



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Meeting of the Parliament (Hybrid)

**Tuesday 12 May 2020**

**Session 5**



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Pàrlamaid na h-Alba

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# Scottish Parliament

Tuesday 12 May 2020

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

## Time for Reflection

**The Presiding Officer (Ken Macintosh):** Good afternoon, colleagues. You will notice a slightly different look to the chamber this afternoon; it is my pleasure to welcome you to our first-ever hybrid meeting of the Scottish Parliament. Members are able to participate here in person or remotely from their constituencies.

The first item of business is, as is normal, time for reflection. I am pleased to say that our time for reflection leader will join us remotely. Our time for reflection leader is Pastor Joe C Ochei, who is the minister at Redeemed Christian Church of God, Jesus House Aberdeen, and the chair of trustees at Jesus House Inverness. He joins us by videolink.

I think that we have a technical problem with our first-ever feed. We are seeing the Deputy Presiding Officer, Christine Grahame, and not Pastor Ochei.

Colleagues—this is what happens when we use new technology. We are pleased to say that Pastor Ochei is with us. I will suspend the meeting briefly, because we not only have Pastor Ochei live, but we have him recorded, so I would like to start with his contribution. We will resume when we are ready to go with the broadcast.

14:02

*Meeting suspended.*

14:05

*On resuming—*

**The Presiding Officer:** After that big build-up, we are ready to resume our first hybrid meeting of Parliament. We begin with Pastor Ochei, who is joining us from Aberdeen.

**Pastor Joe C Ochei (Redeemed Christian Church of God (RCCG) Jesus House Aberdeen):** Presiding Officer, ladies and gentlemen—around the globe, we are all living in unprecedented times, and we are battling an invisible enemy that has a devastating impact on life, the economy, mental health and more. The times call for deep reflection and a connection with our faith, from which we can draw strength. Future generations will read of these historic times, with

their enforced social distancing, and when staying at home is crucial in order to protect public health.

The current situation reminds me of an important story in the gospel of Matthew—chapter 8, verses 23 to 27—that is known as “Jesus Calms the Storm”. It says:

“Then he got into the boat and his disciples followed him. Suddenly a furious storm came up on the lake, so that the waves swept over the boat. But Jesus was sleeping. The disciples went and woke him, saying, ‘Lord, save us! We’re going to drown!’ He replied, ‘You of little faith, why are you so afraid?’ Then he got up and rebuked the winds and the waves, and it was completely calm. The men were amazed and asked, ‘What kind of man is this? Even the winds and the waves obey him!’”

Our current situation can be likened to the furious storm in the Bible. The wind blowing furiously forced the disciples—many of whom were experts on storms, because of their fishing trade—to call Jesus, who was sleeping peacefully. That story is also recounted in the books of Mark and Luke; it appears three times in the Bible. Now, like the disciples did, we might just need to call on Jesus to calm the storm of Covid-19.

We must ensure that we do not despair and that we remain positive in the face of the disruption to our lives that has been brought about by this furious storm. Henceforth, we must count our blessings and remain grateful, as is stated in the wonderful hymn “Count Your Blessings”, which was written by the Rev Johnson Oatman Jr. We are, indeed, blessed.

I have special appreciation for the heroes on the front line who are doing their utmost to ensure that the invisible enemy is defeated. Those heroes are our national health service staff, first responders, teachers, cleaners, police officers, farmers, retail staff, postmen and women, scientists, Governments and social workers.

I end with this important lesson from the holy Bible: let us avoid anxiety and pray to God in all circumstances and receive his peace. God bless you.

**The Presiding Officer:** Thank you, Pastor Ochei.

That was a little reminder that, as we introduce the new technology, it will occasionally go wrong.

## Business Motion

14:09

**The Presiding Officer (Ken Macintosh):** The next item of business is consideration of business motion S5M-21719, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out revisions to this week's business.

*Motion moved,*

That the Parliament agrees the following revisions to the programme of business on:

Tuesday 12 May 2020—

after Scottish Government Debate: Suppressing COVID: The Next Phase

insert Scottish Government Debate: Coronavirus (Scotland) (No.2) Bill

delete

5.00 pm Decision Time

insert

5.30 pm Decision Time

Wednesday 13 May 2020—

delete

12.30 pm Parliamentary Bureau Motions

12.30 pm First Minister's Questions

2.30 pm Stage 1 Debate: Coronavirus (Scotland) (No.2) Bill

insert

12.20 pm Parliamentary Bureau Motions

12.20 pm First Minister's Questions

2.15 pm Ministerial Statement: COVID-19 Update: Lord Advocate

*followed by* Stage 1 Debate: Coronavirus (Scotland) (No.2) Bill

*followed by* Financial Resolution: Coronavirus (Scotland) (No.2) Bill

Thursday 14 May 2020—

insert

2.00 pm Members' Virtual Question Time: Finance and Economy

3.00 pm Members' Virtual Question Time: Health—  
[Graeme Dey]

*Motion agreed to.*

## Topical Question Time

### Covid-19 (Guidance)

14:10

**1. Rona Mackay (Strathkelvin and Bearsden) (SNP):** To ask the Scottish Government what discussions it had with the United Kingdom Government regarding the change of guidance being issued to the public in England. (S5T-02172)

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** The Scottish Government had no prior sight of the details in the Prime Minister's statement, the document that was published yesterday, the proposed levels system or the change in message. Over the course of the past week, following requests by the devolved Administrations, discussions were held with Michael Gove and Boris Johnson, in which respective views were shared on changes in regulation and guidance that might take place in each nation, but at no point was the detail of the proposed levels system or the change in message shared with the Scottish Government.

**Rona Mackay:** We know that the R number is still uncomfortably close to 1 in Scotland at the moment. Does the cabinet secretary share my concern that the UK Government's failure to make it absolutely clear that its announced changes to guidance applied only to England was irresponsible and could result in the virus taking off again here, if people do not adhere to Scottish Government guidance?

**John Swinney:** It is really important that people understand that the changes that the Prime Minister announced on Sunday apply only to England—not to Scotland. I have seen a number of broadcasters make that point expressly clear in their communication of the Prime Minister's message. Our counterparts in Wales and Northern Ireland have taken a similar position to that of the Scottish Government and have all maintained the same headline message of "Stay at home", which sums up the strategy of the Scottish Government.

It is important that members of the public in Scotland are clear that the guidance and the approach that the Scottish Government sets out are what applies here and to anybody in Scotland, whether they live here or choose to come to Scotland on any particular occasion.

**Rona Mackay:** Can the cabinet secretary give an indication of the preparations that the Scottish Government is making in advance of the gradual easing of restriction when our infection rate becomes low enough for it to be safe to do so?

**John Swinney:** The Government is working across all policy areas on the issues that are relevant to Rona Mackay's question. Work is ongoing throughout the areas that are reflected in the framework for decision making, which we will debate this afternoon.

Some issues are relevant to the non-Covid-19 health harms that exist in our society today and to the social and economic harms that are arising out of Covid-19. How the Government collectively sets out a path will reflect the consideration that we give to all issues that are raised in those areas of policy.

My colleagues in the Cabinet, as well as the ministerial team, are engaging with all our different sectors—the Cabinet Secretary for Economy, Fair Work and Culture with the business community, the Cabinet Secretary for Health and Sport with the health community and the relevant trade unions, the Cabinet Secretary for Transport, Infrastructure and Connectivity with our transport providers, the Cabinet Secretary for Justice with the justice community, and I with the education community—to ensure that we understand all the issues that we will have to carefully consider as we ease the constraints under which we are operating. I stress that that easing can come only when we are in a safer position to do it.

**Colin Smyth (South Scotland) (Lab):** The cabinet secretary says that the guidance applies only in England. That will have a massive impact on my constituents in South Scotland, many thousands of whom work in Cumbria and Northumberland. What will the impacts be, particularly for those who have children?

Is the cabinet secretary considering a review of the current criteria for key workers, so that those who work in the south of Scotland but are now told to get back to work in Cumbria can be added to that list in order to access childcare? If the position of the Scottish Government is still that that matter should be left to local authorities, will consideration be given to the provision of additional resources to those authorities in the Scottish Borders and Dumfries and Galloway, to ensure that they can cater for an increase in demand for childcare?

**John Swinney:** On the resourcing point, as I am sure Mr Smyth is aware, there is greater capacity in the provision of early learning and childcare and educational support for children and young people across the country than has been utilised by those who have come forward to access that support, so there is surplus capacity.

Mr Smyth's question raises some of the sensitivities there are inevitable in the decisions that have been taken by the UK Government as those decisions apply to England. A consequence of those decisions is that members of the public

who are employed in England may be put in the rather invidious position of being more obliged to go back to work than they feel is appropriate at this time. In those circumstances, individuals should discuss the situation with their employers. Education and childcare support for the children of key workers is available in the Borders and in Dumfries and Galloway. However, I maintain my fundamental point, which is that people in Scotland should take the Scottish Government's guidance as their reference point.

**Mike Rumbles (North East Scotland) (LD):** As I understand it, the Government does not know what the R number is in Scotland, because not enough testing is being done throughout Scotland. We have an increased capacity, but we are not using it—Mr Swinney should correct me if I am wrong. When will we be using the capacity to the full and then increasing it so that we can find out what the R number is?

**John Swinney:** The R number—whether in Scotland or England—is considered within a range of numbers. It is currently estimated in Scotland to be in the range of 0.7 and 1.0. There is testing capacity available in Scotland—there has been more than a tenfold increase in capacity since the start of the Covid-19 outbreak. The health service and those delivering the tests are working extremely hard to maximise the number of people coming forward for testing. It is an essential part of our strategy and we encourage and motivate individuals who fit the criteria to come forward for testing to enable us to use that capacity to the full. That is one of the Government's objectives.

**Alex Rowley (Mid Scotland and Fife) (Lab):** I am grateful for the clarity from the Deputy First Minister today, because the statement from the UK Prime Minister and Government is creating confusion—it is important that we have clarity in Scotland.

This week, the Todd & Duncan mill at Loch Leven reopened, causing concern for many of the workers there. Is the Government having talks with the trade unions on developing a process that will reopen workplaces safely, over a period of time? More importantly, how do we police that to ensure that safety measures and social distancing are in place, particularly in non-unionised workplaces that are less likely to have health and safety reps present?

**John Swinney:** Mr Rowley raises a significant issue and it is timely that the Cabinet Secretary for Economy, Fair Work and Culture has just arrived, because she is involved in detailed discussions with employers and trade unions on exactly that question. The objective of the economy secretary is to put in place guidance and a framework so that, when it is reasonable and permissible within the assessment of the public health issues for

employees to return to work, they can do so with the assurance that they are returning to a safe working environment in which social distancing is a characteristic of the workplace design. Such workplace design will be very different from the design of workplaces that existed before Covid-19—or it certainly should be—to enable social distancing to be undertaken.

On the question of policing that, the issue must be tackled workplace by workplace and business by business, which shows the importance of companies exercising responsibility consistent with the guidance that the economy secretary is developing with the trade unions to ensure that businesses are operating a safe working environment. I assure Mr Rowley that that is a significant priority for the Government and the economy secretary and one that is being actively pursued in dialogue with businesses and trade unions.

### **Covid-19 (Attacks on Police Officers)**

**2. Alexander Stewart (Mid Scotland and Fife) (Con):** To ask the Scottish Government what urgent action it will take in light of reports of Covid-19-related attacks on police officers. (S5T-02152)

**The Minister for Community Safety (Ash Denham):** Our police officers are on the front line each day to protect the public and to keep us all safe from Covid-19. No police officer should be the victim of abuse or violence while at work, and I support the chief constable in describing such behaviour as totally unacceptable.

Yesterday, the Cabinet Secretary for Justice spoke to the chief constable and the chair of the Scottish Police Federation, and he had very positive discussions with both. It is clear that, when an officer has a Covid-19 interaction, Police Scotland can offer facilities for an assessment and, where appropriate, a test.

The Lord Advocate has confirmed that those who assault our officers and engage in such behaviour will be dealt with robustly by Scotland's prosecution service. The Police and Fire Reform (Scotland) Act 2012 enables penalties of up to 12 months' imprisonment, a £10,000 fine or both following conviction for the offences of assaulting, hindering or obstructing a police officer. Our justice system also provides for protection for all workers under our common laws of assault, threatening and abusive behaviour and breach of the peace.

**Alexander Stewart:** Police officers are on the front line of enforcing the lockdown, and they continue to do their usual jobs of detecting crime and keeping us safe. For that, we cannot thank them enough. Unfortunately, some officers report being spat at and coughed at in a disgusting

attempt to spread the coronavirus. Such behaviour is an attack on us all. The Scottish Police Federation has called for a guarantee that such individuals will not be released before appearing in court, so why has the Crown Office not directed that to happen?

**Ash Denham:** As I have just said, any police officer who is concerned after having a Covid-19 interaction—as I imagine many of them would be—can speak to Police Scotland's human resources department and access a test, even if they are not symptomatic. There is no barrier to accessing testing. As Alexander Stewart rightly says, the police are at the front line, putting themselves at risk on a daily basis in order to keep the rest of us safe. We want them to have confidence that those who are concerned can access testing, and we expect them to be able to do so.

Alexander Stewart mentioned automatic remand for those who carry out such an assault on a police officer. I point him towards the Crown Office's recent guidelines, which were issued by the Lord Advocate at the start of the Covid-19 outbreak. He said that liberation is a decision for the police based on the circumstances of the individual incident and that the police can detain any person to protect the public from risk of harm. A person spitting at someone and saying that they have the virus would obviously meet a reasonable description of putting someone at risk of harm.

**Alexander Stewart:** The Scottish Police Federation has also called for routine testing of officers who do not have symptoms but who might be spreading the coronavirus across communities without knowing. When the Deputy First Minister was asked about that on the radio yesterday, he did not respond by saying that that would happen. Can we get a straight answer from the minister that police officers who are putting themselves at risk will receive tests?

**Ash Denham:** Yes. I am happy to go on the record as saying that there is no barrier to accessing testing for police officers or staff. Any police officer or member of staff who is concerned about their health or wellbeing following an assault of any kind relating to Covid-19 should contact Police Scotland's HR department to be risk assessed. Following that, a decision will be made about whether testing is appropriate for that individual.

Since 6 April, we have been working with Police Scotland to ensure that officers and staff can access testing at a number of sites, so that those who can be tested are being tested. Police Scotland's HR department is now able to risk assess any officer or member of staff who believes that they are at a heightened risk, and they will be able to access testing if that is judged to be



appropriate. I emphasise that people do not have to be symptomatic to access testing. If someone has had an interaction that has given them concern, they can contact Police Scotland's HR department to access testing.

We are ensuring that Police Scotland continues to have priority access to testing. The testing of police officers and staff is important and will continue for as long as is necessary.

**Fulton MacGregor (Coatbridge and Chryston) (SNP):** Police officers have performed a crucial role during the first phase of the Covid-19 emergency, and it was right for the minister to clearly state that no police officer should be the victim of abuse or violence while they are at work. Can she outline the extent to which the public has confidence in policing in Scotland during the coronavirus pandemic?

**Ash Denham:** Last week, the Scottish Police Authority published the initial results from its new public opinion survey. Those results indicated a strong level of public confidence in and consent for Police Scotland during the first phase of the Covid-19 emergency. The SPA reported that

"Public confidence in policing in Scotland was higher in April 2020 than when compared to the last Scottish Crime and Justice Survey".

The last survey was carried out in 2017-18. The SPA also reported that

"Public support for the approach taken by policing in Scotland to the Covid-19 emergency is higher than a recent YouGov survey finding for Great Britain."

### **Covid-19 (Testing on Discharge to Care Homes)**

**3. Monica Lennon (Central Scotland) (Lab):** To ask the Scottish Government whether it will provide clarification on the current Covid-19 testing policy for people being discharged from hospital to care homes, and what clinical guidance is currently in place for care homes. (S5T-02171)

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** The current Covid-19 testing policy for people who are being discharged from hospital to care homes is twofold. First, if a patient has been in hospital because of the virus, they should give two negative tests before discharge. Tests should be taken at least 24 hours apart, and preferably within 48 hours of discharge.

Secondly, if a patient was not in hospital because of the virus, a single test is required to be taken 48 hours before discharge. Those patients should be isolated for 14 days from the date of discharge. All other admissions from the community should have one test performed before or on admission to a care home, and should be

isolated for 14 days. That is the most recent Health Protection Scotland guidance, from 1 May.

In addition, the chief medical officer for Scotland, Dr Gregor Smith, and the chief nursing officer for Scotland, Professor Fiona McQueen, have published clinical and practice guidance that provides additional practice-based information on preventing and managing Covid in care homes. That was first published on 13 March and has been updated since. The guidance is being updated again to take account of new requirements. The draft updated guidance was published in error on 8 May, before it had been agreed by the CMO and me.

**Monica Lennon:** The guidance that was published on Friday 8 May watered down the earlier guidance from HPS by stating that patients should "ideally" give two negative tests before discharge. The chief nursing officer tweeted about that guidance on Saturday, only for the cabinet secretary to tell the media the following day that the guidance had been issued in error. It was subsequently withdrawn from the Government website, on Sunday.

However, two days later, an error message remains in place on the website. Does the cabinet secretary understand that that looks chaotic and confusing to people on the outside? What steps has she taken during the past few days to provide clarity to clinicians, front-line workers and, importantly, families who received a letter on Friday with that guidance in it?

**Jeane Freeman:** Let me repeat: the guidance that was published on 8 May was draft guidance, and what was said is not currently the policy of the Government. The policy of Government is what I have just provided from Health Protection Scotland. That is the policy position that has been turned into guidance for care homes, care home staff, residents, relatives, care home owners and our clinicians in hospital settings, about what testing approach should be undertaken for patients who are being discharged from hospital to a care home, and for community admissions to care homes.

