.

Let me turn to what, in the Government's judgment, we need to do now to mitigate the challenge. In doing so, I ask everyone again to think in terms of this being a race between the

virus and the vaccines. Our vaccination programme is running fast—we are currently the most vaccinated part of the United Kingdom, and 46 per cent of the over-12 population have had booster jags already.

However, just as the vaccines started to win the race, the virus learned to run faster. That means that we must deliver boosters even faster. That is all the more important in the light of early data that tell us that the protection that we have against omicron infection with one or two doses is significantly lower than it is for delta. We need a booster jag to ensure substantial protection against omicron infection, so we are taking steps now to get boosters into arms much faster. Getting fully vaccinated is the best thing that any of us can do to protect ourselves, our loved ones and the country, so please book your booster jag as soon as possible.

Speeding up vaccination is essential, so I assure the nation that that is the Government's top priority. I will shortly set out more detail on exactly how we are doing that. Although that is necessary, our judgment is that it will not, in the short term, be sufficient. While we are speeding up vaccination, we must also try to slow down omicron. That is why we are today proposing—albeit very reluctantly—some further protective measures. I appeal to everyone to follow today's advice in order to help to slow down omicron while more of us get our boosters.

Let me be clear: we do not do this lightly, and I know how hard it is. Please believe me when I say that I would not be asking for yet more sacrifice if I did not genuinely consider it to be necessary in the face of a very real threat.

Let me set out what is being asked. First, we want to keep businesses open, but in order to help to achieve that, we are asking them to step up the protections that are in place in their premises. We intend to amend regulations to put a legal requirement on people who run businesses or provide services to take measures that are reasonably practicable to minimise the risk of transmission. We will issue guidance this week to make clear what that means for various sectors. For example, in retail, it will involve a return to the kind of protections that were in place at the start of the pandemic, including measures to avoid crowding and bottlenecks. That will include physical distancing, measures to control the flow of customers and protective screens.

For hospitality, it will mean, for example, measures to avoid crowding at bars and between tables, and there will be a reminder of the requirement to collect contact details of customers, to help with contact tracing.

For employers more generally, the guidance will make it clear that enabling staff who were working from home at the start of the pandemic to do so again is now a legal duty. I am hugely grateful to employers who are already allowing staff to work at home where possible, but we are not yet maximising the impact of home working to reduce the overall number of contacts.

We recognise, of course, that there are people who cannot work from home—for example, people who work in manufacturing, hospitality and key public services. We are asking anyone who is in that position to test regularly before they go to work. We have extended the workplace testing scheme, which delivers lateral flow kits twice a week to all businesses that have signed up to it. I encourage—indeed, I urge—any business that has 10 or more employees to join up, and to encourage their staff to test regularly.

We will also reinforce the rules on face coverings and the public health messaging on the importance of wearing face coverings—and wearing them properly.

My hardest request today is one that I make of the general public. I want to be clear: I am not asking anyone to cancel Christmas, but I am asking everyone, in the run-up to Christmas and in its immediate aftermath, to reduce as far as possible—to a minimum—the contacts that we have with people from other households. I will say more about Christmas day in a moment.

We are not banning or restricting household mixing in law, as happened before. We understand the negative impact that that has on mental health and wellbeing. However, we are asking everyone—we will issue strong guidance to this effect—to cut down as far as possible the number of people from outside our own households with whom we interact. That will help to break transmission chains. My key request today is this: before and immediately after Christmas, please minimise social mixing with other households as much as possible. However, we ask you, if you are planning to socialise, either at home or in indoor public places, to limit to a maximum of three the number of households that are represented in your group, and to make sure that they test beforehand.

I know that that is a tough thing to ask people to do, especially at this time of year, so I want to make it clear why we are making the request. One of the things we have already learned about omicron is that it has a very high attack rate. That means that if just one person in a gathering is infectious, that person will likely infect many more people in the group than was the case with the delta variant. By reducing the numbers of people and households who gather together, we will help to limit the extent of its spread.

I turn to Christmas day specifically—or Christmas eve, boxing day or whenever you have your main family celebration. We are not asking you to cancel or change your plans, and we are not proposing limits on the size of household gatherings. Places of worship will also remain open, with appropriate mitigations. We will, however, issue guidance to help to make Christmas safer.

Reducing contacts in advance of and after Christmas, as I have just strongly advised, will help. Keeping celebrations as small as family circumstances allow is also sensible. You should make sure that everyone in your gathering is vaccinated and has done a test in advance. Keep rooms ventilated and follow strict hygiene rules.

I know how much I am asking of everyone today, after a difficult and painful two years. I would not be doing it if I did not believe it to be necessary. Indeed, it could be argued that we should be going further, which is why I also need to explain a significant limitation on our ability to act in the way that we think is necessary to protect public health. In this context, I am genuinely not seeking to make a political point; I simply want to set out the factual position.

Many of the protections that help to curtail Covid come at a financial cost to individuals and businesses, so wherever we can, we put in place financial packages to protect people's health, jobs and livelihoods. However, the Scottish, Welsh and Northern Irish Governments cannot borrow to meet the Covid funding challenge. UK funding arrangements mean that we rely on the Treasury to do so on our behalf; the Treasury has responded well throughout the pandemic. Although Scottish taxpayers foot our share of the bill, money flows back to the devolved Governments only when the UK Government makes decisions. Financial support is not triggered when the devolved Governments make decisions that we consider to be appropriate for public health reasons, even although it is our responsibility to make those decisions.

Because the UK Government is not proposing any further protections at this stage—a position that I do not agree with—no funding is being generated to compensate businesses for any protections that we think are necessary and wish to put in place. That is not acceptable in the current circumstances, so we are, with the Welsh and Northern Irish Governments, pressing for a fairer approach that takes account of our devolved responsibilities to protect public health. For now, however, this is the situation that we are in, and it means that our public health response is curtailed by lack of finance.

There are further steps that we could and would have considered today, particularly around the

hospitality sector, had we the financial ability to do so, but we do not. However, I can confirm that, with considerable difficulty, we have managed to identify within our own resources about £100 million that we will use to help businesses, mainly in the hospitality, food supply and culture sectors, that are being affected by our advice last week about work Christmas parties, and which will be further affected by what I have said today. The Cabinet Secretary for Finance and the Economy and her officials will engage with affected sectors immediately to consult on and confirm the details of support. We will work to make money available as soon as possible. Businesses that previously received support through the strategic framework business fund will be contacted directly.

We have also identified an additional £100 million to ensure that the self-isolation support grant is available for those who need it, given the expected increase in the number of eligible people who will be asked to isolate.

Making that money available will involve difficult reprioritisation, but we recognise the importance of providing as much help as we can.

However, that is the limit of what we are able to do within our own resources. I know that it does not go far enough in compensating businesses for what we are asking of them now—and, of course, no Government can rule out having to go further in the weeks ahead. We are continuing to press the United Kingdom Government to increase support to enable us to respond adequately to the public health challenges in the weeks ahead.

I turn now to our actions to speed up delivery of booster vaccinations. Anyone aged between 40 and 60 who has not already booked an appointment has now received an invitation to do so. In addition, since yesterday, all 30 to 39-year-olds have been able to book their booster jags online. I can confirm today that 18 to 29-year-olds will be able to book online from tomorrow.

Our aim is that by 31 December everyone over 18 will have been able to book a booster appointment. It is not possible to guarantee that absolutely everyone over 18 will have been vaccinated by 31 December. For a variety of reasons, some appointments will run into the new year. For example, some people will not be eligible by the end of December, because it will still be less than 12 weeks since their second dose. Some people have not yet come forward for a first or second dose and, despite our best efforts, some will not come forward to book a booster, either.

In addition, despite the strenuous work that is under way, we know that some capacity challenges between now and the end of the year—for example, vaccinator staff absences due to Covid—are inevitable.

Notwithstanding all that, we are aiming to reach as close as possible to 80 per cent uptake by the end of December, with the balance of appointments taking place in January. I do not underestimate the challenge of that. Vaccination teams are already making a Herculean effort, and we are asking a great deal of them. In addition, reaching that level of uptake depends on people continuing to come forward to get jags even over the holiday period.

This will not be easy—we know that—but we are working on the basis that the higher we aim, the further we will get.

Let me therefore set out the steps that we are taking to create the additional capacity that is needed. First, given its vital importance against omicron, we will prioritise the Covid booster programme over the remainder of the flu vaccination programme for the next few weeks. That will allow many more booster appointments to be made available. Let me stress, though—and this has informed our clinical advice—that for those in the highest-risk groups for flu, uptake of the vaccine this year is already high; for over 65-year-olds, it is 88 per cent, which is higher than last year.

Secondly, and in line with advice from the UK chief medical officers, the requirement for people to wait in a vaccine centre for 15 minutes after they receive an mRNA vaccine is being removed. That will speed up vaccination times and enable many more appointments.

Thirdly, health boards are working to offer additional drop-in capacity within local vaccination centres. Additional venues for vaccination are also being identified. That will include mass vaccination centres in areas where that is considered appropriate.

In terms of human resources, we plan to extend the number and role of volunteers, to ensure that clinical staff can spend as much time as possible supporting the administration of vaccines. We will continue to expand the size of the overall vaccination workforce as much as possible and we will make full use of any military support that is available.

We will, of course, keep Parliament updated on the delivery of these plans. However, at this stage, I want to again thank everyone who is working so hard to design and deliver the biggest and most important logistical project in our peacetime history.

Let me also stress this: although the focus of my statement today is on boosters, if you have not had your first dose yet, please book it now. It is more important than ever to do so.

In the new year, we will also complete second doses for 12 to 17-year-olds. I very much hope that we might also, soon, get regulatory approval to offer vaccination to under-12s.

Before I close, there are some further issues that I want to highlight. First, I reiterate the changed advice on self-isolation. For now, household contacts of a person who tests positive for Covid are being advised to self-isolate for 10 days. That advice applies to everyone in a household, regardless of age, vaccination status or PCR test result.

Businesses and organisations that provide vital services can apply for an exemption to allow essential workers to return to work, subject to their being symptom free and taking certain precautions, including daily lateral flow tests.

Beyond that advice, we do not recommend that entire school classes should be required to isolate when a pupil tests positive. The advice on school isolation will continue to be risk based.

More generally, a key aim is to ensure that schools stay open if at all possible, to minimise further disruption to education. However, it is vital for schools to be safe for pupils and staff. To help to achieve that, we continue to ask secondary school pupils and all staff to take lateral flow tests regularly—including during holidays and before returning after the break—and to wear face coverings.

The advisory sub-group on education is meeting today to provide further advice on how schools can operate safely in the new year. We will send that advice to schools by the end of this week.

We will continue to consider appropriate protective measures for people who are in institutional settings, such as care homes, while ensuring that visits can continue. Last week, we recommended that care staff should take lateral flow tests daily. We now also recommend that individual visits in care homes should not involve any more than two households visiting any patient at a time. We ask anyone who visits a care home to test before every visit. For hospitals, we recommend that no more than two people should visit a patient at any one time and, again, we recommend a lateral flow test before each visit.

I fully understand that omicron will be especially concerning to people who are on the highest-risk list. I assure all of you that the chief medical officer will write to you shortly with further advice and assurance.

It is an understatement to say that this is not the update that I wanted to give just a few days before Christmas. I am painfully aware that it is not an update that anyone wanted to hear. However, we have a duty to take decisions—no matter how

difficult or unpopular—that will get us through this as safely as possible. I will not shy away from that responsibility. The fact that I am asking for further sacrifice today underlines how severe we think that the risk posed by omicron might be, so please follow the advice that I have set out today.

This is, without doubt, a very difficult juncture in the course of the pandemic, but please remember that vaccination still puts us in a better position than last year. Hard and very wearying though this is, we are not powerless in the face of the virus. We know the steps that we can take to slow it down.

I will stress again what we need to do. First, please get fully vaccinated as soon as possible. Secondly, please test regularly. If you are going to meet other people—remember that our advice is to minimise that as much as possible—take a lateral flow test before you go, every time. The tests are easy to take and, despite an issue with online ordering yesterday, they are easy to get hold of. Tests can be collected from local pharmacies and testing centres without a booking, and the online portal is open again today.

Wear face coverings on public transport and in shops and when moving about in hospitality settings. Make sure that your face covering fully covers your mouth and nose. Keep windows open if meeting people indoors, even at this time of year. Follow all advice on hygiene. Work from home whenever possible—that will soon become a requirement that is anchored in law.

Please follow the new advice that I have outlined today. It is guidance, but please do not think of it as optional. Cut down unnecessary contacts as much as possible. In the run-up to and immediately after Christmas, please avoid socialising with people in other households as much as you can. If you are socialising indoors at home or in public places, limit the number of households that are represented in your group to a maximum of three, and test before you go. Please follow the advice that we will give to keep Christmas day as normal but as safe as possible.

We face an extremely difficult period again ahead—I cannot tell you otherwise—but I know that we will get through it more safely if we do right by each other, as we have done all along. Please get vaccinated, test regularly and follow all the other rules and guidance that are in place for our own protection. Let us pull together again and help each other through.

The Presiding Officer: The First Minister will now take questions on the issues that were raised in her statement. I intend to allow about 70 minutes for questions, after which we will move on to the next item of business. I would be grateful if

members who wish to ask a question pressed their request-to-speak buttons now.

Douglas Ross (Highlands and Islands) (Con):

The situation with the new omicron variant has changed the circumstances that we are all dealing with. The Scottish and UK Governments have both examined the new variant, which is clearly more transmissible and has the potential to have a severe impact on the NHS and other vital services.

Let me therefore reiterate the key requests to everyone. Those who can should go out and get fully vaccinated—get your booster jab as soon as possible. Take a Covid test as often as you can. Take a lateral flow test before you go to bars and restaurants, before you go to meet your family and before you go to work. Take every precaution possible to protect your family and the people around you.

The Government must live up to its end of the bargain. The most important defence that we have against the virus is the booster vaccine. The vaccine booster scheme is going well, and the volunteers and staff undoubtedly deserve our praise and thanks. Now, however, we need to go even faster. Week after week, my party has come to the chamber and asked the First Minister to prepare to bring in mass vaccination centres. However, only now—only today—has that been accepted. The Scottish Government has delayed, and it is now scrambling to find venues at the last minute. Why has it taken so long for the Government to accept our calls and to agree to launch mass vaccination centres, which were so crucial and successful in the original roll-out of the vaccination programme?

My party has also called for extra support to be made available to protect Scottish jobs and to help businesses that are already struggling and losing income right now, as we saw over the weekend up and down Scotland. Last week, we said that businesses would be impacted at one of their busiest times of the year and that they desperately needed financial support. Yesterday, we called for an emergency cancellation compensation fund to protect jobs, so it is very welcome that those calls have been listened to and that support for businesses is coming from the Scottish Government, but will the First Minister confirm that payments will reach those businesses before Christmas?

I am sure that, like me, the First Minister—who said that she did not want to make a political point—will welcome the announcement from Rishi Sunak and the UK Government that additional funding will be made available to the devolved Administrations.

During her briefing on Friday, the First Minister announced that, from Saturday, household

contacts of a positive case of any variant had to self-isolate for a full 10 days, meaning that a single positive case would lead to a household, potentially of four or five people, having to isolate for that entire 10-day period, even if they had tested negative. We agreed on the need for caution but, given the level of cases that the Government is expecting by next week, that rule change could result in tens of thousands of Scots being put into self-isolation every day.

We do not believe that that policy is sustainable. It will have knock-on consequences that could impact on our transport services, the police, schools and workplaces across the country—and even our vaccination programme. I ask the First Minister to outline the science and data behind the change in policy that she announced last week. According to the Scottish Government's modelling, what impact will that have on our economy and our public services?

Today, we have clearly had a change from the announcement on Friday. The First Minister is now saying:

"Businesses and organisations that provide vital services can apply for an exemption to allow essential workers to return to work".

How is that going to work? Where will organisations apply to for an exemption? What criteria will the exemptions be judged on? How quick will the turnaround be once applications are made?

The First Minister: I will take that last point first, as it is probably the easiest one to deal with, as anyone who had been paying attention to the situation over the past few months would have known. We had—

Douglas Ross: It was not in the statement.

The First Minister: We had an exemption scheme in place, so the arrangements for the parts of the economy that can apply to the scheme—the arrangements for applying and who people apply to—are the same as before. We will ensure that that information is refreshed.

I will take the other points as fully but as quickly as I can. Our vaccination programme is currently the fastest in the UK. We have designed it carefully so that the right facilities are available in different areas. Mass vaccination centres are not appropriate in every area. They often result in very high "Did not attend" rates, which means that appointments are lost to the system daily. We therefore flex the system to ensure that it is appropriate for the characteristics of different areas. A number of health boards already have drop-in clinics.

As we try to accelerate the programme, we are looking again at the additional things that we need

to do. It would not be the best use of resources to have mass vaccination clinics in every part of the country, but, in some areas—perhaps here in Edinburgh and in Glasgow, for example—such clinics would add helpful capacity to what is already there. We will continue to do that in the best way possible.

I say this in no way to strike a note of complacency—complacent is the last thing that we are—but what we have been doing so far in the vaccination programme has resulted in the fastest progress of any of the UK nations. That does not mean that that will continue to be the case—we will have to work at it—but I hope that that gives some degree of confidence that the right judgments are being taken in how we proceed with the programme. The programme is more important than ever and, as I said in my statement, it is absolutely the top priority for the Government in the days and weeks ahead.

On the issue of money, I do not think that the UK Government's announcement had been made before I came to the chamber, so I did not have the information, but I have just been passed a note saying that the UK Government has announced that additional funding will be made available to devolved Administrations. I do not have any of the detail yet, but I absolutely welcome that. That is very good progress, as we have been pushing for that move for the past number of days.

We have gone out of our way—rightly so—to find as much additional resource in our budgets as we can. On television last night, I noticed a Tory spokesperson calling for a fund of £10 million; today, we have announced £100 million for businesses. We will also look at the impact of the UK funding when we have the detail of it.

On the isolation policy, the current clinical advice is due to the faster transmissibility of the variant. Releasing people within a household from isolation when they test negative is not as safe as it could be, because a person testing negative one day does not mean that they will test negative the next day. That is the basis of the advice, but we are keeping the situation under review. We have already started looking at when we might migrate away from that advice to something that is more proportionate, because I absolutely understand, and I have set out, the impact that isolation might have on the economy. Therefore, it is about taking appropriate steps now but being flexible when we think it is safe to move towards more proportionate arrangements in the future.

Anas Sarwar (Glasgow) (Lab): I start by sending my condolences to all those who have lost loved ones.

The rapid spread of the omicron variant is a real cause for concern, so Parliament must be

prepared to make the right decisions in the national interest. We might not yet know how dangerous the variant is, but we know that the virus risks lives.

I know how hard it must be for families across Scotland after almost two years of the pandemic, but we cannot let our guard slip or our resolve weaken at this crucial moment. We all have a duty to protect one another and to do what is in the best interests of our country and our NHS.

Therefore, I urge the people of Scotland: do your duty. If you are eligible for a first or second dose of vaccine but have not yet had it, please book the appointment now. Those who are eligible for a booster appointment should book it as soon as they can.

As Christmas approaches, we all want to protect every precious moment that we can spend with our loved ones. That means that people should work from home if they can, wear a mask where appropriate and take lateral flow tests before going to social events or visiting others at home.

It is also important that, in taking decisions, we take people with us. That means sharing as much information as possible, including the data and the science.

Throughout the pandemic, hospitality has been one of the hardest hit sectors. Many of those businesses would have been hoping that Christmas would be the time when they could catch up on lost earnings in order to survive. Therefore, they will need extra support. I welcome the assistance that has been outlined, but I urge the Scottish Government to engage with those businesses and to deliver the timely support that they need.

I also note what the First Minister said about wider support packages. If that means the UK and Scottish Governments working together to find the package, that is what needs to be done in the national interest.

I have a few specific questions. All over-18s are to be offered a booster appointment by the end of the year, with the target being that 80 per cent will have received it by the end of the year. That is only 18 days away, and will require more than 75,000 vaccines a day being administered. I welcome the plans for mass and drop-in vaccinations centres, but how quickly will they be operational, and will there be military assistance?

Given that there will be higher demand for lateral flow tests, is the First Minister confident that we have an adequate supply of them, and what steps are being taken to make them more easily accessible to people across the country?

No one should have to think about the financial impact of self-isolation on them or their family. I

note the additional money, which is welcome, but what consideration will be given to increasing eligibility and the amounts that are available to individuals who need the money?

Finally, I say to the people of Scotland: stay safe, follow the advice, and we will get through this.

The First Minister: I thank Anas Sarwar for his questions.

On hospitality, I do not think that I addressed the point that was raised in the previous round of questions about whether the money will be delivered before Christmas. We will do our best to ensure that the money, or as much of it as possible, is delivered as quickly as possible—I hope, before Christmas. I absolutely agree that hospitality has taken a sucker punch in the past couple of weeks due to the inescapable and unavoidable public health advice.

We know that omicron is spreading fast generally, but its high attack rate means that if one person in a group of people at a Christmas party has it, almost all are liable to be infected. That higher attack rate has made the advice unavoidable.

On the Covid booster jags, the additional capacity to administer them will start to become available over the next few days and the course of this week in the form of extra centres and, where necessary and appropriate, mass vaccination centres and additional appointments at existing centres. We will make maximum use of the military; there is a UK Government commitment to make more military support available.

Let me stress, however, that the biggest increase in capacity that will be delivered, and which will be delivered most quickly, will be through the changes that I talked about to prioritise Covid boosters over flu vaccinations. That will free up significant numbers of appointments. There will also be removal, on clinical advice—the four UK chief medical officers have given the go-ahead to this—of the requirement for people to wait in vaccination centres for 15 minutes after their vaccination. Those two things will make the biggest immediate impacts on increasing capacity to do more booster vaccinations.

I am absolutely aware of the run rate that we have to achieve to meet the targets that we have set today, although it also depends on people coming forward. We know that, in a normal year, supply and demand in an immunisation programme would dip over Christmas, so we need to work to keep them as high as possible.

On the self-isolation support grant, we have announced today additional funding to support the

increased numbers who are likely to be eligible and asked to isolate. We keep the eligibility requirements under review and will look at them again, but we need to maximise the amount of money that is getting to people who are genuinely in need. That will always be a fine balance that we must try to strike.

Alex Cole-Hamilton (Edinburgh Western) (LD): Nobody wants to surrender the progress that we have all made over the past 18 months. At moments like this—at times of crisis—we need clarity from the Government, we need businesses to get support, pound for pound, and we need the Scottish and UK Governments to work together.

People will struggle to understand why it is safe to mix with 400 people at a concert but not with four families in their own home. The effect of that public uncertainty will rock the events sector and lead to events being cancelled.

I want to bring a particular situation to the First Minister's attention. It concerns an events centre and our efforts to ramp up the booster programme. A rave for 3,500 people that will take place this Saturday is set to displace the principal vaccination hub for NHS Lothian at the Royal Highland Show ground. It will reduce vaccination capacity at that venue by 50 per cent until after Christmas. As of 2 pm, the RHS had heard nothing from the Scottish Government, and without clarity it is contractually obliged to begin dismantling the vaccination operation this evening. The matter is really urgent. What should the RHS do?

The First Minister: I first spoke to the Cabinet Secretary for Health and Social Care about the matter first thing this morning—I cannot remember at what time. Action is under way to cancel the rave and to ensure that there is full compensation for that and that the vaccination centre can continue in its current location. The health secretary has been working on that all morning; I am sure that she will be happy to give an update when we are out of the chamber. That rave was planned pre-omicron and is, in the light of the omicron developments, clearly no longer appropriate, because we want to increase facilities for vaccination, not the opposite.

Kaukab Stewart (Glasgow Kelvin) (SNP): What advice would the Scottish Government give to parents who are concerned about the omicron variant and are considering keeping their children off school?

The First Minister: I encourage parents to continue to send their children to school. I absolutely understand the anxiety that parents will feel at this time. It is important that test and protect, with local health protection teams, works in a risk-based and targeted way to ensure that

where cases are identified, the right approach is taken to advice for self-isolation.

There are other mitigations in place in schools, especially secondary schools, requiring use of face coverings and taking of lateral flow tests regularly. I know that those mitigations have been controversial in the past, but they are really important.

As I said in my statement, the advisory sub-group on education is meeting today to consider additional measures that we might advise schools to put in place for the new term. I will not pre-empt those recommendations, but I suspect that they will include more advice on ventilation, for example, because we know how important it is. As I said earlier, we will ensure that the advice is with schools by the end of this week.

