



OFFICIAL REPORT  
AITHISG OIFIGEIL

DRAFT

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# Scottish Parliament

Wednesday 19 August 2020

*[The Deputy Presiding Officer opened the meeting at 14:30]*

## Solicitors in the Supreme Courts of Scotland (Amendment) Bill: Preliminary Stage

**The Deputy Presiding Officer (Linda Fabiani):** I remind members that social distancing measures are in place in the chamber and throughout the Holyrood campus. I ask members to take care to observe the measures over the course of this afternoon's business, in particular when entering and exiting the chamber.

The first item of business is a preliminary stage debate on motion S5M-22407, in the name of Christine Grahame, on the Solicitors in the Supreme Courts of Scotland (Amendment) Bill.

Members who wish to speak in the debate should press their request-to-speak buttons. I call Christine Grahame to speak for up to eight minutes, and to move the motion.

14:31

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I am pleased to open the preliminary stage debate on the Solicitors in the Supreme Courts of Scotland (Amendment) Bill. I thank my colleagues on the Solicitors in the Supreme Courts of Scotland (Amendment) Bill Committee—deputy convener Bill Bowman, Daniel Johnson and John Mason—for their work in getting the bill to this stage.

The bill was introduced on 26 September 2019, and is being promoted by the Society of Solicitors in the Supreme Courts of Scotland—known as the SSC Society. It is the fifth private bill to be introduced in the current session; the previous four all received royal assent.

The private bill process is quite different. The first stage of the process differs from that for public bills—with which we are more familiar—in that it begins with a 60-day objection period. During those 60 days, any person or organisation who believes that their private interests would be adversely affected by the bill can lodge an objection. The objection period for the bill concluded on 25 November 2019, and no objections were lodged.

At the preliminary stage, the role of the bill committee is twofold: first, to consider the general principles of the bill and, secondly, to consider

whether it should proceed as a private bill. In considering whether the bill should proceed as a private bill, the committee assessed whether it conforms to the definition of a private bill, and whether the accompanying documents are adequate to allow proper scrutiny of the bill.

If the Parliament agrees to the motion on the bill at the preliminary stage, it will move to the consideration stage, during which amendments will be considered. Thereafter, the bill will proceed to the final stage, for consideration of any further amendments and a decision on whether it should be passed.

In order to understand the current position in which the SSC Society finds itself, it is helpful to understand its history and the history of the legal profession in Scotland. The Society of Solicitors in the Supreme Courts of Scotland has been in existence for over 200 years—longer even than me. It was formed in 1784, with a contract and articles of association and regulation. A royal charter was granted to it in 1797, which made the society a body corporate. In 1817, a widows fund was established, to pay annuities to surviving widows and orphans of the society's members.

The Solicitors in the Supreme Courts of Scotland Act 1871 confirmed and amended the charter, and re-incorporated the society. However, one omission from that act was powers for the society to wind itself up—which was either because the then members did not foresee a day when the society might not exist, or because they deliberately did not include powers that would allow the society to close down.

The Law Society of Scotland was established in 1949, and it took over the business of regulating the legal profession. In 1979, elements of the 1871 act were amended to reflect the changes that had occurred over the previous century.

The benefits of membership currently include access to the SSC Society's building at Parliament house in Edinburgh, use of a legal library and members' lounge, and membership of the widows fund.

The society has about 220 members spread throughout Scotland, and there are 46 beneficiaries of the widows fund, each of whom receives an annuity of £3,000. The society is run by five office bearers and a council of six members. Over recent years, demographic changes in the membership have meant that the society now finds itself with a predominantly older and retired membership, with fewer younger members joining. Apparently, that is not unusual in such societies, nowadays. There is therefore a concern that a dwindling number of members might one day find themselves in the position in which the society or the widows fund, or both,

needs to be wound up, but with no powers so to do.

The bill seeks to update and modernise the society's statutory constitution—that is, the 1871 act—by updating the act for modern conditions, and by giving the society additional powers that it might need in the future. The purposes of the bill include renaming the widows fund as the dependents fund, and providing the society with powers either to close the fund to new members or to close it completely; giving the society powers to wind itself up in the future; creating new types of membership and making new provision to allow members of the society to resign; and abolishing the offices of librarian and fiscal.

Part of the committee's role was to assess whether the bill will achieve those objectives. In order to aid its scrutiny, on 17 December 2019 the committee held an evidence session with the society's office bearers and its drafting adviser. As a committee, we asked the promoter what alternative approaches had been considered and what the implications would be if the bill were not passed. The promoter emphasised that they are not expecting to wind up the fund or the society any time soon. However, they wish to have the mechanisms in place in case they are needed in the future, so that winding-up can be done in an orderly fashion, without requiring an urgent action before the Court of Session.

We also asked how the winding-up of assets would work, and we questioned whether the procedures for closing the newly named dependents fund and winding up the society were robust enough.

Our report sets out our considerations and recommendations, and my committee colleagues will provide some more detail on those later in the debate.

The committee supports the general principles of the bill and agrees that the bill should proceed as a private bill. We believe that the bill will provide the society with the powers that it might need for the future and that, in addition, it will update the society's statutory constitution for modern conditions.

I am, therefore, pleased to move,

That the Parliament agrees to the general principles of the Solicitors in the Supreme Courts of Scotland (Amendment) Bill and that the bill should proceed as a private bill.

14:37

**John Mason (Glasgow Shettleston) (SNP):** I thank the convener, other colleagues and the clerks for their help and work on the bill, up to this stage. I also thank the promoter for showing us

around the society's headquarters at Parliament Square, just up the road. Bill Bowman, the clerks and I saw the building where the society is located, which is in close proximity to the Court of Session, the Faculty of Advocates, the WS Society and the High Court. It was interesting to hear Robert Shiels, the society's secretary, note that many of the early members of the society had entered the legal profession through apprenticeships, rather than with law degrees. The visit was therefore helpful in providing background and context to the bill.

I intend to concentrate on the mechanisms that are required to wind up the society, and on certain aspects of the society's meetings. As the convener mentioned, one of the main aims of the bill is to address the lack of powers in the 1871 act to wind up the society. It is understandable that office bearers do not wish to find themselves, as one office bearer put it,

“aged 85 and the only official ... left at the table”,

and able only to

“resign from office, walk away and leave an organisation that still exists with nobody to manage it.”—[*Official Report, Solicitors in the Supreme Courts of Scotland (Amendment) Bill Committee*, 17 December 2019; c 10.]

The bill will therefore insert in the 1871 act proposed new section 52B, which sets out the general process for decisions on winding up the society. The process starts with the council agreeing to a proposal to wind up the society, followed by a general meeting of the members, or byelaws being made, to decide the procedures that are to be followed at a special general meeting.

The society's members must be given at least 30 days' notice of the special general meeting, at which they will consider the proposal to wind up the society using the previously agreed procedure. If the members vote to wind up the society, the council will then implement that decision either in accordance with arrangements that are made by the society or

“in such manner as”

the council

“considers expedient.”

During the evidence session, the committee questioned whether the procedure to dispose of the society's assets was detailed and robust enough to encompass any worst-case scenarios during the winding-up process. We commented that the division of assets, particularly substantial assets such as the society's building, could create tensions. I therefore welcome the promoter's confirmation, in a letter that was sent to the committee following the evidence session, that they are considering proposing an amendment to

the bill to ensure that the society's members be consulted about how property is to be distributed.

The committee also asked the promoter about the process of voting at the society's meetings, particularly having heard that only around 10 of the current 220 members attend the statutory general meetings. We noted our concerns about the lack of a requirement in the bill for a quorum, and that a voting threshold was not mandatory for meetings at which winding-up decisions are to be taken. I therefore also welcome the promoter's confirmation that they will propose amendments to address those issues.

I hope that I have provided members with sufficient useful detail on our considerations regarding the bill's provisions that will give the society new powers to wind itself up. We share the promoter's hope that the society will not find itself in that position for some years to come—if at all.

I have found this to be a very interesting process to be involved in, but it has underlined for me that it can be cumbersome to amend primary legislation. Perhaps a lesson for us nowadays is that we do not want to put too much detail in primary legislation, if we can avoid it.

I fully agree with the committee's conclusion that it is content with the general principles of the bill and that the bill should proceed as a private bill.

14:41

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

I begin by thanking my colleagues. It has been a real pleasure to work on a private bill—indeed, it has been interesting, given that it is different from our usual work. I also thank the convener, Christine Grahame, for moving the motion and explaining the history of the society and the process for a private bill. Above all else, it is important to thank the clerks, who have assisted us greatly not just on the detail of the bill but on the private bill process, given its unusual nature for most of us.

As the convener mentioned, the bill is necessary because of the changing demographics in the society. An ageing membership means that office bearers might one day find themselves in the unhappy position of having to wind up the society. The committee therefore agrees with the promoter that the relevant powers need to be in place should it become necessary one day to close the "Widows' Fund"—which is to be renamed the "Dependents' Fund"—or the society, or both.

The provisions in the bill that deal with the closure of the dependents fund will insert new, detailed procedures into the Solicitors in the Supreme Courts of Scotland Act 1871. They will include an actuarial investigation, a meeting of the

members to consider a resolution to close the fund, and the offer of

"such lump sum or other payment as seems reasonable"

for the annuitants and potential future annuitants. Any residual money would transfer to the society.

Although the committee generally agreed to those procedures, we asked why the decision had been made to transfer any surplus back to the society. Donald Skinner-Reid, the treasurer and collector, explained to the committee that the society would seem the "natural home" for any surplus, in order

"to assist the society's continued existence."—[*Official Report, Solicitors in the Supreme Courts of Scotland (Amendment) Bill Committee*, 17 December 2019; c 17.]

The promoter emphasised in both the evidence session and a follow-up letter to the committee that the surplus in the fund could be smaller than might be imagined, once the lump sum had been split between the annuitants and the potential annuitants. In its report, the committee recommended that the promoter consider, as part of the winding-up procedures, a provision in the bill that the beneficiaries and any prospective beneficiaries should be notified of a proposal to close the fund. The promoter has accepted that recommendation, and a draft amendment has already been shared with the committee.