The guidance that appeared on the website on 8 May was draft guidance; it was an error that it was published. It has—as Monica Lennon said—been withdrawn. I am grateful to Ms Lennon for giving me another opportunity to make clear, in the chamber, what the testing policy is.

Officials have been in touch with care homes and others to ensure that they understand that the current guidance is the guidance that was published on 13 March and updated in some measure on 26 March, and to ensure that they are aware—they are—of changes in testing policy for

admissions to care homes from 1 May, be they from hospital or the community.

The revised and updated guidance will be published as soon as it meets my requirements and those of the chief medical officer, and as soon as it reflects all the changes that we have instituted to ensure that we are focusing on Covid-19 in our care homes.

**Monica Lennon:** I am prepared to be corrected, but I do not believe that the guidance said “draft” when it appeared on the website on Friday. I wonder why draft guidance would be sent to thousands of care providers and to local authorities, health boards and integration joint boards. It would be good to have some clarification.

I am certain that thousands of people across Scotland are very concerned about their loved ones who are in, or who might be admitted to, care homes. There is still a feeling that testing is too slow, that there is not enough testing and that results are taking too long.

Does the cabinet secretary believe that any care home residents have died after contracting Covid-19 from discharged patients? If so, what lessons are being learned?

**Jeane Freeman:** I repeat: publication of that guidance on the Government’s website was an error. It was not a conspiracy; it was a mistake that was made by people in the health directorate who have been working non-stop on the matter since the turn of the year.

It was a mistake: I have apologised for that and we have made sure that all those who might be affected because they have to apply the policy know what the policy is. We will publish the revised guidance when it meets my requirements, and those of the chief medical officer and the clinicians involved.

We are working very hard on testing. As the Deputy First Minister said earlier, our capacity for testing has increased significantly. It must increase even further in order to meet our needs for the full test, trace, isolate and support strategy, which will be critical to any easing of the current measures. However, capacity has increased significantly.

Our work now is not only to continue to increase the capacity for testing, but to increase its use. That involves speeding up the turnaround time from the point when the sample is taken to the point when the result is given. At the moment, that ranges from four to 48 hours, which is not good enough; the advice that I have from clinicians is that the turnaround time should be under 24 hours. If we can bring results in under 24 hours, that will be very helpful for the test, trace, isolate

and support strategy. The process should take 24 hours at most.

Work is now under way on logistics to ensure that samples are taken quickly, that they get to the laboratories as quickly as possible, and that we have everything that is needed in the labs to process samples. Laboratories need equipment and chemical reagents, for which we are working on a solid supply line. A bit like the case of the supply line for personal protective equipment, lots of people are chasing the same global supply line. I am pleased that my colleague, Ivan McKee, is now working to source testing supplies, as he has done so helpfully for personal protective equipment. Work is under way to speed up the testing turnaround time.

**The Presiding Officer:** We have two supplementary questions, cabinet secretary.

**Jeane Freeman:** I do not and cannot know whether any care home residents who have contracted Covid-19 did so as a consequence of the admission of residents who already had Covid-19. I cannot know that because of the length of the incubation period and because I do not know exactly what conditions individuals might have had before we instituted the testing policy.

**Miles Briggs (Lothian) (Con):** Care homes are reporting that only 30 per cent of staff have been able to access testing. Yesterday, the Scottish Government reported that only 3,584 tests were carried out in NHS, community, care home and mobile settings, but there is the capacity in labs for more than 8,350. Why is testing in care homes not increasing? When will all care home staff in Scotland be tested? We are now hearing reports of asymptomatic members of staff testing positive.

**Jeane Freeman:** The latest figures that I have are that 32 per cent of all key workers who are tested are social care staff, or members of their households. There is no barrier to social care staff being tested. We are promoting that message—as are, I hope, care home owners. The message is certainly being promoted by local authority partners to their home care staff.

As Miles Briggs knows, the policy is now to test all residents and staff in care homes in which there are active cases, and to undertake sample testing in care homes where there are no active cases, so that we can keep an eye on what is happening. All that effort is designed to provide the maximum number of tests that we can in that area, and in other areas where testing is important, in order to make sure that we use our capacity to best effect.

**Willie Rennie (North East Fife) (LD):** Surely, we should always test a person before their admission to a care home, and not—as the minister indicated has happened in some cases—after their admission. Surely, the whole purpose of

testing is, if it is at all possible, to stop the virus getting into care homes. Why cannot testing be done in all cases?

**Jeane Freeman:** Testing is a really important part of preventing the virus in all settings and of ensuring that it is not transmitted, but it is not the only measure. By itself, it will not do that job for us. An individual who comes out of hospital for a community admission who has not been in hospital for a reason related to Covid-19 requires to be isolated for 14 days. That is to ensure that they are, if they develop symptoms of the virus, isolated, and to ensure that proper infection, prevention and control nursing are in place, so that transmission is not possible from one resident to another. Of course, personal protective equipment is a big part of that.

It is often the case that individuals in care homes or those who are being admitted to care homes are frail and elderly and have dementia. Taking a test sample is a distressing experience for them, and it might not be possible to do it in the ideal timeframe. Isolating individuals in care homes for the first 14 days allows the test to be taken if it was not possible to take one before their admission. The process is designed to ensure that we maximise protection not only of the resident but of staff and other residents against the virus being transmitted.

## Urgent Question

14:38

**The Presiding Officer (Ken Macintosh):** In addition to topical questions, we have an urgent question this afternoon.

**Neil Findlay (Lothian) (Lab):** To ask the Scottish Government for what reason Covid-19 cases identified in Edinburgh on 2 March 2020 were not made public.

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** On Sunday 1 March, the Scottish Government confirmed the first positive case of Covid-19 in Scotland, advising that the infected person was from the Tayside area and that the case was related to travel to an affected country. On the evening of 3 March, ministers were made aware of two additional cases, which we reported on 4 March. We advised that one of the individuals was resident in the Grampian area and the other was resident in Ayrshire.

**Neil Findlay:** Pandemic risk is the number 1 item on the Government's risk register. When the Nike conference took place, Covid-19 was spreading throughout Asia and Europe. Why has it taken two months and a BBC documentary for the outbreak in my region to be made public?

**Jeane Freeman:** I need to make clear a couple of points. We had no knowledge of the outbreak at the conference at the time that it was taking place. Our knowledge of the cases is as I have stated. On 4 March we reported two cases. One of them was connected to the Nike conference. That case, as the first two cases did, triggered Health Protection Scotland to undertake contact tracing work.

The contact tracing work relating to the Nike conference was an international exercise. Some eight of the cases were resident in Scotland. Just as it had been in the first case, when we were strongly advised not to say specifically where in Tayside the patient in that case came from, the strong clinical advice that we received was not to say where the trigger case had come from, because it would then be possible to identify individuals. In the balance of upholding patient confidentiality, the advice was not to make that public at that point.

**Neil Findlay:** It has been two months since that happened. That information could have been made public within that period, but instead we had to wait until a documentary was made.

Over two days, some 70 delegates attended the conference at the Carlton hotel. Presumably they were working, socialising and mixing with staff and visitors inside and outside the hotel. We were told

by the national clinical director that all cases in the early stage of the outbreak were subject to the test, trace and isolate approach. However, I have here a letter from NHS Lothian, which states that between 6 February and 13 March, which is a period of five weeks, only 30 families were contacted as part of the investigation of all TTI cases—not just those from the Nike conference. Will the cabinet secretary therefore tell us how many staff, guests and visitors who attended the Carlton hotel—and how many shop, bar and hospitality workers and taxi drivers across Edinburgh—were contacted, following the Nike conference, as part of the TTI strategy?

**Jeane Freeman:** I will make a number of points in reply to Mr Findlay. First, I hear what he says when he asks why it took a BBC documentary to mention the Nike conference. However, I have to ask him what purpose that would have served. The point of all this is to identify cases.

In the early days of the outbreak, when we were in the containment phase, we were undertaking contact tracing to ensure that we could break the transmission of the virus as best we could at that point. Contact tracing is about getting information from an individual about who they have been in contact with for more than 15 minutes, and at a distance of less than 2m. That means that a number of individuals whom a person passes in the street will not be on that contact tracing list, because the contact was neither long enough nor close enough for it to warrant such tracing in order to meet the purpose of that process.

I turn to the numbers that NHS Lothian has given Mr Findlay. As I have said, the conference was an international one, so the contact tracing process involved international efforts. Some of the tracing process was carried out in Scotland and some in other countries across the globe, where delegates came from. It therefore involved international efforts to identify where such individuals had been in touch with others and then to trace those other individuals and ensure that they were given proper clinical advice and support. All that happened as it should have happened. The Scottish Government then published the information about the first, second and subsequent cases as I have just outlined.

**Miles Briggs (Lothian) (Con):** The First Minister has said that she wants to be open and transparent with the people of Scotland. That has clearly not been the case in this instance. We have heard excuses from the cabinet secretary. Why did ministers not report that an outbreak had emerged in the NHS Lothian health board area, as she has outlined had been the case in both Tayside and Ayrshire? Given that the guest who was staying at the hotel during the conference told the programme makers that he had not been

contact traced by anyone from the Scottish health service, why did we see such a basic failure in the test, trace and isolate methods that were used at the start of this crisis?

**Jeane Freeman:** Those are not excuses; they concern factual information. I do not think that anyone could accuse me, the First Minister or the Scottish Government of not publishing and making clear the maximum amount of information that we can—and the facts, where we are confident about the robustness of the data that we have. Where we are not confident about such data, we tell everyone that we are not yet publishing it, for that reason.

What was reported in all cases was where the individual was a resident of. We did not report in all cases where we thought they had contracted the virus. In the first case, we said that the individual was a resident of Tayside and we believed that they had contracted the virus from travel in a country where the virus was present. We did not name the country.

Our approach has been consistent in all this. If an individual believes that they were in contact with someone who was at that conference and that they should have been contacted by HPS, the straightforward way of dealing with that is to give me that information. I will ask HPS to respond to me and then I will respond to Mr Briggs accordingly.

**Daniel Johnson (Edinburgh Southern) (Lab):** Jeremy Hunt, the former Secretary of State for Health and Social Care, said yesterday in the Westminster Parliament that there was a culture of secrecy, which was responsible for the United Kingdom's slow response to the virus.

Given that Scotland entered lockdown in lockstep with the UK, does the cabinet secretary agree with Mr Hunt's analysis? In that light, should the Scottish Government have been more open about this outbreak and the advice upon which it was basing its decisions?

**Jeane Freeman:** I do not believe that, at any point in this entire exercise around Covid-19, either I or the First Minister or any other member of the Scottish Government could be accused of secrecy.

As has been recognised by independent experts—scientists and others—we have been very open in the amount of data that we have published and in our continuing attempts to consistently improve on that range of data. I do not think that secrecy has been a characteristic in any aspect of the approach that we have taken.

The scientific and clinical advice came to us as it did to other Governments across the UK, from the scientific advisory group for emergencies and

from others and, as the member knows, most recently from the establishment of our own advisory group to the chief medical officer for Scotland. That group is chaired by Professor Andrew Morris and the details have been public from the outset.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** The BBC documentary also revealed that Wendy Russell contracted Covid-19 at a birthday party on 7 March. Several of her relatives were also infected that night and her niece Anna has now lost three grandparents because of it. This was meant to be at the height of the containment phase, where all Covid patients were isolated and their movements traced, yet nobody contacted Wendy after her infection and she fears that she may have passed it on to others at several public events.

Given that there were clearly serious deficiencies in test, track and trace during the containment phase, when we were dealing with just dozens of Covid patients, what confidence can the public have that no such deficiencies will exist when we try to upscale this to the tens of thousands?

**Jeane Freeman:** Having watched the "Disclosure" programme last night, I found that family's account of what had happened to them deeply moving and they have my deepest condolences. It was truly a tragic event.

We have published our strategy for test, trace, isolate and support. I will, in due course, when we have moved further on with this, provide more details. The member will know that we are scaling up our testing operation.

Also, yesterday and again today and during the rest of this week, adverts are going out to begin to recruit the additional contact tracers we need on top of what our local health protection teams are putting together. That is so that we can maximise, as our strategy document said, the numbers of contact tracers. We believe that we need at least 2,000 contact tracers in order to ensure that we can speedily trace people and, as I said earlier to Ms Lennon, to speed up the total turnaround time between taking the test sample and producing the result. Contact tracing will begin before the trigger case test result has returned. We want to be as quick as possible in doing all that.

We are learning lessons as we go. Our strategy and, more important, our focus on delivery will cover our requirements on the numbers, the speed and the ease with which individuals can advise us that they have symptoms of Covid-19. Importantly, that will also cover the motivation and support that we need to give to members of the public in circumstances in which they may be asked to isolate on more than one occasion.

**The Presiding Officer:** There is more interest in that question, but I am afraid that we must move to the next item of business. I apologise to the various members whom I could not call.

## Suppressing Covid: The Next Phase

**The Presiding Officer (Ken Macintosh):** The next item of business is a debate without motion on suppressing Covid: the next phase. I call on the Deputy First Minister and Cabinet Secretary for Education and Skills, John Swinney, to open the debate.

14:50

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** I welcome this opportunity to debate the framework that we have put in place to consider how we take forward the stringent measures that we have in place to handle the coronavirus outbreak.

We are in unprecedented times, with our society facing the biggest challenge of our lifetimes. The way in which we live our lives is significantly restricted, and many families are having to come to terms with the loss of people who are dear to them. I know that all members of Parliament express our sympathy for, and solidarity with, all those who have lost loved ones in the pandemic, and that we express our deepest gratitude to those in the health and care services and those who have maintained our essential services during this difficult period.

The First Minister has set out our intention to be open and transparent about the options for Scotland in tackling the outbreak. That is why we have published “Coronavirus (COVID-19): Framework for Decision Making” and the supporting documentation. I welcome the opportunity to set out to Parliament the main elements of the framework.

First, I want to thank the people of Scotland for their sacrifices and for following our public health advice to stay at home. It has been tough. The impact of the virus on Scotland has been profound and everyone has been affected. Although we know that the current lockdown remains vital, it is only because of the action of the people of Scotland that we are now seeing some progress against the virus.

However, we still face a very significant threat from the disease, and only when we are sure that the virus is under control can we start to ease restrictions.

**Mike Rumbles (North East Scotland) (LD):** I could not agree more with the Deputy First Minister that we can ease restrictions only when we know that the virus is under control. However, for us to know that it is under control, we have to do more tests. South of the border, 100,000 tests

a day are being done, but we are nowhere near the proportionate figure for our population. What can be done to increase testing?

**John Swinney:** With the greatest of respect, I say that I think that Mr Rumbles is being a bit optimistic about what is happening south of the border.

As the Cabinet Secretary for Health and Sport has just said, and as I said a few moments ago, there has been a significant increase in testing capacity in Scotland, and more work is actively under way to increase that capacity even further. It is important that we continue with that work in order to provide the necessary capacity to deliver the test, trace, isolate and support strategy to which the Government has committed.

**Miles Briggs (Lothian) (Con):** Is it appropriate that we are using only half the testing capacity that we have?

**John Swinney:** We want to maximise the use of testing capacity. In several public communications, I have talked about the effective strategy of NHS Tayside, in the locality that I represent. Basically, that health board is evangelising about testing—it is going out to find people who need to be tested in order to ensure that testing capacity is used. That approach is essential to ensuring that we utilise the testing capacity that has been built up over a very short time, which in itself is a formidable and significant achievement, given the demands that the health service has been under.

The steps that we take to ease restrictions—when we take them—will need to be baby steps that are careful, gradual and incremental. The new normal that we are taking steps towards will be different from the lives that we had before, and physical distancing and limiting our contact with others might well be facts of life for some time.

Our framework for decision making sets out the objectives and the principles that will guide us, the different factors that we will need to take into account, the assessment framework in which we will take decisions and the preparations that we need to make now.

Central to that is recognition and consideration of the four harms that are caused by the virus. First, the virus causes direct and tragic harm to people’s health. We track daily the extent of the direct health harm that is being caused by the virus, and data is published every day on the Scottish Government’s coronavirus web pages. As the direct harm that is caused by the virus reduces, we expect to see stabilisation, followed by declines in key measures.

**Murdo Fraser (Mid Scotland and Fife) (Con):** Will the cabinet secretary give way?

**John Swinney:** I will give way in a moment. The key measures include the numbers for new cases, new and total hospital and intensive care unit admissions, and deaths.

**Murdo Fraser:** I ask the Deputy First Minister for some clarity around the reproduction number. He told the COVID-19 Committee two weeks ago that the best estimate of the R number was that it was R0.7, but he said last night on the BBC that the estimate was R0.8. Does that suggest the R number is going upwards in Scotland, at the moment? If so, what are the reasons for that?

**John Swinney:** It is suggested that the R number is in a range from 0.7 to 1. On any given week when the assessment picture is put together, the number may well vary, which is why the statisticians encourage us to talk about a range and why the United Kingdom Government, on scientific advice, does not give a specific figure: it talks about a range.

The second factor in the framework is that the virus has a wider impact on our health and social care services in Scotland—on how our people use those services and on how that impacts on non-Covid-19 health harms. We also know that the restrictions that have been necessarily put in place to slow the spread of the virus can, in turn, cause further health harm to our population. Significant work is under way to understand and to mitigate the effects on physical health and mental wellbeing.

The third area of the framework is the restrictions that Scotland, together with the other UK nations, has put in place to slow the spread of the virus, and which affect our broader way of living and society. That includes, for example, the negative effects of increased isolation, particularly for people who live alone, and the impact on children's wellbeing from schools being closed. We therefore need to draw on a wider range of data and intelligence in order that we can understand the patterns.

Fourthly, along with the negative effects of the global pandemic, the lockdown has had an enormous impact on our economy, with a potential fall of 33 per cent in gross domestic product during the period of lockdown. That is unprecedented, and is causing deep uncertainty and hardship for many businesses, individuals and households. The damaging effect on levels of poverty and inequality might be profound, and the impacts will intensify the longer the lockdown continues. We will see more businesses being unable to recover, and we risk the scarring effects of unemployment. We must do everything possible to avoid permanent structural damage to our economy.