I completely understand the anxiety, but I know that parents will also be anxious about disruption to their children's education. We want to work in a way that minimises that as far as possible during the next difficult phase.

Sandesh Gulhane (Glasgow) (Con): I listened with some concern to what the First Minister said about the omicron variant and I reiterate the importance of people getting vaccinated all the way to their booster jag. It is not too late.

A month ago, I asked the First Minister to re-open mass vaccination centres with local flexibility, using volunteer support. If she had listened to me then, we would be well on our way by now, but I welcome the fact that the Scottish Government is now listening. It is also great that the First Minister listened to what I said on the telly last night and found much-needed money for businesses.

I also asked the Government to instigate mobile vaccination centres in the 70 areas of Scotland where 40 per cent of the population still require their second dose, and so help our remote communities. I made those suggestions to help the people of Scotland. In addition to the measures that she has announced today, will the First Minister commit to providing mobile vaccination centres to help those hard-to-reach people get the jag into their arms as quickly as possible?

The First Minister: We already have mobile vaccination units and there are plenty of clinics operating within more rural areas. What we need to do is expand the capacity in those to make sure that they can do more appointments and, where necessary, we need to open additional facilities. As I have said, we will do all that.

Mass vaccination clinics are not appropriate for every area. That is not the best way to get everybody vaccinated. The appointment system is important, but we will continue to flex the

arrangements. I take on board every suggestion that is made, but we should reflect on the fact that, as I keep saying because it is important, what we have been doing up until now has obviously been successful, because our vaccination programme is further ahead—on boosters it is quite a bit further ahead—than England, Wales and Northern Ireland. That suggests that we are getting the balance right.

However, that was then, this is now. We have to significantly increase the pace and therefore we look again across the whole of the provision and decide where and how to add the capacity that is needed.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): A constituent's elderly mother has advanced dementia and was admitted to hospital a few days ago. On previous admissions, NHS Greater Glasgow and Clyde permitted visiting under an essential visitor policy, which specifically mentioned both dementia and end-of-life care. However, my constituent is struggling to see his mother, which has left her distressed and anxious and the family worried.

I am, of course, in communication with the NHS, but I ask the First Minister whether there has been any change to essential visitor guidance in the light of the omicron variant? If not, will the Scottish Government work with NHS boards and staff to ensure that the guidelines are clear, well understood and applied to ensure that emotional support and end-of-life care can be offered appropriately?

The First Minister: We will ensure that refreshed guidance is issued to health boards to ensure that they understand what the appropriate measures are for hospital visiting. I set out today that we do not want to stop visiting; it is really important that visiting goes ahead. It is important for people in hospital and for their loved ones, but we are suggesting a limit on the number of visitors for each patient at any one time.

Visiting should continue, with appropriate precautions and mitigations. Patients should not be denied visitors except in very short-term and specific circumstances, such as managing an on-going outbreak, in which case hospitals can put in place temporary visiting restrictions. However, even when hospitals are managing an outbreak, we expect what we call essential visits to continue. A person with dementia is a clear example of someone we would expect to receive essential visits, even during an outbreak.

Jackie Baillie (Dumbarton) (Lab): Care packages are being cancelled as we speak, due to staff absence. I have a constituent who had carers coming in four times a day and all that support has been pulled. She has been told that that will last

for at least a week and to phone an emergency helpline if anything should go wrong. That puts her health at considerable risk. What can the First Minister say to people who feel abandoned as their care packages are withdrawn? What urgent support can she put in place, and will she confirm that exemptions from the 10-day self-isolation rules apply to health and social care workers?

The First Minister: On the final question, yes, that was the case previously and it is the case now.

I covered this at some length in my statement. It is part of the challenge that we are facing. It is not just through isolation, but through people having mild illness from being infected by the virus that they cannot go to work. That is why we need to crack down on the virus; otherwise, we will see impacts on our schools, public transport and people who rely on care packages. We will continue to work with the health service and social care to mitigate impacts as far as possible. I absolutely understand the impact on anybody of not having their care package for a single day, let alone multiple days. The route with this is to get the virus under control. That is why what I have set out today is so important, and it is why it is so important that we all continue to urge people across Scotland to do the right thing by following all the guidance.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): The Tuesday Covid statements to the Parliament are essential for the Parliament to hold the Scottish Government to account. Public engagement and compliance is key, as it has been from the start, and compliance has been very high. However, constituents tell me that they miss the regular lunch time televised Covid information updates, which were so important in the early days of the pandemic. In the fast-moving situation that has been brought about by the omicron variant, can the lunch time public information broadcasts be reinstated?

The First Minister: I could hear the enthusiasm for that from members on the Conservative and Labour benches as Christine Grahame was speaking.

Whatever people might think, I do not miss having to do daily updates on Covid, although we do not know what lies ahead. I respect the Parliament: I should come to the Parliament, be accountable to the Parliament and make announcements to the Parliament. It is not for me to decide the days on which the Parliament sits. If the Parliament wants a recall, that is a matter for the Presiding Officer. What I cannot do during a public health emergency is withhold decisions or advice to the public from 5 pm on a Thursday evening until 2 pm on a Tuesday afternoon, as

that would literally put lives at risk. It is sometimes important for me to be able to communicate to the public with the chief medical officer and the national clinical director there to answer clinical questions.

I will continue to do everything that I can to get key public messages across. In an emergency such as this, it is incumbent on us all to try to put our differences aside and unite to get those public health messages across.

Gillian Mackay (Central Scotland) (Green): The Scottish Greens have always advocated a cautious approach to dealing with the pandemic, and that remains our position. Boosters will play an increasingly important role in providing protection against the omicron variant, and I urge everyone who is eligible to book their appointment.

I appreciate the further funding from the UK Government that was announced just after 2 pm, but, at the moment, it appears to fall short of furlough. A lack of furlough fundamentally limits the options that are available to the Scottish Government and this Parliament to tackle the spread of the omicron variant. What work is ongoing to obtain the financial support that will be required if further measures are needed?

The First Minister: That is an issue that we have discussed constructively in four-nations meetings over the course of the past week. As members would expect, it is an issue that has been raised by me, the First Minister of Wales and the First Minister and Deputy First Minister of Northern Ireland. As I said, I have not seen the detail of what the UK Government has announced; I look forward to seeing that later, and I welcome it.

The basic principle here, which should apply across all parts of the UK, is that, if we feel that it is essential to take measures to protect public health, we should not be constrained in doing so because of financial considerations. It should not be the case that money is triggered only if the UK Government decides to take steps; if the Scottish, Welsh or Northern Irish Governments, acting within devolved responsibilities, think that that is important, we should be able to trigger that support as well. It is about parity and not asking for one part of the UK to have an advantage over the other. We all pay for this and it is important that we all have equal access to financial support for businesses and individuals whose livelihoods are on the line.

Everything should be kept open and under review, including the reinstatement of furlough over what we hope will not be, but might be, a really challenging period for businesses in the weeks to come.

Paul McLennan (East Lothian) (SNP): I welcome the Scottish Government's commitment to support the hospitality trade and the indications of support from the UK Government. Given that this Parliament does not have borrowing powers to fund the response that is required, will the First Minister press the UK Government to advise this Parliament of the details of its support package as soon as possible? Does the Scottish Government have any specific asks for the funding?

The First Minister: The Deputy First Minister is telling me that the detail that I have given members is the detail that we have at the moment. More money will be made available, but we do not know how much it will be and we do not know whether it is genuinely additional money or whether it will be netted off against expected savings elsewhere. I welcome the money. I welcome any movement on the issue. Members will appreciate that I need to see the detail before I can comment further.

We want to be in a position to take the necessary measures to protect public health without having to plead for financial support in a situation in which, if the UK Government were taking those measures, it would be able to make that financial support available. This is about parity. Whether we are talking about furlough, protecting workers' wages, or compensating hospitality businesses for the significant knock to their Christmas trade, we need to be in an equal position to compensate for the necessary public health measures that we are taking.

I hope that we have seen progress today and I will happily report back to the Parliament when we have more detail.

Liz Smith (Mid Scotland and Fife) (Con): I ask this question on behalf of two sets of constituents who have been in touch with me in the past 24 hours. They have family members who have been working abroad and who have arrived home for the Christmas break. Those people have had two vaccinations in the countries where they have been working. If they are British passport holders, will they be eligible for the booster vaccination?

The First Minister: In principle, the answer to that question would be yes. There will be some caveats regarding which vaccinations they have had in the countries that they have come from. I do not have the detail of that, and therefore do not know whether they can have the boosters here. If Liz Smith would like to write to me or to the health secretary with details, I will be able to give an answer that is particular to the case, rather than the general answer that I can give on the basis of the information that I have now.

Gillian Martin (Aberdeenshire East) (SNP): The First Minister said in her statement that the

new variant presents a problem in terms of capacity for the health service. Some of the people who are watching this may be undergoing cancer treatment or waiting for critical surgery. What assistance is being given to health boards and what plans are there to ensure that those people will get the treatment that they need? What has been done to ensure that care packages are in place for vulnerable patients, so that they can leave hospital and are not left there blocking beds?

The First Minister: Those are important issues. NHS staff are working extremely hard and are under intense pressure, but health boards will continue to prioritise critical patients and urgent care as much as possible, in line with the critical prioritisation framework that was published in November 2020.

It is also important to get patients appropriately discharged from hospital. We have invested significantly to enhance care at home services, although the issue of staff absences is a concern for us. Those matters are all being given significant attention and priority.

The health and care workforce are working above and beyond the call of duty and we are now asking them to do more to accelerate the vaccination programme. That is why it is important, as I set out today, that we try to free up capacity in ways that do not ask staff to pause other forms of care when that is avoidable. We will continue to do everything possible to support staff during this difficult winter.

Monica Lennon (Central Scotland) (Lab): NHS Lanarkshire declared a code black 53 days ago. Staff are exhausted and they fear a trickle of omicron cases, never mind a tsunami of infections. What more will the Government do to support staff and patients in Lanarkshire, including chronic pain patients such as Liz Barrie, who has already waited for 21 months for a steroid injection that she, and many others, should be getting twice a year?

The First Minister: We will do everything that we possibly can to support those working in the health service. I cannot even begin to find the words to express my appreciation for that work, understanding the pressure that they are working under. There are many patients, including the individual cited by Monica Lennon, who are having disruption to their care.

We will do everything that we can to mitigate those impacts, but we come back, as we so often have during the pandemic, to the hard reality at the centre of this. The impact on services comes from the pandemic. As cases go up, we see a bigger impact in people being off work sick or having to isolate, with an inevitable impact on

services. We need to come back, again—hopefully for the last time in the pandemic, although none of us knows exactly what is ahead of us—to the need to pull together to do all the right things to drive infections down. That will do more than anything else to allow us to get the NHS sustainably back on the path to normality.

Annabelle Ewing (Cowdenbeath) (SNP): I appreciate that no one has a crystal ball, but given that we are now just 10 days from Christmas eve, can the First Minister advise as to whether my Cowdenbeath constituents and people across Scotland can reasonably start to finalise their Christmas plans, based, of course, on the series of protective measures that have been set out today?

The First Minister: Yes—I think that that is a reasonable thing to say. I have tried today to set out as clearly as possible that we do not want to put limits on people’s ability to gather with their families on Christmas day, or on boxing day or Christmas eve if that is when they choose to have their main celebration. However, there are things that we need to do now to make that safer, such as reducing our contacts and avoiding socialising with other households, and there are things that we need to do on the day around testing, ventilation and hygiene.

I really want people to be able to do that, but I cannot stand here and tell them that there are no risks around omicron. I think that one of the darkest days for many people—out of many dark days during the pandemic—and certainly one of the darkest days that I experienced was 19 December last year, when, having given people some limited normality, we had to take that away from them before Christmas. Nobody wanted that to happen, and I certainly do not want to be in that position again.

Let us do the things that I am asking for today, limiting contacts and socialising in order to get through Christmas with the freedom to enjoy it, and then continuing to limit socialising so that we do not see a surge in cases afterwards. That is my best advice to people right now in what is a really, really difficult situation.

Murdo Fraser (Mid Scotland and Fife) (Con): The financial support that has been announced for the hospitality and food sectors is welcome, and I hope that there will be more, but the losses that are consequent to the announcement on Thursday about Christmas parties not being recommended go far beyond those sectors. I have been contacted by constituents in the hair and beauty sector who have suffered a range of cancellations at what would normally be their busiest time of year, given the Christmas party season. Will financial assistance be offered to those businesses as well?

The First Minister: The £100 million pot that I have announced today is the limit of what we can do within the resources that we have, and we are going to have to make really difficult choices in order to make that money available. I am being candid with people about that. However, that amount is not insignificant. I am genuinely not trying to be political here, but I note that the Conservative spokesperson said that they wanted £10 million. We have delivered 10 times that amount today, and I think that that is right, but that will not go near full 100 per cent compensation for the losses of business.

I hope that what is being announced by the UK Government today—I will not repeat what I said about not knowing the detail of that—will allow us to go further in compensating businesses for the losses that are associated with our current advice, and that it will give us the flexibility to do more should we need to go further, although I hope that we will not have to do that.

I will look at that, and we will do more if we can, but we have, I think rightly, made available today the maximum that we can provide within the resources that we currently have at our disposal.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): Can further steps be taken to encourage higher uptake of vaccines and boosters in minority ethnic communities and lower socioeconomic groups?

The First Minister: I think that the answer is yes. More can be done and more needs to be done. We are working with NHS boards, which have dedicated inclusion plans within the vaccination programme that outline how they will offer vaccination to people who often face barriers to uptake. Health boards plan the location of clinics to suit the needs of their populations and they often respond to evidence of lower uptake using available data and local insights. Mobile outreach units are provided by the Scottish Ambulance Service, and some health boards have partnered with local transport providers to use their vehicles to offer transport to appointments for people who might otherwise struggle to get there.

A lot of work is being done to reach undervaccinated communities, and that work will continue, because it is really important that everybody who is eligible to get vaccinated comes forward, and that they get support to do so, if that is needed.

Craig Hoy (South Scotland) (Con): Within hours of the issuing of the public health guidance, my constituent, Jo Lawrence, who runs a catering business in East Lothian, sent me this message:

“Here we go again 8K of cancellations this morning, just as we were getting back on our feet.”

Last time around, many independent wedding, catering and hospitality firms such as Jo's were excluded from major support schemes. Will the First Minister give a commitment to ensuring that no such business is excluded this time around?

The First Minister: I have set out very clearly and very candidly where we are with financial resources. We are making available every last penny that we can. When we have a pot of money, there are difficult decisions to be made about how thinly that is spread versus giving, perhaps, a smaller group of businesses more significant amounts.

The Cabinet Secretary for Finance and the Economy and her officials will consult affected sectors and get to the best possible outcome. We will help as many businesses as we can. If more money is now available from the UK Government, I hope that that will allow us to do more, but we have to see the detail of that.

These choices and decisions are awful for the businesses that are affected. I understand that. It is perfectly understandable that members come to the chamber and read out such messages. However, nobody should be under any illusion that I do not know the impact of the situation or understand how awful it is.

I do not have a choice. I cannot continue to tell people that it is safe to go to certain settings in groups, right now, given the way that omicron is running. I and the Government have to make those choices and to deal with the impacts to the best of our ability. That is what we will continue to do.

Neil Gray (Airdrie and Shotts) (SNP): As the First Minister has made clear, the evidence shows that omicron is a major threat to public health in Scotland. However, although I appreciate her announcement today of the provision of some support to business, and the announcement from the Treasury, which was released as the First Minister was on her feet, it is clear that the Scottish Government's hands have been tied, and that it has been held up while the UK Government is unwilling to provide the necessary financial support.

As we have seen over recent days at Westminster, the Tory party is full of zealots who will not vote for public health measures, and the Prime Minister does not have the political capital to push through the necessary restrictions because, last year, number 10 partied through lockdown. Does the First Minister agree that the UK Government's intransigence is putting lives at risk and that it must urgently change course?

The First Minister: There is a real issue there, and it is not being political to point it out.

For whatever reason, and whatever anybody's view of this is—I am not going to comment on that—it is very difficult for the UK Government to impose more protective measures, while, in my view, those protective measures are really essential. That is the right of the UK Government, which is responsible for protecting public health in England just as the Scottish Government is responsible for doing that in Scotland. It is just as entitled to take the decisions that it thinks are right. However, what is not fair, right now, is that, when it decides to do things, it can trigger financial support that is denied to us when we take decisions that we think are necessary.

Hopefully, we will get to a better position and today's announcement is indicative of more of a willingness to listen to that point—as I have certainly seen, in recent days—than has been the case at some previous points in the pandemic. However, that basic issue of public health fairness is at the heart of it. Not only am I raising that issue; the Welsh and Northern Irish First Ministers have raised it. The devolved Governments are responsible for protecting public health; however, if we are denied the wherewithal to do that, we are in an invidious position that is unfair not just to the Governments involved but, fundamentally, to the populations that we serve.

The Presiding Officer: Many members wish to put a question in this session, so I will be grateful for short and succinct questions and responses.

Mark Griffin (Central Scotland) (Lab): The duty to work from home is a recognition that workplaces are an increased transmission risk. It has been raised previously that many key workers cannot work from home. They face a continued heightened risk of getting Covid at work, and then, potentially, long Covid. What support will be offered to key workers who are now unable to work in the long term, due to long Covid that they caught while they were doing their jobs? Does the First Minister accept that long Covid should be made an industrial disease under Scotland's benefits system, now that the UK Industrial Injuries Advisory Council has refused to classify it in that way?

The First Minister: I certainly think that there is an argument for that, and I would be more than happy to look at it in detail and consider the Scottish Government's position.

It is absolutely right to say that we are advising people to work from home wherever they can and—as of this week—strengthening that requirement on businesses. It is not just that it reduces the risk of transmission in workplaces; it also reduces the number of contacts that people have when they travel to work or have lunch while they are there. Working from home helps to take

away some of the transmission risk and, given what we are facing right now, that is important.

For those who have to work, it is important that there are appropriate mitigations. Testing is one of the most important mitigations. Yes, there are people who suffer from long Covid and there are long-term implications that might affect their ability to work, but sickness pay, and much of the benefits system, is still reserved to the UK Government. There will be issues that we need to address, and I hope that this Parliament will come together to help us to put those issues very much on the UK Government's radar screen.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): Over the past few days, I have been contacted by constituents who have been experiencing difficulty in obtaining lateral flow testing kits from their local pharmacies. Can the First Minister provide an assurance that everything possible will be done to ensure that adequate supplies of kits are available at pharmacies, especially for those who are unable to use alternative options, such as ordering online?

The First Minister: Yes, we will take steps to do that. I have not been aware of particular issues at local pharmacies. There are more than 1,000 community pharmacies and dispensing general practitioners across the country that are providing access to lateral flow tests, and they can place daily orders to ensure that supply is sufficient. We are working with the UK Government to encourage pharmacies to place daily orders and increase the amount of tests that they are able to order each day where that is needed.

In the event of any supply issues in a particular pharmacy, people will be redirected to collect at another local pharmacy or testing site. If you want to know where your nearest source of lateral flow devices is, you can go to the website and put in your postcode, and it will tell you.

In general—I raised this at a four-nations discussion on Sunday—we need to ensure, given the higher demand for LFDs, which is really positive and good, that their procurement and supply stays healthy. I know that the team in the UK Government that is responsible for LFDs is working extremely hard on that. There was a temporary issue with the online ordering system yesterday, which has been rectified today, but it is really important that we keep the supply of these tests flowing, because they are an important part of our defence.

Ross Greer (West Scotland) (Green): Given that the one thing that we know about the omicron variant is the significant increase in transmissibility, why has the guidance on identifying close contacts in schools not

immediately been revised? Will that result in more students and staff having to miss time from school because transmissions have been missed and outbreaks are worse than they would otherwise have been?

The First Minister: We keep all those things under review. With schools in particular, there is a fine balance to strike, as we want to minimise the risk of children's education being disrupted. If we had a blanket self-isolation policy for a whole class where one pupil tests positive, we would very quickly see large numbers of pupils and classes isolating. On the other hand, as Ross Greer rightly says, we do not want a situation in which we allow the virus to spread more easily in schools than it would otherwise do.

That is why the risk-based approach that test and protect uses is so important. As the situation develops, we are going to have to keep all that under review to strike the right balance between protection and allowing schools, and the economy and critical services, to operate. None of that is easy—none of it has ever been easy—and it will be tricky in the weeks ahead, but there is a real focus on trying to get those balances as right as possible.

Joe FitzPatrick (Dundee City West) (SNP): Hospitality businesses in Dundee have contacted me to express their concern about the impact of the new variant on trading over the festive period. Those businesses will welcome today's announcement of £100 million in support from the Scottish Government.

However, does the First Minister agree that, while that support is welcome, today's Treasury announcement of unspecified financial support just moments before this statement highlights yet again that, while we are in the grip of this horrible pandemic, the current funding arrangements across the UK are dysfunctional? Does she agree that greater certainty is required from Westminster, and quickly, not only for the Scottish Government but for businesses that are facing a festive period of challenge? The Scottish Government needs to press the UK Government for early clarity on that.

The First Minister: Yes, I agree. We are pressing both for funding arrangements that are, even if only in the Covid context, more appropriate to the situation that we face, and for as much clarity as possible. I will not repeat what I said about not knowing the detail of what was announced just after 2 o'clock.

This is a basic issue of good sense when it comes to dealing with a pandemic. We cannot have our hands tied on public health by funding arrangements that are asymmetrical and unfair to the devolved Administrations.

I hope that we are going to see some progress. It is really important that we all have the maximum ability to steer our way through the next phase of the pandemic without businesses unduly paying the cost of what we do because we do not have the wherewithal to compensate them properly.

Liam Kerr (North East Scotland) (Con): The public health guidance that was issued on Thursday took many businesses by surprise, especially those in hospitality, and gave them absolutely no time to prepare. What action is the Scottish Government taking to ensure that that situation does not happen again and that all possible steps are taken to give businesses adequate time to prepare for new measures and guidance?

The First Minister: We will do that as far as possible. I understand the frustration, anxiety and distress on the part of businesses that, like all of us, have now had two years of guidance that changes as the pandemic changes.

However, I ask all members to listen to what I said earlier. Cases of this variant of the virus are doubling every two to three days. It is moving faster than anything that we have dealt with before in the course of the pandemic, which is quite a statement, because we have dealt with really difficult situations before. Therefore, speed of response is now more important than it has ever been. I understand that businesses would prefer that we waited for a few days to tell them what we are going to do a week hence so that they could have a week to prepare, but, in a week, this variant of the virus will have doubled three or four times. That is why speed is so important.

I wish that we were not in this situation but we are, and we do not do businesses or anyone else in society any favours if we do not try to act as fast as the virus is replicating.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): Some hospitality groups are saying that the First Minister has just asked people to—I quote—“stay away” from their restaurants and facilities. Would the First Minister clarify what she said so that everyone is totally clear about what is being asked and what is not?

The First Minister: I think that I made it clear in my statement. I am not trying to override the judgment of every person. We are two years into this pandemic and people have a lot of experience of it and need to be able to make judgments. What I am saying is that, in the run-up to Christmas and after the core celebrations of that time, people should reduce their contact with people in other households as far as possible. That means minimising socialising. That will help us to slow down the virus while we get more and more people boosted.

Secondly, because I appreciate that some people will want to socialise and will socialise—although my advice is to minimise that—I ask those who are doing that, whether it is in their own home or in a hospitality setting, to limit the number of households in that group to a maximum of three. I am trying to explain why that is important.

That kind of thing has always been important with an infectious virus but, as we have seen from the outbreaks over the past two weeks and from all our evidence since the emergence of omicron, the attack rate of omicron means that if someone is in a group of people where one person is infected, the majority of people in that group are being infected. That almost took out an accident and emergency unit in Lanarkshire last week.

That is why we are giving this advice. It is horrible advice to give and is the last thing that people want to hear, but it is essential if we are to get on top of this virus before it overwhelms us.

Michael Marra (North East Scotland) (Lab): In her statement, the First Minister advocated continued lateral flow tests for secondary school pupils. School testing figures are currently below 4 per cent. Test and protect has been abandoned in classrooms and there has been no action on classroom ventilation beyond opening some windows. Further to that, the promised laptops for all are not in the hands of pupils. The Government has done nothing to help keep schools open and has done nothing to help prepare them in case they have to close. Can we assume that the Government will be working now to ensure that, after two years, maximum safety measures are in place so that schools definitely reopen in January?

The First Minister: I am just going to be blunt: I think that that was a deeply irresponsible contribution. It was not only irresponsible because it mischaracterises the position of test and protect; it is an insult to those who are working in test and protect to help schools to stay safe every single day, using a risk-based approach, trying to strike the right balance between protection and maintaining children's education.