The committee examined the procedures involved in winding up the society. The committee is keen to stress that its aim is to ensure that the bill and the new powers and procedures that it introduces to the society's constitution are as robust as possible without restricting the rights of the society's members to make decisions about its future.

We agree with the promoter that, if the society does, in the future, need to wind itself up, we do not want it to have to come back to Parliament needing to amend the legislation again. We therefore highlighted areas in which we thought that the winding-up procedures could be strengthened. In particular, we questioned provisions for quorums and voting thresholds for key decisions. John Mason has covered that issue in some detail, but I wanted to note that point as well, and, indeed, the promoter's agreement with those recommendations.

It has been interesting to experience the private bill process so far and to play a slightly different role from the usual one of a committee member. As the convener mentioned in her opening speech, the committee has concluded that it is content with the general principles of the bill and that it should proceed as a private bill.

14:45

**Bill Bowman (North East Scotland) (Con):** In closing on behalf of the Solicitors in the Supreme Courts of Scotland (Amendment) Bill Committee, I, too, thank my colleagues for their work on the bill so far. I also thank the secretary of the Society of Solicitors in the Supreme Courts of Scotland, Robert Shiels, for showing us around the society's building at Parliament Square. Mr Shiels recounted how the courts originally rose up around the old Parliament of Scotland, which led to societies being formed by the lawyers who worked in and around those courts. Standing in the magnificent Parliament hall and seeing the Faculty of Advocates, the WS Society and the SSC Society all located in close proximity to the Court of Session and the High Court gave a tangible sense of the history of those societies and the role that they have played in our legal system over hundreds of years.

At the outset, I note that, as the promoter has emphasised, despite challenging demographic changes, there is no wish at the present time among the society's members to close down the society.

One of the objectives of the bill is to enable the society to attract new members by amending the Solicitors in the Supreme Courts of Scotland Act 1871 to create different forms of membership—for example, corporate membership, trainee membership and associate membership. It is hoped that that will encourage younger members of the legal profession to join the society and make use of the library and facilities at its building in Parliament Square.

One concern that the committee raised in the evidence session was the possibility of a sudden influx of corporate or associate members who might disagree with a decision taken by the small group of remaining full society members. The promoter responded by explaining that it would be clear from the outset—and, indeed, in the bill—that those new types of member would not have voting rights.

The bill contains a provision that will give members the ability to resign their membership in circumstances unconnected to any disciplinary matters or retirement. At present, if a member fails to pay their membership fees for two years, their membership automatically ceases. However, we heard from the promoter that that is an “unwieldy” process and that allowing members to resign their membership would be useful.

Another objective of the bill is to update some aspects of the act's terminology. As we have heard, “Widows' Fund” is being changed to “Dependents' Fund”, and reference to “lawful” children is being removed.

The bill will also allow the trustees to pay annuity claims on the basis of cohabitation, depending on the

“facts and circumstances of the relationship between the deceased member and the claimant.”

The society's treasurer and collector, Donald Skinner-Reid, was frank about the fact that the mechanics of how that might happen have not yet been fully worked out and that, in any case, the law regarding cohabitants' rights continues to evolve.

The promoter is removing the offices of librarian and fiscal. The role of fiscal was a historic office for handling matters of discipline prior to the formation of the Law Society of Scotland and the Scottish Legal Complaints Commission, which now handle such matters. The office of librarian is being removed because, although the society will still have a librarian, that person is no longer required to be a qualified solicitor.

The last issue that I would like to cover is the committee's role in considering whether the bill should proceed as a private bill. That aspect of the private bill process is one that most committee members have not encountered before, as it is not part of the process for the public bills that we normally scrutinise. The committee is required to satisfy itself on two points: that the bill conforms to the definition of a private bill as set out in the Parliament's standing orders and that the accompanying documents conform to rule 9A.2.3 in the standing orders and are adequate to allow proper scrutiny of the bill.

On the first point, the committee is satisfied that the bill conforms to the definition of a private bill. On the second point, it is satisfied that the accompanying documents fulfil the requirements and allow for proper scrutiny. However, we noted that the promoter's memorandum could have provided more detail about whether any negative comments or responses were received from members.

The committee is content with the promoter's conclusion, in the promoter's memorandum and in the evidence session, that promoting a private bill is the most appropriate and best available method of achieving the promoter's aims.

However, the committee had one recommendation regarding the promoter's statement. We noted in the preliminary stage report that the promoter had stated its intention to inform all the tenants of the society's building about the bill. In the evidence session, the promoter confirmed that the tenants in the lower part of the building had not been informed. That was, in part, because the bill would not alter those tenants' position. The committee recommended that the promoter ensure that all tenants be

notified about the bill and proposed changes to the society's constitution. A follow-up letter from the society's secretary has stated that such letters have now been sent.

I welcome the promoter's acceptance of all the recommendations that the committee made in its report and the fact that it will propose amendments to be lodged at the consideration stage to address those recommendations. I confirm that the committee recommends that the Parliament agree to the general principles of the Solicitors in the Supreme Courts of Scotland (Amendment) Bill and that it should proceed as a private bill.

## Health

**The Deputy Presiding Officer (Linda Fabiani):** I note that the front benches around the chamber are generally empty, and remind members that business carries on from one item to the next; there are no set timings.

The next item of business is a statement by Jeane Freeman on health. The cabinet secretary will take questions at the end of her statement, so there should be no interventions or interruptions.

14:53

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** Today I want to set out work that is under way to remobilise our health services. In doing so I want to be clear about the factors that will necessarily limit our capacity to mobilise in the immediate term to the extent that we—and patients across Scotland—would wish.

However, first I want to acknowledge the incredible and selfless work of all the staff in the national health service and the social care sector, and offer them my heartfelt thanks and gratitude for all that they have done—often at great personal sacrifice—and all that they continue to do.

I know that the necessary pause on NHS services in the first months of the pandemic, and the experience of lockdown, especially for the 180,000 people who rigorously followed our shielding advice, while undoubtedly saving lives, also contributed to other harms to health.

Although we were on track to significantly reduce waiting times, now the numbers of people waiting for a range of tests and treatments is rising and will be added to by unexpressed demand from those who have either not felt safe to come forward or did not want to add to the pressure on our health and care services during the peak of the pandemic. That will be evident in mental health services as much as—if not more than—in physical health, and it will be acutely felt by those who struggle with drug or alcohol addiction.

I want to see all those services, and more, remobilised. However, there are real limitations to that, and I need to set those out clearly so that they are recognised and understood.

In recent weeks, real progress has been achieved in suppressing Covid-19 across Scotland. Numbers in hospital and intensive care have significantly reduced, and there have been no deaths registered from a confirmed virus case since 16 July.

However, there must be absolutely no doubt that the virus remains as virulent and dangerous to

life as it has ever been. Today we are managing a number of cases, clusters and outbreaks across the country. Those are all at different stages, with each one being actively managed through the exceptional work of our NHS test and protect teams, which are led by tried, tested and highly skilled incident management teams. However, each one of them is a clear reminder to every one of us that Covid-19 is an ever-present threat.

Our aim is vigorously to suppress the virus to the lowest possible level. Full lockdown helped to take us towards that, but full lockdown cannot last forever. So, as restrictions are lifted, we need other tools that we can use: a comprehensive set of public health measures of intelligence, anticipation, prevention, mitigation and response. No single intervention will do the job that we need to be done.

On Monday, we published our testing strategy, which we have updated since the early days of the pandemic. It sets out our current priorities for testing, based on the work that we have already done to increase capacity and improve availability. Our priorities include testing all those with symptoms and hunting down the virus by testing close contacts of people who have Covid-19 and by using testing to prevent or minimise new outbreaks. There will be routine testing of people who work in high-risk environments such as care homes. We are also using testing to ensure the safe resumption or continuation of NHS services. Crucially, we will also assess the prevalence of the virus through a significant expansion in our testing for surveillance—both in our communities and in key sectors including schools and hospitals.

Our testing capacity continues to increase. We should have the ability to test 50,000 people per day by the end of August, with a further contingency capacity of 15,000, taking us to around 65,000 tests per day by winter.

Today, on the Public Health Scotland website, we published the success rates of the national contact tracing centre in making contact with those people who test positive and with their close contacts. The new case management system for test and protect was rolled out to health boards over a 30-day period from 22 June. Today's report shows that, between 22 June and 16 August, 99.7 per cent of all cases that were identified in the case management system as requiring contact tracing were successfully contacted. Based on that work, the teams also traced more than 5,000 contacts and were successful in contacting 98.8 per cent of those individuals. I congratulate all who were involved in that achievement for their contribution to keeping us safe.

As we approach winter, we plan for and deliver the seasonal flu vaccination programme. This winter, with Covid-19 still prevalent, the seasonal

flu programme becomes even more critical. That is why we are planning a major expansion of that programme: we plan to vaccinate just under 2.5 million people before the end of the year. That is 840,000 more people than last year. To those who are already eligible we will add social care workers, NHS staff, household members of individuals who are shielding, and all those aged 55 and over who are not already eligible in another category. Then, if vaccine supplies allow, we will look to vaccinate those aged 50 to 54.

To vaccinate that number of people across Scotland in three months and to do so safely with personal protective equipment and physical distancing, in Covid-protected environments, is clearly challenging. Detailed delivery plans are being drawn up and multiple sites identified. Those must be in place, staffed and ready to deliver, making vaccination as accessible as possible in our cities and towns and in our remote and rural communities. We know that we must also be ready for the Covid-19 vaccine that we all hope for. Much effort is going into producing that.

Without doubt, we have reached this point in tackling the virus thanks in large measure to NHS and social care staff across Scotland. That has come at a cost to them. I fully recognise the impact that this extraordinary period has had on their health and wellbeing. Health protection teams, who were among the first to mobilise in February, and staff in primary and community care, in social care, in Covid wards and community hubs, in emergency and intensive care—in all professions and jobs—have had little respite so far.