It is important to be clear about the focus of our analysis in the framework. We do not view it as a

trade-off between those harms. They are related; health harms impact on society and the economy, just as the societal and economic impacts affect physical and mental health and wellbeing. Navigating the right course through the crisis will involve taking difficult decisions that seek to balance the various interrelated harms, in order to minimise overall harm. As the paper outlines, we will follow seven principles for decision-making: that they are safe, lawful, evidence-based, fair and ethical, clear, realistic and collective.

We have committed to starting an open and engaged conversation with the people of Scotland about how to wrestle with the conflicting approaches that could be taken, between addressing the relative harms and application of the principles that I have set out for our approach. Part of that conversation is about sharing the evidence that we have relied on to make important decisions about transitioning out of the current lockdown arrangements. In the light of our commitment to transparency and open dialogue, I am pleased that more than 11,500 members of the public have used our online dialogue platform, and have generated more than 4,000 ideas about how we should proceed. We will publish in the coming days a summary of what we have heard and how we will use that information.

We have also published a concise update to the framework, including an assessment of the evidence on spread of the virus, a summary of the restrictions that are currently in place, and some options to be considered around variation of distancing measures. That update informed part of our review on 7 May of the restrictions that are currently in place.

I will explain the rationale behind the decision that was taken last week. The rate of transmission of the virus in Scotland—the R number that members have raised—is still too high for many restrictions to be lifted safely. It might also be higher than it is in other parts of the United Kingdom. As a result of the combination of the R number and the number of infectious cases in Scotland, our basic message—that people should stay at home—remains the same today as it was prior to the weekend.

We also said that the Scottish Government would keep matters under review and that we were considering making one immediate change to the guidance, relating to exercise. That change means that, as of Monday this week, if people want to go for a walk more often, or to go for a run and a walk, they are now free to do so. That slight change in guidance was made on the basis of advice that we have been given on outdoor transmission that suggests that the risks of transmission are low, in that context. However, I stress that that change in the guidance relates to

exercise that is carried out from an individual's home rather than exercise that is undertaken after driving from home to a different area to undertake it in another location. I stress that all other lockdown restrictions remain in place.

As the First Minister set out in her statement at the weekend, if we see more evidence of a downward trend in the virus, we will assess whether the potential exists for us to make further minor changes. We could consider whether, for example, garden centres should reopen, and we will think about whether some additional forms of outdoor work can safely resume. In discussion with councils, we will give urgent consideration to the possibility of reopening waste and recycling centres.

In addition, we will look carefully at the steps that are necessary to open up our national health service to a wider range of services than have been available during the pandemic. The NHS remains open, but there are many healthcare procedures that are necessary for our citizens that are not currently being carried out.

As we take very gradual steps out of lockdown, it will be crucial to build on the confidence of the public. One of the key decisions that we have been considering is about the phased return of pupils to schools, which I know is a hugely important issue for children and families right across the country. We will need to build the confidence of staff, pupils, parents and carers so that children and teachers feel safe and secure when they return. I speak from personal experience as a father when I say how important that question is to me. We are working with our partners, including the education recovery group, to ensure that our schools and how we use them will be safe, and we will set out our thoughts in due course.

We will also learn from the international community—in particular, from countries that are further ahead in their pandemic curves than Scotland is—and we will model information on the basis of their experiences.

A fundamental issue is the functioning of the economy. We are working with businesses and trade unions to produce guidance that is specific to Scotland's needs—our economic needs and our public health requirements. We will publish that guidance sector by sector in the coming days and weeks, including for construction, manufacturing and retail. That relates directly to the point that Alex Rowley raised with me in a question earlier this afternoon.

We are continuing to expand our ability to test people for Covid-19 and to trace the people with whom they have been in contact. That will play an

important part in helping us to emerge safely from lockdown.

The next 21-day cycle for reviewing the regulations ends on 28 May, and we will ensure that restrictions do not stay in place for longer than is necessary, based on the evidence. Our approach differs slightly from the one that is being taken by the other three nations. Over the weekend, I was pleased to hear the Prime Minister accept and acknowledge that we might need to move at different paces. It is crucial that we do what is safe for the people of Scotland, based on the evidence that is available to us. The framework provides the basis for us to reconcile that evidence. We will, of course, consider the plans that the UK Government sets out for England to see whether the ideas and policies in them also make sense for Scotland.

It is important, too, that we give clear messaging in order to build the confidence that I have talked about. We will intensify our dialogue with the UK Government and the other devolved Administrations so that there is no room for confusion. It is essential that at no stage are actions taken that run the risk of undoing all the success of the past six to seven weeks, during which the public's compliance with the changes that we have put in place has been exemplary. We know that the current lockdown remains vital and that it is only because of the action of the people of Scotland that we are now seeing progress being made against the virus.

It is vital that the Scottish Parliament exercises its fundamental purpose in debating and scrutinising the actions of Government. That is critical, on Covid-19. I was pleased also to have the opportunity to give evidence to the COVID-19 Committee on 29 April, and I and my ministerial colleagues will be happy to speak to the committee further in the coming weeks, if that would be helpful. We will continue to keep the committee up to date with developments and to keep it sighted on our decisions—as we did most recently on Sunday, with the decision to remove the once-a-day limit on individuals leaving their homes for exercise.

I set out at the start of my speech that this is the biggest challenge that this generation in our society has faced. Together, we have the opportunity to work collaboratively not only to defeat the virus but to decide on the kind of Scotland that we want to emerge from the crisis. The Scottish Government is committed to exactly that task.

**The Presiding Officer:** I call Murdo Fraser to open for the Conservatives.



15:05

**Murdo Fraser (Mid Scotland and Fife) (Con):** I welcome this debate and the comments that the Deputy First Minister made a moment ago. The whole country is wrestling with significant and serious issues, and this debate will be useful not only in allowing the airing of views, but in shining a light on the Scottish Government's decision making.

The debate is helpfully informed by the publication of two papers by the Scottish Government and the publication yesterday by the United Kingdom Government of the case for the decisions that it has made, following on from the Prime Minister's announcements on Sunday evening.

The overriding factor is that the decisions that we make have to be determined by the science. We therefore need to have a detailed and accurate understanding of what that science says, and we need to be able to share that understanding with the public, whose consent to any measures that are introduced is essential.

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

**Murdo Fraser:** I want to make some progress. I will give way in a moment if I can.

The Scottish Government has said that it wants to treat people as adults and have a grown-up conversation. I agree with that, but, if we are going to treat people as adults, they need to have the information on which the Government is basing its decisions. I will say more about that later.

We should also accept that the Government's understanding of the science is always likely to be imperfect in a situation where we are dealing with an unprecedented public health crisis. It may be that measures are taken by the Scottish Government, the UK Government or other Governments that move either too quickly or too slowly and, in the light of experience, subsequently turn out to be wrong. It may even be that decisions that are taken subsequently have to be reversed if they have a consequence that was not intended—a point that the Prime Minister made explicitly in his address to the country at the weekend.

If Mr Findlay still wants to intervene, I will give way.

**Neil Findlay:** My question is on that very point. Does Murdo Fraser accept that there is no "the science"? Science is presented to politicians, and it is up to them to determine whether they accept the version of the science in reports and then make decisions. The reference to "the science" is very misleading.

**Murdo Fraser:** Mr Findlay is correct to say that politicians ultimately have to make choices, but they do that on the basis of the best science that is available. What I think would be helpful—he might agree with me on this—is for us to accept that the public have a right to be better informed about the science that underpins the decisions that politicians are making.

Having set the context, I want to make three key points in this debate. The first is that we need to properly understand not only the consequences of lockdown for our economy but, crucially, the wider societal and health impacts.

We are already seeing the economic impacts of lockdown all around us. There are desperate projections of the impact on our economy, not least in a country such as ours, where key sectors such as tourism and oil and gas are bearing the brunt of the lockdown measures. We will see widespread business failures and job losses, notwithstanding the various support schemes that have been put in place.

That will mean that, in the longer term, as a country, we will be poorer. There will be fewer job opportunities, more households will be put in difficult financial situations, and more government debt will build up, which future generations will have to repay. That will restrict our choices in the years ahead. Crucially, the economic harm that is done will mean that, in the future, there will be less tax revenue to spend on vital public services such as the NHS, which we deem to be so important.

The economic case for relaxing the lockdown as soon as it is safe to do so is well understood, but the case for relaxing it goes far beyond economics, because there is also a huge societal and health impact of extending the lockdown. We now know that, since the lockdown began, more than 1,100 people have died in Scotland over and above the regular death rate from non-Covid-19 causes. Those deaths include deaths from heart disease, stroke and cancers, which in many cases might have been avoidable, as a result of fewer people attending hospital and general practitioner appointments.

**John Swinney:** Does Mr Fraser acknowledge that the framework document that the Government has provided is, essentially, an attempt to map out those competing relevant factors regarding non-Covid-19 health harm and economic harm that are affecting the country, and that we are trying to put in place information that enables the public to evaluate those issues?

**Murdo Fraser:** That was a very helpful intervention from Mr Swinney, and it touches on some of the challenges, not least around messaging. We have to continually remind people that, if they have urgent health issues, they need

to go to the doctor, go to hospital or go to accident and emergency, but at the same time the messaging is also telling them to stay at home. That is one of the challenges that it is time to reconcile.

We know, for example, that the number of general practitioner referrals for cancer treatment is down by 70 per cent compared to the figure before lockdown. The number of GP appointments is well down, as is the number of admissions to cardiology wards and A and E—and that is just the immediate impact that we see today. The longer-term impact is likely to be much more serious, because we are seeing routine cancer screening programmes being put on hold.

The impact on mental health is likely to be severe, with a risk of an increase in suicide and alcohol and drug abuse. Many single people, particularly in the older generation, are having a desperate time stuck at home and are missing social interaction with family and friends. They are unable to enjoy normal activity such as attending clubs or churches, or even just going shopping.

The debate about easing lockdown is not simply a question of lives versus jobs or lives versus money, as it is sometimes characterised. It is, as Professor Linda Bauld told the COVID-19 Committee last week, a question of “lives versus lives”. People are dying today and will die in the future in greater numbers as a direct result of the lockdown. That needs to be weighed against the lives that we are undoubtedly saving as a consequence of the measures that we are taking.

The second point that I want to make is about public consent. Opinion polls tell us that there is substantial public agreement with the lockdown measures and, in the main, people have adhered to them strictly. We have certainly had cases of police having to issue penalty notices to people breaking the lockdown, but in the context of the overall population those have been few and far between. Essentially, the current restrictions have been self-policing, with a great majority of the population behaving responsibly.

We cannot take it for granted that that will continue indefinitely. Individuals and businesses will get frustrated as lockdown continues. People watch news programmes and see the numbers of cases, hospital admissions and deaths from Covid-19 reducing, and they will take from that that we are past the peak, and wonder when restrictions will start to be eased. If we are continuing to extend restrictions, we therefore have to be honest with the public as to why they are necessary. That means being prepared to share the scientific underpinning for the choices that the Government is making.

The Scottish Government has stated that it believes that the R number is higher in Scotland than in the rest of the UK, yet there seems to be no certainty as to where exactly the R number sits. The Government said previously that it is somewhere on a wide spread of between 0.7 and 1. I intervened on John Swinney earlier and asked him about his comments to the COVID-19 Committee two weeks ago, when he said:

“In the most recent estimate that I have seen, the R number is sitting at about 0.7.”—[*Official Report, COVID-19 Committee, 29 April 2020; c 14.*]

Last night, he said on the BBC that it was 0.8. We do not seem to know. We do not have clarity.

**John Swinney:** I hate to rehearse arguments that I made to Mr Fraser in response to his intervention, but the purpose of setting out the R number in a range is that, in the various elements of modelling, that number varies. As I have said at committee, on television last night and on any other occasion when I have been asked, it is not a precise science. Mr Fraser is in danger of working himself into a lather about something that he should not be working himself into a lather about. It is very clear, from the actions and expressions of the UK and Scottish Governments, that there is a range within which these issues have to be considered.

**Murdo Fraser:** Mr Swinney has tried to explain the situation, but is the Scottish Government’s position that the R number is higher in Scotland than in England? That is the justification for extending measures here, but the Scottish Government cannot tell us what the R number here is—it cannot tell us other than that it is within a range—so how do we have the evidence that supports the contention? The public have a right to expect that information to be shared.

Yesterday, Jackson Carlaw wrote to the First Minister with a number of questions about the R number in Scotland. He asked about the data on which that is based; whether that data applies uniformly across Scotland or whether there are local variations; and what the underlying reasons are for the on-going high R number. For example, have the lack of personal protective equipment and the early dismissal of the need for extensive testing contributed to the continued high level of infection in care homes? On that last point, we know that individuals have been discharged from hospitals and admitted to care homes without being tested for Covid-19 unless they have shown symptoms. That issue needs to be addressed.

That leads me on to my third point, which is about the different approaches that are being taken by different Governments across the United Kingdom. On Sunday, we saw the First Minister announcing a relaxation of the lockdown in Scotland to allow more people to exercise as often as

they want for as long as they want. The core message is still being left at “Stay at home”. We know that a different approach has been taken south of the border, where there is a greater relaxation to allow, for example, more individuals to go to work as long as that can be done safely and they cannot work from home, and to allow greater flexibility outdoors.

To cut through all the political heat around the issue, it seems that all Governments in the United Kingdom are still largely on the same page when it comes to the lockdown. Restrictions are being eased in all four nations, albeit that England is slightly ahead of where we are in Scotland and, indeed, where Wales and Northern Ireland are. However, the difference may simply be a matter of days. We already have constituents asking, for example, why construction companies can work safely in England but not in Scotland; why it is safe for individuals in England but not individuals in Scotland to sunbathe in the park; and why it is safe for individuals in England but not individuals in Scotland to play golf or tennis. Why, for example, is it appropriate for my son and me to take a walk along a golf course, but he cannot carry a pair of clubs and hit a ball? Those questions are being asked throughout the country, but they are even more pointed in the south of Scotland, where people who live on one side of a line on a map face restrictions that do not apply to people just a few miles away. [*Interruption.*] I will need to close; I am in my last minute.

In conclusion, the Government must be clear about the evidence and the scientific basis for the decisions that it is now taking. As I said earlier, public consent is absolutely vital in the process, and the public need to be informed about why choices are being made.

As I stated earlier, we need to be clear that, although the lockdown is saving lives for some, it is costing the lives of others. The long-term consequences of extending the lockdown any longer than is absolutely necessary could be horrendous. For that reason, we need full transparency on the choices that have been made.

I close by extending my deepest sympathy on behalf of the Conservative Party to all those who have lost loved ones from whatever cause over the past few weeks, and I pay tribute to all the key workers in the NHS and elsewhere who keep providing vital services and putting themselves at risk. We all owe them an enormous debt of gratitude, and our duty to them is to keep staying safe.

15:18

**Richard Leonard (Central Scotland) (Lab):** At the start of this debate, let me restate the Labour

position on the crisis. We stand together across party lines in support of the national effort, and we want all Governments to succeed in beating the virus. Defeating Covid-19 is our top priority, so no word or vote from us will be anything but an honest attempt to help in the national effort and the national emergency that we all face to save lives.

That is why we support the Government’s position on the lockdown. For the avoidance of doubt, we support the Scottish Government’s stance that was made clear at the weekend on the “stay at home” lockdown message and on the precautionary approach. That is why we welcome the reintroduction of test, trace, isolate. We have always said that the widespread testing of people is the key to controlling the virus. That is a basic principle of public health and of infectious disease prevention and control.

**Mike Rumbles:** Again, I could not agree with Mr Leonard more—testing is the key not only to finding the R number but to defeating the virus. Is it not a scandal that Scotland’s ability to test is so low in comparison to other parts of the United Kingdom? We have the capacity, but we are not using it.

**Richard Leonard:** Let me come on to that. We have heard from time to time that testing is not a panacea, but that does not mean that it is not essential. We have heard the idea that no testing is somehow better than testing with a margin of error—that is the wrong idea.

The Scottish Labour Party’s concern is that we have lost time when we could have moved to lockdown earlier, which could have saved lives. We have lost time in the routine, regular and speedy testing of key health and social care workers. We have lost time in building up the capacity and the infrastructure for a test, trace and isolate policy. That policy should not be simply the guide for an exit strategy; it should have been a guiding principle throughout the pandemic, and it has now become an urgent priority. We have lost time because the country did not have an adequate supply of PPE—that has been the message from the front line in critical areas of health and social care. PPE, hospital supplies, pharmaceuticals, swabs and testing kits should all have been waiting, but they were not. We have lost time, and for that there will be a reckoning.

When the history of these times is written, it will also record a popular mood for change. We have seen over the past seven weeks the potential to adapt to change and to co-operate. We have seen the reaffirmation of the need for a brighter vision of a better future, based on communities that are not divided but united, because people’s understanding of what matters in life has changed irrevocably. Our understanding must be that we

are living in a different world from the one that we left behind seven weeks ago.

For some people, that different world is one in which the old indulgences of consumerism and materialism have been replaced with a new reacquaintance with quietness and nature. However, far too many people have seen changes for the worse, such as those with limited personal savings that have gone, so poverty and indebtedness are up, along with new hardships and new burdens. We are facing a massive rise in long-term unemployment, the potential collapse of town centres, night-time economies going bust and youth unemployment at levels that have not been witnessed for decades, so, for many, an uneasy feeling persists across the country. There are looming worries about the gap in public finances and about not just present but future job losses. Moreover, the pandemic is a common public health danger that take the form of not just a physical but a mental health threat.