We distributed laptops and connections to tens of thousands of children at an earlier stage in the pandemic, having identified those who are most at risk, and we will continue to do everything that we can to keep schools open, because, as we see today in the attainment figures, that is important for the sake of children's learning and education.

As I say that, I absolutely accept that schools must also be safe for children and staff, which is why we have given local authorities additional resources to help with ventilation and the education advisory sub-group is looking at all those matters again right now. Members should, by all means, scrutinise the issue, but I ask them

not, in the midst of the crisis, to come to the chamber and irresponsibly mischaracterise the situation.

Stuart McMillan (Greenock and Inverclyde) (SNP): Has any consideration been given to providing new guidance to large-scale events, including sporting and recreation events, to help to slow down the transmission of the new variant?

The First Minister: The guidance that we have given today is to people on the interactions that they have with people in other households. That is specifically for indoor events. We are also considering strengthening face-covering requirements and, as part of that, we will consider whether we want to encourage people to wear face coverings even outdoors in some crowded events.

We are not cancelling events at the moment. Particularly if we have more financial wherewithal to compensate companies and events, we will consider whether there is more proportionate action that we can take. However, the advice that we are giving today is the advice that was set out in my statement, which will be backed up with more detail and guidance to be issued over this week.

Tess White (North East Scotland) (Con): The size of the vaccination workforce is pivotal to the delivery of the accelerated booster programme. The statement indicated the Scottish Government's will to extend the number and role of volunteers. Is it possible for the First Minister to provide more details on how and when that is likely to be achieved?

The First Minister: I encourage all MSPs to think about volunteering in a local vaccination centre over the Christmas break if there is a need for volunteers. I have asked all ministers to think about doing that if it would be helpful.

I said last week that we had already increased the paid professional workforce by 300 full-time-equivalent posts. Many people want to volunteer. We will make available details of how people go about registering their interest.

Volunteers are restricted in what they can do, but their activity and contribution can help to free up time. Taking on reception tasks or stewarding people who are turning up for vaccinations frees up the time of clinical staff to do the vaccinations. It is all hands on deck over the next few weeks to get the booster jags into as many arms as we can as fast as we can.

John Mason (Glasgow Shettleston) (SNP): On Saturday, I was at the Theatre Royal in Glasgow. The theatre insisted on people having had a vaccination or a negative test, which was extremely good. Does the First Minister agree that

venues should go above and beyond what the law says?

The First Minister: I congratulate any venues—I know that there are many of them—that are going the extra mile to keep the venues and people who go to them, whether performers or spectators, as safe as possible.

As I said, we will put a legal obligation on people who run businesses and provide services to take all practical measures to keep their premises as free from transmission as possible. We know that nobody can eradicate the risk of transmission—it is important to be clear about that—but there are many things that we can do to reduce the risk. I give credit and my appreciation to businesses the length and breadth of the country that seek to do that.

Graham Simpson (Central Scotland) (Con): I had my booster jab yesterday. The guy who put the needle in my arm was at the start of a 12-hour shift. Nobody would be able to do too many of those without getting exhausted. What are we doing to protect the army of heroes who are delivering the vaccination programme? How many extra vaccinators do we need?

The First Minister: As I said last week and repeated today, we have already increased the numbers: we have added 300 full-time-equivalent posts. Health boards are also training new vaccinators and we are recruiting extra volunteers. All of us have to do it.

My appreciation of those who are doing the vaccinations knows no bounds. When I went for my booster a week or so ago, I had a good conversation with the lead nurse about the pressures that they are under and the heroic work that they are doing. We often talk glibly about the contribution that NHS workers make to all our lives but, right now, everybody who is helping with the vaccination effort is literally saving lives and helping the country to get through the most difficult period. We owe them a huge debt of gratitude, but the Government owes them the support that they need. That is what we are focused on providing as we ask them to do even more over the next few weeks.

Collette Stevenson (East Kilbride) (SNP): It has been reported that around 120 staff from University hospital Hairmyres, which is in my constituency, are isolating following a Covid outbreak. What discussions has the Scottish Government had with NHS Lanarkshire on that matter? What support, logistical or otherwise, will be provided to ensure that patients are seen?

The First Minister: We are aware of the situation at Hairmyres through the daily contact that the Cabinet Secretary for Health and Social Care and/or officials have with health boards. NHS

Lanarkshire is under significant and sustained pressure, but it has confirmed that it is deploying staff from other areas to ensure that services can deliver key and effective patient care.

We will continue to work closely with all boards, including NHS Lanarkshire, to review their contingency plans and assist in any way possible—for instance, through mutual and military aid where appropriate—and to ensure that appropriate use is made of the exemption system to allow critical workers to return to work on the basis of certain precautions.

Paul O’Kane (West Scotland) (Lab): I have been contacted by constituents who are deeply concerned and there have been press reports in the past few days about people who are deeply concerned that an elderly relative has not received their booster vaccination due to a prolonged stay in hospital. Despite being in hospital through the autumn, many have been told by NHS Greater Glasgow and Clyde that they can be vaccinated only in the community. With the huge problem of delayed discharge and the imperative to ensure that everyone has a booster, can the First Minister confirm whether boosters will be administered urgently to those in hospitals if that is clinically appropriate?

The First Minister: There is no blanket policy that says that elderly patients in hospital cannot be vaccinated in the hospital; that is down to a clinical decision and judgment. I will certainly ask the Cabinet Secretary for Health and Social Care to see whether we need to issue any more guidance to health boards to ensure that that happens.

Clare Adamson (Motherwell and Wishaw) (SNP): We have talked a lot about the impact that the pandemic has had on our health service, but it is also impacting on other public services, such as our court system. What has the Scottish Government done to deal with the significant backlog of cases and ensure that our criminal justice system can start to clear that backlog?

The First Minister: The Scottish Courts and Tribunals Service is working very hard on plans to clear the backlog, which is more on the criminal side than in civil cases. A lot of civil business has continued to happen online. There have, of course, been measures to minimise the impact on criminal business, which has been more severe. I discussed that issue directly with the Lord President just last week. Obviously, the budget helps to ensure that there are resources for the court service and the Crown Office to continue their recovery work.

Finlay Carson (Galloway and West Dumfries) (Con): Given that the guidance that has been set out today relies heavily on everyone taking personal responsibility and that changing rules

around Covid can be confusing, providing good and easily understandable information is key. That certainly was not the case on Thursday evening, when the public and businesses were hugely let down by the lack of clear guidance. I assume that the First Minister agrees that good communication is critical, so why has the Scottish Government once again removed ITV Border from television advertising schedules? That means that viewers in Dumfries and Galloway and the Scottish Borders will not see Scottish Government Covid and other, related public information messages on channel 3. Why is providing the information in the south of Scotland less important than providing it elsewhere, given that the Government continues to spend on STV?

The First Minister: For goodness’ sake, I ask members why on earth I would want to stop public health messages getting to people in every part of Scotland. What could be my motivation for that? That is a bit rich coming from the Conservatives, who spend a lot of their time trying to prevent me from giving public health messages.

Finlay Carson: Tell us why.

The First Minister: I do not know why that is the case. I will look into it urgently. Many, but not all, of our public health messages right now are being done on a UK-wide basis. We are co-operating with the UK Government to ensure consistency of messaging. By all means raise these things, but raising them in a tone of voice that suggests that somehow I have a motivation to stop people in the south of Scotland getting public health messages is utterly ridiculous.

Katy Clark (West Scotland) (Lab): It is clear that further restrictions are necessary, but does the First Minister agree that people are willing to comply with restrictions when they think that they are consistent and fair, and that it will be difficult to explain why people are allowed to mix at large events when restrictions are being put on small family gatherings?

The First Minister: In guidance, we will ask that measures to ensure safety start to be introduced in public places in which people gather. I talked particularly about hospitality and the need to ensure that there is no crowding between tables, because we are asking people to stay in smaller groups if they are in hospitality settings. We will give that message consistently, whether people are in their own home or in a public place.

I have today set out candidly the financial reasons why we cannot do more for some of the public places, although, as I have said, we will look again to see whether we can do any more to support some sensible measures.

I understand the importance of people understanding, which is why I have set out the

reasons for what we are asking people to do. This is about all of us trying to reduce our contacts as much as possible. If we all reduce our contacts a bit, and as much as we can, we will reduce the virus's overall ability to spread. It might be easier for somebody to do that by not going to hospitality venues, or it might be easier for them to do it in their own home—let us do whatever works for us. If we all take the number of our contacts down in the run-up to Christmas, I hope that we will be able to enjoy Christmas and not see a surge of infections after it.

None of this is guaranteed. Omicron is a highly infectious variant of the virus, but doing all that will give us the best possible chance of achieving a smoother path through the winter.

James Dornan (Glasgow Cathcart) (SNP): Can the First Minister provide an update on what support the Scottish Government is making available to general practitioner surgeries in Scotland to expand the level of care that they provide to patients?

The First Minister: We are providing funding of £30 million to support general practices to continue to provide a high level of care to patients through the winter. The funding will help with the provision of existing services. It will include support for more face-to-face appointments, extra GP sessions, practice nurse time and non-core hours to cover all appointments, for example.

We want face-to-face appointments to resume and to happen as necessary. Many people will continue to prefer online or telephone appointments with their GP, but we need to make sure that we get the balance right. GPs have been working extremely hard throughout the pandemic to provide essential services, and it is right that we support them with funding to ensure that they continue to do so.

Willie Rennie (North East Fife) (LD): The First Minister knows that there is a glaring inconsistency between household gatherings and event gatherings, as Katy Clark has just pointed out. She would like to go further if money is available, especially now that the UK Government has indicated that there will be funds. Will she return to the chamber tomorrow to give us greater certainty for businesses and jobs? Events will be cancelled because of the guidance announced today. We will need the guidance to be updated very quickly to avoid that.

The First Minister: I do not know, because I have no idea what money is on the table. When I get out of the chamber and back to my office, perhaps I will have that information, but I might not. If there is more money and it enables us to take other decisions that we think are appropriate, we will have to go through a decision-making

process. When we arrive at further decisions, I will come to Parliament. I cannot say at the moment whether that will be tomorrow.

What I would say to all MSPs is that we all have a choice. These are difficult decisions and, when we are dealing with a pandemic, there will always be inconsistencies no matter what we do, because we are all trying to reduce our contacts as much as possible. We can choose to go around telling people about the inconsistencies, or we can explain why things are as they are and encourage people to comply with the advice that we are giving. That is in the overall national interest.

Maurice Golden (North East Scotland) (Con): On what date will the guidance for businesses be issued? What lead time will they have to implement it?

The First Minister: At this stage, we intend for the change in regulations to take effect on Friday this week and the guidance to be issued before that. I return to the point that I made to one of the member's colleagues: we want to give businesses as much time as possible, but we cannot lose sight of the fact that we are facing a variant of the virus that means that cases are doubling every two to three days—it is closer to every two days. It is moving very fast, and if we do not try to move as fast as it is moving, we will have very serious problems.

Emma Harper (South Scotland) (SNP): Constituents have contacted me because they have family members flying into Scotland for the festive season who are due to arrive on 23 December. That means that family members will not be able to obtain the required UK Government PCR test on 26 December, which will be 48 hours after their arrival, because the PCR test providers will be closed between Christmas and new year, except for urgent reasons.

Are discussions taking place with the UK Government about the issue? Will the First Minister encourage people to ensure that they are aware of the current travel advice, especially regarding the PCR test requirements for people who come to Scotland during the festive season, because many people have already booked their travel?

The First Minister: I think that I have addressed that issue in the chamber before. We encourage people who come into the country to take the PCR test on day 2 after their arrival, but they are actually able to take it within two days of arrival, and the regulations have always allowed that. Therefore, people do not have to wait until boxing day if they arrive in the timescale that Emma Harper set out. They should make sure that they know how to get their test; a list of test

providers is available on the UK Government's website.

Sue Webber (Lothian) (Con): A 21-year-old constituent has contacted me about something that, I hope, the First Minister can clarify. She asked:

"Am I being stupid? Pubs and restaurants have to socially distance and you can't order at the bar, but you can still go to a nightclub."

What are the recommendations for the already hard-hit hospitality sector, given the on-going and specific pressures on nightclubs?

The First Minister: I encourage—or would have encouraged—the member to listen to my statement. We will issue guidance. We are asking hospitality businesses to take measures to avoid crowding in bars, but we have not so far asked people to go back to table service. We are trying to be as proportionate as possible while having an impact on transmission.

If the member wants to say to me that we should close nightclubs, she should perhaps say that. If there is funding in that regard, we can consider it, but let me add that I do not want to close any business again if that can properly be avoided.

There is never going to be 100 per cent consistency, and there never has been since the days when we simply made everybody stay at home all day apart from going out for one walk.

As elected representatives, we have a duty, right now, to explain to people why they are being asked to do certain things and why one thing might look a bit inconsistent with another. We are political opponents across this chamber and we have vigorous disagreements, but we are again in the teeth of a serious public health crisis and our overriding duty is to unite to explain the advice to the people of Scotland, so that they have the best chance of following it.

Daniel Johnson (Edinburgh Southern) (Lab): Will the First Minister give further detail about the supply of lateral flow devices? The website is back up and running but currently states that no lateral flow devices are available to order. Is the First Minister confident that a sufficient supply of devices is in circulation and available to order, to enable people to do lateral flow tests as frequently as we need them to do?

The First Minister: Yes. I will come on to the point about the online system in a moment. Supplies are under pressure because demand is rising. That is a good thing. Let me say again, as a statement of fact, that although the devolved nations make a financial contribution, the procurement and distribution are done on a UK-wide basis.

The issue yesterday with the online system—it might be that the issue has kicked in again while I have been in the chamber—was not supply but distribution. There has been a limit—work is under way to increase it—to the number of tests that can be distributed daily through the Royal Mail, and the number was breached in recent days because of increased demand. That is a distribution issue, not a supply issue, and because it is not a supply issue we can say with confidence—although I know that other procurement efforts are under way—that, if people cannot order online, they can go to a local pharmacy or test site to get supplies. Supplies are also being distributed to local authorities, to be made available in other areas.

As I said, I took part in a four-nations call on Sunday, during which the head of the testing system went into a lot of helpful detail about the work that is under way to increase supply and ensure that distribution is sufficient. It was not a problem with supply that led to the issue on the website.

The Presiding Officer: That concludes the First Minister's Covid-19 update statement.

Members might find it helpful to know that the Parliamentary Bureau has met six times since Thursday for the sole purpose of ensuring that the Parliament has the appropriate opportunity to scrutinise the Scottish Government on any significant announcement about Scotland's response to Covid-19. The bureau agreed to propose that today's statement and question session should be extended to allow as many members as possible to ask questions. Through such discussions, the Government is fully aware that, as far as possible, all significant announcements should be made to the Parliament.

I want to ensure that members have the opportunity to scrutinise the Government's response to on-going developments that relate to coronavirus and to represent their constituents. That might include meetings on Mondays and Fridays, to maximise opportunities. The bureau will continue to monitor the situation closely and daily, not just in the remaining two weeks of the parliamentary term but in the recess, when Parliament can be recalled as required.

Topical Question Time

15:41

The Presiding Officer (Alison Johnstone): The next item of business is topical question time. I remind members of the Covid-related measures that are in place, and that face coverings should be worn when moving around the chamber and around the Holyrood campus. I will give Mr Balfour a moment until the chamber quietens down. I will give colleagues a moment to move places.

Interlinked Fire Alarms (Funding)

1. **Jeremy Balfour (Lothian) (Con):** To ask the Scottish Government whether it will provide an update on what flexibility will be afforded for the installation of interlinked fire alarms in light of recent reports about the available funding for low-income households. (S6T-00356)

The Cabinet Secretary for Social Justice, Housing and Local Government (Shona Robison): Flexibility is built into the existing legislation through a provision that sets out that the work should be done

“within such period as is reasonable in all the circumstances”.

That allows flexibility for home owners who cannot install alarms by 1 February 2022.

Home owners are generally responsible for paying for works to protect their properties. However, in recognition that some people might not be able to meet the cost of fitting the necessary alarms, we provided additional funding of £500,000 to Care and Repair Scotland to help older and disabled people. That was in addition to the £1 million of funding to the Scottish Fire and Rescue Service for its home fire safety visit programme to install alarms for owner-occupiers who are assessed as being at highest risk from fire. Furthermore, our £15 million in loan funding for social landlords enables them to fit compliant alarms to the new standard by next year.

Jeremy Balfour: Will the cabinet secretary define a “reasonable” period? What is the cut-off date when the law will be enforced? That will give people certainty about when the work needs to be done by, rather than a vague timescale that is reasonable.

Shona Robison: Legislation often refers to a reasonable period, which is not defined as a number of weeks or months; it means a reasonable period for someone to get a fire alarm system installed. We understand that there have been issues with supply of systems, so we are prepared to give people a reasonable period that will give them a bit of breathing space if they are

finding it difficult to get their hands on devices or to get devices fitted. As I set out in my initial answer, support is available for people who require assistance.

Jeremy Balfour: I will press the cabinet secretary. If alarms are not fitted by the appropriate time, there will be home insurance issues. What conversations has she had with home insurers about whether policies will be valid? When will it be decided that the reasonable period has ended? The Government must fix a date at some point—or is it unwilling to make the decision?

Shona Robison: We have not in any way said that the issue should be taken into account by insurance companies. Insurance policies are a matter between insurance companies and the people who hold policies, but we have never specified that the issue should be included.

As I said in my original answer, the legislation provides flexibility for the work to be completed within a reasonable period, taking into account individual circumstances. I think that that is a reasonable position. It is a matter of getting the message across to people that we want them to install the devices because they improve fire safety within their homes. Of course, that originated from the Grenfell tragedy. It is important that we all give the message to home owners that installation is an important thing that they should do as quickly as possible.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I absolutely accept the necessity of people being safe. However, given the current pressures of omicron—which are understandably very distracting for people—as well as the rising cost of energy, I welcome flexibility on the deadline. I hope that the cabinet secretary will take into account the other pressures that are on households just now, quite apart from their obtaining devices and having them installed.

Shona Robison: Christine Grahame has made a reasonable point. People are understandably concerned about having the necessary alarms fitted by the deadline of 1 February, and I understand the current challenges with living costs and Covid, which the member pointed out. I emphasise that the legislation provides flexibility.

Careful consideration is needed to balance the risks that are associated with further delays to implementation of the legislation, which I am not keen on. At the end of the day, it is about improving fire safety. One death from a fire in Scotland’s homes is one too many. It is important that we give the message that people should prioritise making the investment—and, of course,

that support is available for people who will struggle with that.

Mark Griffin (Central Scotland) (Lab): The cabinet secretary has alluded to this, but colleagues in local government have told me that deliveries of orders of interlinked alarms are being delayed, in part due to the global semiconductor shortage, but also because of the disruption to trade due to the pandemic. In short, there are not enough alarms to go around.

What flexibility is there? We have spoken about a reasonable period, but people are worried about breaking the law after 1 February. What more consideration has the cabinet secretary given to a fixed delay to the coming into effect of the legislation?

Shona Robison: I am aware that some manufacturers are facing supply issues, particularly with imported components. Some manufacturers have stock availability, and specialist retailers are also able to meet demand, subject to logistical challenges. My officials are in discussion with manufacturers to establish when supply issues are likely to be resolved more generally. That is why—as I said in my previous two answers—we are giving a degree of flexibility. It is important that people get the devices installed as quickly as they can, because it improves their safety and that of others in their homes.

We recognise, however, that, because of the challenges, people need a bit of flexibility, which is why we are giving a reasonable timeframe for people to comply with the law.

NHS Lothian (Paediatric Audiology Services)

2. **Fiona Hyslop (Linlithgow) (SNP):** To ask the Scottish Government what action it will take in response to the British Academy of Audiology report on NHS Lothian's paediatric audiology services, which was requested by NHS Lothian following a review by the Scottish Public Services Ombudsman. (S6T-00362)

The Cabinet Secretary for Health and Social Care (Humza Yousaf): Last week I made clear my views about the unacceptable failures that were highlighted by the British Academy of Audiology's report on the provision of paediatric audiology in NHS Lothian. Our priority is to restore and rebuild confidence, and to ensure that support is provided to those who have been affected by the situation in Lothian and that the situation is not repeated for any other family.

In response to the on-going issues, NHS Lothian has been escalated to stage 3 of the national health service board performance escalation framework for paediatric audiology performance and service delivery.

I met the board's leadership team again yesterday, and we will work in partnership with the board to develop a formal recovery plan. We agree with the BAA's recommendation to share the report more widely for greater learning in Scotland and across the United Kingdom. Our response to the findings and to the concerns that have been raised must assure families across Scotland that their children are getting the best possible audiology care.

For all those reasons, I will write to health boards to seek assurance on the quality of care.

Fiona Hyslop: Six children could, and should, have received cochlear implantation surgery, but were missed in assessment and missed out on life-changing surgery. That was set out by NHS Lothian in a briefing that I attended on Friday. Why did concerns have to be taken all the way to the Scottish Public Services Ombudsman before the failure of service was identified, and what can the cabinet secretary do to ensure that health boards take concerns seriously, and assess whether there are underlying systemic issues that need to be addressed, so that such problems, which are years in the making, are identified promptly?

Humza Yousaf: Fiona Hyslop is absolutely right to ask her question with such strength of feeling. If I have the phrasing right, she asks why it took a complaint to the SPSO to surface the issues. It should not have taken that complaint to surface the issues, which is the fundamental issue that the BAA has highlighted in its report. In its report, the BAA brought a number of failures to the attention of the health board. One of the most disturbing failures related to how dismissive, in some instances, people in the department were of complaints and parents' concerns about their children.

On what will be done next, there will be a formal recovery plan that will look at the issue that Fiona Hyslop has raised and at all the issues that have been raised by various reviews, including the BAA review.

Fiona Hyslop: One of the concerns about how the service had been operating was that it was not a regulated statutory service and that all training was in-house, which entrenched inadequate observational assessments of young children. What can be done to ensure that that is not happening elsewhere in the health service, and will the cabinet secretary action the National Deaf Children's Society's call in that regard, as well as its other recommendations? Finally, and most important, what support and assurances have been given to the children and families who have been affected, and how can trust in the service be restored?

Humza Yousaf: There were three questions there, which I will try to answer quickly.

Later this week, I will meet the BAA and the National Deaf Children's Society, which is an organisation that I have known for many years. I have seen its recommendations and will consider them with an absolutely open mind.

In terms of assurance, I have already asked NHS Lothian whether certain red flags were missed in the paediatric audiology department, and for assurance that, if similar issues and complaints are being flagged in other departments, they are surfaced. I have informally asked all health boards—I will also formally ask them—to ensure that the same issues are not present in their paediatric audiology departments.

Fiona Hyslop made a good point about regulation. At the moment, I am having discussions with the United Kingdom Government about reform of professional healthcare regulation. Even before the BAA report, I was in favour of looking at regulation for audiologists; the report has strengthened that feeling.

Sue Webber (Lothian) (Con): The shocking review reveals the completely inadequate level of care that is given to youngsters with hearing difficulties in NHS Lothian. The families deserve an explanation of how the scandal happened. Sadly, the critical failings have a lifelong and significant impact on the young people and their families. I am pleased that NHS Lothian has accepted all the recommendations from the BAA report, but I am concerned that the problem could happen elsewhere.

As has been mentioned, the National Deaf Children's Society is calling for an independent review of children's audiology services across Scotland, which is more than the cabinet secretary has stated today he will do. There is a real danger that many more deaf children will not get good-quality care unless the review is carried out across all our services in Scotland. When will such a review take place?

Humza Yousaf: Sue Webber has raised a number of important points. In my answer to Fiona Hyslop, I omitted to say that NHS Lothian issued letters last week to the affected families, and that measures are in place to identify any young child whose case might require further clinical review. A helpline is also available, and I have asked that NHS Lothian keep close to the affected families.

In terms of the broader point, I will meet the National Deaf Children's Society later this week.

I say to Ms Webber that I would like health boards to look at their own paediatric audiology departments and to thoroughly examine and explore whether any of the issues that were raised

by the BAA report are present there. If I find any suggestion that any of the issues are more widespread, of course an independent review might be the appropriate thing to do, but I would not rush into that before I let the health boards do the work that they will do, which will be done at pace.

Ms Webber is absolutely right to raise the concern that the issue could be more widespread than being only in NHS Lothian. That is what I am exploring and examining. I will be happy to give all members who have expressed an interest in the issue an update when the review is complete.