Local hubs have been put in place to give members of staff the space to relax and recuperate away from their work environments.

The intensive provision of psychological support for staff and carers will continue to be prioritised. Our national wellbeing hub is truly innovative, empowering staff and carers to address their physical and mental health as never before. We have established the new national wellbeing line, based in NHS24, for all health and social care workers, supported the provision of online coaching support and set up a network of 84 wellbeing champions across the country.

However, our staff need time off—time with their families and time to recharge—so we are working with our partners to develop a Covid-19 supplement to the integrated workforce plan, with a focus on ensuring respite for staff who have got us to where we are now. In working to remobilise services, we must also remain alert to the need to provide and maintain safe living and working environments, whether in care homes, general practitioner practices, assessment centres, our hospitals or any other treatment spaces.

We have to make sure that the necessary support is in place to respond to any future increase in Covid cases, whether that means staff training and development, securing supplies of key medicines or devices or replenishing our PPE stockpiles. Alongside that are the risks associated with a no deal or limited deal for Brexit, where the end of the transition period lands right in the middle of the flu season and may materially impact supply chains during that critical time.

There are clear and significant operational challenges ahead. In recent years, we have made significant progress under the Government's £850 million waiting times improvement plan. However, when the waiting times for the period from March to June are published later this month, we can expect to see any progress wiped out, with a very significant increase in the numbers of patients who are waiting for routine appointments and treatment.

Boards have been cautiously resuming a wide range of routine services that were paused in the initial response and are doing so in line with clinical priorities, but many will not be operating in the same way as before, nor in the same volumes. The numbers of patients who can be seen, diagnosed and treated in the timeframes of before will clearly be reduced by the continuing and necessary infection prevention and control measures, such as altered patient flows, appropriate bed spacing, physical distancing, PPE requirements and time needed for additional cleaning between clinical sessions.

Early estimates are that up to 50 per cent of operating theatre throughput could be affected in the coming months. We will augment local capacity by using national resources at NHS Golden Jubilee and the NHS Louisa Jordan hospital and there will, of course, be variation between boards. However, I want to be clear: there will be a significant impact on the time that many patients have to wait for treatment.

I completely appreciate that further delays could materially affect the quality of life of many people who will be waiting for care or treatment with continuing pain and further anxiety. I wish that it were not so. I regret that we cannot mobilise to the degree and at the speed that we all wish for, but, as we continue to deal with the virus and the aftermath of the first months, there is no choice. We have to continue to balance the competing demands and pressures, making the best decisions we can, none of which are easy and none of which are taken lightly.

So how do we determine what to mobilise and in what order? How do we redesign to ensure that we learn from and build on the hard-won lessons of the past few months? I can promise all patients that treatment will continue to be triaged and

prioritised on the basis of clinical need, in line with advice and guidelines developed and agreed with the royal colleges and others.

We will be developing a national cancer recovery plan to account for the changes to cancer services specifically and to implement innovative solutions. The plan will be led by the national cancer recovery group and published in early autumn. It will focus on reducing the inequalities that have been exacerbated by the pandemic and ensure that patients are receiving treatment equally using a once-for-Scotland approach.

There is also a need to strike a balance between urgent care and quality-of-life care which, if left not tackled, creates further long-term problems. I repeat our commitment to resume the full range of pain services as quickly as it is safe to do so.

We will shortly publish a Covid-19 recovery framework for NHS pain management services to continue to inform and guide our work. It will sit alongside the "Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic", which I published last week, which targets work and services to better understand and help people whose physical and psychological health has been affected—often profoundly—by their experience over the past months.

Deciding what we can mobilise, and how we can build in the improvements in service delivery that we have seen in recent months while managing the limitations that I have outlined, is a continuous iterative task. However, it is informed by the experience and knowledge of all our key partners, including the Royal College of Nursing; the British Medical Association; our trade union partners and colleagues in local authorities; Scottish Care and the integration joint boards; the third sector; and clinical stakeholders, including the royal colleges. The patient's voice is important too, and we are working with the Health and Social Care Alliance Scotland to make sure that we hear about what matters most to patients. Collectively, all those voices feed into the mobilisation recovery group, which I chair. The group's fourth meeting took place last week; it has been meeting fortnightly, with much detailed work being done in between, and it will continue to inform and guide our decisions.

There is much more to say and more detail to set out in the coming weeks on elective procedures; our approach to dealing with backlogs; the criticality of primary, community and social care; our plans for mental health support; and more besides. As plans firm up, we will keep members fully informed. However, I want members to be assured that learning, thought and effort is being applied nationally, regionally and

locally to give us the most resilient and robust response possible to the myriad pressures and risks that we face in the coming months.

**The Deputy Presiding Officer (Christine Grahame):** Before we move on, I repeat what my colleague Ms Fabiani said from the chair. This item is follow-on business—at this stage in the parliamentary session, members should be aware that they must be in the chamber before the statement begins, and today too many members came in late. We are beyond the time for not knowing. When you see that something starts at 3, and you know that it is follow-on business, you should be in the chamber.

The cabinet secretary will now take questions on the issues raised in her statement. I intend to allow 45 minutes for questions, after which we will move to the next item of business. It would be helpful if those members who wish to ask a question would press their request-to-speak buttons now.

**Donald Cameron (Highlands and Islands) (Con):** Presiding Officer, I apologise for being one of those members who arrived late to the chamber.

I thank the cabinet secretary for advance sight of her statement, and for the update. I too pay tribute to our incredible NHS staff and social care staff for all that they have done and continue to do. As the cabinet secretary rightly acknowledges, the virus has not disappeared and we must remain vigilant as we continue to fight it.

In her statement, the cabinet secretary referred explicitly to routine testing of people who work in care homes. We on the Conservative side of the chamber remain concerned that levels of testing of care home staff for Covid-19 remain unacceptably low. In July, the cabinet secretary said on several occasions that weekly testing of care home staff was in place, and yet the weekly figures that her Government has published show that thousands of care home staff are still not being regularly tested. Indeed, figures that were published today show that around 16,600 care home staff had not been tested. That is completely indefensible, and it is a failure that lands squarely at the feet of the cabinet secretary.

With that in mind, I have two questions for the cabinet secretary. First, why are thousands of care home workers still not being tested, despite her promises that they were? Secondly, what urgent action will she take to fix that and ensure that every care home worker is regularly tested?

**Jeane Freeman:** We are doing two things. First, in working out how many care home staff should be tested, it is unrealistic to expect 100 per cent of them to be tested every week, for two reasons. First, staff may be on annual leave, sick leave or

maternity leave, or they may be on different rota patterns. From discussions with Scottish Care and others, the percentage that we look to is 70 per cent or more, and in recent weeks we have overshot that target.

Secondly, there are some staff who refuse to be tested. Testing is not mandatory. Working on a real-time basis with colleagues in the Coalition of Care and Support Providers in Scotland, Scottish Care and the Convention of Scottish Local Authorities, my officials are working through all the issues that may be preventing staff from agreeing to be tested, and are trying to address and remove those as we go.

We have already addressed some of the issues with the help of Ms Lennon and the amendment that she lodged on the special fund to address those staff who were reluctant to be tested in case they were positive because their terms and conditions were such that they would receive only statutory sick pay. That would represent a significant decrease in their weekly income for many staff who were on low pay in any event.

We continue to work that through. However, I note the most recent figure that I have for the current programme—I do not have the one that was published today, but in the previous week, 76 per cent of the total number of staff employed in the care home sector were tested, and we should bear in mind that 100 per cent is an unrealistic target. We continue to drive the figure up, but we are seeing the positive impact of that testing in the number of cases that we are seeing in our care homes across the country.

If I may, I will make a quick final point about the easing of visiting restrictions. I am sure that Mr Cameron has studied the subject carefully and will know that one of the criteria for a care home to be able to ease visiting restrictions is that it is fully and actively participating in the weekly care home staff testing programme. That is one of the ways in which we are trying to make sure, with encouragement, that all our care homes are taking part.

**Monica Lennon (Central Scotland) (Lab):** I, too, put on the record our thanks to and appreciation of all our healthcare workers, and I thank the cabinet secretary for advance sight of her statement.

Back at the end of May, we welcomed the framework to remobilise, recover and redesign our NHS. We appreciate that a bit of time is required and, of course, that staff need some time off. They are burned out. They were burned out before Covid, but that has got a lot worse. However, I say to the cabinet secretary that progress has been very slow. For many of our constituents and many patients, it feels as if the NHS is still in lockdown,

and the easing of that lockdown has, sadly, come too late for some patients.

Will the cabinet secretary give us a bit more detail on what the Government is doing to address the chronic understaffing levels and underfunding that were problems even before Covid? Our NHS was running hot, but now people are really struggling.

I also want to pick up on the issues around the winter flu vaccination and preparedness for winter, using my health board as an example. NHS Lanarkshire has said of the ability to deliver the expanded flu vaccination programme that it is a high risk, and other health boards across the country have the same worries. If we are worried about delivering the flu vaccine, how are we going to deliver a Covid vaccine when we get one?

I would be grateful if the cabinet secretary could address those points, because health workers are very worried about them, and so are our constituents.

**Jeane Freeman:** I thank Ms Lennon for those very important questions. She is right: no part of the NHS is restarting as fully and as quickly as any of us would want.

Part of the reason why I set out in my statement all the things that we need to do right now—test and protect, managing clusters and outbreaks, the flu programme, the reduction in productivity because we need our NHS to be safe, and the additional testing programmes that are under way—is that those things are all staffed by NHS staff. If we have them all doing those things, they cannot also be free and able to do other jobs in the health service that they are now being redeployed to do, albeit that we are actively engaged in bringing people back in through our health returner portal, and some of them can most certainly help us with the flu vaccination programme.

I understand the frustration and disappointment, particularly from patients and people who have been waiting. Our health boards were asked to produce mobilisation plans to the end of July in order to get going, and they did that. They have now produced, as we asked them to, mobilisation plans to the end of March next year. They have been asked to make sure that they build into that the wellbeing, respite and care of staff, and that they join that up with health and social care integration so that they are focusing on primary and community care and not solely on acute care.