Those are common challenges that we must work together to overcome. We are waging a war against the virus but, in so doing, we are fighting for the values of unity not division, of co-operation not competitiveness. Among the workers on the front line—those who are in that war and in the trenches—we have witnessed immense self-sacrifice, great devotion and a common humanity from people who are fighting to defeat a virus with tenacity and courage. We can take that spirit of hope and new-found energy and solidarity and apply it to the post-pandemic world. That world will be based on values that have been refound in society. Those values need to be reflected in the path and the actions that are led by the Government and reflected in a new understanding of our interdependency, so that we do not return to the homelessness and rough sleeping of the harsh winter before this lockdown spring; we strive to eradicate poverty and inequality in all its forms with renewed energy and vigour; and we resolve to tackle the underlying weaknesses in the Scottish economy.

The wheels of industry lie silent and will not be so easily restarted as some people believe. It is an economy that will have to be reimagined, with new emphasis on investing in, and so diversifying, our manufacturing base. It means a plan for the economy, starting with a plan for a return to work, on a sector-by-sector basis, that is strategic, thought through and, above all, safe, instead of the arbitrary message, “If you cannot work from home, go out to work,” because, as the Scottish Trades Union Congress has said, that approach is nothing less than “dangerous”. As we saw at the start of the pandemic, and as we will see in even greater numbers at this stage of the pandemic, working women and men are being forced to make an impossible decision: to go out to work and

expose themselves and their families to a heightened risk of infection or to stay at home without pay and face dismissal.

I predict that the events of the next few days will lay bare once again the perils of the laws of the workplace in this country, which demand urgent reform. We have to revalue the work of carers, of NHS staff and of supermarket workers, too. It must be a re-evaluation not just of their remuneration but of their status in our society and their job security.

We will explore other real and difficult questions in this debate. How will schools open and then operate while keeping pupils safe? How will we plan the restart of broader NHS services in a way that will keep staff and patients safe? How can we rebalance investment to meet the needs of the people, because the public realm and collective wellbeing do, in the end, matter to individual welfare? How can we forge a new social contract among Government, unions and employers?

Those are not questions of the future—they need answers now. That is the task and responsibility not just of this Government but of this Parliament. We will rise to that challenge and make that change only if we do it together.

Finally, we are regularly told that we will emerge stronger from the pandemic, but what about the people we have lost? I say that we must never forget those wonderful friends and relatives who are no longer with us. It is in their memory that we have a duty to build that better future.

15:27

**Alison Johnstone (Lothian) (Green):** On behalf of the Scottish Green Party, I send my sincere sympathies to all who have lost a loved one. I send my endless gratitude to all who are working in health and care, and to all who risk their own safety making sure that daily life can continue as normally as possible at this time.

This debate is entitled “Suppressing Covid: The Next Phase”. Well, the next phase has to be informed by what we now know. On last night’s “Disclosure” television programme, Dame Anne Glover said:

“Mistakes have been made and lives lost. What did we know and when did we know it, and why did we not choose a much more interventionist approach earlier on?”

The First Minister has acknowledged that mistakes will be made and she has asked the Opposition parties to scrutinise the Scottish Government’s response. None of us are epidemiologists, practising clinicians or experts in public health. I would like to thank those experts—the professors, the consultants, the nurses and those working in care—who have given us their

time, when they are so busy, to help all of us to better scrutinise our response to the challenges that we face because of Covid-19. In doing so, we work in the interests of all in Scotland.

We are in week 8 of the lockdown—a lockdown that, in the view of many noted experts, the UK was too slow to implement. As Professor Devi Sridhar among others has highlighted, one reason for that delay was that the UK strategy came straight out of the “flu playbook”. Many experts also wrote to the Scottish Government to urge action before the Imperial College London findings finally convinced the UK Government to pivot from mitigation to lockdown, as fears grew that our health service would be overwhelmed.

Murdo Fraser, Neil Findlay and others might be aware that Professor James Chalmers, who is a British Lung Foundation chair of respiratory research, has commented that the mantra, “We are following the science,” has always seemed strange to scientists.

We know now that the UK underreacted to the threat of this potentially deadly virus, yet I fear that lessons have not been learned. The Prime Minister continues to underreact. In the week in which we have learned that more than 40,000 people across the UK have lost their lives, his view that we have avoided a catastrophe is not one that I share. No amount of spin can deflect us from the fact that we in the UK have, to date, suffered one of the highest Covid-19 death tolls in the world. Even now, we still have much work to do to get this virus under control.

We now all accept that test, trace and isolate is the only way of achieving that goal. Given that that has been the central advice from the World Health Organization and experts across Scotland, the UK and the world since the beginning of the pandemic, it is hard to understand why the Scottish Government has only recently set out such a strategy and we are still waiting for it to be implemented.

On 10 March, the Scottish Government website said that contact tracing was a highly effective way to protect the public, but instead of investing in building capacity to test and trace, two days later the UK and Scottish Governments abandoned that policy. Many academics protested at that. For example, Professor Allyson Pollock wrote on 21 March urging the Scottish Government to institute a massive, centrally co-ordinated, locally based contact tracing and testing programme. After two months since contact tracing had been put on hold, the Scottish Government today finally began its recruitment drive for 2,000 contact tracers. In comparison, Ireland established nationwide contact tracing in just 10 days. I hope that we move faster in the future and that we follow the lead of countries that are suppressing the virus

successfully instead of comparing ourselves to the UK Government.

Although there have been some recent and welcome improvements in testing, Scotland has been slow in developing the capacity and it compares woefully badly with other European countries on that vital metric. NHS Scotland has a testing capacity of 4,350 tests per day but, yesterday, only 1,380 people were tested. Frankly, the failure to use our testing capacity is inexplicable. For weeks, the Scottish Greens have been calling for weekly or fortnightly tests for all front-line NHS workers and carers, symptomatic or not. Imperial College London researchers advised that that would reduce transmission from those people by up to one third, and the Royal College of Emergency Medicine, the Royal College of Nursing and many others representing those staff support the measure.

Relying on symptom-based screening and isolation is not enough to detect cases and control transmission. The fact is that someone can have Covid-19 and feel relatively well. They might even be symptom free, and if they feel like that, they will continue to go about their daily business. However, what if their daily business is being a carer working hard at one or more care homes? This morning, I spoke with the owner of five care homes in Scotland. A qualified doctor, he remains distressed at the lack of testing. The capacity is there. If we want to suppress Covid-19 here, in Scotland, let us use it and introduce routine testing for carers and front-line NHS staff now.

We need optimal, available and appropriate personal protective equipment, and a huge uplift in the number of tests actually being done. Those are the key steps to protecting people properly by preventing the spread of virus and understanding the crucial R number that has been discussed in the debate.

In the next phase of suppressing Covid-19, we need to build a new and better normal by managing an on-going public health emergency while rebuilding economy and society. However, we face the prospect that the society that will emerge on the other side will be more unequal, more exploitative, more precarious and more polluting. We cannot let that happen. We need to take a completely new approach, through a proactive and unashamedly interventionist Government that works with and for the people to build a better Scotland—a greener, fairer and more prosperous Scotland that puts the wellbeing of its people first.

15:33

**Willie Rennie (North East Fife) (LD):** John Swinney and Murdo Fraser put their finger on it:

we are talking about the balance of the competing factors that we need to consider when deciding on whether to keep the lockdown measures that we have or the ones that we might have in the future. Although we are protecting ourselves from the virus with the lockdown, it is also causing harm. Operations are being delayed. The man whose hip has been causing immense pain has been waiting a long time for his replacement operation, but it has been cancelled. People who have serious mental health problems or people who are on the autism spectrum are in isolation at home. Some people are just miserable because they cannot see their family. All of that is a cost to our wellbeing and our future. Putting aside the interests of the economy, all those factors compete against the factors that we are trying to deal with in relation to the virus, so this is really difficult.

Liberal Democrats will use the best scientific consensus. There is no single view or approach to these issues—I am a scientist myself—but there is a consensus among the best scientists. We are prepared to support a different approach here in Scotland, and within Scotland if necessary, if the science justifies it. We are prepared to do that knowing that it may compromise the unity and clarity of the message and risk falling compliance across the United Kingdom. However, for a different approach to be justified, there needs to be a significant difference in the scientific conclusions north and south of the border. To be honest, I am not interested in who is causing the divergence—whether it is the UK or the Scottish Government. What I want to know is whether it is just justified by the best science.

We are putting a lot of confidence in the accuracy of the R number. Factors such as hospitalisation and death rates help us, but, given that the incubation period of the virus is so long, it is difficult to say that this is, in fact, the R number now, because the information on which we are basing it is weeks old. Imperial College London is doing randomised testing of 25,000 people, but will that be enough to pick up variations in different parts of the United Kingdom? The overall number of cases is also important. However, given that we are not testing many people in Scotland beyond the key workers, we do not really know what that number is either.

Ministers believe that the R number may be higher in Scotland, but they openly admit—John Swinney did it again today—that the margin of error is high. With all those uncertainties, I want to know whether it is possible to be certain that a different approach in Scotland is justified, especially when it compromises the unity of the message that we benefited from over the first few weeks of the measures.

**John Mason (Glasgow Shettleston) (SNP):** Will the member give way?

**Willie Rennie:** Not just now.

Will the Deputy First Minister therefore agree to publish the evidence that he has? We have had the benefit of political unity across the chamber backing up what the Government is doing. We have had the benefit of that same unity at Westminster, and so I make the same plea to the Prime Minister: let us see the evidence that you have, flaws and everything. I know that none of these things are perfect, but if we are to have confidence, and therefore political unity, we need to see as much as possible.

This is a global pandemic and we must therefore all stick together and do the right thing. The days of the old political pot shots are, I think, gone. We need to look to the evidence and work together. So, trust us—give us that evidence so that we can maintain political unity and have compliance with the message that we have benefited from over the past few weeks.

The Prime Minister has set out his message and plan, and Northern Ireland has done the same today. I think that the First Minister is now required to do the same, in detail. What is next after the “stay at home” message? The Government has doubts about the new slogan—I have doubts about it as well—but is it ruling out adopting that slogan at some point in the future? I would like to know. If not, is the Government in discussions with the Welsh and Northern Irish Governments about a joint approach? I am nervous about having two different approaches across the United Kingdom—and even more so about having four different approaches.

It is frustrating that communications between the UK Government and the Scottish Government seem to be so poor. I would have thought that we would be able to improve the communications. Whoever’s fault it is, I would have thought that, in the middle of a global pandemic, we would be able to put those differences aside and have greater communication between those two institutions.

The Government has started the discussion about the next steps from the lockdown, but there is no route map or detail yet. We need to know when that will be published. The testing and tracking capacity will be an important part of easing the lockdown. We need to know when that will be ready. “Stay at home” is the message for now, but we need to know more of the detail of what comes next. Let us have an open, mature and adult debate about those things.

There are also other steps that we need to take. The Chancellor of the Exchequer’s announcement today on the furlough scheme is a step in the right direction and something that we have argued for.

That extension and flexibility should also be extended to the self-employment schemes. There needs to be a universal basic income to fill the holes in the various financial measures. We need to pay front-line NHS and social care workers a supplement of £29 a day. Non-urgent treatment in hospitals and general practices should start again. People with mental health issues and those on the autism spectrum need extra support as well.

There is much more that we should be doing through the pandemic, and we will work constructively, as we have done so far, with the Government to make that happen. This is a global pandemic; to defeat it, we must work together.

15:40

**Bruce Crawford (Stirling) (SNP):** Since being elected to this Parliament, in 1999, I have witnessed and taken part in many debates that have been important to the future of Scotland. However, I can say with some certainty that this debate is one of the most important. It is, at its heart, a debate about the way that the people of Scotland will be able to lead their lives—at least in the short to medium term, and perhaps for the longer term, although we all hope that that will not be the case and that life will return to as near normal as it can be as soon as possible.

I was particularly struck by a comment that was made recently by a constituent, who said that he believed we must now lead our lives on the basis that no vaccine will become available. Digesting that comment was one of those life moments when you take in a deep breath and recognise that, in your own thinking, you might have entered a new paradigm. However, hope—a big and important word at times like these—is a condition that most humans need to sustain their wellbeing. I, for one, have real hope that our scientific community across the world, although they might not be able to create a vaccine immediately, will find an effective treatment earlier than many of us expect.

I have tried hard to speak directly to as many of my constituents as possible about how, as a country, we can manage to emerge safely from the grip of Covid-19. I have had many and varied conversations with people who wish to see the safe recommencement of activity in areas from dentistry to garden centres; from construction to golf courses; from schools to civic amenity sites; and from hotels and pubs to simply being able to visit family and friends.

The most interesting part of those discussions has been about the effect that recommencement of any of those activities will have on the R number—in particular, the cumulative impact. In those complex and very difficult judgments, I do

not envy the job of the scientific and medical professionals who are advising the Government. I envy even less the jobs of those leaders who will have to take the ultimate decisions on how to cautiously change or alter the current guidelines or regulations. Those are literally life-and-death decisions that our leaders will have to make.

I know that the First Minister is already carrying a great burden as she tries to guide people in Scotland safely through this deadly pandemic. I sincerely thank the First Minister and her team for their total commitment and unending endeavours to keep people safe. That is not to say that I or my constituents do not have questions about some of the decisions that have been reached, but we are not faced—as the First Minister is—with the pressures that come with responding to a fast-changing emergency and fighting an invisible killer that we know little about.

I also thank the Opposition leaders. They are doing their job by asking questions about data and detail, but they have stuck by the overall message and strategy. They are doing the right thing.

Constituents are asking one clear question: if one of the four nations of the UK—or, indeed, any region of the UK—comes out of lockdown at a quicker pace than others, how will the furlough scheme and other support mechanisms that are available at the UK level operate? I am very pleased that the chancellor has helped in that regard with his announcement today. Many millions of people will be breathing a sigh of relief.

I will avoid the temptation to comment on the lockdown positions that are being taken by other parts of the UK, because there is not much that I can do to influence outcomes in that regard. Instead, I will provide a personal perspective on how we might move forward in Scotland while keeping the safety and wellbeing of our citizens at the forefront.

The most emotional moment that I faced over the past few weeks was at the commencement of the lockdown, when I realised that I would no longer be able to hug or have close contact with my three grandkids. I know that, for many people, who might have lost loved ones or faced greater hardships, that is not the most important issue, but it really mattered to my wife and I.

Over the past few weeks, I have been giving a lot of thought to the future of my grandkids, their parents and millions such as them. I ask that, when planning the next moves for Scotland, the Scottish Government thinks first of grandkids and their parents, no matter how difficult it might be for grandparents such as me. We should give them hope. They will need employment to go back to just as soon as it is safe to do so. In navigating our way out of the crisis, we must make plans that are

based on the long-term collective good of the nation and not on our short-term, individual needs.

One of my late father's sayings that always struck me was, "Work makes you healthy." So, I ask the Government, when making difficult decisions about the impact of the R number, to make enabling people to go back to work in areas such as construction and manufacturing a priority—but only where it is safe to do so. To do otherwise would, in the longer term, risk greater poverty and a reduction in the general wellbeing of the nation.

I do not envy the First Minister her task, but I wish her and her team all the best in what they do next. I know that the vast majority of my constituents have trust in the direction in which we are going in these most difficult of times.

15:46

**Donald Cameron (Highlands and Islands) (Con):** Since I have been an MSP, many debates in this chamber have been about clearly defined positions; members have had heated arguments, but at least everyone knew where they stood. Whether debates were about Brexit, independence or the performance of the NHS, the trenches were dug and there were definitive positions on each side. We have debated in black and white, but rarely in grey. The current crisis should provide an exception to that.

If ever there was a moment for nuance and subtlety, this is it, and that is especially true for the matter of how we exit from lockdown. There are three key factors at play. First, there is medical science, whose primacy in this struggle is paramount. Scientific advice might never be completely certain, but without it, we have nothing. Secondly, there is the politics, which touches on the point that Neil Findlay made. These are political decisions that are informed by science, not scientific decisions that are informed by politics. Finally, there are the public, who not only need reassurance but—this is a crucial point that was made by Murdo Fraser—have to agree implicitly with the decisions that we take on their behalf.

Those delicate, finely balanced tensions exist as we try to navigate our way out of an unprecedented closure of public life, including the closure of schools, shops, pubs and cafes. Severe limitations are placed on our family life. Every one of us has a family member or close friend whom we have not been able to see, hug or laugh or cry with, whether that is Bruce Crawford and his grandchildren, or me and my father, who suffers with multiple sclerosis and is on the shielded list. We are all in that position; there are no exceptions. We are all getting by and coping

somehow, but there is no doubt that it is placing demands on everyone.

The pressure to end the lockdown or, at least, to set out a way forward is mounting in many spheres of national life. In education, the Deputy First Minister will know that however well teachers and parents try to ensure that learning continues, there is massive concern that teaching resources are not reaching every child and that, in many cases, it will be the children from the most vulnerable backgrounds who suffer most.

In health, we know that non-elective surgeries and breast and bowel cancer screenings were cancelled to free up much-needed capacity. Although, rightly, we have been encouraging people with possible symptoms to see a doctor, such people also need confidence that there is a plan to restart such health services; my colleague Miles Briggs called for that just today.

Businesses, especially small and medium-sized enterprises, could be seriously disadvantaged without a detailed plan for an exit that is, at least, co-ordinated with those of other parts of the UK, even if it is not identical. The Scottish Chambers of Commerce said on Sunday night that the Scottish Government needs to

"update their framework for decision making to set out a return to work, as soon as it is possible, so that businesses in Scotland do not fall behind their counterparts in England",

and noted that

"if we don't have clear line of sight after lockdown, businesses will struggle to survive and struggle to protect livelihoods."

"Clear line of sight" is a good phrase—that is what people need.

In essence, exiting lockdown is about striking the right balance between ensuring that people stay safe and allowing some semblance of normality to gradually return. It is a difficult moment for any Government, not just in Edinburgh or London, but in Paris, Stockholm or Washington DC.