Daniel Johnson (Edinburgh Southern) (Lab): I associate myself with Fiona Hyslop's remarks and their tenor. I, too, attended the briefing on Friday, and I welcome the points that the cabinet secretary has made. However, the issue clearly goes beyond technical clarification of the test. There are clearly fundamental problems with the culture in the unit, as was identified in section 4 of the report. What will be done to tackle that culture?

On the red flags, do we need to go further than merely asking the question? Should other areas of practice that are not subject to statutory regulation be examined more fully?

Finally, children have experienced life-altering consequences from the failure. Will the Government consider putting together a compensation process so that the affected families do not have to go to court to get the on-going financial support that their children will need for the rest of their lives?

Humza Yousaf: I thank Daniel Johnson for those questions and the manner in which he asked them.

On the culture, there are two things to mention. The first is the human resources processes that NHS Lothian is taking forward. I will not comment on them; Daniel Johnson would not expect me to do so. The other is that he is right to say that the BAA, in its recommendations, recommends changes in culture and practice. NHS Lothian has shown no hesitation in accepting those. I will stress the point that he made about culture when I next meet NHS Lothian, which I do regularly.

On regulation, I do not disagree with Daniel Johnson. As I said to Fiona Hyslop, I am in on-going discussions about which healthcare service specialists who are not regulated should be regulated, and how regulation can be made more streamlined. If Daniel Johnson has particular concerns about a particular specialism, he can, of course, furnish me with the details. I am happy to have such conversations.

I will consider what Daniel Johnson said about compensation. There are processes whereby individuals can seek compensation from NHS health boards if they feel that there has been negligence. He is right that we would not want that to be a lengthy process, if there is fault. Clearly, that would be a matter between the health board and the families, but I will take on board what Daniel Johnson said and give it some further consideration.

Drugs Services

The Deputy Presiding Officer (Liam McArthur): The next item of business is a statement by Angela Constance on actions to increase access, choice and support through drugs services in Scotland. The minister will take questions at the end of her statement, so there should be no interventions or interruptions. You have around 10 minutes, minister. [*Interruption.*] Sorry, minister, but do you have your card in?

The Minister for Drugs Policy (Angela Constance): You are not going to make me shout, are you?

The Deputy Presiding Officer: You have 10 minutes from now.

15:59

The Minister for Drugs Policy (Angela Constance): Thank you, Presiding Officer.

The loss of life in Scotland from drug-related deaths is still as heartbreaking as it is unacceptable. I offer my condolences to all those who have lost a loved one. My focus continues to be on doing everything possible to turn the tide on drug deaths. Two weeks ago, I updated Parliament on the progress that we are making on building capacity and improving access to residential rehabilitation. Today, I will focus on the other main pillar of the national mission: medication-assisted treatment—MAT—standards.

I had hoped to visit services this morning in Kirkcaldy to hear specifically about the experience of setting up same-day treatment and the other MAT standards there. Sadly, that visit could not go ahead because of omicron. On my visits to other areas where same-day treatment is already in place, I have seen and heard about the difference that it has made for people. Introducing the MAT standards quickly has improved lives.

First, I will say a few words about the quarterly figures on suspected drug deaths that were published today. Although those indicate that there might have been slightly fewer suspected deaths over the first three quarters of 2021 than there were during the same period in 2020, as I said in the chamber in September when the first quarterly report was published, the figures remain high and there is still a long way to go.

The report is on estimated drug deaths from Police Scotland information and is the second report to be published this year. It covers July to September. Although the report is on suspected drug deaths, so it cannot be used to make accurate predictions about the status of the annual report for 2021, which will be about confirmed cases, it helps services to respond more quickly to

what is needed and it will help Parliament to monitor progress.

In that vein, I can also announce that I have approved investment of more than £1.1 million over three years for a range of measures to further help to monitor progress. Surveillance projects will be developed on a new problem drug use prevalence estimate, a hospital-based toxicology study and improvements to the national drug-related deaths database. All those projects will improve our real-time understanding of harms to enable faster and better responses.

We know that treatment is protective, and my priorities start with getting more people into protective treatment on the back of our commitment to an additional investment of £250 million over the five years of the mission. One of the most significant things that we are doing to achieve that is implementation of the medication-assisted treatment standards, which the Scottish Drug Deaths Taskforce produced in May 2021. I am grateful to it for that work. Embedding the standards across Scotland by April 2022 is a key priority to give people access, choice and support through drugs services. The MAT standards set out what people should expect and can demand of services.

In June, Parliament agreed that I should provide regular updates on progress. The first thing that I will report on is the launch of our stigma strategy last week. Stigma is, for many people, a barrier to the services that people have a right to, whether that is to residential recovery or MAT. The need to tackle stigma is laced through the MAT standards, so that important campaign aims to get everyone to think and talk about problem drug use in a much less judgmental way as a first step towards ending stigma.

I can also report that I have now met chairs, chief executives and chief officers of authorities across the country to get their assurances and commitments to embed the standards in a way that will make a real difference to the services that people can access from day 1. With the support of our national implementation team, which is based in Public Health Scotland, we have helped all authorities to assess their readiness, identify where they need extra support and produce project specification documents, which are now being signed off by integration authority chief officers.

I can also report that good progress is being made in turning services around to improve access, choice and support. To help with that, we will provide around £6 million this year to ensure that all standards are fully embedded by April 2022. I have committed to providing more than £10 million a year for the next four years to ensure that the standards are continuously improving.

I will highlight some of the key things that this year's funding will help to achieve. In Fife, we will be providing £300,000 a year to help to set up a benzodiazepine-specific treatment service. That new service will directly address the growing risk of benzos contributing to drug deaths, and other areas will be able to learn from it. In Dundee, we are providing £600,000 a year to get more people into treatment through primary care. That is one of a suite of new approaches that are being taken in Dundee, signalling a change in its service model, as recommended by the Dundee drugs commission. Those new approaches have been made possible by the additional funding that has come with the national mission.

As I said to the Health, Social Care and Sport Committee in September, everyone is focused on getting MAT standards properly embedded by April 2022, but the work does not stop there. Over the life of the national mission, we want services to improve continuously and we want that improvement to be sustained for people who need help and support.

As members would expect, there will be tough challenges ahead. The implementation team and local services have identified some issues that have to be resolved. There were workforce challenges across health and care even before Covid; there are still some areas that rely on very medicalised models of care, even where there is support available from other disciplines and third sector partners; and we know that services in rural areas will face particular challenges, such as the distance to travel to services for same-day treatment.

To overcome those challenges, we are supporting local areas to share best practice on solutions. We are asking local services to adapt their care models to be less reliant on traditional, medical models of care, and we want to empower local third sector groups to do what they do best, which is providing flexible, local alternatives at pace. We are encouraging local areas to adapt their primary care models to get more general practitioner practices and community pharmacies involved in the care of people with problem drug use. Such flexibility will be required to make the MAT standards sustainable.

That will mean that people will not have to wait for days or even weeks to access MAT and same-day treatment will become the norm. A wider choice of MAT will be available, with people having more choice of dosage and long-acting buprenorphine being made more widely available than it has been before. Better assertive outreach and anticipatory care will be in place to help people at high risk to start or continue on MAT. Everyone in treatment will be given support to remain in treatment for as long as they need,

which is particularly important through transitions from rehabilitation, from hospital or from prison.

Services will be psychologically informed and will help people to grow social networks. Primary care and mental health care will be available alongside MAT, and all care will be trauma informed. Advocacy and support for housing, welfare and income needs will also be available from MAT services.

In my next six-month report to the Parliament on MAT, in June 2022, I will be able to report on how authorities have moved beyond embedding the standards to improving on them.

The implementation team will be working with services in March and April next year to gather evidence that the standards are all embedded. That evidence will be made available and it will be more than just proof that all the necessary processes and structures that are set out in the MAT standards are in place. We have already begun training locally to gather evidence of progress from people who are using the services. Authorities will be relying on experiential evidence to help to show what has improved and to make further, sustainable improvements across the life of the national mission.

No one should underestimate the scale of the challenge that I have set for integration authorities and alcohol and drug partnerships to embed the MAT standards by April 2022—I certainly do not. However, the standards will help to make people's rights real, and I can report that we have already made good progress towards that. With that progress, we can improve and save lives as part of the national mission by increasing access, choice and support for people through drugs services.

The Deputy Presiding Officer: The minister will now take questions on the issues that were raised in her statement. I intend to allow around 20 minutes for questions. If members wish to ask a question, I ask that they press their request-to-speak button or place an R in the chat function.

Sue Webber (Lothian) (Con): I draw members' attention to my entry in the register of members' interests: I am a member of Edinburgh Alcohol and Drug Partnership.

Six months ago, when Scotland's shocking drug death statistics for 2020 were first released, Nicola Sturgeon promised to get a grip on the crisis and pledged an additional £250 million to tackle the drug deaths emergency over the next five years. Last week's budget announced that there would be £147.6 million to address the twin public health emergencies of drug deaths and the harms from alcohol. That included £61 million specifically to address the national tragedy of drug deaths, as part of a commitment to invest £250 million over

the lifetime of this Parliament. The figure for the same thing in the budget for 2021-22 was £145.3 million. If we adjust the budget for inflation, that means that services are facing a real-terms cut of about £2.5 million. The First Minister pledged to get it right and to provide funding. Where is the additional £250 million that was promised?

Angela Constance: To start on a positive note, it is useful to know that Ms Webber is a member of the Edinburgh Alcohol and Drugs Partnership. I hope that that will be a useful source of information for us both.

I suggest that the member may have been a little mischievous with respect to the budget. The First Minister made a very clear commitment at the start of this year of £250 million in addition to core alcohol and drug budgets, and that is reflected in the budget. It was a key manifesto commitment, which the Government is following through. I assure Ms Webber that I am ensuring that every penny of that additional £250 million will be put to the maximum use to save and improve lives.

The Conservatives are more than welcome to pitch up to Parliament and argue for an extra £1 million or £2 million. I have pitched up to Parliament with the full support of the First Minister and the Cabinet Secretary for Finance and the Economy and have brought £255 million, which is made up of £5 million in emergency funding at the start of this calendar year and that crucial £250 million over the lifetime of the national mission. We are delivering on our promises to invest in and reform services, and I assure Ms Webber that every penny of that money will be put to good use.

Claire Baker (Mid Scotland and Fife) (Lab): Today's recorded suspected drug death figures are a sobering reminder of why the statement has been made today. I hope that the reported decrease marks the start of real improvements, but the fact remains that the long-term trend is still upward and progress has been too slow.

Today's update is welcome and the minister claims that good progress is being made. Will she be publishing any data or documents to support that description? For example, it would be instructive to know how many ADPs are achieving MAT standard 1 on same-day prescribing.

What progress is being made in addressing the high fatality rate that is linked to street benzos? The benzodiazepine working group issued interim clinical guidance in August. Today's report from the Scottish Drug Deaths Taskforce talks about a consensus meeting and then a conference. Although I welcome the specific treatment announcement that has been made about Fife, 70 per cent of fatalities in 2019 were linked to street benzos. If we are serious about addressing fatalities, work on that must be a priority.

The Government must press ahead with safe consumption rooms as part of a package. I know that there are barriers, but I do not accept that those are insurmountable. When will the Government bring forward a proposal on that issue?

Angela Constance: Ms Baker is correct to reflect on the sobering reminder of the statistics about suspected drug related deaths that were published today. Although those figures show a small decrease in the first three quarters of this year compared to the same period last year, we report the facts and must take care not to draw too many conclusions from the statistics. She is correct in saying that the statistics must be treated with care. The bottom line is that drug deaths in this country remain far too high.

I am regularly briefed by my officials about the data that we publish. The position is ever-changing, with progress being made every week. However, as I outlined in my statement, we will gather the evidence and interrogate it, and we will publish more information before or at the time of my next six-monthly statement and progress report to Parliament so that members can see the situation area by area and standard by standard. I am also happy to extend to Ms Baker and other MSPs an open invitation to come and engage on progress in any area if they want to do that. We are delving into the detail and scrutinising the delivery of MAT standards in all 30 alcohol and drug partnership areas.

The point about benzos is very important. There are plans for a round-table discussion on the subject at the start of next year. The area is hotly debated among clinicians, and I am keen that we build a consensus on it. We are also in discussions with the UK Government on some legislative opportunities in and around prohibiting the sale and use of pill presses.

On safer drug consumption facilities, we are pursuing two options. We continue to engage with the UK Government, but our detailed and delicate work on what we can do within our powers also continues. Like Ms Baker, I am absolutely determined.

The Deputy Presiding Officer: I am conscious from earlier statements on the issue that there is a lot of interest in it and that the minister can provide a lot of detail but, given the number of colleagues who want to ask a question, I would be grateful for succinct questions and answers from now on.

Gillian Martin (Aberdeenshire East) (SNP): Problem alcohol and drug use affects not just the person who is seeking treatment but their family too, and in particular dependent children. How is the minister ensuring that those who are parents get appropriate treatment choices that take into

consideration their caring responsibilities? She mentioned stigma, and I note that fear of repercussions and stigma among parents who have alcohol and drug problems may prevent them from coming forward for treatment. I would be interested to hear a little more detail on how that is being addressed.

Angela Constance: I will attempt to be brief. The issue of stigma, which Ms Martin highlighted, is particularly important in the work to overcome the barriers to supporting women to achieve access to the services that they need. Ms Martin will be familiar with the work that we have undertaken with respect to residential rehabilitation and filling the gaps in services there with respect to women and children. On Wednesday last week, at the Beacons in Blantyre, I launched the framework to improve holistic family support, which is about the importance of family-friendly services. The framework is backed up with funds totalling £6.5 million.

In addition, the Drug Deaths Taskforce recently published a report on women and drug-related deaths, which makes a range of recommendations on the development of services, collaboration, the sharing of information and workforce training. They will be taken forward as part of the implementation of MAT standards.

Craig Hoy (South Scotland) (Con): Between 2006-07 and 2015-16, cocaine was the main drug of between 5 and 8 per cent of drug users, but the figure rose to 21 per cent in the most recent data, which was released in March. As part of the national conversation on drugs, what is the minister's message to those regular cocaine users, very many of whom believe that their use is simply recreational and who would, therefore, never think of seeking out help, support or treatment?

Angela Constance: Mr Hoy is correct to point to the growing implication of cocaine use in drug-related deaths. I am paying particularly close attention to the matter and I have been discussing it with a range of services including the alcohol and drug partnership in my local area of West Lothian, where there are particular concerns about young men using cocaine on a regular basis and the particular harms that are associated with that in terms of debt, financial pressures and mental health.

There are treatment options for cocaine use and it is imperative that people come forward to seek help in that regard. With cocaine use, there is a need to have person-centred approaches, and often to employ more motivational approaches in order to help people to identify the problems that cocaine is causing them in their lives, and to work out person-specific plans to help to overcome that.

The Deputy Presiding Officer: The next three colleagues join us remotely.

Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP): What action is the Scottish Government taking to improve drug services in rural areas, in which there is often less choice in services? In particular, how are third sector organisations, such as the Shed Project in my constituency, being enabled to continue and expand the vital work that they do to support people, including those who are struggling with addiction?

Angela Constance: Local initiatives such as the Shed Project in Alasdair Allan's constituency, which provides drop-in services that are tailored for people with alcohol or drug-related problems, are vital to the delivery of services in rural areas.

There are specific challenges for rural areas, just because of their geography and the distances that are travelled. Nonetheless, I am clear that MAT standards have to be delivered in all parts of Scotland—albeit that the solutions for rural areas may need to be more innovative and more flexible. That is why the MAT implementation support team is working with a range of rural services to share best practice, and is working hard to find solutions to those unique challenges. That work is being supported through an additional financial resource, which this year was initially identified as £4 million but which has now increased to £6 million.

Katy Clark (West Scotland) (Lab): I have no doubt that the minister agrees that it is important to have the community on side, with maximum consultation on all aspects of drugs policy. I know that that was raised with her previously, when North Ayrshire Council, community councils and the local community found out from the media about the national drugs facility that is intended for Saltcoats. Will she outline what she can do to ensure maximum consultation, and will she provide an update on what is happening about the Saltcoats facility, so that that can be shared with the community?

Angela Constance: I imagine that Katy Clark is aware that that question was covered rather comprehensively in my last statement to the Parliament. I reiterate that I have a responsibility to lead a national mission. Gaps were identified in services that are available to women and families. We sought to address that. I have engaged with some of the councillors in the area and with the local constituency member, Kenneth Gibson. I assure members that Phoenix Futures has a great track record in working with communities and in saving and improving lives, as can be seen from the very similar project that it has run in Sheffield for the past 25 years.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): Will health boards be

encouraged to carry out their own local consultations? The increase in our services must be progressed in a way that best meets the needs and circumstances of our local service users.

Angela Constance: I have two points to raise. We have provided ADPs with an additional £0.5 million this year and for the life of the national mission to increase and improve their engagement with people who have lived and living experience of drug use. In addition, as part of our specific work on implementation of the MAT standards, as I referred to in my statement, we are recruiting local people so that we can bear down on the detail of good qualitative evidence from those who matter most. That is about people who are trying to access—or who are accessing—services. There is investment in peer-to-peer research; that is particularly important.

Willie Rennie (North East Fife) (LD): I thank the minister for her detailed work. The big question is whether it is enough to meet the enormous challenge that has built up, with Scotland having the highest drug death rate in Europe.

As I am sure that the minister knows, there has been a significant increase in the number of deaths of homeless people in which drug misuse was a major factor. What has she learned from those deaths? What plan does she have for improving stabilisation services?

Angela Constance: I very much appreciate Mr Rennie's questions, because the point about stabilisation services is very important. It relates to our concerns around not only alcohol, but benzodiazepines. Whether we are talking about detoxification or stabilising people who are in chaos or crisis, that often needs to be done in supervised environments with the correct medical and clinical support. We have received a report from the Drug Deaths Taskforce that makes recommendations around stabilisation services—I have been to visit a few such services—and we are taking that forward.

On the points that Mr Rennie raises regarding the correlation between homelessness and drug deaths, the bottom line is that we do not have enough people in treatment. That is on us, and that is why getting more people into treatment is at the core of our national mission to save and improve lives. That means that we have to work harder to prevent people from becoming homeless in the first place and to reach people who are further away from services. Mr Rennie is correct to point to the scale of the challenge, but we can make a difference. Such deaths are avoidable and preventable, and there is evidence from around the world on what we need to do.

The Deputy Presiding Officer: We have three and a half minutes and four members with

questions, so I ask members to be as brief as possible.

Stuart McMillan (Greenock and Inverclyde) (SNP): Can the minister provide an assurance that abstinence-based rehabilitation centres that are operated via religious organisations will also qualify for funding, in order to provide increased choice for people who are seeking assistance?

Angela Constance: Faith-based residential services are included in the scope of residential rehab funding. Obviously, there needs to be transparency and accountability, and clarity around how faith informs the model of care, and we would expect all providers to be equal opportunities providers. I value the role of the faith communities in service provision, and there is also a role for them to play in winning hearts and minds.

Gillian Mackay (Central Scotland) (Green): The minister mentioned in her statement the interaction between stigma and medication-assisted treatment. I appreciate that the detail of the stigma strategy is probably too great to go into here. Nonetheless, what practical work is under way to engage directly with those who would benefit from medication-assisted treatment, in particular those who may suffer from multiple stigma?

Angela Constance: I point to the fact that the media campaign that is aimed at tackling stigma was carefully developed, over a not inconsiderable period of time, with people who had lived and living experience. However, as we go forward with the national mission, there is more to do to address the stigma that people in the workforce feel, and which families and communities are adversely affected by, too.

Brian Whittle (South Scotland) (Con): The minister is initially focusing, quite rightly, on preventing death in the most acute drug addiction cases, but there is also a need to prevent people from falling into that position in the first place. Does she agree that we need to co-ordinate our resources and use the data to deploy them in the most effective manner, with greater integration between statutory and third sector services? She will be aware of my view on funding the third sector effectively.

Angela Constance: I hope that Mr Whittle is well aware of my view that we absolutely need to have an acute focus on prevention and education, as we do. I hope that he is also aware of my views on the value, role and potential of the third sector in this country, which is why funds of £11 million were announced this year.

Audrey Nicoll (Aberdeen South and North Kincardine) (SNP): I welcome the minister's announcement this afternoon. She will know that

the Criminal Justice Committee has been taking evidence on the challenges that are faced by people who were previously accessing drug services and are now in prison.

In our recent pre-budget scrutiny work, committee members recommended, among other things, investment in recovery cafes in prisons. To what extent will the actions that the minister has outlined today support the Scottish Prison Service's on-going work to respond more effectively to prisoners who have a drug dependency? Will there be an injection of funds in recovery cafes, as the committee asked for?

Angela Constance: I again point to the funds that are available to the third sector. I have visited recovery cafes—most recently, the one in Perth prison. I recently met the Addiewell recovery cafe team at the annual recovery walk. The MAT implementation support team is very focused on working with the national prison care network to ensure that access to MAT is not compromised and that people in prison have the same access to MAT standards.

I very much support recovery cafes. We fund organisations such as the Scottish Recovery Consortium and Sustainable Interventions Supporting Change Outside—SISCO—to carry out recovery work in prisons. They bring that lived experience from local recovery communities into prisons to provide support such as peer mentoring. They are very valuable indeed.

The Deputy Presiding Officer: Thank you, minister. I apologise to Monica Lennon for not being able to call her to speak.

Stuart McMillan: On a point of order, Presiding Officer. I apologise to members for omitting to declare my interest as a board member of Moving On Inverclyde, which is not a faith-based organisation.

The Deputy Presiding Officer: Thank you, Mr McMillan. That is now on the record.

Schools and Early Learning (Recovery and Improvement)

The Deputy Presiding Officer (Liam McArthur): The next item of business is a statement by Shirley-Anne Somerville on recovery and improvement in schools and early learning. As ever, the cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions.

16:31

The Cabinet Secretary for Education and Skills (Shirley-Anne Somerville): As the First Minister said earlier, and as I stress again, our focus is on the wellbeing and learning of children and young people during this challenging period. We know that omicron is a serious threat and we need to do all that we can to ensure that schools and early years settings can stay open, with as little disruption as possible.

I start by thanking all those who are involved in Scottish education for their on-going work. School leaders, teachers, school support staff, children, young people, their carers and families are making sure that learning continues despite Covid-19.

Today's publication of the achievement of curriculum for excellence levels—ACEL—data shows many young people succeeding in gaining fundamental educational building blocks, despite the interruptions to their schooling forced on them by the pandemic. However, it also shows an exceptionally disappointing, but unfortunately not unexpected, overall drop in attainment in literacy and numeracy among primary school learners in 2020-21.

The issue is not unique to Scotland; education has been impacted worldwide. Our equity audit, which was published earlier this year, highlighted the impact of the pandemic, particularly on those who are affected by poverty. Last week, the annual report of the chief inspector of the Office for Standards in Education noted that “nearly all” children and learners have been affected by the pandemic. A recent report from the World Bank documents evidence of pandemic-related learning loss in 28 countries, at all income levels.

I reaffirm my Government's commitment to delivering excellence and equity in education. Before the pandemic, the year-on-year trend in the ACEL data was positive. Our education system was making progress in response to the focus on improvement. We are building on that with today's publication of the national improvement framework and the national improvement plan. We are demonstrating our long-term commitment to that approach to the education system. New initiatives

build on earlier learning about what works and what teachers, schools and young people tell us they need.

As part of that learning process, this year, we have amended the national improvement framework's vision, priorities and drivers to better articulate the centrality of children and young people, their voice and their rights. We have increased our emphasis on early learning and childcare, to reflect the importance of the early years in children's learning and preparedness to learn.

The national improvement framework and national improvement plan underpin our long-term plans and it is right that we reaffirm our commitment to a mission that began before Covid and will continue when it leaves us. However, we recognise that Covid-19 has changed everything. That is why we have already committed £0.5 billion to support education since the start of the pandemic. Local authorities were asked to target that funding towards wellbeing, literacy and numeracy, support for families, and support for attendance or engagement with learning.

Local authorities and schools worked together to ensure that support was available where it was needed. As children began their phased return to in-person schooling in the spring, we asked schools to focus on their wellbeing first. Children cannot learn well if they do not feel well.

Schools have responded innovatively. Across Scotland, they used digital platforms including glow and the national e-learning offer, supplemented with online and offline resources and targeted interventions for key areas of the curriculum, including literacy, numeracy and wellbeing, to maximise support to children and young people.