Part of the mobilisation recovery group that I chair is to work through those and ensure, with the input of the royal colleges, that we set clear, clinically determined priorities for the whole of the country that boards will then follow. We need to try as best we can to achieve equity of access and

approach, regardless of where people live in Scotland. A particular example of that is the recently published framework for prioritising cancer surgery with that clinical lead. We will follow that up in other areas, particularly in elective care and elsewhere.

On the flu vaccine, Monica Lennon and NHS Lanarkshire are absolutely right that it will be a significant challenge to vaccinate 2.25 million people before the end of the year. On the upside, it will be an excellent dry run for the Covid vaccine so we are determined to get it right. It will be an all-system delivery, so we will engage as many parts of the primary and community care sector as we can. Pharmacists, dentistry, or other clinical teams could be involved, as well as those who have been brought back in to help us.

Two things need to happen to help that process. First, the UK Government needs to pass a piece of emergency regulation to change the reserved act about who can give a vaccination. Secondly, we need to enact a part of our coronavirus emergency legislation on the administration and control of vaccinations. Those two need to go hand in hand so that we have a range of people who are clinically qualified and able to vaccinate. That will allow us to carry out the programme. It will be a national delivery flu vaccination plan that boards will feed into, but it needs to be national and all-system if we are going to do it as well as being ready for the Covid vaccination.

**The Deputy Presiding Officer:** I certainly do not want to curtail questions and answers but I have 40 minutes and 20 questioners, so please bear that in mind when you are asking your questions and when you are making your responses.

**Emma Harper (South Scotland) (SNP):** Will the cabinet secretary outline how the Scottish NHS can ensure that a consistent approach is taken to service remobilisation across the country, including in NHS Dumfries and Galloway in my South Scotland region?

**Jeane Freeman:** I think that I have, in large measure, answered that question. That will be done partly through the board mobilisation plans and through ensuring that the recovery group takes a collective view that is informed by trade union colleagues who represent staff, by the royal colleges and by other key stakeholders in local authorities, the third sector and so on.

We want to ensure that we have a consistent framework for prioritising on the basis of clinical need, and for ensuring that services are started and followed through across all health boards so that we achieve equity of access, and so that we have a national approach with local delivery.

**Brian Whittle (South Scotland) (Con):** I have previously raised the issue of chronic pain patients with the cabinet secretary. For many, it has been five months since they were able to attend a chronic pain clinic or access appropriate treatment. Some have taken the drastic action of travelling to England for treatment, so desperate have they become.

I note that the cabinet secretary has repeated her commitment to resuming the full range of pain services as quickly as possible. A report from clinicians—"IMPACT-Restart report for orthopaedic elective arthroplasty"—has suggested that it has been entirely possible to restart such treatments quite safely, so why, despite that, has the plight of people who are suffering from such conditions remained largely unheeded?

**Jeane Freeman:** I completely agree with Mr Whittle, which is why I made a particular point of mentioning in my statement what I described as quality-of-life health issues. They are not life-threatening, as such, but have a hugely debilitating impact on people's capacity to live as freely, independently and fully as they wish, and as we want them to. Pain services must be central in that. I have made an absolute commitment to ensuring that we restart all the pain services that are needed so that people can access them.

I also referred to holistic services, with a combination of medication, physiotherapy and lifestyle management—all things that are very much bespoke to each individual. I do not subscribe to the view that medication is entirely wrong in these instances; it absolutely has a role to play. We want to see that happening.

I have asked my officials not only to produce a framework, but to provide me with a delivery plan that will show me how pain services can be restarted across Scotland, and how quickly we can do that.

**David Torrance (Kirkcaldy) (SNP):** Recent stats from the Office for National Statistics indicate that the number of adults who are experiencing depression has almost doubled during the coronavirus pandemic. How will the NHS prioritise resumption of one-to-one personal mental health support for those who need further psychological support because of the coronavirus crisis?

**Jeane Freeman:** I am grateful to Mr Torrance for asking a very important question. My colleague Ms Haughey, who is sitting beside me, has been busy producing and agreeing a remobilisation plan for our mental health services, in order to build on some of the innovative ways of delivering mental health services to adults and young people that have been adopted during the pandemic, and to increase our capacity to deal with additional areas

of demand that have arisen because of the pandemic, as Mr Torrance described.

Both because of people's experience of the lockdown restrictions and because of the significant psychological trauma that has been experienced by individuals who have contracted and have survived the virus, and who have long-term psychological and physical health demands, we are making specific use of the expertise of our national trauma network, which has taken innovative psychological steps to help patients who have suffered trauma.

**Jackie Baillie (Dumbarton) (Lab):** Like hospital and social care staff, general practitioners have been working particularly hard during the pandemic, in providing online, email and phone consultations for their patients. However, those are not substitutes for face-to-face consultations. I have constituents who have suffered significant deterioration in their conditions because they have not been seen. Will the cabinet secretary ensure that there is, as part of NHS remobilisation, much greater access to face-to-face consultations with GPs?

**Jeane Freeman:** Yes, I will. I have spoken before about the innovative steps that have been taken in response to the pandemic, and about the need to create Covid-safe pathways throughout our health service. Much use has been made—very successfully—of NHS near me services, for example, as well as of other digital methods. However, I know that in many cases, as GPs and other clinicians tell me, that that is absolutely not a substitute for actually seeing the person—their body language, their facial expressions and the things that they are not saying, which practitioners need in order to question patients a bit more if they are to get to the bottom of things.

In considering the mobilisation plans, I have asked that a very particular focus be applied to primary, community and social care. For me, those form the bedrock of our NHS. We have talked with the British Medical Association, particularly on the GP side, and we will take particular measures in response to what it and the Royal College of General Practitioners are saying to us, as we consider what more we might do to assist general practices to remain safe places—Covid-free spaces—so that GPs can pick up on their face-to-face consultations.

**Alison Johnstone (Lothian) (Green):** I, too, apologise for missing the beginning of the cabinet secretary's statement.

The cabinet secretary has advised that people who work in high-risk environments such as care homes will continue to be routinely tested, but that routine testing will not yet apply in schools and hospitals. That is an issue of on-going concern to

many people. Can the cabinet secretary confirm whether that differentiated approach is subject to continuous review by the Scottish Government?

**Jeane Freeman:** Yes, it is. What Ms Johnstone said is not quite accurate, however. We have introduced testing in hospitals for NHS staff in specific areas: in long-term care of the elderly, in cancer treatment and in one or two others. I will be happy to let Ms Johnstone know the detail of that.

That was done on the basis of advice that was given to us by our chief medical officer's advisory group and our very particular nosocomial review group. That is clinical and scientific advice, and it continues to be reviewed. For example, one of the areas of review is emergency department admissions. People aged 70 and over who are admitted to our hospitals are subject to routine testing, but one of the things that are currently being looked at is widening of that to include all emergency admissions.

In relation to schools, there is test and protect and there is surveillance work, and we have also made sure that all school staff can access testing if they are concerned that they have been close to someone who might have the virus. They might not be symptomatic, but a portal has been opened up so that they can access testing, as well. On whether more needs to be done, the expert group that is working with the Deputy First Minister on the safety of schools will continue to consider whether testing can be used in other ways in order to provide safety and assurance for schools, so that we can continue to keep them open and keep young people learning.

**Ruth Maguire (Cunninghame South) (SNP):** During the pandemic, people with dementia in care homes have been deprived of the social and emotional contact and the advocacy that family visits bring. The Scottish Government's guidance on care home visiting has as its first principle that a person-centred approach must be taken at all times. What more can be done to ensure that that is the case in each and every care home in Scotland, so that we can be sure that our older people get the contact with their families that we know is crucial to their health and wellbeing?

**Jeane Freeman:** That is another important area. Throughout the pandemic, and from the very outset when we said that visiting to care homes needed to be stopped, we have made exemptions. One of the groups of residents for whom there has been an exemption is residents with dementia for whom the absence of seeing family and friends was causing additional distress. Care homes were clearly advised of what to do in relation to ensuring infection prevention and control and safety in those circumstances, and to permit that visiting. I regret that in some instances that has not happened; individual cases have been raised with

me and we have investigated, intervened and, I hope, resolved them.

I hope that the increase in visiting—it has gone from one designated visitor outdoors to up to three visitors outdoors and, provided the right plans are in place, a designated visitor indoors—will further assist that group.

I am also currently considering guidance on safely increasing communal activity, and on reintroduction to care homes of other health and support services that are especially important to residents, but which they have not been able to access face to face up to now. Again, that will be slower and will take longer than before, because we need to have in place the proper PPE provision and so on.

However, I hope that step by step, with all the safety precautions in place and with care homes that are Covid-free participating in care home worker testing, we will be able to reintroduce greater levels of normality for residents in our care homes.

**Edward Mountain (Highlands and Islands) (Con):** Before the pandemic there were only just enough beds in Raigmore hospital; now there are not enough. Given that that is one of the main factors that are limiting the amount of operations that can be carried out, will the cabinet secretary commit to providing additional temporary accommodation to allow the backlog of in-hospital treatments and operations in the Highlands to be carried out?

**Jeane Freeman:** Additional accommodation is not just a case of going to the nearest Premier Inn, opening it up and buying all the bed spaces. We are talking about accommodation that needs to be clinically safe for patients and staff to work in. That is an important caveat to make, before I respond to Mr Mountain's question.

Every health board is considering what it can do to maximise its space and use of its theatres, while bearing in mind the necessary infection prevention and control measures, one of which is distancing. That is happening in Raigmore and other hospitals, as they consider the space between beds and so on.

However, NHS Highland is actively considering what more it can do to increase the number of patients whom it can see and treat, while remembering that it has other demands—not least in working to continue to keep the virus under control and in allowing staff time to recover before we ask them to do even more than we have asked them to do up until now.

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** Can the cabinet secretary give an update on the review of domiciliary eye care

and say when she thinks it may be safe for that service to resume face to face in some capacity?