As members have said, the issue is not about public health versus the economy or lives versus jobs, as some people would glibly have it. Lives are involved on both sides of the debate—it is a tightrope.

Many of us know the delicate issue of restarting tourism in rural Scotland: how do we resolve it? There is an acute tension between, on the one hand, those who are reluctant to welcome visitors—with good reason, given a health service of limited capacity and a dispersed population, wherein new infections would cause a severe and disproportionate impact—and, on the other hand, those who advocate that tourism is often the



mainstay of many people's livelihoods in fragile rural economies and that those areas cannot stay closed forever, because the more stridently we tell people not to visit, the harder it will be to get them to return. However that tension is resolved, people again need a clear line of sight.

I will finish on a personal note. A few weeks ago, I received a powerful letter from a relative who lives in rural Perthshire and is 99 years old but in very good health. He accepts that he is in the sunset of his life, with only a few more years to live. However, those few years are more important to him than anything else right now. The lockdown, for him, is a life sentence, and he cannot expect to live the life that he enjoys so much if it continues to apply to his age group. He cannot do any of the things that he loves to do: visit the grave of his wife, see old friends, leave his house.

Many others are like him—perhaps not as old, but with a similarly limited horizon—and need to see an end in sight. It is their plight, and that of many people across Scotland who struggle with the situation—particularly our elderly—that I ask the Deputy First Minister to consider especially today.

We all want a resumption of normal life in the safest way possible. We have to keep people safe, but we ignore the effects of the lockdown on our health and wellbeing at our peril. At some point soon, we must begin again.

15:52

**Angela Constance (Almond Valley) (SNP):** The national response to the pandemic has reminded us all that, often in life, the hardest decisions are the ones that we do not want to make, but make them we must. Knowing where one wants to be is different from knowing where one needs to be. Even necessary and life-saving decisions come with costs and consequences from which none of us can hide. Thus far, the cost of Covid-19 has been great—to life, to our wellbeing and to our economy.

There is unprecedented demand—up 50 per cent—on the Scottish welfare fund; demand on food banks is up 81 per cent; and applications for universal credit are rocketing. Vulnerability is increasing with reductions in referrals to children services, and the growing concerns about the nation's mental health are well founded.

I am glad that we now talk about physical distancing as opposed to social distancing. However, participation in lockdown society depends on connectivity and Glasgow Disability Alliance says that broadband connectivity for disabled people is only at 37 per cent.

We know that young people who seek to enter the labour market during a recession risk the

lasting damage of unemployment, lower pay and an impact on their overall life chances. Twenty-two per cent of our economy is closed, which impacts on more than 900,000 jobs and a third of our business base.

We know that it is not over yet—far from it. The sacrifices of the nation have indeed secured progress but our position remains very fragile. There is limited room for manoeuvre in our quest to drive down the rate of transmission and we will continue to search for that new safe reality until, as Bruce Crawford said, there is a vaccine or more effective treatment.

Students of history know that progress is rarely linear. There have been and there will be setbacks. Even so, public trust in the Government's handling of the crisis and public confidence in the “stay at home, protect the NHS, save lives” message remains high. However, there can be no room for complacency given that we know that those from the most deprived backgrounds—those with the biggest burden to bear—trust the least. The confidence that others place in us must never be taken for granted and the trust that we, in turn, place in others, experts or otherwise, must never be without question or condition.

Grown-up conversations about the future need to be reciprocal. We also need to share our decision-making journey and be prepared to walk in the footsteps of others. Now more than ever, politicians must remain connected to the lives and experiences of communities of interests and place. We need road maps, but we have no need for false promises. We need to be prepared to continuously explain what we judge to be the best available international scientific advice and how we will apply it.

Given that science is not always exact, as Alison Johnstone said, we must remember that there is an important place for listening and responding to lived experience and personal testimony. Like other members, I have constituents who are sharing their challenges, frustration, sadness and loss. Many members will have seen the Channel 4 News coverage of the grief of my constituent John, who lost his partner Mick, who was a 34-year-old agency care worker.

The introduction of the life assurance scheme for NHS employees in Scotland is facilitated by the direct lines of accountability between the NHS and the Scottish Government. That is very welcome. What can and will we do to ensure that the same benefits are available to social care workers, notwithstanding the obligations and accountabilities of employers in the private sector and local authorities? In that regard, I am far less concerned about a different approach between the Scottish and UK Governments because I am more

concerned about the lack of parity between social care workers and NHS workers in Scotland. In many instances, it is those who have until now been valued and paid the least that we now depend upon the most: the cleaners, supermarket workers, bus drivers and carers. I will scream if I ever again hear carers described as “low skilled”—they may be low paid, but they are not low skilled.

The pandemic has shone a brighter light on the world of poverty and plenty and on our world of waste and wonder, to show us that there is a debt of gratitude that will have to be repaid not in words but in kind. As we begin to look at life beyond lockdown, by debating the big ideas for economic renewal and recovery—whether it is job guarantee schemes, universal basic income, a new economic model or a green new deal—we have to grasp that, both nationally and personally, everything has changed and that we should never seek to go back to normal. If we seek, with a new urgency, a fairer future in Scotland and beyond we might prefer the world that we find as opposed to the world that we have left behind.

16:00

**Iain Gray (East Lothian) (Lab):** One of the most dramatic invisible measures of the response to the Covid-19 crisis was, of course, the closing of schools and nurseries. In many respects, that has been one of the great successes of the response. Teachers worked a miracle, almost overnight, to shift learning into the home, while others volunteered to staff the hubs that provide childcare for the children of key workers.

However, inevitably, the closure has not been without its problems. There are reports that pupil engagement is low and falling, with the education secretary admitting to the Education and Skills Committee last week that he has not monitored online engagement. Parents, who are often trying to keep their own work going at home, have also struggled sometimes to maintain home schooling. Attendance at the hubs is low, at only 1 per cent of school pupils, and everyone believes that the attainment gap is growing with every day of closure. Therefore, it is no wonder that, in planning the exit from lockdown and the framework for it, schools have to be front and centre. For one thing, economic activity cannot really begin again until schools and nurseries reopen.

We need to be better prepared for the reopening than we were for closure. For example, we had to wait too long to know whether exams would be cancelled and, if so, what would replace them. Teachers now tell us that the scheme that they have been given requires an impossible degree of pupil ranking. Meanwhile, the legality of the Scottish Qualifications Authority’s insistence that a school’s previous performance could be used to

override teacher assessment has been questioned. The education secretary should revisit that matter, and quickly.

We can all readily criticise the Prime Minister’s performance over recent days, but those days have shown us how difficult easing lockdown will be, and we should learn the lessons, the first of which is that we need clarity. The education secretary has often hinted that schools in Scotland will not be able to safely reopen until after the summer break, and I think that he is right. He should probably just say that now, as the Northern Ireland Government has said.

As a one-time maths teacher, I also want to see the workings. The framework document includes an alarming graph that suggests that the most likely outcome of an early return for schools would be a resurgence of the virus overrunning the NHS in weeks, but there is no information as to how the graph has been derived. On the day that the framework was published, the First Minister said that it was based on what happened in Denmark but, in fact, the R number in Denmark has fallen since schools returned. Last week, the education secretary told the committee that he thought that the graph was based on the Imperial College London model, but he seemed very unsure. That is not clarity and it does not give us confidence, even if the decision to avoid an early reopening of our schools is right, and I think that it is right.

We need confidence. Teachers, rightly, will not return to work unless they believe that it is as safe as possible. Parents will not send children back unless they are confident about their safety at school. In countries where there has been an early restart, many parents have refused to send their children back to school.

Confidence does not mean only spreading out the desks or even blending in and out-of-school learning. In the absence of a vaccine, it means that the test, trace and isolate strategy will have to be in place, and not just be a plan, before we reopen schools. I am very pleased to see ads today for NHS contact tracers, but I would have been happier to have seen them two months ago. I am perplexed to hear that we are still at 2,000 to 3,000—or maybe only 1,500—tests a day, which is nowhere near where we need to be.

The education recovery group that the Deputy First Minister spoke about will be doing good educational work on how we return, but this is still, at bottom, a public health emergency. The truth is that we will not be able to open schools in early order because we have been too slow to test, trace and track, and too slow to provide PPE across all the necessary sectors.

However, when we look at what happens after the crisis perhaps we can see some light at the

end of the tunnel. We need to think about a return not just to normal, but perhaps to something different. That is true in education, too.

If we can trust teacher judgments on exam results this year, perhaps we should think about trusting them a bit more and exams a bit less in the future. If more teaching of young children has to take place outside, maybe that would always have been a good thing and we can do more of it in future. If blended learning means that every pupil has to have online access provided for free and that the digital divide has to be closed, maybe we should have done that before now and should ensure that it is done in future. Above all, this is a chance to come up with a new plan with new initiatives to close the attainment gap, because what we had before was not really working and we know that every day out of school has made things worse.

Our children and grandchildren—including my grandchildren and Bruce Crawford's—whom we miss so much, will remember this interruption to their education for the rest of their lives. We have to ensure that the educational consequences of it do not dog them for the rest of their lives.

16:06

**Kenneth Gibson (Cunninghame North) (SNP):** Nations everywhere are looking tentatively beyond the lockdown and at how best to ease restrictions without causing a resurgence of the virus. We must do the same; learning from the experience of others as necessary.

To do that, we must first know where we are. In Singapore, which has a similar population to that of Scotland, mortality from Covid-19 is around one in 1,200 cases. In Qatar, it is one in 1,800 and in the Faroe Islands, all 187 people known to have contracted the virus have fully recovered. In Scotland, by contrast, one person out of every 7.3 people who have tested positive has died. The only explanation for that is that a huge proportion of our population has contracted the virus asymptotically. Therefore, more testing is essential.

Of course, our nation has come through much worse. The first known victim of black death—the bubonic plague—in these islands was a seafarer who arrived at Weymouth from Gascony, France, in June 1348. Plague spread rapidly across the British Isles, and an estimated 40 to 60 per cent of the entire population had died within a year. In 1361-62, the plague returned and around 20 per cent of the surviving population perished.

In the following centuries, epidemics recurred frequently. In 1900, Scotland's last outbreak of bubonic plague killed 16 people in Glasgow. We are descended from those who have survived not

only plague, but a multitude of infectious diseases including smallpox, cholera, scarlet fever—which killed my dad's sister Laura at the age of 14—diphtheria, Spanish flu and, of course, endemic tuberculosis.

The World Health Organization estimates that TB has killed over 1 billion people in the past two centuries alone, including 1.5 million people in 2018—205,000 of whom were children. In Scotland, 12 people died of TB that year. In 2018, 3,400 people died of infectious diseases in Scotland—1,670 of them of pneumonia. Although every effort is being made to ensure that Covid-19 does not spread, and to develop a vaccine, its global impact means that we will almost certainly have to live with it eventually.

When will the lockdown end? In reality, it will end when the UK Government ceases to make payments to furloughed workers. The chancellor, Rishi Sunak MP, has extended furlough payments to the end of October, which provides welcome breathing space.

When it began, I thought that the lockdown might last 12 weeks, followed by a transition phase to ease us back to normality. However, talk of the "new normal" makes one wonder what life will actually be like in a few short months. Talk of permanent or semi-permanent social distancing and mask wearing in public goes against our natural human instinct to congregate and socialise. Should it persist beyond post-lockdown transition, the implications will be profound. For example, I cannot imagine going to a pub, restaurant or theatre in a mask.

Social distancing on public transport could mean buses and trains operating at 20 per cent capacity. The loss of revenue would be colossal. With too few trains and buses to cope, staggering the working day, walking and cycling will help, but the most likely outcome is that people will drive more, knowing that they cannot catch Covid-19 in their own cars.

I find the Bank of England's optimism that the economy will bounce back only a year from now to be wholly unrealistic. Non-food high-street retail will struggle to recover. Reduced labour productivity caused by social distancing means industry will increasingly invest in technology rather than in people, accelerating the adoption of artificial intelligence, staff-free retail and driverless vehicles.

New-start companies, and particularly the 1.7 million self-employed who are ineligible for support, have been badly hit. Such people are critical to growing the economy as they take risks, have new ideas and start businesses. Many who once considered setting up alone may now fear to do so, knowing that another lockdown could leave

them high and dry. A fall in innovative new-start companies is likely.

Hospitality and entertainment will struggle if we are in the same situation regarding social distancing after the lockdown. Many organisations will continue to require grants and rates relief, inevitably meaning that there will be fewer resources to invest in public services.

Tourism will be hit hard by rising costs for travel and health insurance and by testing and quarantine. Torturous delays in airports and reduced choice could see foreign travel become the preserve of the rich. That puts 120 million jobs at risk globally. If folk cannot visit reserves, conservation will decline and the temptations to poach and to free up land for crops will grow.

The huge focus on health will perhaps mean a renewed determination to tackle smoking, which two years ago killed 9,332 people in Scotland—more than one in six of all deaths and 40 per cent of deaths of those under 80. As we know, smoking is directly linked to poverty and inequality.

The human and monetary cost of the crisis is astronomical. Tax revenues have fallen dramatically, with value added tax and fuel duty income falling faster than alcohol duty has risen. Unemployment has rocketed and UK debt is beyond £2 trillion. That seems to be ignored by those who urge superficially attractive interventions, such as making all public transport free, without even a cursory attempt to explain how such measures can be afforded with a weakened tax base.

If we are not to say goodbye to much of our hospitality, aviation and tourism industries, and if we are to enjoy normal social interaction, social distancing must surely end with the pandemic, after a reasonable post-lockdown transition.

We must hope that preparations are now being made to restart schools in August. Last week, the French Prime Minister Édouard Philippe said that re-opening schools was an educational, social and republican priority, and that keeping children at home for months could lead to a spike in drop-outs and become a time bomb. All the evidence suggests that the longer we keep our schools closed, the wider the educational attainment gap will be, as Iain Gray mentioned.

French schools re-opened yesterday, as did Norway's, following on from Denmark's last month. Sweden's schools never closed. Although almost 90 per cent of those who die from Covid-19 are over 65, many young people see their future disappearing before their very eyes. A higher proportion of young people suffer from lockdown loneliness and depression than in any other age group. Professors Oswald and Powdthavee of the University of Warwick argue that easing the

lockdown by beginning with young people in their prime and gradually extending that to other low-risk groups would lead to substantial economic and societal benefits without significant health costs. It is certainly something that we should look at.

16:13

**Miles Briggs (Lothian) (Con):** I start by thanking organisations including the Royal College of Nursing and the British Medical Association that have provided useful briefings for the debate.

I record my sincere thanks to every one of our NHS and care workers, who have done so much in recent weeks to look after the most vulnerable people in society at this unprecedented time. We owe them a huge and continuing debt of gratitude. We should give a special mention to nurses, as we mark international nurses day 2020. The contribution that they and all emergency and key workers have made has been truly remarkable. We are fortunate to have such committed professionals in our country.

We should also pay tribute to the tens of thousands of volunteers who are making such a difference by supporting their communities through the crisis.

We agree that a successful test, trace and isolate strategy, which the Scottish Government has committed to introducing, will be essential if we are truly to suppress the coronavirus and move back towards normality. It is, however, understandable that there has been some scepticism about how effective implementation of the strategy will be when the number of tests that were carried out in the first phase of the crisis in Scotland failed to meet the target that was set, and when community monitoring has also been so limited.

Professor Linda Bauld of the University of Edinburgh, who is one of our most highly respected public health experts, has spoken out about the problems that face the strategy and the time that it is taking to deliver results to patients once a test has been carried out. Currently, that is taking 30 hours, while in other countries people are getting back their tests in four hours. We need to make sure that the waiting time is as short as possible, which will be a significant challenge as we seek to scale up testing. That urgent issue must be addressed.

The Scottish Government must also convince people that we have in place a robust workforce plan to recruit and staff the needed testing and tracing elements of the strategy.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** Does Miles Briggs recognise that, although

care home residents are being tested routinely by general practitioners, care home staff are being asked to go to drive-throughs, such as the one at Edinburgh airport, to be tested? Does he also acknowledge that, although staff do not always have access to a car, the drive-through sites cannot be accessed by public transport?

**Miles Briggs:** Absolutely. That will be one of the key issues when we look back at the crisis. We need to make sure that the people who work in our care homes are given the tests rapidly. The fact that only 30 per cent of care homes have had their staff tested is a national scandal, so I want the Government to give a timescale for when all staff will be tested.

Murdo Fraser said that the debate is not about the economy and jobs versus lives, but about lives versus lives. I agree. We need to start focusing urgently not just on suppressing the virus, but on addressing the impact that the lockdown is having on people's physical and mental wellbeing across our country.

Yesterday, I chaired a virtual meeting of the cross-party group on chronic pain. On behalf of members in the chamber who are on the group, I highlight to others the extremely concerning nature of the meeting, at which a number of participants were very emotional. Many reported having been left to self-care during the lockdown, and we also heard reports about the number of people who are contemplating suicide and are in significant distress.

For many people, lockdown is not a new experience or the new norm, but is how they have been living their lives for years, unable to access support or treatment: just leaving their homes causes them pain. Those people are desperate to see real reforms as we come out of the crisis. I hope that there will be a completely different approach to our health service.

Today, we have heard calls from cancer charities, which are—rightly—worried about the collapse in referrals by doctors for cancer treatment and about the pausing of cancer screening programmes across Scotland. The cancellation of elective operations means that many patients fear that they will be waiting even longer for their procedures.

Figures that have been provided to me by the Minister for Mental Health reveal that the number of Scots who have been referred to child and adolescent mental health services is half the number who were referred in the same period last year. We need to tackle that unmet need urgently. We also need to recognise that the anxiety and stresses that the lockdown is causing, as well as the economic damage, mean that we must invest hugely in the capacity of our mental health

services. It is also vital that Scottish National Party ministers publish a clear and detailed NHS Scotland recovery plan for how we will restart those services.