Given our concern that Covid would impact negatively on education, the Government has already put in place policies to support the education system to support learners. The education recovery strategy drew those together and aimed at closing the gap created by the pandemic. We are providing further support for learners who are sitting exams in 2022, ensuring access to the in-school mental health and wellbeing support that young people need, expanding funded early learning and childcare, recommitting to tackling the poverty-related attainment gap and recruiting additional teachers and support staff.

On top of the 1,400 teachers who were recruited in 2020-21, we have committed to bringing a further 3,500 teachers and 500 support staff into the system by the end of this session of Parliament. The school census data, published today, shows that, in September, we already had

over 2,000 more teachers in the system than we did before the pandemic. We provided £240 million of investment for those staff, and Thursday's budget set out how we are supporting their retention with a further £145.5 million per year from 2022-23.

Those additional staff bring the ratio of pupils to teachers to 13:2—its lowest since 2009—directly supporting children by increasing the amount of teacher attention that is available to each child. That is a powerful injection of resource, providing additional support to the system while Covid is still causing staff absences. It supports schools to help children and young people whose education has been most affected by the pandemic to regain their confidence and build their skills. Once the effects of the pandemic are less, that increase in staff will support improvements in attainment.

It matters just as much that the teachers in our classrooms are highly skilled and well supported in their continuing professional development. Our commitment to reduce class contact time for teachers by 90 minutes per week will help to facilitate teachers' access to extended professional learning and collaborative planning opportunities. We hope to have that in place for August 2022. However, the timing of the change will be determined by the Scottish Negotiating Committee for Teachers and will be dependent on capacity in the system. I am grateful to the SNCT for working with us on those changes.

I noted in my statement on the Scottish attainment challenge on 23 November that the pandemic is likely to have impacted the poverty-related attainment gap. We are determined to focus our resources on supporting the attainment and life chances of the children and young people who are most impacted by poverty. We are investing £1 billion in targeted funding over this session of the Parliament—up from £750 million in the previous session of the Parliament—with up to £200 million to be distributed in 2022-23. We have already delivered on our first 100 days target to ensure that the first instalment of that funding this year is available to local authorities, alongside a £20 million pupil equity funding premium.

Furthermore, we are determined to reduce variation in educational outcomes in different parts of the country. Variation that reflects responsiveness to the needs of children and young people in different communities, using assets available in different places, is a good thing. It can mean that local professionals are responding creatively and imaginatively to different circumstances and needs. Variation that disadvantages children from different areas in their life chances is not acceptable. Education is central to improving the opportunities of our young

people, and we must support schools to ensure that they do that for all pupils.

I have already announced plans, working with partners across education, to develop a framework for recovery and accelerated progress, which we will publish in the new year. Planning and reporting will be streamlined to enable us to understand what schools and local authorities expect to achieve and by when, using local stretch aims. Schools and local authorities will set out their ambitions for improvement, using local knowledge and professional expertise. The Government will work with partners to develop the national picture on the pace of expected progress later in the year.

Today's revised national improvement framework and the national improvement plan for 2022 respond to the recommendations that were set out in this year's reports from the Organisation for Economic Co-operation and Development, Audit Scotland and the international council of education advisers.

Key improvement activity includes the on-going provision of professional learning and leadership opportunities, enhancements to teacher empowerment, and the expansion of the Education Scotland and local authority joint work on collaborative improvement.

Despite the on-going challenges of Covid-19, it is right that we maintain our focus on future improvements. In 2022, a sub-group of the curriculum and assessment board will consider how to better understand children's and young people's achievements across all four capacities of the curriculum for excellence, as successful learners, confident individuals, responsible citizens and effective contributors. The group will consider whether a sample-based survey can add value to our understanding of progress.

We will also carry out a consultation exercise early in 2022 to review the key measures in the national improvement framework. We remain committed to teacher judgment as the primary means of assessing progress in the broad general education. National standardised assessments, which are being delivered this year in the highest numbers since their introduction, continue to play an important role in supporting teacher judgment.

Local authorities have strategies in place to improve aspects of education. Local plans have been analysed by Education Scotland, and they inform the 2022 national improvement framework and improvement plan. Improving literacy and numeracy is already a common feature of the work that is undertaken by a number of regional improvement collaboratives. I know that local government is also mindful of the recommendations in the Audit Scotland report that

are focused on tackling variation and the need for locally driven improvement activity.

It is, of course, the role of Education Scotland to support local improvement through national initiatives. It provides support at universal, targeted and intensive levels, and it continues to work with the regional improvement collaboratives and local authorities to identify and implement interventions to improve outcomes for children and young people. We must pull together around those who have felt the pandemic hardest, and focus resource where evidence shows that the impact has been most extreme. I have therefore asked Education Scotland to engage directly with authorities that have experienced the biggest falls in attainment, to support them in planning interventions with the greatest opportunity for success.

Scotland already has the national response to improving mathematics partnership board, and we will set up a national response to improving literacy group. Both groups will examine the existing landscape in Scotland and internationally, and seek opportunities to enhance the professional learning for teachers and the classroom experiences for young people. In light of today's attainment data, I will ask both groups to develop evidence-based recommendations in spring 2022, with a view to implementing changes as soon as possible.

It has been a turbulent 20 months, and the pandemic continues to bring new challenges. Every person who works in schools and services for children and young people is dealing with the impact of the pandemic on themselves and their families, while also supporting the children in their care and continuing to support their learning. As we go into another difficult winter, I do not underestimate the level of personal commitment, integrity and energy that that takes, and I thank teachers, early learning and childcare practitioners and other education staff for all that they continue to do.

Despite the new and on-going challenges of Covid, we remain determined to make sure that schools and, through them, our children and young people have the support that they need now, through taking opportunities and building the foundations for further improvement as we move forward.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues that were raised in her statement. I intend to allow about 20 minutes for questions, after which we will need to move to the next item of business.

Oliver Mundell (Dumfriesshire) (Con): The shocking results reveal the brutal impact of Covid on young people, which has been heightened by

years of Scottish National Party failure. Scotland's schools came into the pandemic unprepared after 14 years of the SNP letting standards slip. The double whammy of Covid and the SNP's botched reforms has sent the attainment gap between the richest pupils and the poorest pupils spiralling to its worst-ever level, and the grim statistics show that, despite the best efforts of teachers and parents, pupils throughout Scotland are not reaching the expected levels of attainment in reading, writing, numeracy, literacy, and listening and talking.

Dreadful results on that scale should shame Nicola Sturgeon. She promised to close the attainment gap but, instead, it is wider than ever. Education has never been her top priority—and that shows. The SNP Government has let down our children and young people.

Cabinet secretary, are you ready to admit that it was a mistake to deny the need for catch-up plans for our young people? Will you say sorry for failing and then abandoning this generation of pupils?

The Deputy Presiding Officer: You should speak through the chair.

Shirley-Anne Somerville: I fully and readily accept that the figures are exceptionally disappointing but, unfortunately, they are not unexpected, given the fact that we are in a global pandemic. In my statement, I gave some examples of how the pandemic is also impacting on England and, indeed, further afield. That context is exceptionally important.

I absolutely agree with Oliver Mundell that the work that teachers and support staff have done in our schools to support children and young people has been exceptional under the most difficult of circumstances. The Government has supported them to the best of our ability during the pandemic with, as I said, £0.5 billion of support for a number of areas—including but not limited to support for teacher numbers. We will continue to take action, including on teacher numbers. We will also continue to empower teachers to make decisions about what is right for them at the local level. That is why the attainment fund and the pupil equity fund are so important. We are committed not to a top-down approach from Parliament but to providing resources that enable schools to make the decisions that are right for them.

Michael Marra (North East Scotland) (Lab): I thank the cabinet secretary for advance sight of her statement. I associate the Labour Party with what she said about thanking teachers and education staff across Scotland, as well as parents and pupils.

The cabinet secretary is right to say that the statistics are not surprising, but they are shocking and hugely problematic for this country. We might

disagree about whether the actions that the Government has taken during the pandemic have been sufficient, and we do disagree about its record over the past 14 years, but surely we can agree that today's figures tell us that more of the same cannot be tolerated. It would be insufficient just to ameliorate or undo the Government's cuts, given the unprecedented scale of the challenge that we now face. Unless we see the necessary reaction and a resolve that young people of Scotland will not now bear the scars of the pandemic, today's numbers will represent the diminished life chances of a generation. It is that stark. We must give them the opportunity and the resources that they need and the hope that they require.

Will the Government commit to an urgent analysis to assess the full impact of the pandemic on education so that it can tell us what action is required to save the situation? What further action will be taken to recruit extra teachers now, not during the next five years? Will the Government reverse the cuts that it made to the Scottish attainment challenge fund in the budget last week, as that resource has never been more needed?

Shirley-Anne Somerville: In my statement in November on the Scottish attainment challenge fund, I said that, during the current parliamentary session, the money has increased from £750 million to £1 billion, and that that is part of our response to the pandemic. We have, unfortunately, been expecting the exceptionally disappointing statistics that I have given today, although, of course, we have not seen the full impact until now.

Today's evidence, along with some of the recent analysis of the health, mental health and wellbeing of our young people, is a demonstration of the impact of the pandemic.

I will seek consensus wherever I can on the matter, and I agree with Michael Marra that the young people of today should absolutely not bear the scars of the pandemic. The Scottish Government's work to ensure that that does not happen has been quite clear for some time. For example, to demonstrate that, I point to the young person's guarantee for those who are moving out of schooling and to the work that we are doing to increase the recruitment of teachers and the attainment funding.

We are already making great strides with the number of teachers. The teacher census, which came out today, shows that we have more than 2,000 more teachers now than we had in 2019—that is more teachers than at any time since 2008. We are also fulfilling the commitment that we made for the first 100 days of this Government to provide local authorities with the funding that they require to recruit the teachers that we so

desperately need, because it is local authorities that are the employers. I am sure that they will follow up on that, as I expect them to do.

Kaukab Stewart (Glasgow Kelvin) (SNP): The Scottish Government is investing in teacher recruitment. In the budget last week, it unveiled the biggest increase in investment since 2007. The publication, "Summary statistics for schools in Scotland", which was published today, shows that the investment is paying off, with the lowest pupil to teacher ratio since 2009. Will the cabinet secretary set out the importance of that in driving recovery in our education system?

Shirley-Anne Somerville: Kaukab Stewart is right to point to the significant and sustained injection of teaching resource that is providing additional support to the system while the pandemic is causing staff absences. It is also supporting schools to help the children and young people whose education has been most impacted by the pandemic. As she rightly said, the additional staff have led to the lowest ratio of pupils to teachers since 2009, which is directly supporting children by increasing the amount of teacher attention that is available to each child. *[Interruption.]* Measures are in place on our commitment to have an additional 3,500 teachers and 500 classroom assistants by the end of this parliamentary session, to ensure that that work is sustained.

The Deputy Presiding Officer: As well as reminding members to turn their mobile phones off or to silent mode while they are in the chamber, I ask for succinct questions and answers, so that we can get through all the questions in the time that is available.

Meghan Gallacher (Central Scotland) (Con): The cabinet secretary set out the Scottish Government's intention to reduce teachers' class-contact time by 90 minutes per week. School closures are still taking place due to the on-going pandemic, so that approach could impact the ability of young people to catch up on lost schooling. Given that 90 per cent of teachers think that pupils did not fully engage with home schooling at the height of the pandemic, does the cabinet secretary share my concern that this is not the appropriate time to cut teachers' class time with young people?

Shirley-Anne Somerville: I genuinely think that Meghan Gallacher is missing the point on this. I said in my statement that the intention is to bring in the approach by August 2022, but we will work with the SNCT to ensure that there is capacity in the system to allow that to happen and, in particular, to ensure that young people are provided with the support that they need. There is absolutely no suggestion that the Scottish Government will do something that would diminish

the number of teachers, or reduce the amount of time in the school system before the system is ready. We are working hard to recruit more teachers to ensure that the change can happen.

Bob Doris (Glasgow Maryhill and Springburn) (SNP): I thank teachers and staff in Glasgow for their hard work and the success that is demonstrated in the stats that were released today.

That said, the data on achievement on curriculum for excellence levels shows wide variation in local authority performance, including in the context of comparative quintile deprivation levels. Will the cabinet secretary say what lessons we can learn from that and, more importantly, what steps she will take to improve the situation?

Shirley-Anne Somerville: Mr Doris raises an important issue. It was an issue before the pandemic and we are determined to take further action on it. Mr Doris will be well aware that the refreshed Scottish attainment challenge programme aims to increase the pace of progress and, importantly, tackle the variation that he described, which has been a stubborn feature in Scottish education for too many years.

We are right to look across the system. We have a shared objective with local government to develop a framework to support recovery and accelerate progress, with better collaboration, greater support and greater challenge, where that is necessary, across all parts of our education system, and with streamlined planning to tackle the poverty-related attainment gap, through the identification of the local stretch aims that I mentioned in my statement. That will be a key area in seeking to reduce the variation that Mr Doris mentioned.

Martin Whitfield: In her statement, I heard the cabinet secretary say “reaffirm”, “better articulate”, “increased our emphasis”, “already put in place”, “drew ... together”, “already delivered” and “already announced”. Given the agreed urgency of the situation, what is there in her statement that is new and will narrow the attainment gap?

Shirley-Anne Somerville: I mentioned some measures in my statement. There was not time to go into all of them, but I am sure that Mr Whitfield will read the national improvement framework now that it has been published.

As I said in my statement, we have known for some time, through the equity audit, that we were going to have disappointing results. We knew that this was a challenge that all education systems would face, which is exactly why we have been not just planning but taking action on the matter. I would—rightly—be criticised if I stood up today to suddenly make new announcements in great detail because we had done nothing up to this

point. We have been taking action and we intend to keep doing exactly that.

Stephanie Callaghan (Uddingston and Bellshill) (SNP): The statistics on achievement of curriculum for excellence levels show that the attainment gap has widened during the pandemic. Will the cabinet secretary explain how changes to the design of the Scottish attainment challenge will support efforts to tackle the attainment gap across Scotland over the parliamentary session?

Shirley-Anne Somerville: The support of £1 billion over the parliamentary session for the refreshed Scottish attainment challenge will continue the empowerment that we have seen for school leaders, which is an exceptionally important part of the funding and comes through the pupil equity stream. That will support headteachers to implement evidence-based approaches that meet the needs of children and young people who have been impacted and, importantly, to implement them in the local context.

We have recognised that poverty and the pandemic have an impact in every local authority area across Scotland, which is why we have chosen to distribute funding to all 32 local authorities to implement strategic approaches to tackling the poverty-related attainment gap. The Convention of Scottish Local Authorities supported that change.

Willie Rennie (North East Fife) (LD): The cabinet secretary protested a little too much in response to Martin Whitfield’s question. The truth is that today’s statement is just as uninspiring as the education recovery plan was earlier this year. Not much is new. What will schools get from today’s statement? A new sub-group, a consultation and the threat of a discussion with Education Scotland. Does the education secretary really believe that that will be enough to tackle the widest and worst poverty-related attainment gap on record?

Shirley-Anne Somerville: Schools already have 2,000 more teachers, as the school census has shown tonight. Schools already have the commitment that we have given on the £1 billion of funding that will go into the Scottish attainment challenge, which has been increased from £750 million.

We have taken action and we will continue to do so. We know that we need to do a great deal to support our children and young people, and Education Scotland will play an important role in supporting schools and teachers through the process.

Fulton MacGregor (Coatbridge and Chryston) (SNP): What measures is the Scottish Government taking to expand early learning and

childcare? Will the cabinet secretary reiterate how that will aid our overall education recovery?

Shirley-Anne Somerville: We must continue to look at early learning, which is an important area that the Government placed a great deal of focus on in the previous parliamentary session. We have seen the impact of that on families during the pandemic.

We have our commitment to expanding provision to one-year-olds and two-year-olds in this parliamentary session. I am proud that we will deliver that commitment, just as we successfully delivered the 1,140 hours. Our determination for early learning and childcare to be an integral element is demonstrated by its position in the national improvement framework that has been published today.

Ross Greer (West Scotland) (Green): Tackling the causes of poverty and reducing the unnecessary administrative burden on teachers will be key to closing the attainment gap. What progress is being made on two important initiatives: the production of statutory guidance to cap the cost of school uniforms and the review of the role of indicators and measures in curriculum for excellence, the objective of which is to reduce unnecessary bureaucratic burdens on staff?

Shirley-Anne Somerville: I am pleased to work with my colleague in the Scottish Greens to move forward on our school uniform commitment. Mr Greer is right to point out that we are looking at addressing that on a statutory basis and at what we can do in the interim to make a difference to children and families across Scotland. I am happy to work with him and others who wish to contribute to that.

Mr Greer was right to point out the need to look at the data that we gather so that we gather the right data in the right way. I mentioned in my statement the work that is happening on data collection and I am happy to keep him updated on the issue.

Liz Smith (Mid Scotland and Fife) (Con): The Parliament is absolutely united on the fact that one of the most important aspects of wellbeing is ensuring that more children have access to outdoor education. Why did that not feature in the cabinet secretary's recovery plan? What is the Scottish Government actually doing to ensure that there is more support for outdoor education centres and their incredible staff?

Shirley-Anne Somerville: I pay tribute to Liz Smith for her continued support for the outdoor education sector and for her determination to ensure that the Government does all that it needs to do on the issue. Outdoor education absolutely remains a critical part of the Government's education plans. We saw further developments on

it over the previous parliamentary session, and it absolutely remains a core commitment for us to continue that and see what we can do to further expand it.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): Throughout the pandemic there has been significant disruption to education here in Scotland, across the United Kingdom and throughout the world. It is clear that we are not at the end of this. Could the cabinet secretary outline what lessons we have learned and what steps are being taken to improve matters?

Shirley-Anne Somerville: Our education recovery plan, which was published in October, sets out our on-going response to the impacts of the pandemic on education and some of the important next steps that we will take. The plan draws on studies from our equity audit, which I mentioned earlier, and on the report from the international council of education advisers. It is important to include that international context. The plan sets out how we should invest the additional funding that we are putting in to support education recovery. That is further demonstrated in the detail of the national improvement framework and improvement plan, which build on the advice that we have received from the international council of education advisers, ensuring that we learn all the lessons that we can learn from the past few years.

Covid-19 (Public Inquiry)

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

The next item of business is a statement by John Swinney on a Covid-19 public inquiry.

17:03

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Today I am announcing to Parliament the establishment of a statutory inquiry under the Inquiries Act 2005 to examine the handling of the Covid-19 pandemic in Scotland. At the outset of this statement, I acknowledge that Covid-19 has had, and continues to have, an enormous and damaging impact on our society. Most painful of all, Covid-19 has led to significant loss of life, resulting in heartache for all those who have lost loved ones. We remember all those who have lost their lives, and I express my sympathy to those who mourn their loss. I hope that this inquiry will help to provide the answers for which those individuals search.

In the statement, I will outline the scope of the inquiry and I will inform Parliament about the appointment of a chair to lead it. To begin, I want to take a moment to recall why we are establishing a public inquiry. The emergence of the omicron variant is a stark reminder to us all that the pandemic continues to evolve and challenge us, but that does not mean that we can delay our efforts to learn from the past. Indeed, it underlines the importance and urgency of learning lessons from what has gone before.

The purpose of the inquiry is twofold. First, it is to provide scrutiny and answers to the questions that people have about how the pandemic has been handled in Scotland. Equally, it is to learn lessons, so that we can be as ready as possible to respond to future pandemics. It is in that spirit that the public inquiry is being established, and it is how we expect it to continue, to provide answers and help us to make improvements for the future.

At this point, I express my heartfelt thanks to everyone who has played a part in responding to the pandemic, whether on the front line in hospitals and care; in keeping shops and businesses going; at home, by finding new ways to work; or in taking the vaccine and helping to protect people around them. Responding to the pandemic has taken a lot from people across Scotland, and I thank every individual who has played their part.

In developing the terms of reference for the Covid-19 inquiry, it has been a key priority for the Scottish Government to listen to those who have been affected by the pandemic, and understand what they wish the inquiry to focus on, while recognising the need to establish the inquiry quickly. First and foremost, those affected include those who have endured the ultimate loss—bereaved families of partners, parents, children, sisters and brothers—as well as people who have lost friends and colleagues. Every life lost is one too many, and my condolences go to all those who have suffered losses and hardship. They also include wider groups of people who have been affected, whether carers or people working in health and social care, councils, businesses or community organisations. We have also taken care to listen to equality and human rights groups.

In the course of establishing the inquiry, we have taken more than 400 written submissions, and received more than 80 online ideas and nearly 200 comments through an online dialogue challenge. We have met more than 70 stakeholders from the third sector, private sector and public sector. The feedback that we have received has been considered carefully by the Scottish Government and captured in an engagement analysis report, which we are also publishing today.

The feedback from people affected by the pandemic has been key in developing the terms of reference that I am sharing with Parliament today. It includes, not least, strong public support for an inquiry with human rights at its heart. The matters that people raised have fed directly into the development of the scope of the inquiry. I thank everyone who has contributed their thoughts during the process—I know that, for many, that will not have been an easy thing to do.

The terms of reference for the inquiry set out 12 areas of investigation, each covering a strategic element of the handling of the pandemic. The areas are as follows: pandemic planning and exercises carried out by the Scottish Government; the decision to lock down and apply other restrictions; the delivery of a system of testing, outbreak management and self-isolation; the design and delivery of a vaccination strategy; the supply, distribution and use of personal protective equipment; the requirement for shielding and associated assistance programmes provided or supported by public agencies; in care and nursing homes, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, infection prevention and control, and changes to inspections; the provision of healthcare services, including the management and support of staff; the delivery of end-of-life care and the use of “Do not attempt cardiopulmonary resuscitation” decisions; welfare assistance programmes, such

as those relating to benefits or the provision of food provided or supported by public agencies; the delivery of education and certification; and financial support and guidance given to businesses and the self-employed, including in relation to identification of key workers by public agencies.

In investigating those 12 strategic elements, the terms of reference further ask the chair to

“consider the impacts ... of handling of the pandemic on the exercise of Convention rights”,

and create a full

“factual record of the key strategic elements of the handling of the pandemic.”

With the exception of the investigation of pandemic planning, the period that will be covered by the inquiry is from 1 January 2020 to 31 December 2022. The chair is asked

“To identify lessons and implications for the future, and provide recommendations”,

and

“To provide reports to the Scottish Ministers as soon as practicable.”

As I stand here, I am keenly aware of the fundamental challenge of striking the right balance between, on the one hand, addressing the wide range of questions that so many people have and, on the other, making sure that the inquiry can be delivered at speed, so that we can learn and benefit from lessons as early as possible.

To that effect, I have agreed with the chair that, as they begin their work, they will reflect on the terms of reference and suggest adjustments, should they wish to. If ministers then agree any changes to the terms of reference, I will undertake to inform Parliament as soon as possible. That includes adjustments to take into account the remit of the United Kingdom-wide public inquiry that the UK Government has undertaken to establish, as well as any issues arising in the on-going pandemic that the inquiry judges to be important to investigate. We remain committed to working with the UK Government to develop the approach to the UK-wide inquiry and expect the chair of the Scottish public inquiry to co-ordinate with the chair of the UK-wide inquiry.

The full text of the terms of reference is available on the Scottish Government website as of now.

Over the past months, ministers have been in discussions with the Lord President of the Court of Session to find a suitable chair for the inquiry, in line with our commitment to have the inquiry led by a judge. I would like to express my thanks to the Lord President for his co-operation on the matter.

Today, I am pleased to announce to Parliament that the Hon Lady Poole has agreed to chair the Scottish Covid-19 inquiry. Lady Poole is a sitting senator of the College of Justice of Scotland and has also sat as a judge in the Upper Tribunal of the United Kingdom. From my own and the First Minister's interactions with her, I am left with no doubt that Lady Poole is highly qualified for the demanding task that has been put in front of her. I believe that she will bring pace and energy to the work of the inquiry, as well as a cool, calm head, and that she will approach experiences of the pandemic sensitively and sympathetically.

I am satisfied that Lady Poole possesses the leadership skills, integrity and deep technical knowledge needed to undertake the inquiry. I note in particular Lady Poole's high degree of expertise in administrative law and human rights law, which is of crucial importance and is exactly in line with our expectations that the inquiry should take a human rights-based approach. I should say that Lady Poole has made clear to the First Minister and to me her conviction that human rights and equalities should be addressed as part of the inquiry and in the way it is run. I am convinced that Lady Poole will approach the inquiry in such a manner as to do justice to those who have suffered through this pandemic and to make sure that we learn the lessons that we need to learn so that Scotland is prepared for the next one.