**Jeane Freeman:** That is one of the areas of service that are currently being considered for reintroduction to care homes, for example. There is also domiciliary eye care that is provided in people's homes, and that will be wrapped up in the same piece of guidance. I hope that we will be able to approve that and that those services will be reintroduced shortly, but all that depends on how the prevalence rates of the virus run across the country, the levels of infection, what happens to the R number and the numbers in hospital, intensive care units and so on. Those are important NHS services and it is important to restart them, but they sit in that context and they must be restarted safely.

**David Stewart (Highlands and Islands) (Lab):** In the cabinet secretary's statement, there are positive references to remobilising the NHS and enabling patients to receive equality of treatment. There are two main issues for Highlands and Islands constituents: provision of a positron emission tomography—PET—scanner for cancer treatment in the region, and dynamic and effective pain clinics. Does the cabinet secretary agree that those two issues would be consistent with a once-for-Scotland approach?

**Jeane Freeman:** Certainly, it is the case that we need to do as best we can to increase patient access to those healthcare services in our island, remote and rural communities. We have just agreed to additional investment in diagnostic equipment. Standing in the chamber, I do not know where that investment is going, but I am very happy to investigate that and make sure that Mr Stewart knows about it. If there is a particular issue regarding the PET scanner, he is welcome to take that up with my officials.

I agree that we need to have equity of access as far as we can manage it across the country for the services that we can remobilise.

**Annabelle Ewing (Cowdenbeath) (SNP):** On the important issue of the plans for a significantly enhanced seasonal flu vaccination programme, how will the NHS manage the balance between providing seasonal flu vaccinations to such a significantly increased cohort of people and, at the same time, working to prevent the spread of Covid-19?

**Jeane Freeman:** That is an important question. It is important for those who will be eligible for the flu vaccination to know that where we are asking them to go to be vaccinated will be as Covid-19 free as we can assure them it will be, just as we did when we created the Covid-19 pathway in the community, started the Covid-19 assessment

centres and hubs and took that stream of work out of the GP practices.

We are looking to replicate that for the flu vaccination programme, which will mean that, across the country, all our health boards and Public Health Scotland are looking at other locations where people can go to be vaccinated. Some of those will not be healthcare locations, so we need to make sure that they are accessible and have all the levels of cleanliness and infection prevention and control measures that we need, so that we can vaccinate large volumes of people. Those locations need to be accessible not only in a physical sense but in the sense that they should not require long car journeys for people to get to them. That work is well under way, because we want to be able to start the flu vaccination programme in time to have it completed by the end of the calendar year.

**Sarah Boyack (Lothian) (Lab):** In April, the cabinet secretary announced a much-needed pay rise for care workers, but she did not announce any additional funding. Given that the Edinburgh integration joint board has been underfunded since its inception, there is now an unacceptable choice between cutting services that are desperately needed for pandemic recovery and funding that vital pay rise. Will the cabinet secretary fully fund the pay rise that she announced in April?

**Jeane Freeman:** I am afraid that I do not accept the premise of Sarah Boyack's question. There is additional funding. In fact, not only is there additional funding to pay for the pay rise, there is £100 million of additional funding available to social care to make good the additional cost to it of responding to the Covid pandemic. That is in addition to the PPE that we have been providing free of charge to that sector.

The Edinburgh IJB is alone among IJBs in not paying that wage rise—other IJBs are paying it. Clearly, the funding is available. IJBs have to make political choices, the same as Governments do. The money is there, and I assure Sarah Boyack that I intend to have even more discussions with the Edinburgh IJB about why it consistently refuses to make the right choice and pay those workers the money that they are due, and to back pay it to 1 April.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** The cabinet secretary's statement drew heavily on the Covid-19 statistical report. It is disappointing, however, that she left out the update on quarantine checks for international travellers, which is deeply troubling. Humza Yousaf told Parliament that 20 per cent of people who are expected to quarantine would be contacted, yet we now know that the tracers are following up only half that number. More

worryingly, the report reveals that tracers are unable to find a large proportion of people who are supposed to be in quarantine. How are we getting this so wrong?

**Jeane Freeman:** I am looking to see the most recent data that I have, and I apologise for not instantly laying my hand on it. However, my understanding—I will correct both the record and Mr Cole-Hamilton if I am wrong in this—is that, through Public Health Scotland, our officials are reaching that 20 per cent target. The position is that, if they cannot reach an individual who should be quarantining by either the second or third phone call or by email, they will then pass on that information to Police Scotland, which will take whatever operational decisions it thinks fit. That is the right thing to do, because quarantining is critically important. Contacting the 20 per cent of people who should be being contacted—the numbers involved in that will vary from week to week, depending on the numbers of travellers coming in from the countries that are not exempt from quarantine—is a very important part of what we are doing.

My understanding is that the number of people who are being checked is meeting the 20 per cent target. I will check the figures and ensure that Mr Cole Hamilton knows what they are. If I am incorrect, I will correct the parliamentary record.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** Will the break-up of Public Health England have any impact on Scotland's response to the pandemic?

**Jeane Freeman:** I am afraid that the short answer to that is that I do not know for certain whether it will make a difference, or whether, if it makes a difference, that will be a good difference or a less than good difference.

On Monday night, I had a conversation with Matt Hancock, the Secretary of State for Health and Social Care, in which he informed me and my colleagues in Wales and Northern Ireland of his intention to make those changes. His assurance was that there would be no difference in terms of who acted on what reserved and devolved responsibilities. We need to look further at the detail of that and at what it means in operational terms. This is not just about who has responsibility for what; it is about my officials knowing who they are talking to south of the border in the new organisation, given the relationships that they have established with people in Public Health England, which are very important with regard to the speed of transfer of information and so on.

We need to continue to consider the detail of the matter. If there are issues that I think will adversely affect Scotland, the member knows that I will raise

them in my very regular call with Mr Hancock and my colleagues in Wales and Northern Ireland.

**Bill Bowman (North East Scotland) (Con):** For the future, we should learn from the past. A patient who tested positive and was then allowed to be released from hospital into a care home was the first care home Covid death in Angus in my region. How will the cabinet secretary ensure that she is better informed to take decisions in the future than perhaps she was in the past?

**Jeane Freeman:** In a number of ways, we are learning lessons as we go, partly informed by the growing knowledge and understanding of coronavirus of our leading scientists and clinicians—not just those who work in Government and from academia in an advisory role, to whom I am grateful—but others who are working hard in Scotland, the rest of the UK and Europe.

As the understanding of the virus develops, we aim to change our guidance and approach accordingly. We started off well with our national procurement service and its stockpile of PPE, but its modelling work has improved significantly, so I am confident in the modelling that it is doing in estimating demand for PPE, along with Ivan McKee's significant work in securing domestic supply of PPE. We know what we need and where and how we are going to get it. For example, we have continued with our orders of ventilators, so that we will have ready quadruple the number that we started out with, should we need them, but stockpiled if we do not and ready to replace existing ventilators when they need replacement. Our testing strategy has been updated in direct response to that growing knowledge of the virus and to learning the lessons and improvements that we need to make as we go.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** Will the cabinet secretary outline how the NHS Louisa Jordan hospital is being used and can be used to help the delivery of NHS services?

**Jeane Freeman:** As the member knows, 400 patients have received orthopaedic and plastic surgery consultations at the NHS Louisa Jordan hospital. We are now looking at key diagnostics such as X-rays, CT scanning and ultrasounds, as well as at special dermatology outpatient appointments and continuing orthopaedic and plastic surgery consultations. The NHS Louisa Jordan hospital remains a significant resource, as does the Golden Jubilee hospital, as I said in my statement, which has restarted all its services, particularly in the area of elective surgery. That Covid-free national resource deserves huge congratulations for the fact that, since 1 April—right through the middle of the pandemic—it has undertaken 10 heart transplants.

We will continue to look at how we can maximise the use of the NHS Louisa Jordan hospital, bearing in mind that we always need to be able to return it quickly to cope with any surge in Covid patients that our long-term estate cannot cope with. However, my expectation is that our NHS will be able to cope with any upsurge in numbers, provided that we continue to hunt down and suppress the virus and retain the trust and confidence of the population of Scotland in following the measures that we ask them to follow.

**Pauline McNeill (Glasgow) (Lab):** In her statement, the cabinet secretary said that she could promise all patients that treatments would continue to be triaged and prioritised on the basis of clinical need, in line with guidelines agreed with the royal colleges. Many doctors have preferred clinical judgment over waiting time targets. How regularly could those arrangements be reviewed? Am I right in saying that, in effect, waiting time targets would be on hold? In view of that, can the cabinet secretary offer any assurance to patients that there will be transparency in clinical decisions about when they are seen by doctors?

**Jeane Freeman:** Clinical judgment is critical, which is why I keep going on about the importance of our engagement with the royal colleges and point to the example—which we will repeat in other areas—of the national clinical framework for cancer surgery, which is led entirely by the clinicians and their judgment on what the priorities are. I agree with Pauline McNeill in that regard.

In relation to elective work and our waiting times, as I said towards the end of my statement, I intend to return to the chamber with more detail once we have worked with all our boards and the relevant clinical teams—because it involves whole teams, not just doctors—on what is possible and how it will be delivered. Pauline McNeill is right to say that part and parcel of that work is providing absolute clarity and transparency for patients about what they can expect and when they will hear from their board about their times and dates. This time, we will make sure that it is clearly a nationally led exercise. Boards will do the work, as they know their patients, their numbers and how to get in touch with people and tell them what they need to know; however, I need to be sure that all boards are giving their patients clear information in language that is easy to access and understand.

**Willie Rennie (North East Fife) (LD):** The cabinet secretary will need to correct the record, because she is wrong about the number of people in quarantine who have been contacted. It is supposed to be 20 per cent, but in the past week it was 14 per cent, and since the end of June it has been 10 per cent. That is just not good enough. Quarantine contacting is very important, so what is

the cabinet secretary going to do about the matter?