The NHS has rightly diverted time and resources to tackling Covid-19. However, the halting of screening services and the dramatic reduction in hospital operations have not come without significant cost, and must be reversed as soon as possible. The Scottish Conservatives will support ministers to put in place effective measures to suppress the virus, but we will continue to scrutinise the Government's delivery and performance.

We know that our NHS and care services have had to radically change how they work—we have seen significant reforms that would, at any other time, have taken years to implement and embed. We know that, as we look beyond the crisis, there will be opportunities to reform services and to deliver better and more personalised care. We owe it to all those who have stepped up to support our NHS and care sector during the crisis not to go back to missing targets, increasing waiting times, poor workforce planning and mismanagement of our NHS estate. We need a new cross-party approach to restore and progress our health and care services. Great countries come together to turn challenges into opportunities. I hope that, in the coming days, weeks and years, we will all work to build a better Scotland.

**The Deputy Presiding Officer (Lewis Macdonald):** I call Christine Grahame to make the first remote contribution to a Scottish Parliament debate.

16:19

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I am speaking from my home, in my ninth week of social distancing, living alone and, unlike members who are in the chamber, unable to come in. It is tough—that cannot be said often enough—and it is getting tougher.

Are folk beginning to be elastic about the rules? Yes. Are we out of the woods, or even near the edge of the woods? Well, no. Are we all in the same boat? Definitely not. From my constituents who are stuck in flats, to businesses, to grandparents losing touch—literally—with their grandchildren, to families who are stuck in bad relationships or trapped with bad neighbours, and so on, each of us is having a similar, although very different, experience. I am lucky. Most of us are trying just to get through it and hoping that sometime we will see an end to it.

That said, the time is not right, in my view, to lift the lockdown, although I welcome the increase in

outdoor activity. One look at the dreadful and continuing death toll and at the valiant endeavours of all the people on the front line—the health professionals and the carers, the folk at the checkout, driving trains and buses, lifting our bins and getting the mail and parcels to us, and many more—shows us that the onus is on us to do our bit. It is a reminder to us all that, very hard though the situation is, we have to stick with it.

I hope that we and others will re-evaluate what matters in society—that we will ask ourselves who is of value and that we will do more than just applaud. I include, too, our research scientists, here and worldwide, on whom we pin our hopes for a treatment or a vaccine.

Fear has made us compliant. That is no bad thing, although warnings about where we would be if the virus were to be given even the slightest chance to take off again cannot be made often enough.

I think that Boris Johnson will come to regret—if he does not already—easing restrictions in England. While he proclaims that he respects the four-nations approach, that is not evidenced in his press conferences. Without the BBC strapline, we would not know that he was speaking of changes in England alone. The other parts of the UK have not followed his example. Devolution is 22 years old and, as the Welsh First Minister put it, Boris Johnson sometimes speaks as if he were “Prime Minister of England”. It is he who is politicising the Covid-19 response, and that is to be regretted.

Caution should be the keyword. Already, teachers’ unions in England have labelled his recent relaxations of the lockdown as “reckless”. The head of tourism in Cumbria expressed concern that Boris Johnson’s announcement that travel in England for recreation is unlimited means that, in the small communities of the Lake District, many elderly people will be put at risk.

What thought was given to people’s understanding of the demarcation of the borders between the four nations—particularly the border in my constituency? That has meant an unnecessary fracturing of four nations’ movement in lock step. Consultation and attention to the details—not Boris Johnson’s forte—were missing. Add to that the ambiguity of the core message—“Stay alert”—and we see a lesson on what not to do, how not to do it and when not to do it. There being 40,000 dead does not represent good timing.

The First Minister is right to let caution be her watchword and—despite the pressures on the economy, on individual businesses, and on people who are stuck at home—to keep the health and wellbeing of the nation as her first priority.

16:24

**Gillian Martin (Aberdeenshire East) (SNP):** It is hard to give a speech on our vision of a Scotland that is managing the next phase of Covid-19 that is not simply full of questions. We are all feeling our way, and so many unanswered questions about the nature of the virus make it even more difficult for us to navigate the next steps.

I am glad that we are having the debate, so that we can, as one Parliament, debate ideas and suggestions that might get us closer to a manageable and safe plan that has public confidence, in order that we can move on from lockdown. After the Prime Minister’s address on Sunday, I feel more strongly than ever that our public messaging should be unambiguous. I say with all due respect that his was not.

I think that our “stay at home” message is the right one at the right time, for us. I also think that each devolved nation should be facilitated as much as possible in making the arrangements that it feels are right for its population. We hope that this is our only lockdown, but we cannot be sure that it will be, so the agility that is needed to make quick decisions and support for the devolved nations to do so must be there for the foreseeable future.

I want to talk about some of the conversations that I have had with people in my area about how we will move on to the next phase. This morning, I was on the phone to Mr Doug Bain, who runs Bain’s Coaches in Oldmeldrum. He is concerned that public confidence in using public transport will take a long time to come back. Mr Bain and I have had quite a few chats over the years about what his business is doing to reduce its carbon footprint. He is a bit of a trailblazer in my constituency in that regard.

Today, in addition to his obvious worries about the future viability of his business, Doug Bain is concerned that any temporary gains that we have made in reducing emissions during lockdown might be the calm before the storm. He feels that after the lockdown, people will be nervous about using public transport and will be taking to their cars in volumes that have never been seen before. He worries that the positive things that we have learned over the past few weeks will be rolled back.

After speaking to Mr Bain, I was thinking about public spaces more generally, and it struck me that now, more than ever, those who work for us to keep our shops, schools and public areas clean will have to be treated better, and their ranks will need to increase. The cleaning that will need to be done in shared spaces of all types will have to move up several gears. That increase in business

overheads will have to be swallowed if public confidence is to come back, and if people are to be protected from infection.

That also adds fuel to the many strong arguments that we have heard during the crisis about the value that we place on workers who have historically been undervalued but on whom we depend, as was so eloquently described by Angela Constance in her amazing speech. The carers, the cleaners, the supermarket workers and the nurses—valuing them is key to our recovery as a society, as well as being a moral obligation because of what they have already done for us.

We must also harness the strides that we have made in our ability to work remotely and flexibly: we cannot go back. Agile and flexible remote working is doable. We have proved that; Parliament is proving it today. For many of us, the commute is just not necessary.

We are helping each other more, we are being more community minded than before, we are cherishing our families more and we are talking about revolutionary ideas such as the universal basic income. Let us not roll back on any of that.

I want to give a summary of the conversations that I have had with many of my constituents in Aberdeenshire East about their economic situations, as workers in the oil and gas industry and in the supply chain for that industry. I will borrow some words from my colleague Maureen Watt, who cannot be here today. She has described what we are facing in the north-east as a “triple whammy”. Livelihoods in the north-east are being hit by three tsunamis all at once: Covid-19, looming Brexit and an oil price that has gone through the floor.

My inbox is full of messages from individuals who have not been put on furlough but have instead been made redundant because furlough is only for people who have jobs to come back to. A post-Covid-19 north-east needs to be given particular and urgent attention in order to make it the focus of the green economic recovery. We will have thousands of skilled people with no jobs who are ready and very willing to be deployed in the infrastructure for future energy.

Plans that we have had for hydrogen production must be accelerated, and plans for carbon capture must be ramped up. Let us rapidly harness and deploy our north-east talent, organisations and universities to use the time now, so that we can come back after the crisis with stable employment of the type that will move this nation forward to a low-emissions future, and will create new green fuels for export and for powering our economy.

I also ask the Government to resume the transition training fund, or to do something similar, to assist the workers in the north-east who will not

have jobs to go back to and who will need to retrain.

I have one final thought on how we can help people to adjust to a world in which Covid-19 exists. I believe that, in addition to social distancing, to the test, trace and isolate measures that the Government is putting in place, to remote working becoming the norm for so many and to an increased regime of hygiene, wearing a face covering should be a condition of entry to shops and other enclosed places where social distancing might be more difficult. We owe it to the hard-working staff who are putting themselves on the front line and are having to engage with so many of us during their shifts in public places such as shops, clinics and public transport. Those people cannot work from home, and I do not want to put them at any more risk.

I thank the staff of Oakbridge care home in Glasgow, who are looking after my gran as she has her final days—not because of Covid-19, but because she is 96 and that is just the way it goes.

I also thank Meldrum academy for helping the kids there, including my daughter, to get through their highers, and the staff at Aberdeen royal infirmary, who three weeks ago saved my sister’s life when they took her in for emergency surgery in the middle of this dreadful pandemic. We are so grateful to them for doing that.

16:30

**Neil Findlay (Lothian) (Lab):** I declare an interest, as my wife and daughter work in NHS hospitals and my mum is a care home resident.

I make it clear that I do not question the efforts, commitment or personal sacrifice of any of our political leaders who have had to work their way through this crisis. I cannot begin to imagine the strain and burden of responsibility on their shoulders. However, the role of Parliament and the Opposition is to hold the Government to account and to offer an alternative when that is appropriate, so that is what I will do.

The reality is that, right from the outset, we have been in lockstep with the UK Government, and we have been badly underprepared for the crisis. We knew about human to human contact in January when we saw the experience of China, South Korea and others. At that time, the then chief medical officer said that the risk to the public from Covid-19 was “low”, although the country could see cases “at some stage”. We were warned of the potential severity of the virus by the World Health Organization and were told, without caveat, to test, test and test again—to go after the virus, track down every case and isolate it. The World Health Organization did not restrict that advice to any specific phase of the disease; it said that the

advice applied to every single case, and that position has been supported by Sir Harry Burns, Professor Sridhar, Allyson Pollock and many others. Tragically, we did not follow that advice.

We were told that senior Government officials were comfortable that the old firm football match could go ahead and that it was okay to go to pop concerts, bingo, pubs and churches and to visit our elderly mums on mother's day. We were told that there was no real benefit to closing schools; that masks did not help; that we had adequate PPE; that we had more than enough testing capacity; and that, instead of preventing the spread of the infection, we wanted to smooth hospitalisation. That is the very essence of the herd immunity approach. Every one of those positions has been dropped, reversed or changed. We have to learn from those mistakes and the mixed messaging that came with them.

For me, the greatest lesson is on testing. On 10 March, Dr Smith, who is now the chief medical officer, advised in a paper on the Scottish Government website that

"A highly effective way to protect the public from infections like ... COVID-19 ... is through a method called contact tracing."

He was right, but we failed to act on that advice. The First Minister said that we had the greatest testing capacity in the world and the national clinical director said that, potentially, we would test 1.2 million people in Scotland but, to date, we have not reached 100,000.

Care home and NHS staff have gone for weeks without regular testing. They are the people on the front line—they must be regularly tested and they must be cared for and valued. They need much more than our warm words and sympathy.

We have to stop the discharge of patients from hospital to care homes when their Covid status is still unknown. This week, I have been contacted by a number of care home staff and families of residents from across Scotland who have told me that not all care homes have adequate space, staffing or PPE for strict multiple isolation of residents. Some care homes care for dementia patients, who can, because of their medical condition, get up and wander away from isolation. Despite the best efforts of staff, it is extremely difficult to prevent that.

What Government policy states and what happens in reality are often very different. We cannot dismiss people who raise those concerns with us by just saying, "That's the policy", because the reality on the ground is often very different.

This week, in an email, a care manager in my region told me that a Covid-positive patient was discharged to their home because the NHS wanted to free up the bed. I do not understand

why that is necessary when many wards are significantly undercapacity. Nurses have told me that some wards have had no patients at all during this period. Why would we discharge patients to care homes when we have capacity in the hospital sector to keep them safe until they are clear of the disease? With that capacity in the system, it makes much more sense to establish a patient's Covid status before discharging them to a care home or, indeed, to their own home, where they will mix with family or with carers coming to their house.

We were told in the early stages of this disease that the test, trace and isolate approach was applied to every case. Recently, NHS Lothian told me—I referred to the letter earlier—that, before contact tracing was abandoned, 17 cases were identified but only 30 families in the whole of Lothian contacted via contact tracing over the five weeks between 6 and 13 March. If we scale that up, across that same period, we are talking about 60 cases nationwide. We made a decision to abandon contact tracing at that time—the reason given was capacity issues and a belief that the NHS would not cope—when we had only 60 cases. Now, eight weeks and 14,000 cases later, we are trying to roll out contact tracing. We were clearly woefully unprepared and we simply must learn the lessons from that.

Earlier, I raised the issue of the Nike conference in Edinburgh. I have just seen from the BBC that following an outbreak in a night club in Seoul in South Korea, 102 cases have been identified and 10,000 people have already been contact traced within a few days. That is the real contact tracing that we should have.

I have heard the First Minister say throughout this crisis that we need to have a grown-up conversation and transparency over decision making. I agree 100 per cent, but it is not transparent or grown up to dismiss claims about lack of PPE or to suggest that we are doing everything successfully when the reality is that we have some of the worst death rates in Europe.

16:38

**Ruth Maguire (Cunninghame South) (SNP):**

This pandemic may be the greatest challenge of our time. Lives have been lost and everyone's lives have changed. However, although we are all in the same storm, we are most definitely not all in the same boat.

Inclusion Scotland highlights that

"Disabled people's lives are being disproportionately affected by Covid-19 and the changes put in place to deal with it."

It also highlights



“The loss of vital social care support, unequal access to healthcare information and food,”

and says that,

“on top of years of exclusion and austerity”,

disabled people have been dealt

“a triple whammy of virus, lack of control and lack of support”—

control and support that they need to enable them to endure the pandemic and whatever comes after it.

Inclusion Scotland has provided a helpful statement that is based on its knowledge and expertise as a disabled people’s organisation. It contains five asks of policy makers, and I commend it to colleagues.

It is understandable that there is a lot of messaging out there about what we can do to protect the vulnerable. It is, of course, right that we behave in a way that keeps everyone safe and are mindful of how our actions as individuals impact on all our communities and the whole nation. However, one of Inclusion Scotland’s asks is that we

“Stop stigmatising disabled people as vulnerable and problematic”.

Disabled people are workers, carers, employers and board members. We have to guard against presenting any group of people as weak and helpless. Of course disabled people are at risk from the virus, but they are also at risk from the attitudes and irresponsible behaviour of some. As sad and difficult as this is to say, sometimes they are at risk from the failure of vital services to support them.

If our societal structures and physical environment prevent or inhibit participation by people with disabilities or impairments, or such participation increases risk to them, the issue is not the supposed deficits of those individuals but the deficits in our society, which we should all aim to remedy.

It is true that disabled people are vulnerable to the virus—we all are—but disabled people are also active, resilient, equal citizens, many of whom have other people who rely on them. As we adjust, change and alter the measures and restrictions that are in place, we must remember that and make sure that our words, policies and actions reflect it. I express my support for Neil Findlay’s comment about experiences on the ground needing to match the policy intention. It is important that we are mindful of that.

Another ask is that the human rights of disabled people are promoted, not diminished. Hard-won human rights protections are the most vital and the most at risk in times of emergency and crisis.

Inclusion Scotland states that, even before the pandemic, the support services that are necessary for disabled people to fulfil their human rights and make full contributions to society could be lacking or inadequate.

Many of the positive changes that have been made in response to the pandemic, such as more acceptance of remote working practices, are things that disabled people have advocated for for years. As we move forward to the so-called new normal, by taking a human rights-based approach, starting with direct involvement of disabled people, we can ensure that longer-term changes are sustained and positive. Lockdown is not a new experience for many disabled people, particularly those with certain long-term health conditions, compromised immunity, energy impairments or mental health problems. Getting things right first time round when we develop policy can save unlimited problems and expense later. I echo disabled people’s call that they be involved in the design, the delivery and the practice of any new policy. They are the experts in their own lives, and they know best what is needed to make services fit for purpose and accessible.

Finally, I want to talk about communication. The need for inclusive communications has never been more important. Disabled people need accessible information and accessible ways of communicating, regardless of their impairment. Without accessible and timely information, they might not be able to play their part in overcoming Covid-19. They might not be able to raise an issue or ask for the support that they or the people they care for need. I ask that the Scottish Government and service providers across all sectors, including doctors’ surgeries, food shops and chemists, ensure that all the information that they issue, whether through mass communication or in communications with individual customers or service users at the front line, is accessible. Things such as opening times information, public health announcements, letters and mailshots should be readily available in formats such as British Sign Language, Braille and EasyRead, and should, where necessary, include subtitles. Front-line staff need to know how to communicate with, not just to, disabled people, which might involve writing things down if they are wearing a mask.

The Scottish Government has seven principles for its decision-making process, all of which it will, of course, consider, because they are all important. The fourth principle is “Fair & Ethical”, which involves upholding

“the principles of human dignity, autonomy, respect and equality.”

I commend that to the Government as a good principle to have sandwiched at the heart of decision making, and I echo the calls of my

colleagues Alison Johnstone and Angela Constance: the place that we are travelling to can be better; it can be fairer than the one that we have left.

16:44

**Liz Smith (Mid Scotland and Fife) (Con):** I begin by recognising and appreciating the work of all those colleagues, regardless of their political hue, who have dealt with this uncompromising virus day in and day out: the First Minister and the Prime Minister; our party leaders and their deputies; and all those whose portfolios demand that they are on the job 24/7. I do not think that any of the rest of us could fully appreciate the personal stresses and strains that the past few months have brought them, and I think that it is right to acknowledge that. In this place, where we are so used to the party-political conflicts that are the life-blood of traditional parliamentary debate, and the divisions that have become commonplace as a result of both the constitutional and Brexit issues, we sometimes forget that we are all in this together.

Covid-19 is changing politics just as it is changing life in general, so now more than ever we need to be bound by the facts and the advice of those outwith politics who have the necessary expertise to inform us about medical and scientific developments. However, that is all made more difficult by the fact that there are still many unknown things about Covid-19. This common enemy is silent, but it is indiscriminating in its attack. It has long-lasting and damaging effects, and it has features about which we are as yet unclear. That should make us stop and think just for a minute about what we expect from our political dialogue.