No panel members will be appointed today. It will be for the chair to decide whether to appoint any assessors to provide expertise on particular subjects or any other assistance to the inquiry. In the coming period, the chair of the inquiry will make necessary preparations on operational matters, including the appointment of the inquiry's key staff. Once set up, the inquiry will make announcements about its approach and progress as the chair sees fit.

I extend my thanks to Lady Poole for being prepared to take on this most important challenge on behalf of the people of Scotland. We all need the inquiry to explore the handling of the pandemic and to identify the lessons that we all need to learn. I pledge that the Scottish Government will engage, as I know that this Parliament and everyone in Scotland will, to support Lady Poole in this most important task, which she now takes forward on behalf of us all.

The Deputy Presiding Officer: The cabinet secretary will now take questions on the issues raised in his statement. I intend to allow around 20 minutes for questions, after which we will move to the next item of business. It would be helpful if members who wish to ask a question were to press their request-to-speak buttons now.

Murdo Fraser (Mid Scotland and Fife) (Con): I thank the cabinet secretary for providing advance

sight of his statement. I welcome the establishment of the inquiry that has been announced today, which will be particularly welcomed by the relatives of those in care homes who tragically lost their lives to Covid, who have been waiting patiently for the process to begin. I also welcome the appointment of Lady Poole as inquiry chair, with her focus on human rights and equalities.

I have two questions to ask the Deputy First Minister. First, those who lost loved ones want answers as to what went wrong, and they want to know when they are likely to get them. The Deputy First Minister said that the process would be conducted at speed. I appreciate that this may not be an easy question for him to answer, but it would be helpful if he could give us an indication of when we might expect Lady Poole to report on her findings. I think that the relatives would welcome that.

Secondly, the Deputy First Minister will be aware of concerns that we expressed about the fact that the report by Public Health Scotland on Covid deaths in care homes up to February was not published as scheduled because of the Holyrood elections in May. Will the Deputy First Minister give an assurance that the Scottish Government will co-operate fully with the inquiry and make all necessary information available to it as quickly as possible?

John Swinney: Mr Fraser is right that his first question is difficult for me to answer. There are different ways in which public inquiries can take forward their reporting responsibilities and it will be for Lady Poole to determine how she does that. I can give Mr Fraser an example. In the historical child abuse inquiry, Lady Smith has published a series of case study findings in the course of her work. Those have been helpful in giving answers to individuals who have experienced abuse in those circumstances.

I hope that the way in which we have structured the remit of the inquiry on Covid will give Lady Poole the opportunity to consider whether she could perhaps publish an interim set of conclusions on a similar case study basis. However, that is me intruding on the design of the inquiry, which I am not entitled to do. We obviously want to receive a report, or findings, as quickly as possible, but there has to be adequate time to undertake the tasks. I am sure that Lady Poole will make clear her approach to that point in due course.

In relation to Mr Fraser's second question, I dispute the narrative that he sets out, but I assure him that the Scottish Government will co-operate fully with the inquiry. I have given a pledge to do so, and the Government will do that in every way that is required of it.

Jackie Baillie (Dumbarton) (Lab): I thank the Deputy First Minister for providing an advance copy of his statement. I, too, welcome the announcement that the Hon Lady Poole will preside over the public inquiry.

It is important that we do not wait to learn lessons from the initial decisions that were taken on the pandemic, to inform our thinking as quickly as possible. On that basis, will the Deputy First Minister indicate when the inquiry will start?

The previous Cabinet Secretary for Health and Social Care set out the four harms that would be considered by the public inquiry, and I am pleased to see that those are reflected in the remit. It is right that some of the focus will be on deaths in care homes, which were at the very epicentre of the pandemic, and on decisions by Scottish ministers to discharge people from hospital without testing.

The inquiry will also examine the non-Covid health impacts. Today, National Records of Scotland told us that the number of deaths for non-Covid reasons has increased. The number of deaths was higher in each of quarters 1, 2 and 3 than the previous five-year average, and it was up by 15 per cent in the last quarter alone. Cancer deaths are up, coronary heart disease deaths are up, and deaths from dementia and Alzheimer's are also up.

Will the Deputy First Minister confirm that item h) of the remit, on the provision of healthcare services, will encompass full consideration of whether decisions to cancel cancer screening programmes, delays in diagnosis and the cancellation of operations perhaps contributed to that higher-than-normal death toll among the population?

John Swinney: The formal process of establishing the inquiry requires a setting-up date to be established, which will be as early in the new year as we can arrange. That is a matter of negotiation between the Government and Lady Poole, with Lady Poole being very much in the driving seat in determining that moment. We will get the inquiry established so that it can begin its proceedings. We have taken a very significant step in getting to the appointment of a chair and the setting of terms of reference. Interim staff are in place to support Lady Poole and she will be able to take steps to establish the inquiry. I know that she wishes to proceed at pace.

In relation to the wider questions, many of the issues that Jackie Baillie raised are matters for the inquiry to consider. The four harms framework has been at the heart of the handling of Covid. I led that policy development within Government to recognise the fact that there are no easy choices to be made in handling the Covid pandemic. I

acknowledge that there have been significant implications for other health services as a consequence of the prioritisation of Covid care. Sadly, that is what happens when a global pandemic comes upon us.

The inquiry will be able to consider and reflect all that thinking under the broad remit that has been given to it. Obviously, Lady Poole will be able to reflect on all those questions.

Beatrice Wishart (Shetland Islands) (LD): I extend my condolences to all those people who have lost loved ones to Covid-19. My thoughts are also with people who are living with long Covid.

I, too, thank the Deputy First Minister for providing sight of his statement. I am pleased to hear of and welcome the appointment of Lady Poole as chair of the public inquiry, and I welcome its human rights-based approach. It is important that the actions that have been taken by Government during the pandemic are examined so that lessons are learned, both good and bad.

It is therefore important that the public inquiry does not take years and years to report, with the moment to learn being lost. In the time that an inquiry can take, memories fade, contemporary evidence is lost and any hope of accountability withers. Will the Deputy First Minister provide assurance that the voices of all those who have been impacted across health and care, education and the wider community will be at the root of the inquiry? I impress on the Deputy First Minister the need to clarify a timetable so that we do not have another Penrose or Chilcot inquiry.

John Swinney: In the timetable of an inquiry, there is always a challenge between the need to provide adequate examination of all the issues that are involved and the speed of reporting. I know that Lady Poole feels that issue very acutely. She has made it clear to me that she does not want to spend the remainder of her judicial career leading this inquiry, and I very much agree with that sentiment.

I think that Lady Poole will be determined to ensure that the inquiry covers the ground that it must cover, but that it does so efficiently and promptly so that we can learn lessons and there can be the understanding and accountability that Beatrice Wishart has rightly talked about.

I cannot at this stage prescribe the timescale, but I give the Parliament the assurance that Lady Poole is keen to make as swift progress as she can and that the Government is very happy to support her in that endeavour.

John Mason (Glasgow Shettleston) (SNP): I welcome the inquiry. As the Deputy First Minister said, the pandemic is clearly still evolving, and some people might think that it is too early to have

a public inquiry, because we cannot look back at the whole thing. How would he respond to such people?

John Swinney: Mr Mason is absolutely correct. We have just had a statement that has dominated this afternoon's session of Parliament, which has reflected on omicron—the latest challenge that we have had thrown at us. Three weeks ago, the Cabinet had a discussion that could, in general, be summed up as us feeling that the pandemic was in a relatively stable place. We found ourselves taking a dramatically different view 48 hours later because of the emergence of omicron.

Mr Mason makes a fair point, but the Government must acknowledge that the public have a desire to ensure that while we are dealing with this difficult situation, we are learning lessons to influence policy making in the future. That is what the Government is committed to ensuring is the case. We will co-operate with the inquiry but, at the same time, we must give attentive focus on ensuring that we manage the pandemic that we currently face. I am happy to give that assurance to Parliament today.

Sandesh Gulhane (Glasgow) (Con): I only stood for election because I felt that there was poor communication between the Scottish Government and the national health service during the pandemic. I therefore welcome the inquiry. Will the cabinet secretary give an assurance that we can look at long Covid and how we have gone about treating patients who suffer from that debilitating condition?

John Swinney: I think that the Parliament will recognise that I have endeavoured to ensure that we have the broadest possible remit for the inquiry. Judging the treatment mechanisms for long Covid feels to me like a clinical matter that is perhaps beyond the scope of Lady Poole's inquiry. There are plenty of clinical advisers who can consider the treatment of long Covid. Lady Poole is free to explore any questions that are relevant to the terms of reference. If issues arise in relation to long Covid, I am sure that we will hear about them.

Kaukab Stewart (Glasgow Kelvin) (SNP): I welcome the public inquiry and hope that it will be thorough. How will the Scottish Government ensure that all viewpoints and voices are heard during the inquiry, including, specifically, the voices of our asylum seeker and refugee population?

John Swinney: I have two points to make. First, the inquiry is embarking on its work with a human rights-based approach. It is important that the interests, perspectives and experiences of different groups in our society are fully considered and are at the heart of the inquiry. I am certain that the remit enables that to be the case.

My second point is a slightly more constrained one, which is that the inquiry is required by law to examine only Scottish matters. The implications of Scottish policy decisions on the asylum seeker community would be relevant and could be considered, but some questions about asylum policy are reserved issues for the United Kingdom Government. The inquiry would, by law, be unable to explore some of those questions.

Pam Duncan-Glancy (Glasgow) (Lab): During the pandemic, social care services stopped overnight for some people. Disabled people were left without help to wash and lived in their beds for weeks. That had a significant impact on their human rights and also meant that approximately 400,000 more people have taken on unpaid care, of whom 70 per cent have not had a break and most are women. On average, women spent four and a half hours per day on unpaid work, and the United Nations has said that women's rights could be set back by 25 years.

The impact that decisions about social care had on disabled people, unpaid carers and women does not appear specifically in the remit for the inquiry, nor does the unequal impact that those decisions had on specific groups. Can the Deputy First Minister confirm that those issues are within the remit and work of the inquiry?

John Swinney: In the remit for the inquiry, we have tried to set out the range of issues in order to define the broadest possible scope in which they can be considered. In the notes on interpretation, we set out the basis of our doing so, which is about the application of convention rights as defined in the Human Rights Act 1998. We are trying to place a human rights-based approach at the heart of the inquiry. That involves an assessment of decision making in relation to questions such as discrimination and decisions that may be discriminatory in nature or have implications that are discriminatory in nature. All those factors are legitimate issues to be considered within the scope of the inquiry.

Stuart McMillan (Greenock and Inverclyde) (SNP): Will the Deputy First Minister provide an assurance that the public inquiry will engage with and speak to people from every constituency, with an initial focus on those areas that have suffered most greatly from the pandemic?

John Swinney: I am not sure whether Mr McMillan is using the term "constituency" in a parliamentary sense or to describe a grouping within society. It is important that the inquiry reflects the experience of every part of the country. As Mr McMillan will know from the community that he represents, some communities have had much harsher impacts as a consequence of some of the underlying issues of inequality that exist in those areas. Those

issues—from across the country—will be considered and reflected on to ensure that we do adequate justice to the different experiences of different parts of the country.

Gillian Mackay (Central Scotland) (Green): We are still very much in the middle of the pandemic, following the development of the omicron variant. The inquiry cannot wait any longer. Will the cabinet secretary explain whether the inquiry will provide interim reports to inform scrutiny and how it will examine the on-going response to omicron?

John Swinney: In relation to the last part of Gillian Mackay's question, I note that, as the period within the inquiry's scope will go up to 31 December 2022, there will be an opportunity to reflect on the experiences in relation to omicron.

In relation to the reporting questions, I refer to the examples that I gave in my response to Murdo Fraser. There will be an opportunity, should the inquiry decide to do so, to do case study reporting or produce a series of interim reports. Those are choices that Lady Poole will be able to make, and I am quite sure that she will consider the representations that are made in the course of our discussion on this parliamentary statement and elsewhere about how matters can best be taken forward.

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): I welcome the inquiry, which will quite rightly be extensive and in depth. I note that there are 12 heads but that, as the Deputy First Minister said in his statement, the chair is asked

"To identify lessons and implications for the future, and provide recommendations",

and

"To provide reports"—

that word is plural—

"to the Scottish Ministers as soon as practicable."

Am I correct to assume that the chair is being asked to identify under the specific heads which matters to report on "as soon as practicable", so there will be interim reports rather than just a fully fledged report for the entire inquiry? That will be a matter for the chair.

John Swinney: Yes. The chair has the scope to consider how best to address the 12 areas of investigation at the heart of the inquiry's terms of reference. It will be up to Lady Poole to determine how best to hear and to structure evidence to enable that, and then to report accordingly. In my statement, I perhaps suggested some matters in more detail than I should have done, but it will be for Lady Poole to determine the issues

independently of Government. I stress that she will operate absolutely independently of Government.

Brian Whittle (South Scotland) (Con): In the light of what the Deputy First Minister has just said, will the inquiry be allowed to examine the way in which the Scottish Government reported to the Scottish Parliament and the way in which the Scottish Parliament was permitted to scrutinise Scottish Government decisions?

John Swinney: The terms of reference are there. I think that my judgment is that Lady Poole might think that the way in which Parliament scrutinises the Government is a matter for members of Parliament. Members of the judiciary tend not to reflect on the processes of Parliament. However, I have no opinion on whether that issue should be considered. For the record, I note that there has been a voluminous amount of parliamentary scrutiny, not least in my Thursday morning meetings with Mr Whittle and his colleagues.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): As well as the tragic health impacts of Covid and, given the necessary protections, the evident economic impact, there will be effects that we are yet to feel. Can the Deputy First Minister outline how the inquiry chair will work to identify those areas so that all possible lessons are learned for future pandemics?

John Swinney: By defining a time period that extends to 31 December 2022, we expressly acknowledge the point that Mr Fairlie makes. We are in an evolving situation. That was also reflected in the question that Mr Mason put to me a few moments ago. We must recognise that there may well be changes and developments ahead of us. The inquiry will have the opportunity to consider and reflect on those issues and to make recommendations accordingly, and it will be for the inquiry to determine how best to do that. It would be inappropriate for ministers to prescribe that.

The Deputy Presiding Officer: That concludes questions on the statement. Before the next item of business, there will be a short pause to allow front benchers to move seats safely.

Deposit Return Scheme

The Deputy Presiding Officer (Annabelle Ewing): The next item of business is a statement by Lorna Slater on Scotland's deposit return scheme. The minister will take questions at the end of her statement, so there should be no interventions or interruptions. I call Lorna Slater—for around 10 minutes, please, minister.

17:34

The Minister for Green Skills, Circular Economy and Biodiversity (Lorna Slater): When I updated the Parliament last month, I underlined the Scottish Government's commitment to delivering an operational deposit return scheme as soon as is practicably possible. Since then, we have continued to work closely with both Circularity Scotland and the industry to agree a final timescale and clear milestones for delivery. Members have also had the opportunity to be briefed by Circularity Scotland on the implementation.

Last year, when the Parliament passed legislation to establish deposit return, we all hoped that, by now, we would be further along the path to introduction than we are. As a result of the pandemic and of the uncertainties caused by Brexit, an independent review of the scheme was commissioned. Today, we have published its report.

The review concluded that the implementation date of July 2022 was not achievable, and that delivery in July to September 2023 was possible but carried a significant risk to achievement. It also identified the following actions: agreeing a critical path with key stakeholders for the delivery of a viable product by the agreed start date; the United Kingdom Government reaching a decision on the VAT treatment of deposits; reviewing the governance structure so as to reflect the implementation phase and establish an objective assurance regime that is aligned with key milestones; and working with industry to develop and resolve practical issues in online sales.

Since taking up my position as minister for the circular economy I have worked intensively to put the DRS back on track. My background is in engineering project management, and I have made it my priority to develop and agree a project plan for delivering a scheme that I, the industry and stakeholders can have confidence in.

Implementing the deposit return scheme is a massive national undertaking, involving contracts with more than 4,000 producers, and tens of thousands of return points, for the management of more than 2 billion containers per annum, with a total turnover of around £500 million. It is essential

that the scheme is a success not just in the short term but for decades to come.

Taking into account the independent advice that we have received, and input from stakeholders, I can announce that the work to implement Scotland's—and the UK's—first deposit return scheme will conclude with the scheme's launch on 16 August 2023. However, work will intensify immediately and, as I will mention shortly, I hope that the scheme will operate on a voluntary basis in some premises before that date.

Our DRS will be among the most environmentally ambitious and accessible in Europe. It will include tens of thousands of return points for plastic, metal and glass containers, as well as pick-ups for online deliveries. Although some have asked for a reduction in the scope of the scheme, that will not happen. Having an ambitious deposit return scheme that can equitably cover both online and high street sales brings challenges, but I am confident that the industry can deliver solutions to those, particularly given the extra time that it now has. In early 2022, my officials will host a workshop with the Scottish Environment Protection Agency and retailers, to focus on the details of online take-back.

I confirm that, despite the delay, producers will be required to meet a 90 per cent collection target by the second year of operation, rather than by the third, as previously planned. That will ensure that the scheme maximises its environmental impact from 2024, as before.

I, Circularity Scotland and the Scottish Government are keen to support businesses in their planning to make sure that that implementation date happens. Retailers are playing an essential part in the scheme, as most of us will use their stores for returning the containers and receiving back the deposit. I know from speaking to them that they are strongly committed to the success of the DRS and that they have already put in a lot of time and resource in preparation for its roll-out, which will ramp up in the year ahead.

As part of the phased implementation of the DRS, a key milestone will be visible to consumers from summer 2022, when retailers will start rolling out the return infrastructure in stores. We are working with the retail industry to start phasing in the use of that infrastructure, on a voluntary basis, from November 2022.

We recognise that the needs of rural areas may be different from those of more populated parts of the country. I am therefore pleased to let members know that there will be a return scheme in place in Orkney, also from November 2022, which will provide immediate benefits to the community.

Regulations asking Parliament to approve the change in go-live date will be laid tomorrow. We will also take the opportunity to make several smaller amendments to the Deposit and Return Scheme for Scotland Regulations 2020. In the year and a half since the regulations were passed, many organisations across the private and public sectors have been working hard to consider how the DRS can best be implemented. Those discussions have thrown up points on which we accept that small changes will provide additional clarity or help to de-risk the scheme's implementation.

I am looking forward to engaging with members from all sides of the chamber as we move into the scrutiny process. I can confirm that the changes will include allowing online retailers, and others selling through a distance sale, to refuse to accept a return of a disproportionately large number of containers. I will clarify that: for products that are filled and sealed in a retail or hospitality setting—for example, crowlers—the person filling them will bear the responsibility for their collection. The changes will also include creating a duty on wholesalers or others who are selling articles not intended for sale in Scotland to disclose that at the point of sale, thereby helping to prevent fraud, and bringing SEPA's enforcement powers more into line with existing legislation.

There are a number of key milestones on the path to August 2023. By March 2022, Circularity Scotland will have signed contracts with partners to deliver its logistics, operations and information technology systems. By August 2022, the public awareness campaign will be launched and, in the same month, counting and sorting centres will start to be built. As I have mentioned, retailers will start rolling out the return infrastructure in earnest from next summer, and we are working with them to start using that infrastructure on a voluntary basis from November 2022. In January 2023, Circularity Scotland and SEPA will begin the process of registering producers. In July 2023, there will be end-to-end testing of a DRS container through the whole system.

Strong and robust governance structures must be in place to oversee the scheme's implementation, recognising that, with the appointment of Circularity Scotland and the passage of legislation, responsibility for successful delivery is increasingly dependent on the actions of producers and retailers across Scotland. The scheme is a shared endeavour, and my officials will be establishing a system-wide assurance group early next year with all those who are involved in delivering it, so that, collectively, we can monitor delivery and manage risks.

Senior executives from the Scottish Government, Circularity Scotland and our

environmental public bodies will meet regularly to review progress against milestones and take action where required. I have established a communications and engagement group, which is led by Zero Waste Scotland, to ensure that businesses and the public have the information that they need as we progress towards full launch. As with this year's independent review, we will ensure that external expert assurance is provided at key points.

I will receive regular updates from those groups, and will personally regularly meet Circularity Scotland to discuss progress. That close oversight, coupled with the public milestones that I have laid out, gives me confidence that all organisations have the right governance arrangements in place to collectively deliver the deposit return scheme on time and in a way that works for the people and businesses of Scotland.

It could not be clearer that the purpose of deposit return is environmental, not to raise revenue, so it is hugely disappointing that the UK Government is maintaining that VAT applies. The issue is not just the additional cost that that brings. I understand from industry that there are still many details to be ironed out with the Treasury's proposal, and that there are specific technical challenges that exist—for example, because VAT is not applied equally through all parts of the system—that will affect the financial flows between thousands of different actors in the scheme. We will, of course, continue to work constructively with HM Treasury, Circularity Scotland and wider industry to ensure that a solution is put in place in a way that is workable, effective and efficient for businesses.

Between now and August 2023, there is a lot of work to be done and a lot of investment to be made. I will keep in close contact with industry on the delivery of the key milestones as different parts of the system roll out their implementation plans.

Members will see from the documents that I have released today that the independent reviewers recognise the co-operation, effort and enthusiasm of all stakeholders in working constructively to achieve an effective scheme. I appeal to all members in the chamber today to work with us to make it the best scheme possible for Scotland.

The Deputy Presiding Officer: The minister will now take questions on the issues raised in her statement. I intend to allow about 20 minutes for questions.

Maurice Golden (North East Scotland) (Con): I thank the minister for advance sight of her statement. Like the last update on the deposit return scheme, the statement raises more

questions than it answers. We now have yet another launch date, but how can we take it seriously? Only a month ago, the minister was refusing to give a launch date after delaying the scheme for a second time—that was despite Circularity Scotland issuing a tender last month that mentioned a launch date of summer 2023. The minister has either lost control of the process or deliberately misled the Parliament about the launch date in a previous statement.

This comes as recycling is getting worse. Remember, deposit return is supposed to improve recycling. The figures out last week showed that the recycling rate has dropped for the second year running and is now at its lowest point since 2013. If the minister is serious about launching the deposit return scheme, we need straight answers. Unfortunately, today's statement is the same shambolic process, full of excuses. There is no word on the start-up costs or how they will be funded, no word on the secretive tender process, no word on whether return vending machines will even be built in Scotland and, as in the previous statement, there is little today to reassure businesses that will be affected. There is no word on preventing fraud and bottle bank raids, no word on potential restrictions on products and no word on whether, since the last statement, the minister has even met businesses that will be affected.

Businesses and the public have been marched up the hill and back down again too many times. I ask the minister straight: is she prepared to stake her professional reputation as a Government minister on the new launch date?

Lorna Slater: I thank the member for the question, for his enthusiasm for the deposit return scheme, and for his keenness to see it implemented as soon as possible, especially given that, when the legislation was launched in May 2020, the Conservative Party argued for a delay due to the Covid pandemic and the unrolling situation. I would hate to accuse a member of political opportunism; I sincerely welcome his change of direction and I am glad that he does not want the deposit return scheme to be delayed.

I am absolutely committed to implementing the deposit return scheme as quickly as practicably possible. I consider that the date of 16 August 2023 is doable, but still challenging for industry, particularly in light of the on-going pandemic. I expect the member to follow our progress and the milestones closely. I look forward to reporting back on them.

Colin Smyth (South Scotland) (Lab): I thank the minister for advance sight of her statement. August 2023 will be more than two years later than the first date proposed by the minister in 2019 for the introduction of a deposit return scheme, seven years after the First Minister first committed to

such a scheme for Scotland, and nearly 15 years since the Parliament gave ministers the power to introduce such a scheme, under the Climate Change (Scotland) Act 2009. However, businesses are still no clearer about how the scheme will work, particularly when it comes to cross-border issues, which are massive for those living in the South Scotland region.

If the Government cannot even deliver a bottle return scheme by when it said that it would, what chance do we have of delivering net zero by 2045, or any of our continually missed climate targets?

The Government's impact assessment shows that delays would cost local government £6 million a year in additional costs related to street cleaning, bin emptying and recycling centre gate fees, at a time when the Green-SNP Government has just proposed a £344 million real-terms cut in council budgets. Who does the minister think will pay the extra bill for the Government's incompetence and delay after delay?

Lorna Slater: As I said to Mr Golden, I welcome the member's enthusiasm for the scheme and his desire to see it implemented as soon as possible. That represents a change in direction for the Labour Party, too. In the debate in 2020, the Labour Party shared the Conservative Party's concerns that the 2022 date, in light of the Covid pandemic, meant that we were rushing implementation. I welcome the change of direction from Labour and their support for the quickest possible implementation of the deposit return scheme.