**Jeane Freeman:** I will look at the numbers that Mr Rennie and his colleague Mr Cole-Hamilton have given us, and at the numbers that I have here, and if I am wrong—I have no reason to gainsay Mr Rennie at this point—I will correct the record, as I promised to do. If Mr Rennie is right, I will talk to Public Health Scotland about the exact issues and problems that are preventing it from meeting the 20 per cent target and what steps we can take to ensure that it does. I will then advise members of what I have done.

**Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP):** The cabinet secretary will be aware of the interest in the testing of workers in the oil and gas sector. In my constituency, there have been Covid-19 cases relating to returning offshore workers, and, as the cabinet secretary knows, the recent outbreak in Aberdeen will naturally heighten concerns around those. In the light of the situation in Aberdeen, will the Scottish Government consider taking any further steps to test more returning offshore workers?

**Jeane Freeman:** I am grateful to Dr Allan for his question. As he knows, it is not currently the advice of Public Health Scotland to routinely test asymptomatic offshore workers, largely because testing those who are about to travel offshore would not remove the risk of people incubating the disease and becoming symptomatic while offshore. However, as I have said more than once today, our clinical advisory group, the chief medical officer, the national clinical director and others continue to assess and review our testing approach. I will return to the issue with them and ask for their current advice on whether that approach has changed. If it has not, I will ask in what way the rationale for the absence of change is best set out, so that I can return to give Dr Allan the answer.

**Neil Findlay (Lothian) (Lab):** NHS boards and IJBs insist that the eradication of delayed discharge almost overnight in February was due to improved joint working and the sharing of best practice. I presume that they will continue to work jointly and share best practice now. If that is the case, will the cabinet secretary confirm that there will be no return to the huge numbers of people who were stuck in hospital and misled into believing that they were still there because no care home place or care package could be found for them?

**Jeane Freeman:** I think that NHS boards and IJBs are correct in what they have said. In the regular meetings—I think that they are fortnightly—that I have with my colleague Councillor Currie, who is the social care spokesperson for COSLA, the number of delayed

discharges is among the areas that we continue to look at. His officials and mine are working with the IJBs and the boards to consider what more we can do on sharing best practice.

Among the groups in the remaining delayed discharge cohort are adults with incapacity and people who have complex mental health, learning disability and social care needs. A great deal of work is under way in that area. Not every health board experiences difficulty when it comes to adults with incapacity who no longer need to be in a clinical setting, but some boards do, and we are working with those boards to find out what their difficulties are and to overcome any obstacles.

With regard to people who have a high volume of highly complex social needs, we are continuing to take forward the work that we began before the pandemic on the reform of adult social care with Councillor Currie and his colleagues in local government. We want to identify in what way we can assist with the provision of social care packages for those who have the most complex needs but who do not need to be in a clinical setting and who should be able to live in the community as independently as possible and as independently as they wish.

**The Deputy Presiding Officer:** The last question is from Miles Briggs.

**Miles Briggs (Lothian) (Con):** I welcome the restarting of the pain services, but throughout the Covid scandal, families have not had the opportunity to be given advocacy. When I raised the issue with the First Minister a few weeks ago, she said that she would write to me, but she has still not done so. Therefore, I would be grateful if the cabinet secretary could look into the establishment of a fund for families.

Does the cabinet secretary support the establishment of a patient commissioner? Will she agree to consult on that and report back to Parliament?

**Jeane Freeman:** I have two things to say to Mr Briggs—it is nice to see him back. First, there is no “Covid scandal”. I do not know exactly what he is referring to, but if I was an NHS worker or a social care worker who was watching these proceedings, I think that I would be pretty appalled that all the efforts that I had put in were being described as a scandal. If Mr Briggs wants to be critical of the Government, he should feel free to be, but he should make it clear that it is the Government that he is being critical of.

As far as what needs to be done is concerned, I will be happy to look at where we are as regards the advocacy point that Mr Briggs raised with the First Minister.

On the issue of a patient commissioner, I assume that Mr Briggs is referring to the Cumberlege report. As I said to his colleague Mr Carlaw, to Mr Findlay and to Mr Neil in a previous discussion, I am very sympathetic to the idea of a patient commissioner but we need to look at how that would fit with our overall patient safety programme, which is recognised globally as an exemplar. I will return to the issue in due course, in the Government debate that I have committed to holding on all the measures in the Cumberlege report and our response to it.

**The Deputy Presiding Officer:** That concludes questions on the statement. I thank all members, because—yet again—we managed to get through all the questions.

There will be a slight pause before we move on to the next item of business.

## Scotland's Redress Scheme for Survivors of Historical Child Abuse in Care

**The Deputy Presiding Officer (Lewis Macdonald):** The next item of business is a statement by John Swinney on Scotland's redress scheme for survivors of historical child abuse in care. The cabinet secretary will take questions at the end of his statement, so there should be no interventions or interruptions.

15:55

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** On Thursday last week, the Scottish Government introduced the Redress for Survivors (Historical Child Abuse in Care) (Scotland) Bill to Parliament.

The bill is a result of the brave and tireless advocacy of survivors of historical child abuse in care, and a reflection of the Government's unrelenting commitment to properly address what they have experienced. It delivers on many of the recommendations that were previously made by the interaction action plan review group, whose continued work has helped to inform key aspects of the draft legislation. I thank the members of the review group and all the other survivors who have campaigned with such dedication and contributed in such a whole-hearted way to our approach.

The bill seeks to establish a financial redress scheme for those who were abused as children while residing in an eligible care setting in Scotland, in cases where that abuse took place before 1 December 2004.

Under our proposals, all survivors will have the opportunity to apply for a redress payment of up to £80,000. However, we recognise that survivors value having a choice, so, building on the results of previous consultation, the scheme adopts a combination payment approach. That means that survivors can choose to apply for a fixed-rate redress payment of £10,000 or an individually assessed redress payment, which involves a more detailed examination of the facts and circumstances of their experience.

The scheme is designed to be survivor focused in its processes and its outcomes. I recognise that applying for financial redress may be a daunting prospect for some, but support to apply to the scheme will be provided for those who wish it. That may involve emotional or psychological support as well as practical assistance. The bill also includes the necessary powers required to help those who need it with obtaining the

supporting information and evidence that is required for an application.

In certain circumstances, the next of kin of eligible survivors may apply for a payment of £10,000. The scheme will be open for five years, although that term may be extended by ministers with the approval of Parliament. A new non-departmental public body, to be known as redress Scotland, will be established to deliver independent decision making on applications for financial redress.

We are committed to seeking fair and meaningful financial contributions from the organisations that had responsibility for the care of children at the time of the abuse. We know from survivors that such financial contributions are important, and we continue to work with a range of organisations to facilitate them. The scheme offers those organisations the opportunity to address the wrongs of the past and, in doing so, to be part of a national, collective endeavour that is built on compassion, integrity, fairness and respect.

The redress scheme is designed to be an alternative to the traditional civil justice process. In accepting a redress payment, survivors will agree not to continue or raise a civil legal action against any of the organisations that have made a fair and meaningful financial contribution to the funding of the scheme.

For some survivors, that will be irrelevant, because the operation of the law of prescription prevents those who were abused before September 1964 from pursuing personal injury actions in the civil courts. Indeed, the injustice that has been faced by those survivors is one of the reasons why the scheme is being created. For those survivors, the bill might provide the only route to financial redress and the associated acknowledgment, accountability and justice that the redress scheme provides.

For other survivors, there will be a choice. The scheme offers a non-adversarial process that is more accessible and faster than litigation. It is a process that is centred around transparent practices and payment levels and on access to support throughout the application process and beyond. For those survivors, the redress scheme will offer choice of how to pursue financial redress, where before there was none.

I want to be absolutely clear that redress payments to survivors will not be dependent on contributions being received. As a Government, we recognise that it is our moral responsibility to provide financial redress and we will not shy away from that. It is not possible to predict with accuracy the number of eligible survivors who may apply to the scheme. In that context, we estimate that the

total cost of the scheme may be in the region of £400 million.

Appropriate controls are built into the design and delivery of the scheme, to ensure efficiency and robustness, while not compromising on the redress payments that will be made to survivors. For example, decisions will be made independently but, for the purposes of efficiency, administration and processing will be carried out by the Scottish Government.

We have also learned from the significant expenditure on legal costs by other redress schemes. By providing funding for independent legal advice, we enshrine a meaningful opportunity for survivors to access legal advice and assistance throughout the process. However, we will also introduce reasonable limits on the levels of that funding.

We recognise that, to respond to the needs of survivors, more is required than financial payments. The bill adds to a package of measures that is already in place, including the establishment of the Scottish child abuse inquiry, Future Pathways and the survivors of childhood abuse support fund. The bill also enables the provision of elements of non-financial redress, such as therapeutic support.

For decades, survivors of abuse were not heard and not listened to; that echoed how their voices as children were silenced. One of my priorities has always been to ensure that survivors' views have been at the heart of measures that are introduced to support them. Again, the redress scheme embodies that approach, and I am grateful for the responses to the pre-legislative consultation, which have shaped the scheme.

Engagement with survivors will continue, including the establishment of a survivor forum, to ensure that the needs and perspectives of survivors are reflected in the implementation of the redress scheme.

When it comes to timescales, work is on-going to allow the scheme to be launched as soon as possible after Parliament passes the bill, should it be so minded.

The advance payment scheme, which was launched less than 18 months ago, has made to date more than 450 payments to older and terminally ill survivors. As I have previously informed members, the advance payment scheme will remain open until the full scheme is operational.

I acknowledge, and am grateful for, the support that Parliament has previously offered in relation to measures that have been introduced by the Government to support survivors of historical abuse. As scrutiny of the bill progresses, I look

forward to continuing to build consensus, and to working with colleagues from all parties, to deliver a financial redress scheme that meets the needs of survivors.

Such abuse should never have happened. By means of the scheme, we recognise the profound and enduring impact that it has had, and continues to have, on the lives of so many. Children, many of whom were very vulnerable, who deserved love and care, suffered instead abuse and neglect, often at the hands of those who were entrusted with protecting them. There is no doubt in my mind that the bill is one of the most important pieces of legislation that the Parliament will consider in its lifetime.