The facts that we have must be the priority when it comes to driving policy, understanding what must be done and interpreting trends, which we have now been able to see over several weeks and in different countries around the world. Those facts are surely the most important evidence, and they must be regularly and consistently put before the public. They must also be used not just to underpin political decision making, but to hold Governments to account.

One of the reasons why we have come as far as we have in tackling the virus is that the public recognise and accept the full extent of the dangers of the disease, and accept that the rules that are in place for lockdown and social distancing are necessary. The public trust factor has been essential in ensuring that people do not break the rules, but it is just as important that people understand the reasons why the rules are in place. We also need transparency and accuracy about interpretation of the R number, which is so

important to Governments when they take decisions.

As we continue, the temptations to come out of lockdown will become greater. We see other countries and different parts of the UK moving at different rates, with building and construction sites and garden centres being open in England but not in Scotland, and golfers and tennis players resuming activities south of the border but not in Scotland. Although the differences may be relatively small and, we hope, will exist for a fairly short time, there is a need to weigh up the medical evidence on the virus in the different parts of the UK against the lockdown measures and the effects that they will have in the future.

The First Minister has quite rightly said that Governments everywhere will have made mistakes on Covid-19. That was reiterated by Professor Dame Anne Glover just yesterday when she reported the findings of a new epidemiological study by the University of Edinburgh. Such mistakes have unquestionably been made, and I doubt that any leader around the world would have tackled Covid-19 policy in exactly the same way if he or she had known the full facts about the disease at an earlier stage.

We all know that there are strong reasons for wanting to end the lockdown as soon as possible—principally the growing need to find economic stimulus and the need to address the many other, non-Covid health concerns related to this terrible virus. Whichever way we look, the facts are clear. We can see the numbers of businesses that have lost their struggle to survive, the downturn in GDP, the rising unemployment, the numbers of cancelled non-emergency operations, the toll on cancer patients whose appointments for treatments have been cancelled and, of course, the terrible strains imposed on mental health, which cannot be reduced to mere numbers or percentages. The pressures could not be more real. As Murdo Fraser said earlier when he quoted Professor Linda Bauld, this is a question of “lives versus lives”, and the balance between saving lives now and saving lives in the future.

We then come to the issue of messaging, which has drawn so much comment in recent days. Yes, there has been some confusion, but I do not believe that anybody has got their messaging spot on. Perhaps we should not be surprised by that, because the messages that the disease itself is giving us are also mixed. The predictability of what will happen next, and where and when it will happen, is a very serious issue. It is easy to see why there will be different responses, even if we might prefer there not to be. The practice and the theory of this situation are not in lockstep.

This terrible disease does not recognise borders or boundaries, and tackling it requires a common approach in principle that is clearly informed by the science. The fact that it is moving at different rates is important and must surely inform Government decision making. That informed reasoning, in detail, must be clear to the public, so that there is both understanding and acceptance of the way in which the battle will be fought. Nothing else will safeguard public trust and Government action.

**The Deputy Presiding Officer:** I call Stewart Stevenson for our second remote contribution of the afternoon.

16:50

**Stewart Stevenson (Banffshire and Buchan Coast) (SNP):** By this stage of a debate, much of what can be said has generally been said, but this subject is so wide—encompassing everything that we do and every person in Scotland and worldwide—that that is unlikely to be the case today.

I speak today as someone who is vulnerable by reason of age, although I am actually fitter than I have been for quite a few years. In the eight weeks that I have been absent from Parliament I have walked about 300 miles, so my body is fitter. I have been able to write a daily diary of about 62,000 words so far, so my mind is fitter. *Mens sana in corpore sano*.

As a parliamentarian, I am exceptionally privileged—as we all are—compared with most of our fellow citizens. My income is unaffected and I no longer have to spend 12 to 14 hours per week travelling. I am missing most of you, but some of you I barely miss at all—no names, no pack drill. My anxieties will be considerably fewer than those of members of the public.

We have heard much of the immense contribution of those—particularly those in health and care professions—who are especially at risk because of their meeting many people who are unwell. However, it is not just those people who contribute. All those who continue to support us directly—such as posties and those who work in shops—are equally valued.

My age means that it is likely that my immune system is probably less effective than it once was. People of any age with a compromised immune system need to be specially protected. However, we should have no assumptions about anyone else and they should all be treated equally. Reference has been made to people who have a range of conditions that do not create extra risk, and we should treat them with respect.

The R number has come up a number of times, most recently in Liz Smith's speech, and I want to say one or two things about it. It is a statistically derived number that is informed by data from a range of sources, such as Registers of Scotland. The cause of death that Registers of Scotland receives may be of high certainty, informed by a positive test, or it may come from a clinical judgment, where there has been no test.

The high degree of variability in Covid-19 symptoms means that some cases will be missed. In some cases, the symptoms will falsely point to Covid-19. Many medical practitioners who are providing certification will have had no prior experience of the disease. There is uncertainty there.

The numbers also follow infection, probably by a week but possibly longer. Testing is difficult. The current tests rely on a swab from the throat—a swab from the mouth will not do. Any swab in the throat provokes a choke reflex, so it is difficult for the patient and the medical person who administers the test. The uncertainty following a test will be lower and the data more recent, but it is not zero uncertainty. Self-diagnosis by people with milder symptoms who self-isolate after experiencing them also contributes to the numbers.

Suppose that we make up a few numbers—these are not real numbers. Ninety-six per cent of reports to Registers of Scotland are correct, 95 per cent of medical practitioners get their diagnosis correct—many bits of research say that the figure is as low as 50 per cent, although I suspect that that is too pessimistic—and 80 per cent of people self-diagnosing get it right. With equal weight given to those three factors, we get 72 per cent certainty about the R number. The figures of 96 and 95 per cent sound high, so let us suppose that they are both 80 per cent; that takes the certainty down to 50 per cent.

Statisticians have vigorous debates about how much they should rely on the data that they get and the weight that they should give to each factor, so the R number cannot be the precise number that we would all like it to be. What I have said is a gross oversimplification of how we get to R. However, I hope that it illustrates why, if I hear someone come forward with a single number, I will stop relying on that number.

Business will certainly be very different in the years to come compared with a year ago. Gillian Martin spoke about people who are suffering from the effects in their business lives. However, perhaps one of the most important things that we might think about—I have not heard this spoken about yet—is what we will do about young companies that are at a stage in their development that means that they have negative cash flows.

Somewhere in that lot are companies that will be the successes of the future. We need them.

Finally, I want to speak briefly about messaging. The stay at home message has been self-explanatory and widely respected. We as politicians get bored with messages much quicker than the general population does because we are constantly repeating them and hearing ourselves saying them. We get bored, but we have to tolerate that boredom more than we have been, until the public tell us that it is time to refresh the message.

**The Presiding Officer (Ken Macintosh):** Thank you, Mr Stevenson. I thank you in particular for observing the formalities in standing to deliver your speech.

Before we move to the closing speeches, we have time to squeeze in an additional contribution of between three and four minutes from Anas Sarwar.

16:56

**Anas Sarwar (Glasgow) (Lab):** Right from the outset, I have recognised that the First Minister and the Prime Minister are not from my political party and do not have my politics, but it is in the interests of our country that they succeed. That is why I want them to succeed, and we need them to do so.

It is to the credit of our First Minister that she has recognised that she and her Government will not get everything right, and that scrutiny and challenge are an important part of our democracy. That is why I have always sought throughout the past eight weeks to recognise the unenviable task that ministers face and to try to ask questions with kindness—I hope that that kindness can last for a number of weeks—and in a spirit of challenge to try to drive the Government's response in, I hope, a helpful way.

The Prime Minister's statement on Sunday was therefore disappointing. I cannot have been the only one who felt a little demoralised and flat that it seemed that the consensus across the UK was splitting and that that risked the consistency and clarity of the message. Regardless of which side we want to lay the blame on, that was a really unfortunate step for all of us.

There are important issues, such as PPE, testing, care homes and the wider communication strategy, on which our focus should remain. It is also important to recognise that we have a natural cognitive bias to judging the Scottish Government by a standard that is different from that by which we judge the UK Government, and to having a different measure of success for our Scottish First Minister than we have for the UK Prime Minister. It

is right for us to ask questions of the Prime Minister about PPE, but we should also look at our own performance on PPE in Scotland. There have been far too many deficiencies.

It is right to ask questions about the UK Government's testing regime, but we should also ask questions about the Scottish testing regime. It was not right that Matt Hancock manipulated the figures to show that there were 100,000 tests in England. Similarly, it is not right that we have among the lowest testing rates of any of the four nations in the UK.

It is not right that we took too long to have transparency on what was happening in our care homes. We have to look at what is happening in our care homes in Scotland. It is completely unforgivable that we are not ensuring that we transfer people into care homes only if they have been tested and passed as negative for Covid-19 with no compromise. There should be no one in a care home unless they have tested negative.

We should have mobile testing units so that we can go out and test in individual care homes. We say that we want a test, trace and isolate strategy to get us through to the next phase; well, our care homes are a great test bed for that strategy. If a test, trace and isolate strategy does not work in care homes, where there might be no more than 100 people in any setting and on any given day, how will it work for a country with 5 million people? We need to get our test, trace and isolate system correct.

I recognise that the First Minister is better at communicating than the UK Prime Minister—that is very welcome—but a Government communication strategy is not the same as an infection elimination strategy. We need an elimination strategy that we can all get behind together, because this is a fight for us all: we will fail or we will succeed together. I wish the Government all the very best in its future endeavour.

17:00

**Monica Lennon (Central Scotland) (Lab):** Contributions to the debate have been thoughtful, moving and constructive. That is important, because the coronavirus pandemic has changed all our lives. As we heard from Christine Grahame, not everyone is in the same boat: the burden that is being felt is not being felt equally, and if you are low paid and working through the Covid-19 crisis, you are more likely to die.

It is right that the immediate focus of the Parliament is on the next phase and on looking ahead at how we recover but, in doing so, we will also need a deeper understanding of what we could have done better and how we managed to

get some decisions and responses wrong. Mistakes have been made; no one would have expected every Government to get every decision completely right. We are already starting to look back in astonishment at the fact that football games, concerts and big gatherings such as the children's festival went ahead well into the middle of March. The potential consequences of those decisions are stark, especially when we listen to the scientists who took part in the BBC's "Disclosure" programme that aired last night. That programme shone a light on the heartbreak that the virus has caused, and I extend my condolences to everyone who has lost a loved one during the crisis. The scientific modelling that we heard in that investigation shows that, if we had gone into lockdown earlier, over 2,000 lives could have been saved in Scotland—that is four out of five Scottish deaths from Covid-19.

History will judge us on how we recognise and respond to the mistakes that were made. That means that we have to get things right from now on; there needs to be more dialogue and transparency and that information must be put into the public domain. I was pleased to hear the Deputy First Minister say in his opening remarks that the Scottish Government is committed to intensifying dialogue with the UK Government so that there is no room for confusion. I hope that that responsible approach will be reciprocated by the UK Government.

Murdo Fraser made a good point when he said that we have to be led by the science, with the understanding and the caveat that that will always be imperfect. He is right that the public have the right to be better informed on the science and that we need to know what is underpinning political decisions. I hope that we see more transparency and a step-by-step plan.

We have work to do and we have to get our NHS working again, and safely. I hope that we can all agree that that is one of the key priorities in the days and weeks ahead, because deaths from Covid-19 are not the only tragedy stemming from the outbreak of the virus. A high number of excess deaths needs to be explained and some horrific things are happening in our care homes, which is of huge concern to all of us. We know that the infection rate is as high as 73 percent in some care homes.

Other members have touched on some of the threats to life right now, from mental health and suicides to alcohol and drug abuse and, of course, domestic violence. As Christine Grahame reminded us, not everyone at home is having a good time right now. Professor Linda Bauld told the COVID-19 Committee last week that we need to get cancer screenings up and running again. The workforce is ready, but there is a feeling that

they are being held back because of issues to do with PPE and making safe non-Covid spaces in our hospitals.

The Minister for Trade, Investment and Innovation and his team have been doing a power of good work trying to repurpose some of our manufacturing. I think that we can do more. We have all had inquiries from businesses in our areas, so we should match up those offers with the Government's response. I was concerned to hear that Macphie, which has a plant in Tannochside in my parliamentary region, has been forced to furlough 45 staff members. The company thought that it would be providing a quarter of a million hand gel products to the Government, but that does not seem to have happened.

**The Minister for Trade, Investment and Innovation (Ivan McKee):** I note for the record that Macphie completed the orders that it was contracted to do. Another Scottish business is now carrying on with that work bottling the product that is coming from Calachem.

**Monica Lennon:** I am grateful to the minister for that update, but I believe that only 90,000 hand gel products were fulfilled instead of 250,000, and Macphie has said that it has had to furlough 45 staff. I would be happy to discuss it further with the minister after the debate.

The PPE issue is very important, because one worker without PPE is one too many, and workers have lacked PPE.

The other thing that we need to do is call out blatant profiteering when we see it. It is not the fault of the Government, but it is happening. There are suppliers based in Scotland that were charging pennies for a box of masks just a matter of weeks ago but are now charging £25 for the same box. We need to call that out.

I have been deeply distressed by the experience of many people who have had their social care packages reduced and, in some cases, cut completely. Other members have touched on the impact on disabled people. Ruth Maguire and Miles Briggs made the point that lockdown is not new to some people. We have to take the concerns of Inclusion Scotland and others very seriously.

Other members have touched on testing. As we are pressed for time, I will just repeat that test, test, test has to be our ambition at every opportunity. We will have to get to the bottom of how and why our testing capacity was not at the appropriate level at the beginning of the pandemic, but for now the very least that we can all do is raise our ambitions for rectifying the situation over the weeks ahead.

Today is the international day of the nurse. I echo the sentiments of the RCN, the BMA, Unison and others that recognise the contribution of our front-line health workforce and the need to continually support them in the weeks and months ahead. The toll of the outbreak is and will continue to be significant when it comes to the emotional wellbeing of staff. As GMB Scotland has been saying of the past few Thursdays, it is what we do after the applause that matters. The risk of burnout remains high. We will work with the Government and others to ensure that the wellbeing of staff is at the fore.

The challenges of the past few weeks—in our care homes, in PPE, in our hospitals and in testing—are not going away. It is the role of the Parliament and of all MSPs to keep asking the right questions of Government and to work constructively on all those issues for the benefit of the people of Scotland.

We need to see a road map—a way forward—but we need to make sure that we do not rush too quickly. We have to stay alert to complacency and to casual disregard for rules and guidance. We have to be alert to the danger that we are going to take some of our key workers for granted.

I end by saying that some of our colleagues have made very poignant points. Bruce Crawford talked about his hopes for his grandchildren and all of Scotland's young people. Donald Cameron spoke of his elderly relative, at the sunset of his life; he reminded us that life is precious at every stage. Richard Leonard said that we have lost time because of some of the decisions that we have taken, so let us not lose any more time. Presiding Officer, let us not squander any more opportunities, and let us make every action count so that we can save as many lives as possible.

17:09

**Adam Tomkins (Glasgow) (Con):** I want to use my closing remarks in this afternoon's debate to take stock. It is extraordinary how quickly we have adjusted to the new circumstances in which we all find ourselves. There is nothing normal about the new way we are having to live. For the first time in our history, it is an offence, punishable by criminal law, to leave home without a reasonable excuse. Even when we have a lawful excuse to go outside, we may not come within 2m, or 6 feet, of anyone we do not live with. Millions of people in our country are unable to go to work and, despite unprecedented support from the Treasury, thousands of businesses will struggle to survive. School buildings are closed to all but a handful of children, and school exams have been cancelled. That did not even happen during world war two. Relationships are being put on hold and families are being forcibly kept apart. We are all having to

confront measures of social isolation that have come as an enormous shock to our systems.

Personally, Presiding Officer, I hate it. I struggle with it, and I know that many of us do. It is important to be able to say that; it is okay to be not okay all the time. This is hard and, at times, it is horrible. However, I voted for it. I supported these extraordinary measures when they were introduced and, broadly, I still do, but I do so with increasing reluctance. I voted for the measures because, in the same way as everybody else in Parliament, I considered them to be necessary to save lives, to protect the NHS and, in particular, to prevent the NHS from being overwhelmed with the consequences of a vicious and indiscriminate virus that has a terrifying ability to spread like wildfire through our communities.

Now, thanks to the Herculean efforts of large numbers of public servants and NHS staff, and thanks also to the self-sacrifice of the public, we have reached the point at which we can say that the NHS has not been overwhelmed. No patient in Scotland has died as a result of intensive care units being overrun. No doctor in our NHS has had to make the hideous decision about who gets life-saving treatment and who does not. Those nightmares, which were an all too real prospect only a few weeks ago, have not come to pass. Indeed, as Scottish Government figures and publications have made clear in recent days, the welcome news is that we have fewer Covid-19 patients in intensive care in Scotland, and fewer hospitalisations.

That does not mean that we are out of danger. As other members have said, being past the peak does not mean that we have passed the finish line. I do not for one moment underestimate or discount the on-going and very real risk to public health that Covid-19 continues to pose. However, coronavirus is not the only public health risk that we face. The sad, difficult but inescapable truth is that our response to the coronavirus—the lockdown—is itself causing harm. We all know about the economic havoc that it has wreaked, but I want to put that to one side for the moment and focus on the health harms. I will give three short examples.

We know that GP referrals to cancer specialists are down by more than 17 per cent across Scotland. We know that the cancer screening programmes that are currently suspended as a result of coronavirus normally detect approximately 140 cancer cases each month, which means that, across Scotland, almost 300 cancer cases have not been detected as they ordinarily would have been because of the suspension of the screening programmes. We know how critical early detection and treatment is to securing good outcomes for cancer patients.