Scotland's deposit return scheme will be implemented by industry, as represented by the scheme administrator, Circularity Scotland. That body represents Scotland's producers and retailers and is a private not-for-profit organisation. Many of those retailers and producers have been particularly badly affected by Brexit and the Covid-19 pandemic. Our independent review concluded that Brexit and Covid-19 have had a material impact on the schedule for the delivery of the project.

Is the member really suggesting inflicting further financial penalties on Scotland's small breweries, hospitality businesses and convenience stores for delays that are due to Brexit and Covid and that are in no way their fault? Those businesses have already had to cope with so much. I am working with Scotland's producers and retailers to deliver one of the world's most ambitious deposit return schemes as quickly as we possibly can under the circumstances in which we find ourselves.

Stuart McMillan (Greenock and Inverclyde) (SNP): Will the minister provide an update on discussions that she has had with Scotland-based engineering businesses that can play their part in

supplying the equipment that will be needed for the implementation of the DRS?

Lorna Slater: In line with the principle of producer responsibility, it is for industry—especially Circularity Scotland—to procure the infrastructure that will be needed to run the DRS. It would not be appropriate for me to influence those discussions. However, I note that we anticipate that the implementation and operation of the deposit return scheme will generate a range of employment opportunities in the extensive infrastructure and logistics that the scheme requires—for example, in sorting and bulking centres. Our ambition is also for polyethylene terephthalate—PET—plastic that is collected as part of the scheme to be recycled here in Scotland.

Liam Kerr (North East Scotland) (Con): We have been told that there will be a producer fee. Will the minister release the business case containing all costs for calculating the fee? Will she confirm the amount that producers will be charged?

Lorna Slater: Circularity Scotland is a private not-for-profit company. It is common in Europe for the DRS administrator to be set up that way and it is entirely appropriate that any scheme has producer responsibility at its heart. The scheme administrator, in conjunction with industry, will decide on and produce the modelling that generates the fee. It is not for me to decide it.

I remind Liam Kerr that, in November 2019, the Scottish Conservatives not only welcomed the fact that industry was leading the scheme, but wanted to go further and allow industry to set the deposit, which we have set at 20 per cent.

Fergus Ewing (Inverness and Nairn) (SNP): Will the minister meet me and representatives of the Society of Independent Brewers, which represents mostly small craft brewers? Is she aware that those brewers calculate that the average cost of implementing her scheme will be no less than £20,000, much of it payable two and a half to three months in advance of the scheme's start? Is she also aware that they regard her scheme as so complex—diabolically complex—that they are contemplating abandoning selling some of their ranges in Scotland? What will she do to prevent her scheme from driving those excellent small Scottish brewery businesses out of their own market?

Lorna Slater: I share Fergus Ewing's concern about small businesses in Scotland and the need to ensure that we support them. It is one of the reasons for the extensive work that we have done to choose what we consider to be an ambitious but workable date for the scheme.

It is important that small businesses are supported during this difficult time. The business case for the deposit return scheme rests on the principle of producer responsibility: the principle that those who produce the waste that is littered on our beaches and in our parks play their part in ensuring that it can be cleaned up and prevented. That is the scheme's primary purpose.

I have read and responded to letters from small breweries and the brewing industry and am doing the best that I can to support them and Circularity Scotland to implement the scheme successfully and ensure that Scotland's businesses can thrive.

Mercedes Villalba (North East Scotland) (Lab): My colleague Colin Smyth has already outlined the significant cost to local government and the environment that will be caused by the delay. Someone has to pay for the cost of it. The minister is aware that the DRS is supposed to be a producer-responsibility scheme, so will she tell us what steps the Scottish Government is taking to ensure that producers, not taxpayers and local authorities, will foot the bill for the 13-month delay?

Lorna Slater: I appreciate Mercedes Villalba bringing that question back; I was unable to answer it the other day.

As I have said, we are still in the middle of the Covid pandemic, and we are still dealing with the after-effects of Brexit. We absolutely want the producers and retailers that Mercedes Villalba mentioned to take responsibility, but we also have to be aware that they are struggling in the pandemic and with Brexit. I do not think that it is right to suggest that an additional financial penalty should be inflicted on Scotland's small breweries, hospitality businesses and convenience stores for delays that are due to Brexit and Covid, and which are in no way the fault of those businesses.

We will implement the ambitious scheme as quickly as we practicably can, and that will reduce the waste and litter on our beaches. What Mercedes Villalba proposes would essentially amount to introducing an extended producer responsibility scheme. That will be rolled out in the UK in the years ahead. Currently, Scotland does not have the powers to roll out an extended producer responsibility scheme on its own. We are working with the UK Government to do that for the four nations, and we will work on that going forward.

Kenneth Gibson (Cunninghame North) (SNP): A major wine distributor in my constituency with more than 50 employees—there would have been more than 70 without Brexit—has expressed a number of concerns about the deposit return scheme, including about labelling. Different labels will have to be applied for each of the four UK

home nations. Thousands of lines mean a hugely bureaucratic and expensive task. It has been estimated that that will cost a quarter to a half of company profits in a sector that operates on 3 per cent margins. How will that be overcome? Are discussions on-going to ensure a four-nations approach, not least regarding labelling?

Lorna Slater: There is no requirement in the regulations for producers to adopt a specific label as a means of preventing fraud. That is a matter for the producers and the scheme administrator to decide, based on technical and commercial considerations. A number of existing schemes around the world provide flexibility, for instance by allowing smaller producers not to use a distinct label but to pay a slightly higher contribution towards the running costs of the scheme instead. I understand that Circularity Scotland Ltd, as the scheme administrator, intends to adopt that model.

On the point about a four-nations approach, we are absolutely open to working with the other UK Administrations on ensuring that our schemes are compatible, but that would have to be on the basis of protecting the ambition level of Scotland's DRS. I am very excited that Scotland is going first and that it will be the first nation in the UK to implement a deposit return scheme. I very much hope that the rest of the UK will follow in our footsteps and implement equally ambitious schemes. That would make things smoother to administer throughout the UK.

Liam McArthur (Orkney Islands) (LD): I apologise to the Presiding Officer and the minister for being slightly late to the chamber.

I congratulate the minister on a laudable effort at dressing up an embarrassing failure as some sort of triumph. She has suggested that a scheme will be in place in Orkney from November next year. Can she confirm whether that scheme will cover all the islands or just Orkney Mainland? Is she confident that all the outstanding questions that businesses and community groups in my constituency still have will have been answered well before then?

Lorna Slater: The scheme in Orkney will be a community scheme that will be in place in one town, I believe. That will allow people to get their deposit and donate it to charity. That will not only allow the people in Orkney to interact with the scheme, return their bottles and reduce waste and litter there; it will also give us good data on how people interact with the scheme, which will help us to implement it.

Fiona Hyslop (Linlithgow) (SNP): Is the minister aware that the Aldi store in Bathgate, which is in my constituency, has already begun a deposit return scheme trial, in which it asks for bottles and cans in exchange for vouchers for the

store, and that it plans to use the feedback from customers who use the service to inform plans as it prepares for the deposit return scheme roll-out in Scotland? What support can the Scottish Government offer businesses that want to trial the scheme prior to the Government's official launch date so that, as well as boosting local economies earlier, the schemes can start up faster and go further when the time comes?

Lorna Slater: I am delighted that Aldi has started that trial. From discussions that I have had with it, I know that it is planning more. That shows the enthusiasm that retailers around Scotland have for the project. I absolutely welcome their support.

As Fiona Hyslop has pointed out, there is much for the supermarkets to learn from trialling DRS as they prepare for the mass roll-out of the deposit return scheme infrastructure. There is evidently a great commercial opportunity for retailers to lead the way in promoting recycling and encouraging footfall. However, from discussions with retailers, I also appreciate that there might be a cost. We are working with retailers to understand how we might support the earlier and faster roll-out of return schemes in advance of full implementation, including logistical support. From engagement with retailers, we know that a firm, final and deliverable full implementation date is the key prerequisite for that, and today's announcement provides that for them.

Mark Ruskell (Mid Scotland and Fife) (Green): It is clear that Scotland's DRS will be a game changer and, while I share the minister's frustration about the pandemic and Brexit delays, I welcome the fact that the scope of the scheme remains one of the most ambitious in the world, despite industry pressure to dilute it. That means that far more bottles will be recycled, including glass and containers bought online. I understand that the Westminster Government is developing a scheme for England, but it is some years behind Scotland. Will that scheme follow Scotland's lead in its scope?

Lorna Slater: The scope of the English scheme will be a matter for the UK Government to decide. However, Scotland will be the first country in the UK to have a deposit return scheme and I hope that our level of ambition will inspire the other Governments to follow suit. We should not forget that the scope of the scheme that we are introducing here is ambitious relative to many of the schemes elsewhere that we often hear about. For example, Latvia's and Lithuania's schemes include many exemptions. Our DRS will be among the most environmentally ambitious and accessible in Europe, and the inclusion of glass, which will deliver significant environmental benefits and reduce litter, is a key part of that.

Dean Lockhart (Mid Scotland and Fife) (Con): Last week in the Net Zero, Energy and Transport Committee, Jim Fox of Food and Drink Scotland told the committee that some parts of the industry are ready to go, but others are not. Given the time delay, I assume that the minister has done a lot of analysis in that area. Will she therefore tell us what percentage of industry and what sub-sectors of industry are not ready for DRS?

Lorna Slater: The question is more about big retailers versus small businesses. I do not have the specific numbers for the member, but I can write to him with them. The member might be referring to quotes that were made by Coca-Cola in 2019, before the impacts of the pandemic were known. Big players have sufficient resources to implement their part of the system in a shorter period of time, but we also need to think about small producers, convenience stores and hospitality businesses, which have suffered so much in the past 18 months. It is essential that the whole scheme is a success and that we bring along all the necessary businesses, not just in the short term but for decades to come. That is why I maintain that 16 August 2023 is a workable but ambitious date for Scotland's deposit return scheme.

The Deputy Presiding Officer: Clare Adamson is joining us remotely, and I will squeeze in Craig Hoy if he is very brief.

Clare Adamson (Motherwell and Wishaw) (SNP): I was lucky enough to be at Glencairn primary school in Motherwell in 2018 when the minister launched the deposit return scheme consultation. On that day, the pupils were showing their collective work on reducing plastic waste and eliminating single-use plastic in their school. As some of them will now be teenagers at the launch date, what is the Scottish Government doing to engage young people and encourage their continued support for and participation in the circular economy?

Lorna Slater: During the 26th United Nations climate change conference of the parties—COP26—I was lucky enough to meet some schoolchildren who talked about wanting to implement their own deposit return scheme at their school. I challenged them to a race. If they can get theirs done before mine, I will come and congratulate them on doing so.

I agree that engaging with young people will be essential. Indeed, we know from other international schemes, such as the one in Sweden, that there is a link between reaching out to young people and the overall success of the scheme. The approach will be developed as part of the public awareness-raising campaign, and it will be informed by Zero Waste Scotland's research into the attitudes of younger people to

DRS and the best channels through which to reach them with the information.

As I said earlier, the public awareness campaign will be launched in August 2022, which is one year before full implementation of the scheme.

Craig Hoy (South Scotland) (Con): Given that the necessary funding is still not in place, and that Circularity Scotland lacks a full board and has neither a permanent chief executive officer nor a chief finance officer, can the minister say on what day, in what week, and in what month she decided to delay the scheme?

Lorna Slater: I am sorry—could the member repeat the question? I am not sure how it links with what he said first.

The Deputy Presiding Officer: Minister, it is for me to direct this—

Lorna Slater: Sorry.

The Deputy Presiding Officer: In the circumstances, Mr Hoy, will you please repeat your question?

Craig Hoy: Will the minister tell the Parliament on which day, of which week, of which month, she decided to delay the scheme?

Lorna Slater: Sorry—I am not quite clear about the question. We have been working for many weeks to figure out how to implement the scheme on the quickest possible schedule. We knew from the gateway review—a third-party, independent review—that, as I said in my statement, July 2022 was not feasible; the review suggested that July to September 2023 would be more feasible. Since then, we have been doing the groundwork to consider the most feasible date, which I announced today: 16 August 2023.

The Deputy Presiding Officer: That concludes the statement.

Business Motion

18:06

The Presiding Officer (Alison Johnstone): The next item of business is consideration of business motion S6M-02562, in the name of George Adam, on behalf of the Parliamentary Bureau, on changes to business this week.

Motion moved,

That the Parliament agrees to the following revisions to the programme of business for Wednesday 15 December 2021—

delete

followed by Scottish Conservative and Unionist Party Business

and insert

followed by Ministerial Statement: Update on Dalzell Historical Industrial Transaction

followed by Scottish Conservative and Unionist Party Debate: Backing the North East Economy

followed by Scottish Conservative and Unionist Party Debate: Ending the Not Proven Verdict

delete

5.10 pm Decision Time

and insert

5.40 pm Decision Time—[George Adam].

Motion agreed to.

Decision Time

18:06

The Presiding Officer (Alison Johnstone): There are no questions to be put as a result of today's business, so we will move on to the next item of business.

Community Defibrillators

The Deputy Presiding Officer (Liam McArthur): The final item of business is a members' business debate on motion S6M-02093, in the name of Jenni Minto, on the importance of community defibrillators. The debate will be concluded without any question being put.

Motion debated,

That the Parliament notes the importance of access to defibrillators in communities across Scotland; understands that a defibrillator is required within three minutes of cardiac arrest for it to be effective; believes therefore that a wide spread of these devices across communities could play a key role in saving lives; understands that people living in the least affluent areas of the country are 60% less likely to survive an out-of-hospital cardiac arrest; recognises the incredible community effort nationally, including in Argyll and Bute, of people who have raised funds to install and maintain defibrillators, but notes the view that more needs to be done; commends the work of the British Heart Foundation, in partnership with the Scottish Ambulance Service, the NHS and Microsoft, in establishing the Circuit, which is Scotland's first network of defibrillators; notes the calls for more work to raise awareness of, and improve education on, defibrillator use, and further notes the calls for anyone with a defibrillator to register it on the Circuit to help the Scottish Ambulance Service find its location in the event of an out-of-hospital cardiac arrest.

18:08

Jenni Minto (Argyll and Bute) (SNP): My dear friend Carl Reavey died of an out-of-hospital cardiac arrest in January 2018. He was 61. Carl was a force of nature and his sudden shocking death impacted on the many people who had the great fortune to know him. This debate is in Carl's memory and is for all those who have lost loved ones as a result of cardiac arrest. It is also in recognition of the work of communities across Scotland, including in my constituency of Argyll and Bute, who have raised funds, completed training and helped to save lives through installation of defibrillators.

I thank members from all sides of the chamber who have supported the motion. We are in the privileged position of being able to help to raise awareness of the work that the British Heart Foundation is doing alongside the Scottish Ambulance Service, NHS Scotland and Microsoft, in establishing the Circuit—Scotland's first network of defibrillators.

I never met my maternal grandfather—he died of an out-of-hospital cardiac arrest in 1964. Back then, there was only a vague understanding of the processes that underlie heart disease. Doctors could not do much; they simply let nature take its course. Since then, the Scottish death rate from heart and circulatory diseases has declined by more than three quarters, but for out-of-hospital cardiac arrests—there are about 3,200 in Scotland

every year—the survival rate is only 10 per cent. The figures are stark: every minute without cardiopulmonary resuscitation and defibrillation reduces the chance of survival by 10 per cent.

The Scottish Government's document "Scotland's Out-of-Hospital Cardiac Arrest Strategy 2021-2026" aims for

"20% of ... cardiac arrests"

to

"have a defibrillator applied before the ambulance"

arrives. Research suggests that that means having a defibrillator situated every 200m in urban areas, and having one for every 1,000 people in rural areas, so it is quite a target to reach.

Cairndow, around the head of Loch Fyne in Argyll and Bute, has three community defibrillators. Two are community funded, and one is funded by a local business. Last year, one was deployed when a visitor fell ill in a remote part of the community. The response was exceptional. The British Heart Foundation had provided two basic life-support training sessions in the Cairndow village hall. The first person to arrive on the scene had attended that training and commenced manual CPR, while directing someone else to get the nearest defibrillator and raise the alarm. The air ambulance, an ambulance crew and police all attended, and the community defibrillator was applied before the services arrived.

That community response was made possible by British Heart Foundation training, locally funded defibrillators and good community awareness. The next day, the defibrillator pads were replaced by private community donations in order to keep the defibrillator in service. Without individuals donating or communities fundraising, the defibrillators will not be there, and so the Scottish Government's target might be difficult to achieve.

My motion notes that more could be done. I have two suggestions, although I am sure that many more could be made. By using building planning regulations, could new developments be mandated to put in a defibrillator cabinet? Following on from my question in the chamber in response to last week's budget, could the Scottish Government campaign for a removal of, or reduction in, VAT on defibrillators?

I started my speech by remembering Carl Reavey. Carl's life was action packed. He was a sound engineer with The Undertones, a bird watcher, a photographer, an editor, a hotelier, a promoter of whisky and a cyclist. He was a son, a brother, a husband, a father and a friend. Carl's smile and laughter lit up the room, but an electrical malfunction in his heart forced the life from him. Jan, his wife, was alone with him when it

happened. She dialled 999. She administered CPR, having been told not to stop until the ambulance arrived. She could not leave him. No one knew to get the village defibrillator. Registering a community defibrillator on the Circuit might help in circumstances like that, so please—please—do it.

I finish with the words on the memorial for Carl in the community woodland that he and I worked together to establish:

"A lover of nature
By nature good natured
By nature a friend
A lover of a dram (naturally)
By nature a thinker
By nature a doer
A force of nature"

I simply ask, on behalf of Jan, that we lose no more forces of nature simply because a defibrillator is not registered on the Circuit.

18:14

Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP): My contribution is quite short, but it is important that I advise members of the activities and influence of Scottish HART in campaigning to increase the distribution of defibrillators. Scottish HART, which stands for Heart At Risk Testing, was founded in 1997 by Kenneth and Wilma Gunn, who have, for some time, been my Selkirk constituents. I know that it is not among the various organisations that are listed in the motion, but it is an important little organisation.

Tragically—just like in the story that Jenni Minto recalled—on 27 May 1991, the Gunns' son Cameron collapsed and died during a five-a-side football match. Even more cruelly, it was the night before his 20th birthday. He suffered from hypertrophic cardiomyopathy, although nobody knew about that until after his death. Regrettably, other young people—often active sportsmen and women—have died in a similarly tragic fashion.

From 1997 onwards, Wilma Gunn and her husband Kenny have been fundraising; raising the organisation's profile, even in Parliament; and campaigning not only for early testing of young athletes but for accessible defibrillators. Back then, not many people knew what a defibrillator was—I include myself in that. The profile was raised here, with debates and petitions in the early years of the Parliament, and in 2014 Wilma was deservedly awarded an MBE.

Today, we have defibrillators at many points—in trains, bus stations, airports and supermarkets, and in the Parliament and some workplaces—but Kenny and Wilma Gunn have not stopped campaigning, and they are keen for even more

defibrillators to be distributed. The new ones are easy to use—you cannot hurt the patient by using them. In fact, it is better to use a defibrillator and have the patient die in front of you, as you cannot do any more harm than if you had done nothing.

I have practiced on defibrillators, in the Parliament and elsewhere, and if I can use them—because I am hopeless at it—anyone else certainly can. Those invaluable minutes on the defibrillator will mean life or death until the medics arrive. That is especially relevant in rural areas such as my constituency, where paramedics cannot simply arrive within eight minutes.

I wanted to take part in the debate to remind members of other less well-known people who have campaigned, through tragic circumstances, to try to bring defibrillators, which save so many lives, to the forefront. I congratulate Wilma and Kenny Gunn who, all these years later, are still campaigning for Scottish HART and for defibrillators.

18:17

Liz Smith (Mid Scotland and Fife) (Con): I warmly congratulate Jenni Minto on bringing this vitally important debate to the chamber, and on the tone that she has set with her very moving speech.

We all have our part to play on this issue. I actually witnessed the life-saving capacity of rural defibrillators when one member of my constituency staff suffered a cardiac arrest in a rural part of Perthshire. I have no doubt whatsoever that if the village had not had a defibrillator to hand, that colleague would not have survived. The office that Murdo Fraser and I share is part of the building for the Scotland's Charity Air Ambulance team, and I know just how much they appreciate all the work that is done.

Now more than ever, we are so aware of what our healthcare services do for us, and of just how precious the principles of the national health service are, given that it meets the needs of everyone on the basis of clinical need. We are also so aware of the work that the exceptional NHS staff undertake; we must also include in that the work of all those who look after our rapid-response ambulance teams and all those who are involved in campaigning for defibrillators. In addition, it is important to compliment, as Christine Grahame did, the members of our local communities who are so much a part of this very important campaign.

Every year, more than 3,000 people suffer an out-of-hospital cardiac arrest, but if you are one of those 3,000 and you live in a rural area, you are 32 per cent less likely to survive than others. People from more deprived areas are 60 per cent

less likely to survive to be discharged than those from less deprived areas. There is a responsibility on us all to ensure that no matter where people are, we are able to respond to any out-of-hospital cardiac arrest.

It is good to hear that, in the past five years, the Save A Life for Scotland partnership has equipped more than 640,000 people with the necessary skills for resuscitation. It is vital that we continue to train people on how to react, but we also need to ensure that defibrillator equipment is readily available and, just as importantly, that it is properly maintained. As Christine Grahame and Jenni Minto flagged up, information on where defibrillators are located is crucial. I wholeheartedly support the provision of more defibrillators, and I was delighted to hear that, in November, the Rattray community became the latest in the Perth and Kinross area to install a new defibrillator.

However, there are challenges, such as to ensure that the yearly monitoring, which is so important, actually happens, that parts-replacement costs can be met, that the location of the devices can be made more consistent, and that we can support our local communities. We know that in Wales, the Government has pledged £3 million to improve public access to defibrillators. As Jenni Minto rightly pointed out, we in Scotland could do a little more to ensure that there is further outreach.

In 2015, only around one in 20 people survived an out-of-hospital cardiac arrest. Thankfully, that statistic is now a little better—it is one in 10—but the survival rate is still too low. I therefore welcome the progress that we have made, the increased chance of survival and the continued installations of defibrillator equipment across the entirety of Scotland. However, we still have a long way to go to ensure that people's lives are fully protected. We need not just to ensure that clinical assistance is provided, but to take responsibility and ensure that our local communities are very well prepared and know exactly what to do. As MSPs, we all have a part to play in helping that process. I warmly thank Jenni Minto once again for the debate, and I will do my part to ensure that we give that support.

18:21

Stuart McMillan (Greenock and Inverclyde) (SNP): I congratulate Jenni Minto on bringing this important debate to the chamber. I agree wholeheartedly with her motion, as public access to defibrillators has become one of the biggest constituency matters that I have ever dealt with.

In 2017, I met a local woman, Kathleen Orr, whose son Jayden tragically died following a

cardiac arrest. In her evidence to the Public Petitions Committee in 2018, she said:

“Jayden went skating in the morning, as usual, and to his normal skate club in the evening. While he was doing his normal skate routine, he collapsed on the ice and never got back up again. That was when my world fell apart ... I do not remember too much after that, but I know that there were a lot of members of staff and not one of them knew what the others were doing. To my knowledge, there was a defibrillator, but none of the staff used it because they were not fully trained and were scared of doing so.”—[*Official Report, Public Petitions Committee*, 22 November 2018; c 1.]

Kathleen was giving evidence after lodging her petition to make it a legal requirement to have a public access defibrillator placed in all new buildings over a certain size; that is the option 1 that Jenni Minto outlined earlier. I have got to know Kathleen on her mission to increase the number of defibrillators across Inverclyde. When she started her charity in memory of Jayden, which is affectionately called Jayden’s Rainbow, there were only four automated external defibrillators in Inverclyde. Today, there are 41, including two at Ferguson Marine in Port Glasgow—one on each of the two ships that are being built. If it were not for Covid, there would already be more across the constituency.

Following discussions with Kathleen, I brought local and national stakeholders together to help to increase AED provision across Inverclyde and Scotland. St Andrew’s First Aid was so impressed with Kathleen’s work that it gifted her 30 of its old AEDs, which were then reconditioned. She is placing those AEDs across Inverclyde, in addition to those that she has given to local schools, which have been purchased through her campaigning and fundraising efforts.

Kathleen, her daughter Kerri and her son Declan all now volunteer with St Andrew’s First Aid. As well as improving access to AEDs, they want to show everyone that we should not be afraid of AEDs—in fact, they are foolproof, and they will not work unless someone has a shockable heart rhythm.