The impact on survivors of the Government—indeed, of the country—facing up to its past is best described by those survivors. On receiving an advance payment, one survivor recently passed on a quote that they had carried with them throughout their life:

“From inside these walls no one outside heard our cries: when we left, no one heard our cries from within.”

Today, we hear those voices—those cries. Through the bill, we again say to survivors: that should not have happened. We are sorry for what happened and we will act, collectively, as a country, to do all that we can to address the suffering that too many of our fellow citizens endured in their childhood.

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

**Jamie Greene (West Scotland) (Con):** I assure the cabinet secretary that Conservative members will support the efforts of the Government and the Parliament to do what it must to offer redress and to right some of the wrongs of the past. We will do so constructively and sensitively. I, personally, will do so, as a member of the parliamentary committee that will take the required legislation through.

Inevitably, not everyone will be happy with our approach, nor will every wrong be righted. We know that financial redress is not the only means by which to compensate but, for some, it will make a difference. I will approach the bill with the gravity that it merits, in the same way that I have approached others, including the Historical Sexual Offences (Pardons and Disregards) (Scotland) Bill.

Conservative members will also monitor the plans and provide scrutiny or critique when it is required or, indeed, deserved. In that vein, I start

by asking the following questions. The first is one that Conservative members have raised in the past and relates to the initial cost to set up and administer the scheme. Will the cabinet secretary offer some clarity on what the Government thinks will be the baseline cost of setting up and administering the scheme, irrespective of the volume of claims? A figure of £400 million was mentioned today but, given that we do not know how many people might come forward to participate, on what modelling is that figure based? Will the total compensation available be capped in any way, given that the number of people who will participate is still unknown?

Finally, can we have any indication of, or insight into, the eligibility criteria? Will there be any restrictions or obvious limitations on the scheme? Setting that out will allow the Parliament straight away to manage the expectations of those who are watching our actions with intent.

**John Swinney:** I thank Mr Greene for his remarks. I welcome the Conservative Party's encouragement and support in principle for the bill. As I did in my statement, I commit to engage constructively to ensure that the bill is as robust as it can be, and that it is informed by the evidence that the Government has already taken in the pre-legislative consultation and by the evidence that the parliamentary committee will take as part of the normal legislative process.

It is notoriously difficult to predict the financial issues. I commit the Government to ensuring that the administrative process is established efficiently to ensure that payments can be made. I am satisfied with the progress that has been made in the advance payment scheme, which, in essence, has been a preliminary exercise for the bill and has been carried out with financial efficiency at its heart. That scheme is, of course, much more limited, because it conceives of only single payments of £10,000. That proposition is inherent in the bill, but there is also the possibility of a much more considered and involved process in coming to a final payment. That will be reflected in the bill.

The Government does not intend to set up the scheme with a financial cap on it. The mechanism for making the payments will be set up, and financial provision will have to be made for that. That is also underpinned by the dialogue that we are having with external organisations in order to secure their contributions to the scheme.

My final point to Mr Greene is that it is important to ensure that survivors are well supported in coming forward and making applications, but they should also be well supported in having their needs met. Those needs might not be addressed only by financial issues. In that respect, organisations such as Future Pathways have

made a significant contribution to building confidence and to helping to repair and rebuild the lives of survivors. Such organisations continue to have a significant role to play.

**Iain Gray (East Lothian) (Lab):** I welcome the introduction of the bill. As I have said previously, we have all let survivors down by taking too long to get to the inquiry, too long to address the time bar issue and, indeed, too long to get to a redress scheme. It is critical that we complete the legislation and do not allow Covid or the impending end of the parliamentary session to derail that. I very much welcome the Deputy First Minister's clear intention to deliver the redress scheme, and we will certainly do all that we can to help.

However, we cannot allow survivors to feel that we are somehow giving with one hand and taking away with the other, so why are survivors expected to give up their rights to civil justice in order to access the redress scheme? Secondly, how will the bill ensure that payments that are made under the scheme do not impact on recipients' rights to welfare benefits?

**John Swinney:** I welcome Mr Gray's remarks. Like him, I feel that these issues have gone on for too long. This is the moment to address them, and I make it absolutely clear to Parliament that I will do everything that I possibly can to make sure that the bill completes its parliamentary passage before Parliament rises for the 2021 election. I have given that commitment privately to survivors and I echo it now. I have no hesitation in putting that commitment on the record publicly, in Parliament. It is my personal determination to make sure that we are able to do that.

Mr Gray puts his finger on a very sensitive issue at the heart of the bill, which is about whether survivors should be required to forfeit their right to civil action in exchange for participation in the scheme. I recognise the sensitivity of that issue.

The judgment that I have come to is that the bill provides the most reliable means by which an individual might be able to secure financial recompense for the suffering that they have endured. In its broadest sense, it will relieve them of entering a civil legal process in which they would not be guaranteed a positive outcome. Pursuing a civil legal action could involve a degree of personal and financial stress for an individual, and I consider that the approach that the bill takes is more reliable. Crucially, by providing the waiver element in the bill, we strengthen the ability to secure contributions from organisations that will be able to address the wrongs that were committed by their predecessor members.

I appreciate that that is a sensitive issue. We will discuss that openly in Parliament. The terms of the

bill are there for amendment—every single word of them.

That is the argument that I would put forward. I will be very happy to engage with Parliament on it, to ensure that the legislation fully and properly addresses the issues.

**John Finnie (Highlands and Islands) (Green):** I, too, thank the cabinet secretary for early sight of his statement. I commend the progress that has been made over the years, not least recently, in relation to the pre-64 survivors.

It was my intention to raise the point that Mr Gray raised about signing away rights. The cabinet secretary might be aware of the upset and concern that that proposal has caused survivors, not least because the payments are substantially lower than survivors might get from the courts.

What steps can the cabinet secretary take to allay the view that the bill could be seen as using quick and easy money to protect institutions where abuse took place from having to pay out larger sums? I would like him to pay particular regard to the term “fair and meaningful”.

**John Swinney:** The point that Mr Finnie makes gets to the nub of the argument that Parliament must settle when debating the legislation. In my judgment, having looked at the arrangements that we could put in place, I believe that compared to the prospect of a civil legal action, the proposal in the bill provides a more reliable and dependable opportunity for survivors to advance claims. I accept that that is a matter of judgement, but that judgement has been arrived at after extensive discussions with survivors and it is a genuine attempt to try to provide a reliable route that individual survivors can pursue.

Obviously, Parliament will be free to consider the elements of the bill, and the Government will engage constructively in that process. Fundamentally, I am interested in using the bill to create an opportunity to assist survivors to address, with the help of the state, the unacceptable experiences that they have had. The pursuit of that outcome will underpin our involvement in all aspects of the legislative process.

**Clare Adamson (Motherwell and Wishaw) (SNP):** I thank the Deputy First Minister for his statement.

As convener of the Education and Skills Committee, which will take the bill through the stage 1 process, I, too, understand how vital it is. We must get it right, and that involves hearing through the bill process the voices of those who may be adversely affected. Given the interest that people will have in the bill process, what support will be available before the redress bill is—

hope—passed by the Parliament? What support is available for survivors now and during the bill process? What part will the third sector play in the process?

**John Swinney:** A range of organisations already act in that area. Earlier on, I mentioned Future Pathways. A variety of other organisations provide services to survivors.

For me, one of the striking features of engaging with survivors has been the value that they attach to the support that they experience from the various representatives of organisations such as Future Pathways. The individual is at the centre of the support that is available, their needs are addressed, and support is built around them. That model serves us well, and it will, of course, be available to survivors as they proceed with issues and advance their interests in relation to the bill.

**Beatrice Wishart (Shetland Islands) (LD):** I associate myself and my party with the Deputy First Minister’s sentiments and the tone of the statement.

Financial redress will not make up for the injustices that were suffered, but it is an important step towards taking responsibility for the devastating impact on survivors’ lives.

The bill proposes that organisations with responsibilities will be asked to contribute financially to the scheme. I recognise that my question might have been partly addressed in answers to previous questions, but does the Deputy First Minister envisage that the Government will play an intermediary role in brokering how that will work, given the range of parties involved? How confident is he that organisations will co-operate?

**John Swinney:** I thank Beatrice Wishart for her support for the direction of travel in the bill.

The Government is already engaged in discussions with a range of organisations that we believe should make a contribution to the scheme. A range of organisations are constructively engaging in those discussions. Obviously, as those discussions progress, I will be in a position to advise Parliament of the commitments that have been made by organisations at different stages of the proceedings. However, it is important that organisations that have been responsible for the care of individuals and in which children were abused face up to those responsibilities and make an appropriate contribution to the scheme.

**Alison Harris (Central Scotland) (Con):** I see that, in accepting a redress payment, survivors will agree not to continue to raise a civil legal action, as per the Deputy First Minister’s statement, but what about the reverse of that? If a victim has already been through a civil court action, does that

prevent them from coming forward and applying for a redress payment through the bill?

**John Swinney:** My recollection is that it does not. Obviously, there is a choice for an individual in deciding whether to participate in the scheme that is envisaged or whether to pursue a civil legal action. That is a matter for individuals. Organisations could, of course, specify in the discussions that we have that, if they have made payments before, they do not wish those to be associated with any applications that are made in that respect. Obviously, the Government would have to consider those issues as part of the administration of the scheme.

**James Dornan (Glasgow Cathcart) (SNP):** [*Inaudible.*—for redress schemes for survivors. If so, how has that shaped the approach that has been taken in Scotland?

**John Swinney:** I am not sure that I heard all of that question, but I think that I caught the drift of it.

Through the interaction group, there has been extensive dialogue with survivors to ensure that we hear their views and hopes, and it has taken time and care to reflect those things properly and fully in the bill. Survivors have been very influential in shaping the approach that we have taken to the advanced payments scheme. I was keen for them to be engaged in that process at all stages of the discussions, and we will continue that dialogue in the period ahead.