We also know that cardiologists have said that their wards are only about half as full as normal. That is not because fewer people have heart disease or are experiencing heart attacks but because people are not presenting as they ordinarily would, some because they are too scared to visit hospitals that they wrongly think are full of Covid-19 patients and some because they are being good citizens and are doing what they have been told to do: stay home, protect the NHS, save lives.

Finally, we know that the lockdown is taking its toll on mental health. That is more difficult to measure, but that cannot be allowed to become an excuse for looking the other way and pretending that the problem is not there.

I do not pretend that there are easy solutions. Finding a way of meaningfully and urgently addressing those health harms while at the same time keeping Covid-19 under control is very far from easy. The burden of responsibility and decision making lies on ministers. In these remarks, all I want to do is urge on ministers that they weigh and understand and take account of the public health risks of the lockdown every bit as rigorously as they consider the public health risks of Covid-19 itself.

That leads me to my final point this afternoon. When he gave evidence to the COVID-19 Committee, the Deputy First Minister, Mr Swinney, told us that the R number—the rate of viral infection—is the critical, determinative and most fundamental piece of information that we have in assessing where the balance of risk lies. I agree. However, that makes it essential that we have maximum transparency about what the R number is and how it is arrived at. Is it an estimate, based on modelling, or is it a fact, based on data? How reliable is it, how robust is the science that underpins it and how quickly does it change?

The Scottish Government has asserted that the R number is currently higher in Scotland than in other parts of the United Kingdom. How does it know that, and why is that? Is the R number consistent across Scotland or does it vary from region to region? Is it really the same in densely populated Glasgow as it is in the very different demographic of the Highlands? Given how crucial, determinative and fundamental the R number is, it is astonishing how little we understand the answers to any of those questions.

I said a few moments ago that the burden of decision making rests on ministers, and so it does. However, we know from decades of history that ministerial decision making is vastly improved when it is subject to full parliamentary and public scrutiny. It is imperative that ministers share with us their full intelligence on the R number, how it is calculated and how reliable those calculations are.

In closing, I return to my opening point. We are debating the most extraordinary powers—the biggest single curtailment of our human rights and civil liberties in my lifetime. When we legislated for those powers, we insisted right across the chamber that we would tolerate them only for as long as they are strictly necessary. Meeting that test requires at least the following two things. It requires us as parliamentarians to have the courage to talk openly about not only the health harms of Covid-19 but the health harms of the lockdown, and it requires ministers to be open and transparent with us about the apparently all-important R number, around which there remains—I am sorry to say—far too much mystery and obscurity. Stay safe, everyone.

17:18

**John Swinney:** This afternoon's debate has been very valuable, and I thank members of all political persuasions for their contributions. I particularly thank the members whose contributions we heard remotely: Adam Tomkins, Stewart Stevenson and, of course, Christine Grahame—what could be more appropriate than for the inaugural remote contribution to have come from the redoubtable Christine Grahame?

The debate has been very valuable and it has highlighted the importance of evidence and scrutiny in handling the scale of the challenge that we face as a society. That is why I indicated at the outset the Government's willingness to bring this debate forward and the willingness of ministers to participate in the work of the COVID-19 Committee. I have already been a participant in it, as has Mr Russell, and other ministers will be similarly prepared to participate.

Equally, we have tried to furnish the discussion that we have to have as a country on how we progress from where we are today, in what I accept are, as Adam Tomkins just said, the most unusual of circumstances, with constraints on our freedoms that none of us could have imagined. We cannot stay in this position forever but, equally, we have to tread with a great deal of caution in considering how we move from where we are today.

The Government has tried to furnish that debate with a number of different elements. We did so first with the publication of the original framework document, which set out the four harms that we were trying to reconcile. Adam Tomkins talked very vividly about those and about the importance of non-Covid-19 health-related harms. We acknowledge that—it is right at the heart of the framework that we have put in place. We have to wrestle with those competing sentiments and competing strains in making our judgment.

We started that analysis and discussion with the framework document and we followed it up with the options that we would consider in a range of different areas. Those include encouraging more movement for people, which we have now done with the measure on greater exercise; the possibility of greater family connection; addressing the point, which Adam Tomkins made, about reactivating elective and more routine healthcare treatments; the reopening of schools and some of the steps that we will take in that direction; and the recommencement of wider business and economic activity. We set out those options, which we said we would look at and model, and, of course, we are doing so.

We published the evidence base that lies behind that in a document, which, when I listened to some of their contributions, I feared that many members had not noticed that we had published. I listened carefully to the points that Willie Rennie and Murdo Fraser made about understanding some of those details and I will consider with ministers how much more information we are able to make available in relation to some of the scientific data that underpins the judgments that we are making. The Scottish Government is not making up those numbers; the numbers are created by epidemiologists, not by ministers.

**Andy Wightman (Lothian) (Green):** I welcome the minister's concession on that point, because, in a response to a written question from Neil Findlay, the Cabinet Secretary for Health and Sport said that the Government would not be publishing any of the scientific advice that is going to ministers.

I recognise that advice to ministers is not published routinely; it is not FOI-able, and nor should it be, but in these particular circumstances it is very important. I also note the member's comment about the evidence base that was published. I read that document carefully; it did not actually say anything about the basis for calculating the R number or about the assessment of other harms that are caused by lockdown. That kind of information would be very valuable.

**John Swinney:** I encourage Mr Wightman to read the first framework document, which went through all the issues about relative harms. Frankly, it is not good enough to cherry pick individual documents and say that there is something missing. The Government has put in place a suite of documents that reflect that point. We will consider the issues that have been raised in the discussion and reflect on how more information can be put in place that enables members to be informed about the issues that ministers are wrestling with.

That brings me on to what is at the heart of the debate, which, as I think everybody

acknowledges, is the careful judgment that has to be exercised at this moment—and believe you me it is a very careful judgment. The Government has decided not to fundamentally change our stance, because the scientific information in front of us does not give us confidence that it would be safe to do so. There would be too much harm caused if we took that step. Other ministers in other parts of the United Kingdom have taken slightly different steps—they are entitled to do so, but they are also required to respect the fact that we are entitled to look at the scientific evidence that we have and perhaps come to different conclusions.

Today's debate and the events over the past few days have helped us to have a more informed debate about that particular point. Donald Cameron highlighted the issue very powerfully with the illustrations that he put forward of striking the right balance between keeping people safe and enabling them to have some of the attributes of normal life that they would reasonably expect. Fundamentally, the dilemma that ministers are wrestling with is how we can be assured that we are fulfilling our duty to keep the public safe but also taking careful and considered steps on how we relax some of those constraints to enable people to get on with life.

However, we have to be conscious of the powerful point that Bruce Crawford made, which is that, every time we take a step away from the current lockdown, we add cumulative burden and increase the risk of infection in our society. I understand the need to restart elective healthcare, to restart businesses and to get schools open, but if we do it all in a oner, the cumulative effect will be unbearable for those trying to control the coronavirus. The framework was put in place to enable us to reconcile some of those points.

People are experiencing great loss and hardship. We have talked about those who have lost loved ones. Christine Grahame made a powerful speech about the circumstances that some people are enduring—I choose the word "enduring" deliberately—in their own households during the lockdown. They include people who are the victims of domestic violence and children who are not getting the support that they require, although I pay tribute to local authorities and third sector organisations, which are putting in a huge effort to contact particularly vulnerable children in our society.

Bruce Crawford talked about the loss that he feels in not being able to see his grandchildren. Donald Cameron spoke of his worries about his father and isolation.

I was last in Edinburgh on 27 March, when I came here to attend the funeral of my dear mother. I have not been able to sit in the living room in my parents' house and talk to my dad



about my mum or look at the pictures of our shared lives in that house, which they occupied for the entire duration of their married life. I cannot do that and I am feeling that pain enormously.

Every single one of us in our country is losing out as a consequence of the lockdown, so ministers do not want to prolong it. However, equally, I do not want to have to say that we took a decision to lift it that we came to regret because we lifted it too quickly and abruptly. Ministers wrestle with that significant burden.

I conclude on a message of hope, which I have taken from Richard Leonard's powerful speech about the reimagining of our society. We do not have to just come out of Covid-19 and return to business as usual. I take Richard Leonard's point, echo it and agree with it entirely: we should not go back to what life was before Covid-19.

As Angela Constance made clear in her really powerful speech, there are people in our society who have not been properly valued for a long time and, in the middle of this crisis, we have just found out that we could not survive or sustain any aspect of our lives without them. Further, Bruce Crawford talked about the importance of ensuring that future generations are at the epicentre of our thinking on what we construct after Covid-19.

We have all been affected by the Covid-19 crisis, whether through our personal experiences or the impacts on society that we have seen. In my 23 years as an elected parliamentarian, I have never had a constituency caseload like it. Face to face, I have never seen such human suffering or business turmoil; it has been of a completely different level to anything that I have seen before.

It forces us all, or it should, to reflect on what that is telling us and what we need to create for the people who have come—in their moment of desperation, in some cases—to their member of Parliament to set out all the difficulties that they are wrestling with. We must respond to that by addressing what fundamentally underpins their vulnerability.

Gillian Martin talked about a universal basic income. A wee while ago, such ideas were laughed off as unimaginable and inconceivable, but I am fully paid up to the concept of a universal basic income as a means of giving to every member of our society the sense that everyone has a valued place in society. From Angela Constance's speech, I understood a plea to Parliament to ensure that we do that.

The most powerful lesson that we can learn from Covid-19 will be that, after all the hardships, personal turmoil and difficulties that we are wrestling with—either personally or professionally, and in any aspect of our lives—we must come out of it by creating a society in which there is a

valued place for all, and especially for those whom we have not valued up until now.

## Point of Order

17:30

**Neil Findlay (Lothian) (Lab):** On a point of order, Presiding Officer. I raise the matter reluctantly, after the debate that we have had, but I feel that I must. When she responded to my urgent question, referring to the first Covid patient in Scotland, the Cabinet Secretary for Health and Sport said:

“In the first case, we said that the individual was a resident of Tayside and we believed that they had contracted the virus from travel in a country where the virus was present. We did not name the country. Our approach has been consistent in all this.”

However, on 1 March, before the Edinburgh Nike conference outbreak was recognised, the Scottish Government’s website carried the statement:

“First positive case in Scotland: a patient has been diagnosed with coronavirus (Covid-19) in Scotland. The patient is a resident of Tayside and has recently travelled from northern Italy.”

The Government named the country: it has not been consistent and has treated the outbreak at the Hilton Edinburgh Carlton differently from the first outbreak in Tayside.

Will the Deputy First Minister and Cabinet Secretary for Education and Skills ask the Cabinet Secretary for Health and Sport to correct the record? More important, will he ask her to explain why we have not seen consistency between the first case in Tayside, where patient confidentiality was clearly treated differently from the case in Edinburgh, where patient confidentiality was given as the reason why the news was not made public.

**The Presiding Officer (Ken Macintosh):** The issue is not a point of procedure for me to rule on; however, Neil Findlay has drawn the matter to the attention of the Government, and I am sure that the cabinet secretary will have taken note.

## Coronavirus (Scotland) (No 2) Bill

17:32

**The Presiding Officer (Ken Macintosh):** The next item of business is consideration of motion S5M-21711, in the name of Michael Russell, on treating the Coronavirus (Scotland) (No 2) Bill as an emergency bill.

*Motion moved,*

That the Parliament agrees that the Coronavirus (Scotland) (No. 2) Bill be treated as an Emergency Bill.—  
[*Graeme Dey*]

## Parliamentary Bureau Motions

17:32

**The Presiding Officer (Ken Macintosh):** The next item of business of consideration of three Parliamentary Bureau motions. I call Graeme Dey, on behalf of the Parliamentary Bureau, to move the motions S5M-21720 on suspension and variation of standing orders, motion S5M-21721 on suspension and variation of standing orders and S5M-21722 on designation of a lead committee.

### *Motions moved,*

That, subject to the Parliament's agreement that the Coronavirus (Scotland) (No. 2) Bill be treated as an Emergency Bill, the Parliament agrees:

(a) to consider the Coronavirus (Scotland) (No. 2) Bill as follows: stage 1 on Wednesday 13 May 2020; stage 3 on Wednesday 20 May 2020;

(b) that, for the purposes of consideration of the Coronavirus (Scotland) (No. 2) Bill at stages 1 and 2, paragraphs 5 and 6 of Rule 9.21 of Standing Orders be suspended and replaced with:

"5. The COVID-19 Committee shall consider, and report to the Parliament on, the general principles of the Bill. Once that Committee has reported on the Bill, the Parliament shall consider the general principles of the Bill and decide, on a motion of the member in charge of the Bill, whether to agree to those general principles. Any provisions in the Bill conferring powers to make subordinate legislation, or conferring powers on the Scottish Ministers to issue any directions, guidance or code of practice, are not required to be considered by the committee mentioned in Rule 6.11.

6. Stage 2 of the Bill shall be taken by the COVID-19 Committee. The committee mentioned in Rule 6.11 is not required to consider the Bill if it has been amended at stage 2 so as to insert or substantially alter provisions conferring powers to make subordinate legislation, or conferring powers on the Scottish Ministers to issue any directions, guidance or code of practice.";

(c) that, under Rule 12.3.3B of Standing Orders, the COVID-19 Committee can meet, if necessary, at the same time as a meeting of the Parliament on Tuesday 19 May 2020 for the purpose of considering the Coronavirus (Scotland) (No. 2) Bill at stage 2; and

(d) that, for the purposes of consideration of the Coronavirus (Scotland) (No. 2) Bill, Rules 9.7.8.A and 9.7.8.B of Standing Orders be suspended.

That the Parliament agrees that for meetings of committees or sub-committees established by the Parliament, for the duration of the public response to the Novel coronavirus, COVID-19, this being the period up to and including 26 June 2020, and such further period or periods as are determined by the Presiding Officer from time to time following consultation with the Bureau and notified to the Parliament in the Business Bulletin:

Rule 11.8.3 be suspended and replaced with—

"3. Except as provided in any direction given to a committee by the Parliament, members of a committee (other than a Committee of the Whole Parliament) or sub-committee shall vote either by show of hands, or by means of a roll call vote as described in Rule 11.7.4, or by an

electronic voting system. The convener shall determine at the start of each meeting which of those methods of voting the convener considers it appropriate, in all the circumstances of the meeting, to use for that meeting."

That the Parliament agrees that the Rural Economy and Connectivity Committee be designated as the lead committee in consideration of the legislative consent memorandum in relation to the Agriculture Bill (UK Legislation).—[*Graeme Dey*]

## Decision Time

17:32

**The Presiding Officer (Ken Macintosh):** The first question is, that motion S5M-21711, in the name of Michael Russell, on treating the Coronavirus (Scotland) (No 2) Bill as an emergency bill, be agreed to.

*Motion agreed to,*

That the Parliament agrees that the Coronavirus (Scotland) (No. 2) Bill be treated as an Emergency Bill.

**The Presiding Officer:** I propose to ask a single question on the three Parliamentary Bureau motions.

There being no objections, the question is that motion S5M-21720, on the suspension and variation of the standing orders, motion S5M-21721, on the suspension and variation of standing orders, and motion S5M-21722, on the designation of a lead committee, be agreed to.

*Motions agreed to,*

That, subject to the Parliament's agreement that the Coronavirus (Scotland) (No. 2) Bill be treated as an Emergency Bill, the Parliament agrees:

(a) to consider the Coronavirus (Scotland) (No. 2) Bill as follows: stage 1 on Wednesday 13 May 2020; stage 3 on Wednesday 20 May 2020;

(b) that, for the purposes of consideration of the Coronavirus (Scotland) (No. 2) Bill at stages 1 and 2, paragraphs 5 and 6 of Rule 9.21 of Standing Orders be suspended and replaced with:

"5. The COVID-19 Committee shall consider, and report to the Parliament on, the general principles of the Bill. Once that Committee has reported on the Bill, the Parliament shall consider the general principles of the Bill and decide, on a motion of the member in charge of the Bill, whether to agree to those general principles. Any provisions in the Bill conferring powers to make subordinate legislation, or conferring powers on the Scottish Ministers to issue any directions, guidance or code of practice, are not required to be considered by the committee mentioned in Rule 6.11.

6. Stage 2 of the Bill shall be taken by the COVID-19 Committee. The committee mentioned in Rule 6.11 is not required to consider the Bill if it has been amended at stage 2 so as to insert or substantially alter provisions conferring powers to make subordinate legislation, or conferring powers on the Scottish Ministers to issue any directions, guidance or code of practice.";

(c) that, under Rule 12.3.3B of Standing Orders, the COVID-19 Committee can meet, if necessary, at the same time as a meeting of the Parliament on Tuesday 19 May 2020 for the purpose of considering the Coronavirus (Scotland) (No. 2) Bill at stage 2; and

(d) that, for the purposes of consideration of the Coronavirus (Scotland) (No. 2) Bill, Rules 9.7.8.A and 9.7.8B of Standing Orders be suspended.

That the Parliament agrees that for meetings of committees or sub-committees established by the Parliament, for the duration of the public response to the Novel coronavirus,

COVID-19, this being the period up to and including 26 June 2020, and such further period or periods as are determined by the Presiding Officer from time to time following consultation with the Bureau and notified to the Parliament in the Business Bulletin:

Rule 11.8.3 be suspended and replaced with—

"3. Except as provided in any direction given to a committee by the Parliament, members of a committee (other than a Committee of the Whole Parliament) or sub-committee shall vote either by show of hands, or by means of a roll call vote as described in Rule 11.7.4, or by an electronic voting system. The convener shall determine at the start of each meeting which of those methods of voting the convener considers it appropriate, in all the circumstances of the meeting, to use for that meeting."

That the Parliament agrees that the Rural Economy and Connectivity Committee be designated as the lead committee in consideration of the legislative consent memorandum in relation to the Agriculture Bill (UK Legislation).

*Meeting closed at 17:33.*

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

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