According to St Andrew’s First Aid, people from the most deprived areas are 43 per cent less likely to survive a cardiac arrest. Given Inverclyde’s challenges with deprivation, Kathleen’s efforts have become all the more significant when we acknowledge that statistic.

In the past few years, there has been a real awakening to the need to increase access to AEDs, and to the importance of having a record of where they all are. That is why the work of the British Heart Foundation, in partnership with the Scottish Ambulance Service, the NHS and Microsoft, in establishing the Circuit, Scotland’s first network of defibrillators, is vital.

The British Heart Foundation provided a helpful briefing for the debate and I will highlight three key points from it. First, performing CPR can more than double the chances of survival in some cases. Secondly, every minute without CPR and defibrillation reduces the chance of survival by up to 10 per cent.

The third point is that the ambulance services currently do not know where tens of thousands of defibrillators are. Knowing a defibrillator’s location can be the difference between life and death. Owning a defib is great but, if nobody knows where it is, that life-saving machine could be lying dormant in an emergency. I appeal to anyone who is watching the debate or who reads the *Official Report* after it to register their AED with the Circuit.

18:25

Carol Mochan (South Scotland) (Lab): I thank Jenni Minto for bringing her important motion to the chamber for debate. She gave a lovely speech.

The debate allows us to consider and connect two important elements: the life-saving technology that we are lucky to have available to us and the community that brings it to our doors to ensure that, whenever possible, lives are saved.

We have heard a bit about cardiac arrest from members who have spoken before me. Sudden cardiac arrest occurs suddenly and often without warning. It is the abrupt loss of heart function, breathing and consciousness. We need to understand and remind ourselves that death occurs within minutes if the victim does not receive treatment. Therefore, it is important that we raise understanding and awareness of the condition. Debating in the Scottish Parliament can be a step towards raising that awareness but, as members know, we must go further in our campaigns after the debate.

Figures that we have heard reveal that, every year, more than 3,000 people in Scotland experience an out-of-hospital cardiac arrest. The British Heart Foundation’s figures show that only one victim in 10 survives. However, crucially, the chance of surviving a cardiac arrest jumps from 6 per cent to 74 per cent if the casualty is in a shockable rhythm and a defibrillator is deployed within three minutes. That statistic shows clearly why it is important, as the motion states, to have accessible community defibrillators that are well maintained and easily available to every community.

If we are to reduce deaths from out-of-hospital cardiac arrest, it is important that people know how to use the defibrillators. It is important that we train people to use them and that they feel confident in using them. Understanding that, with

quick decisive action, we can save a life gives us all great purpose to do more. Access to defibrillators is vital to saving lives. I say to Jenni Minto that I would happily support any of the campaigns that she advances from the debate.

I also pay tribute to the communities that fundraise for and maintain defibrillators, which are life-saving pieces of equipment. In my community of Mauchline, a well thought out strategy has, following some fantastic fundraising, resulted in a community defibrillator being based at the centre of the village, with another due to be installed in another part of the village. The Mauchline Community Association, which is based at Centre Stane, has implemented a plan that includes good maintenance, ensuring that there is a high level of local understanding about how to access and use the equipment and registering it with the Circuit. Those measures are to be commended in any community and I am proud of the efforts in my village.

As I mentioned, my local defibrillator is registered with the Circuit, the national defibrillator network. The network provides a national overview of where defibrillators can be found and connects to the NHS ambulance services throughout the United Kingdom. That ensures that, in the crucial moments after a cardiac arrest, the defibrillators can be accessed quickly to help to save lives. At the moment, many defibrillators are never used because emergency services do not know where they are. That can cost lives and it is why it is important that the Circuit's infrastructure is available.

I reaffirm a key point that I have made in previous debates: inequalities in health and healthcare cannot be ignored. It is no different in this instance. People from more deprived areas in Scotland are almost twice as likely to have an out-of-hospital cardiac arrest and are 60 per cent less likely to survive to leave hospital than those from less-deprived areas. We must not forget those factors when planning for the future. It is crucial that the Government addresses inequality as a matter of urgency before it is too late for more people. Key to that is tackling the root causes of health inequality.

I again acknowledge the importance of the motion and commend the work of the volunteers and organisations that raise awareness of the issue. I thank members for contributing to this important debate.

18:30

Jackie Dunbar (Aberdeen Donside) (SNP): I thank Jenni Minto for bringing the motion for debate and congratulate her on her personal and powerful speech. I know how close the subject is

to her, as I first met her at a British Heart Foundation round-table event during the election campaign. That day, I saw someone who is as passionate as I am about doing all that we can to ensure access to defibrillators.

Defibrillators can mean the difference between life and death for someone who suffers cardiac arrest. That highlights the important role that they play in our communities. It is therefore important that they are widely available, that they are accessible and that folk know how to use them to save someone's life.

Defibrillators are used to administer an electric shock to a person who is having a cardiac arrest and are designed to be used by an average person with no medical training to save a life. They can and should be available in public places for use by the public when they are required. They are designed to be used by members of the public who have not received any training but we need people to be confident and not scared of using one in a life-or-death scenario, so the devices provide audible instructions and, sometimes, visual prompts on a screen to help people through the process, which makes them easy and safer to use.

It is important that people know what to expect when using a defibrillator. My understanding is that, when a person puts the pads on someone's chest, the device will analyse the heart's electrical rhythm and, if it detects an abnormal rhythm that is likely to respond to a shock, it will charge itself. That takes away huge responsibility from the person who is going to use it.

Some devices deliver the shock automatically without needing any further action by the operator. Others instruct the operator to press a button to deliver the shock before instructing them to carry out CPR for a period. It might require more than one shock to save someone's life, but the machine will talk the operator through every step, so people should not be scared to use one. One of the key things for people to know is that a defibrillator will not allow a shock to be given unless it is needed. That means that it is extremely unlikely that it will do any harm to the person who has collapsed.

I was extremely pleased that Aberdeen City Council recently agreed to have officers consider the feasibility of providing defibrillators in all schools and sheltered accommodation. That received cross-party support, which is probably rare nowadays in Aberdeen City Council. It was brilliant to see councillors coming together to agree that.

As I have said repeatedly, it is important that defibrillators be put in accessible locations and that people in the communities know where they are. A key point to their success is knowing where to find one and their being accessible and close to

where they are needed. Unfortunately, I could not find a central bank of locations to which people can log on to find their nearest defibrillator. A quick internet search puts the nearest one to my home at Northfield community centre but I know that there are closer ones and I encourage everyone with a defibrillator to register it on the Circuit website to ensure that everyone can quickly find the nearest one in an emergency.

Once again, I thank Jenni Minto for bringing this important topic to the chamber.

18:35

Gillian Mackay (Central Scotland) (Green): I am pleased to be speaking in this very important debate and I also thank Jenni Minto for bringing it to the chamber. Her powerful speech has really set the tone. I also thank the British Heart Foundation for its briefing.

Since the 1960s, huge strides have been made in heart attack survival. In the 1960s, more than seven out of 10 heart attacks were fatal, whereas today at least seven out of ten people who have a heart attack survive. Currently there are 10,000 hospital admissions for heart attacks each year, which is an average of one every 50 minutes.

We need to do more work to make people aware of heart health risks and the implications of such risks for their long-term health. We know about the links between poor diet, lack of exercise, smoking and poor health. Inequality as a driver of poor health cannot be underplayed and the prevalence of heart disease in areas of higher inequality points to the work that still needs to be done. As Stuart McMillan pointed out, people in areas of high inequality are less likely to have access to a defibrillator.

I must stress that it is never too late to look after our heart health. The new year often gives rise to attempts to establish new healthy habits, but I encourage everyone to take a serious look at their heart health and any small but important lifestyle changes that could be made to improve it.

Preventative care plays a huge part in cutting down the number of heart attacks and potential cardiac arrests, but when such things happen outwith hospitals, CPR and community defibrillators can be life saving and, indeed, have saved lives on a number of occasions. As Christine Grahame and Liz Smith have noted, that is especially true in rural settings. It just shows how many people are touched by these issues.

Learning CPR could be one of the best things that everyone could do at home over the Christmas holidays. After all, we never know when we might need it. For someone who has a cardiac arrest, their likelihood of survival decreases by up

to 10 per cent every minute without intervention. Defibrillators might appear daunting—and the word is difficult to say—but the important point is that no one needs to be trained to use them. There are clear spoken instructions, and no one can be shocked accidentally, because the machine will provide a shock only when it detects the target rhythm.

Currently less than 5 per cent of out-of-hospital cardiac arrests involve bystander intervention, but I am sure that everyone in the chamber will have read stories in the press about those incredible people who step in and make that difference. I cannot stress this enough: knowing what to do could save a life.

Many communities across the country, including in my region of Central Scotland, have raised funds to put defibrillators in key places. Unfortunately, however, many of them have not been registered with the Circuit, which provides a national overview of where defibrillators can be found and connects them with NHS ambulance services to ensure that, in those crucial moments after a cardiac arrest, they can be accessed quickly to help save lives. The Circuit also does life-saving work with regular reminders about maintenance. If communities know of a defibrillator that is not on the Circuit, they should get in touch with the network and get it registered. Knowing where it is might just save someone.

Once again, I congratulate Jenni Minto on securing this debate.

18:38

Marie McNair (Clydebank and Milngavie) (SNP): Before I start, I draw members' attention to my entry in the register of members' interests as I am a serving member of West Dunbartonshire Council.

I congratulate Jenni Minto on securing this debate on an issue that I know is very close to her heart. It is important to take the opportunity to raise awareness of the need for more accessible defibrillators in our communities. According to the British Heart Foundation, fewer than one in 10 people survive an out-of-hospital cardiac arrest, and it is calling on us to act to reduce two factors in relation to that tragic statistic. The first reason is that there are not enough people who feel prepared and confident enough to perform CPR, and, the second is that there are not enough defibrillators.

I have a strong interest in promoting the accessibility of this life-saving equipment not just in my role as a councillor on West Dunbartonshire Council but on a personal level, having lost my own father to a cardiac arrest at the age of 52.

Had defibrillators been more readily available, the outcome might have been more positive.

In 2017, I was delighted to launch a campaign to compile a list of defibrillators that are available in public buildings or in the ownership of businesses, organisations and groups across West Dunbartonshire. I was able to follow that up by securing £50,000 from the council and £25,000 from the West Dunbartonshire health and social care partnership. The funding was used to ensure that there is a good geographical spread of automatic external defibrillators throughout the local authority.

I thank my colleagues on West Dunbartonshire Council for the cross-party support on this important issue. There are things that can unite us, and the gains from this important work are there for all to see. In fact, in recent weeks I chaired a meeting of the council's defibrillator working group, during which we managed to secure another defibrillator for the Linnvale community group in Clydebank. We will help the group to get it installed in a prominent position in the area.

We have real experience in our working group, and the members' continuing efforts are helping to save lives. On the working group are: Sheena Nelson, the heartstart co-ordinator from Helensburgh & Local District CPR/Defibrillator Association; Dr Jan Chesham, who represents the Trossachs Search and Rescue Team, which has developed an app; and Anne Harrison from the Scottish Ambulance Service.

Also in the group is Brian Martin, who is a retired paramedic. Brian collapsed while playing football at Scotstoun leisure centre and owes his life to his colleagues from the Scottish Ambulance Service. Following successful fundraising events by Brian and his colleagues, a defibrillator had been installed in the centre just weeks prior to his collapse, and that defibrillator was used to save his life.

My thanks also go to my constituent Norma Docherty, who lost her son to sudden arrhythmic death syndrome in 2011. Norma fundraised in her son's memory to install defibrillators in his former primary and high schools.

Overall, there are now 220 publicly accessible defibrillators across the area between Clydebank and Garelochside. Each has a dedicated guardian who looks after it and checks that it is in good working order.

In addition, I commend the excellent work of the Milngavie Community First Responders, which is a volunteer group in the Milngavie and Bearsden area that responds to specific 999 calls prior to the arrival of an ambulance. With more than 600 call-

outs to date, it is a lifeline service for our community in the drive to save lives.

We all know about the serious levels of heart disease, and that access to the machines can increase survival rates. In West Dunbartonshire, 28 lives have been saved to date through publicly accessible defibrillators being installed throughout our communities. Of those defibrillators, 11 were used during lockdown. Our work has shown how important it is to take ownership of the issue. We know that doing so saves lives.

I also congratulate heartstart projects in Argyll and Clyde on winning the volunteer of the year award at the Scottish health awards ceremony, which was recently held in Edinburgh. The heartstart projects continue to deliver emergency life support and defibrillator awareness training.

I am really proud of all the volunteers in my community who continue to work so hard and to dedicate their time to the cause. It has been an honour and a privilege to share their experiences on their behalf in Parliament.

18:43

Douglas Lumsden (North East Scotland)
(Con): I remind members of my entry in the register of members' interests, which shows that I am still a serving councillor for Aberdeen City Council.

I thank Jenni Minto for bringing the debate to the Parliament. I enjoyed her powerful speech.

Like other members, I commend the work of community organisations in fundraising to purchase defibrillators. Likewise, I commend the work of the British Heart Foundation and others. That work has increased the number of defibrillators throughout Scotland. However, we must do all that we can to provide more support to ensure that that network of life-saving equipment is properly registered, checked and maintained. After all, it really is a matter of life or death, and that is the reason why I feel compelled to take part in the debate.

Earlier this year, a constituent of mine was in desperate need of a defibrillator. His son rushed to the defibrillator that was in their local village but, for whatever reason, it was not on the 999 system or the Circuit. He tried desperately to get it open but, without the code to unlock it, there was nothing that he could do. He was tantalisingly close and I cannot think of a crueller situation than that. Tragically, my constituent passed away. He paid the ultimate price—losing his life—and his family are left with the tortuous, traumatic thoughts of, "What if?" for the rest of their lives.

It is unacceptable that we find out that a defibrillator is not properly connected or

maintained only at the point when someone calls 999 with a desperate medical need for it. Currently, local authorities regularly check life rings to ensure that they are fit for purpose. I would like the Scottish Government to provide funding to local authorities or community groups to allow them to carry out similar checks on a regular basis. Like a life ring, a defibrillator is—we hope—never needed but, in an emergency situation, we need to know that the kit is available and that it works. At that point, it is too late if it has been vandalised or broken or it suffers from another kind of fault.

Like Jackie Dunbar, I welcome the fact that Aberdeen City Council is investigating the possibility of installing defibrillators in all schools and sheltered housing locations. As she said, it is a rare moment when all parties in Aberdeen agree, but we certainly did at that time.

As has been mentioned already, too many people have undiagnosed heart conditions that cause out-of-hospital heart attacks. As Jenni Minto said, currently, only one in 10 people who suffer out-of-hospital cardiac arrest survives. We must do more to prevent that, and we can.

The work that small community groups have done to help to fund defibrillators throughout our country deserves tremendous praise, but there is a huge problem that needs the attention and resource of Government to bring in recommendations from charities such as Heart Valve Voice and other heart disease specialists. At present, too many lives are lost prematurely to heart disease in Scotland. I hope that there are steps that the Government and everyone else can take to help to tackle that.

The Deputy Presiding Officer: I call Rona Mackay, who is the final speaker in the open debate and is joining us remotely.

18:46

Rona Mackay (Strathkelvin and Bearsden) (SNP): I thank my colleague Jenni Minto for bringing this important debate to the chamber and for her moving opening speech.

As we have heard in excellent speeches from across the chamber, it is clear that defibrillators save lives. We know that a defibrillator is required within three minutes of a cardiac arrest for it to be effective and that the availability of defibrillators is becoming widespread across the communities of Scotland. However, we also know that people who live in the least affluent areas of the country are 60 per cent less likely to survive an out-of-hospital cardiac arrest because defibrillators are not as available in those areas. More needs to be done to address that quickly. That is why the importance of the work of the British Heart Foundation in

partnership with the Scottish Ambulance Service, the NHS and Microsoft in establishing the Circuit, which, as we have heard, is a map of Scotland's first network of defibrillators, simply cannot be overstated.

We must raise awareness of and educate people about defibrillator use, and register all defibrillators on the Circuit, to help the Scottish Ambulance Service to know where they are in the event of an out-of-hospital cardiac arrest. We know that early defibrillation can more than double a person's chances of survival from a cardiac arrest. Many defibrillators are never used because emergency services currently do not know where they are located.

On Christmas day 1982, my dad collapsed with a cardiac arrest while he was out walking the dog near our home. A bus driver stopped to help him, but nothing could be done. Of course, I will never know whether a defibrillator would have saved him, but there is every chance that it could have. That is why I am passionate about defibrillators, expanding their use, and getting them into as many communities as possible. All forms of public transport should carry them—many already do—and they should be available in sports clubs, supermarkets, high streets and any public space in which they could be urgently needed. As I said earlier, it is important that we get more defibrillators in areas of need. That is absolutely vital.

I completely agree with Jenni Minto's comments on planning regulations for new buildings in relation to defibrillator cabinets and scrapping VAT on defibrillators. Surely that is not too much to ask.

Defibrillators are not expensive, and they are easy to maintain. They are also easy to operate. I witnessed that during a demonstration by the St John Ambulance service in the village of Torrance, in my constituency. The St John Ambulance service and other charitable organisations that help to save lives throughout Scotland provide advice, training and funding to communities that wish to install a public access defibrillator. Such organisations can give vital training in CPR, which, in conjunction with the use of a defibrillator, will give sufferers the absolute best chance of survival. They can work with people to establish the best location for a defibrillator in their local area, give advice on fundraising and help with the costs.

Every minute without cardiopulmonary resuscitation and defibrillation reduces the chance of survival by up to 10 per cent, which is why it is so important that the Ambulance Service has quick access to defibrillators. Registration on the Circuit is essential.

As we heard, there are around 135,000 people in Scotland who have survived a heart attack.

Although survivor rates are generally high, when it comes to the 3,200 or so out-of-hospital cardiac arrests in Scotland each year, the survival rate is only one in 10.

Currently, fewer than 5 per cent of people who experience an out-of-hospital cardiac arrest receive bystander defibrillation. The rate will increase as more defibrillators become available and, crucially, more people have the confidence to use them. I hope that this debate will help in that regard.

We should remember that the locations of tens of thousands of defibrillators are currently not known by the Ambulance Service. Knowledge of a defibrillator's location can make the difference between life and death for a person who has suffered a cardiac arrest.

18:51

The Minister for Public Health, Women's Health and Sport (Maree Todd): I am grateful to Jenni Minto for lodging the motion. She made a powerful speech—as we have learned to expect from Ms Minto in this chamber—and she used her personal experience to make a powerful point, from which we can all learn. It was a brilliant tribute to Carl Reavey to tell his story in the chamber, so that we can all learn from it.

The debate gives us an opportunity to raise awareness, more generally, of the importance of defibrillator use and registration. I commend the work of the British Heart Foundation, the Scottish Ambulance Service and other partners who are involved in developing the Circuit, which is an important tool to support our aim of ensuring that defibrillators are as accessible as possible in times of need.

I also thank the many other organisations and individuals who have taken and continue to take action to improve survival from cardiac arrest in Scotland. That includes people who deliver CPR training and anyone who takes up that training—more than 640,000 people across Scotland have done so since 2015. It includes people who raise funds for the placement of a defibrillator in their community, the emergency services who respond to instances of out-of-hospital cardiac arrest and, of course, anyone out there who has stepped in to help when witnessing someone experience a cardiac arrest.

I also take this opportunity to congratulate the heartstart group in Ms Minto's constituency, Argyll and Bute, which recently won a Scottish health award for its commitment to delivering CPR training in schools, workplaces and community settings.

Since Save a Life for Scotland, of which the Scottish Government is a key member, published its first strategy in 2015, there has been a significant increase in the number of people who survive a cardiac arrest in Scotland. In 2015, around one in 20 people survived; the rate now is one in 10. That is incredible progress, of which we should be extremely proud.

However, we know that we can do more to save lives. That is why the Save a Life for Scotland partnership refreshed its strategy this year. The partners have now set the aim of increasing survival to 15 per cent by 2026. We have seen the survival rate increase from 5 to 10 per cent; now we are aiming for 15 per cent.

I draw members' attention to two important points about the strategy. The first is its focus on addressing inequalities—a number of members raised that issue. The second is its focus on the importance of increasing the defibrillation rate.

Although we rightly celebrate the improvements in survival since 2015, we are acutely aware that some people are less likely to survive than others. We know that people who live in more economically deprived areas face substantial inequalities. They are more likely to have a cardiac arrest and, when they do, they are less likely to survive than people who live in less deprived areas.

We also know that people who live in rural areas are less likely to survive than those who live in urban areas.

We want to tackle those inequalities. That is why the refreshed strategy embeds a focus on working collaboratively with such communities and delivering targeted work around awareness and training.

As has been highlighted throughout the debate, the role that prompt defibrillation plays in the chain of survival is absolutely key. As part of the overall aim to increase survival, the refresh strategy seeks to increase the number of out-of-hospital cardiac arrests that have a defibrillator applied before the ambulance service arrives from 8 to 20 per cent. First, we are going to improve bystander confidence in using them. Save a Life for Scotland is already working to achieve that through better embedding defibrillator use into awareness-raising campaigns and CPR training across Scotland.

We need to ensure that defibrillators are optimally placed and that they are as accessible as possible. On the issue that Mr Lumsden raised on access codes for defibrillator cabinets, we would thoroughly recommend that defibrillator guardians follow the advice of the Resuscitation Council UK and consider placing their defibrillators in an unlocked cabinet to make them as

accessible as possible. RCUK highlights that, thankfully,

“Despite widespread use of unlocked cabinets ... instances of theft and vandalism ... are relatively uncommon.”

Let me outline how the registration of defibrillators is crucial. First, in an incident of cardiac arrest, it is important that the Scottish Ambulance Service call handler can quickly identify whether there is a defibrillator nearby and then direct a bystander to collect it. Then, they can talk them through applying it. That is only possible if the defibrillator is registered and therefore visible to the call handler. That is reason number 1 to register a defibrillator: it increases the likelihood that it will be used if a cardiac arrest occurs nearby.

The second reason is that the registration of defibrillators will enable us to have an overview of the defibrillator footprint right across Scotland. We know that there are many defibrillators out there but, as many members have said, we could be better at ensuring that they are placed in areas where cardiac arrests are most likely to occur.

That brings me back to the importance of addressing inequalities. We know that most incidents of cardiac arrest occur in areas that are less likely to have extensive defibrillator coverage. The registration of all defibrillators in Scotland would provide a wealth of evidence to support people and organisations in making informed decisions about where to place their life-saving device. That would help to ensure that their generous actions would be most likely to have the impact intended.

Rather than pursuing legislative routes to mandate where defibrillators go, for example in new buildings, we are really keen to continue the collaborative, partnership approach to improving outcomes from cardiac arrest—an approach that has been so successful to date.

In relation to building regulations, however, we are carrying out a review of permitted development rights, which involves removing the need to apply for planning permission for certain forms of development. As part of the review, we have committed to considering the case for introducing new or extended PDR for a wide range of development types, including defibrillator cabinets. At the moment, it is necessary to apply for planning permission to place a defibrillator in an external area of a building, but we are consulting on whether that requirement should be removed. That consultation has been affected by the pandemic, but it remains part of our work plan, and it will be published in due course.

I am more than happy to write to the UK Government on the issue of VAT. I know from an answer to a question in Westminster recently that

there is already a VAT relief scheme for the purchase of automated external defibrillators—AEDs—which covers local authority purchase, eligible charities and the NHS. The UK Government stated in its answer that it keeps taxes under review. Far be it from me to defend the UK Government, but there is a scheme there. I will absolutely lend my weight to anyone else in the chamber who wishes to write to see whether we can get that scheme extended to all defibrillator purchases.

We have seen significant progress in survival from cardiac arrest in Scotland over the past five years. That is a testament to many individuals and organisations, and it is a reminder of the many tragedies that have led people to campaign, as we have heard this evening. I thank them for their work to date, and I look forward to working together to continue progress.

I reiterate my thanks to the British Heart Foundation, the Scottish Ambulance Service and other partners for the development of the Circuit. Finally, I offer my thanks to every defibrillator guardian in Scotland. Your actions play a vital part in helping to save lives from cardiac arrest. I finish by asking: have you registered yours yet?

Jackie Dunbar: On a point of order, Presiding Officer. My apologies: I was so excited that we had cross-party support at Aberdeen City Council that I forgot to refer members to my entry in the register of members' interests. I am still a serving councillor at Aberdeen City Council.

The Deputy Presiding Officer: Thank you, Ms Dunbar, that is on the record. On that consensual note, I close the meeting.

Meeting closed at 19:00.

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