**Johann Lamont (Glasgow) (Lab):** Will the cabinet secretary point to the survivor groups that support his decision to deny survivors the choice to seek compensation from organisations for the terrible abuse that they suffered if those organisations contribute to the redress scheme? Given that the cabinet secretary said in his statement that survivors “value having a choice”, what is his response to those survivors who have told me that they are deeply offended and hurt by the decision to limit their right to seek compensation for the abuse that they have suffered in the past?

**John Swinney:** The point that I make to Johann Lamont is the same response that I gave to Alison Harris: a survivor can decide not to participate in the scheme and can pursue a civil legal action if they wish to. For survivors of abuse that predates 1964, I accept that the scheme is the only option. However, it is beyond my ability to legislate for that, and the Government has moved significantly to create an opportunity for individuals to pursue such action should they choose to.

Therefore, my response to Johann Lamont is that survivors have the choice of pursuing civil legal action if they wish to do so. My argument is that the approach that is taken in the bill gives survivors the opportunity to pursue action with a

great deal more certainty of the outcome than they would have in a civil legal process, saving themselves significant personal and, potentially, financial distress in the process.

As I have said, the bill will be the subject of dialogue and discussion in Parliament. I will engage in that discussion openly and constructively, and I encourage Johann Lamont to do likewise.

**Annabelle Ewing (Cowdenbeath) (SNP):** Having had the privilege of taking the Limitation (Childhood Abuse) (Scotland) Act 2017 through Parliament, I am very pleased indeed to see that the cabinet secretary has honoured his promise to survivors with this redress bill. I commend him for that.

Taking a civil action is not an easy thing to do in general circumstances. The removal of the time bar removed one hurdle, but it did not necessarily mean that a person could raise a successful action or that a survivor would wish to go through that very difficult process.

My question to the cabinet secretary is about the key issue of financial contributions from relevant residential care providers. There is reference to certain tests that are to be met with regard to the fairness and meaningfulness of the relevant financial contribution. Will the cabinet secretary provide a bit more detail of the principles behind those tests?

**John Swinney:** I am grateful for the perspective that Annabelle Ewing brings to these very challenging issues, given her involvement with the Limitation (Childhood Abuse) (Scotland) Act 2017, which dealt with associated issues.

On the question of the principles that will be deployed regarding contributions, we will want to be assured that the approach is proportionate and that it takes into account the information that we have about the experiences that individuals have had and the responsibility of organisations. We must ensure that, in every respect, the scheme that we develop properly and fully takes account of the experiences that individuals have had and the responsibility of organisations into the bargain.

**Brian Whittle (South Scotland) (Con):** I declare an interest in that, for the past two years, I have been working with a constituent who, after 44 years, has finally managed to get the person accused of abusing them charged and into court. Having worked on that case, I find the system that victims must navigate to be horrendous. It repeatedly retraumatises the victim and is not fit for purpose. I have written to Mr Swinney and to the Cabinet Secretary for Justice, Humza Yousaf, asking for their time to discuss the matter.

Given the Scottish Government's commitment to getting it right for every child, why does the redress scheme cover only children who have survived historical child abuse while in care? Surely, child abuse should be treated seriously in every background and circumstance, including in a school. Not doing so creates secondary victimisation for those who are not included.

**John Swinney:** The issue here is the role of the state. Mr Whittle cites the example of a young person who may have experienced abuse in a school. If they were living in a domestic environment, the parent or carer would be responsible for that young person's care, and the state would not be acting in any parental capacity. The bill covers cases in which abuse occurred while the state was acting in the role of a parent. The state must address liability in such cases, and that is the scope of the bill.

**Kenneth Gibson (Cunninghame North) (SNP):** How will the Government reach out to survivors who may live on the margins of society, such as homeless people and addicts, given that those people are more likely to have had their lives ruined by abuse during childhood? How will all those who should seek redress be made aware of how to apply for it?

**John Swinney:** Many of the organisations that deal with survivors find that those people are often immensely traumatised by their experiences and can be hard to reach. Survivors' confidence must be built to enable that to happen. Those organisations have built up extensive experience over many years in creating an approach that will reach survivors. I assure Mr Gibson that that thinking will be at the heart of the support that is in place to assist survivors and to support them in meeting the challenges they will face in interacting with a scheme of this type.

**Daniel Johnson (Edinburgh Southern) (Lab):** Annabelle Ewing touched on the point that the purpose of the new body will be to assess claims. The methodology for doing that will be highly sensitive. When will the guidance for those assessments be available, and how will it be devised?

**John Swinney:** The bill is extensive. We have tried to put as much as possible of the information to which Mr Johnson refers into the bill itself. Structuring the bill in that way will allow us to provide as much legal certainty as possible.

I would like to have a situation in which we have the fundamental components of the approach specified in law, rather than relying on guidance to enable that. There will be greater-than-usual reliance on primary legislation. The guidance will be formulated to operate within the terms of the primary legislation that is put in place by

Parliament. It will be available before the scheme is enacted, so that applications from individuals can be resolved.

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** The bill requires the provision of information and evidence in support of applications and it gives the power to compel any individual or body to provide specific information. What assurances can the cabinet secretary provide that steps will be taken to ensure that victims will not experience retraumatisation as a result of the process of applying to the scheme?

**John Swinney:** That is a fundamental question. We all want to avoid any individual experiencing retraumatisation. The bill is designed to help to address the unacceptable experience of survivors. It is an indication from the state that we acknowledge the importance of addressing those requirements.

The purpose of the process that we invite people to move through is to avoid retraumatisation and to provide them with support to enable them to participate in the process and have some benefit from the outcome that is arrived at. Those aspirations will be built into the approach that will be taken forward, as part of the legislation, to ensure that individuals are supported to address the unacceptable experiences that they have had in the past.

**The Deputy Presiding Officer:** Thank you. That completes questions on the statement.

## Scottish Parliamentary Corporate Body

16:30

**The Presiding Officer (Ken Macintosh):** The next item of business is the election of a member for appointment to the Scottish Parliamentary Corporate Body. I have received one valid nomination for appointment. The nomination is Jackson Carlaw.

As this an election, the Parliament is required to vote. I will suspend proceedings for a short technical break to allow all members to enter the voting system, and then we will proceed to the vote.

16:31

*Meeting suspended.*

16:38

*On resuming—*

**The Presiding Officer:** We return to the election of a member for appointment to the Scottish Parliamentary Corporate Body. The question is, that Jackson Carlaw be selected for appointment to the SPCB. Members should vote now.

### For

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Ballantyne, Michelle (South Scotland) (Con)  
 Beamish, Claudia (South Scotland) (Lab)  
 Bibby, Neil (West Scotland) (Lab)  
 Bowman, Bill (North East Scotland) (Con)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Fabiani, Linda (East Kilbride) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harris, Alison (Central Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kelly, James (Glasgow) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)

Lindhurst, Gordon (Lothian) (Con)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Sarwar, Anas (Glasgow) (Lab)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, David (Highlands and Islands) (Lab)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

### Abstentions

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnstone, Alison (Lothian) (Green)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)

Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

**The Presiding Officer:** The result of the division is: For 50, Against 0, Abstentions 62.

As a majority of members have voted in favour, Jackson Carlaw is duly elected for appointment to the SPCB. I congratulate him on his reappointment. [*Applause.*]

## Business Motions

16:40

**The Presiding Officer (Ken Macintosh):** The next item of business is consideration of business motion S5M-22461, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out a business programme.

*Motion moved,*

That the Parliament agrees—

(a) the following programme of business—

Tuesday 25 August 2020

2.00 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Topical Questions

*followed by* Ministerial Statement: Ferguson Marine Update

*followed by* Stage 3 Proceedings: Children (Scotland) Bill

*followed by* Committee Announcements

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

Wednesday 26 August 2020

12.20 pm Parliamentary Bureau Motions

12.20 pm First Minister's Questions

2.30 pm Parliamentary Bureau Motions

2.30 pm Ministerial Statement: Life Sciences Innovation and the COVID-19 Response

*followed by* Stage 3 Proceedings: Agriculture (Retained EU Law and Data) (Scotland) Bill

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

*followed by* Approval of SSIs (if required)

6.00 pm Decision Time

Thursday 27 August 2020

2.00 pm Portfolio Questions (Virtual): Economy, Fair Work and Culture

2.30 pm Portfolio Questions (Virtual): Education and Skills

3.00 pm Portfolio Questions (Virtual): Health and Sport

Tuesday 1 September 2020

2.00 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Topical Questions

*followed by* First Minister Statement: Scottish Government's Programme for

Government 2020-21

*followed by* Scottish Government Business

*followed by* Committee Announcements

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.00 pm Decision Time

Wednesday 2 September 2020

12.20 pm Parliamentary Bureau Motions

12.20 pm First Minister's Questions

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Government Debate: Scottish Government's Programme for Government 2020-21

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

*followed by* Approval of SSIs (if required)

5.00 pm Decision Time

Thursday 3 September 2020

2.00 pm Portfolio Questions (Virtual):  
Communities and Local Government

2.30 pm Portfolio Questions (Virtual):  
Social Security and Older People

3.00 pm Portfolio Questions (Virtual):  
Finance

(b) that, for the purposes of Portfolio Questions in the week beginning 24 August 2020, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[*Graeme Dey.*]

*Motion agreed to.*

**The Presiding Officer:** The next item is consideration of business motion S5M-22462, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, on the stage 1 timetable for a bill.

*Motion moved,*

That the Parliament agrees that consideration of the UK Withdrawal from the European Union (Continuity) (Scotland) Bill at stage 1 be completed by 6 November 2020.—[*Graeme Dey.*]

*Motion agreed to.*

## Decision Time

16:41

**The Presiding Officer (Ken Macintosh):** There is one question to be put as a result of today's business. The question is, that motion S5M-22407, in the name of Christine Grahame, on the Solicitors in the Supreme Courts of Scotland (Amendment) Bill, be agreed to.

*Motion agreed to,*

That the Parliament agrees to the general principles of the Solicitors in the Supreme Courts of Scotland (Amendment) Bill and that the bill should proceed as a private bill.

*Meeting closed at 16:41.*

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**Wednesday 16 September 2020**

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