



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# COVID-19 Committee

**Friday 8 January 2021**

**Session 5**



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**COVID-19 COMMITTEE**

**1<sup>st</sup> Meeting 2021, Session 5**

**CONVENER**

\*Donald Cameron (Highlands and Islands) (Con)

**DEPUTY CONVENER**

\*Monica Lennon (Central Scotland) (Lab)

**COMMITTEE MEMBERS**

\*Willie Coffey (Kilmarnock and Irvine Valley) (SNP)

\*Maurice Corry (West Scotland) (Con)

\*Annabelle Ewing (Cowdenbeath) (SNP)

\*John Mason (Glasgow Shettleston) (SNP)

\*Stuart McMillan (Greenock and Inverclyde) (SNP)

\*Mark Ruskell (Mid Scotland and Fife) (Green)

\*Beatrice Wishart (Shetland Islands) (LD)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Professor Jason Leitch (Scottish Government)

Gordon Lindhurst (Lothian) (Con)

John Swinney (Deputy First Minister and Cabinet Secretary for Education and Skills)

**CLERK TO THE COMMITTEE**

Sigrid Robinson

**LOCATION**

Virtual Meeting



## Scottish Parliament

### COVID-19 Committee

*Friday 8 January 2021*

*[The Convener opened the meeting at 10:00]*

#### Decision on Taking Business in Private

**The Convener (Donald Cameron):** Good morning, and welcome to the first meeting in 2021 of the COVID-19 Committee. I welcome Gordon Lindhurst MSP, who has an interest in the matters that we will consider today. Gordon, do you wish to declare any registrable interests that are relevant to the committee's remit?

**Gordon Lindhurst (Lothian) (Con):** I have no interests to declare other than what is in my entry in the register of members' interests. I have nothing to declare for today's meeting.

**The Convener:** The first item on the agenda is to decide whether to take in private agenda item 3, under which the committee will consider the evidence that it heard earlier in the meeting. Are members content to take agenda item 3 in private? If any member disagrees, will they indicate that in the chat function, please?

No member has indicated that they disagree. The committee therefore agrees to take agenda item 3 in private.

## Subordinate Legislation

### Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 10) Regulations 2021 (SSI 2021/1)

10:01

**The Convener:** Under agenda item 2, the committee will take evidence from the Deputy First Minister and Cabinet Secretary for Education and Skills, John Swinney MSP, and Professor Jason Leitch, who is the national clinical director for the Scottish Government. The session will give members the opportunity to take evidence on this week's review of the level of restrictions and, in particular, on the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 10) Regulations 2021, which arise from the First Minister's statement on 4 January 2021. I note that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 11) Regulations 2021 (SSI 2021/3) were laid after the meeting papers were published, so they are not formally on the agenda. However, they have been circulated to members because they relate to the First Minister's statement on Monday.

I welcome the Deputy First Minister to the meeting and invite him to make a brief opening statement.

**The Deputy First Minister and Cabinet Secretary for Education and Skills (John Swinney):** Thank you, convener. I welcome the opportunity to meet the committee and to update it on this week's stay-at-home announcement.

We face a challenging set of circumstances as we enter 2021. In the week up to 3 January, there was an alarming rise in the prevalence of the virus. The percentage of positive tests doubled, and the cumulative seven-day incidence per 100,000 of the population rose to 291. There is also growing evidence that tells us that the new variant is significantly more transmissible than earlier strains. We know that the strain's prevalence is increasing in Scotland and that it now accounts for almost half of our cases. That is why the advice from our clinicians was that more needed to be done to slow the spread, save lives and protect the national health service from becoming overwhelmed. Unfortunately, that meant tougher restrictions. As the new strain appears to infect young people more easily, it also meant that we needed to take steps to limit interactions among younger people.

In short, it has become necessary to return to a situation that is much closer to the lockdown of

last March. That is why the First Minister announced additional measures for all areas that were in level 4.

I will not list every change, as I know that the committee will be familiar with the content of the regulations. In summary, the additional restrictions include a legal requirement to stay at home, except for essential purposes, and reduce to two the number of people aged 12 and above who can meet outside. Anyone who is shielding and cannot work from home should not go to work; places of worship have closed, except for funerals and weddings with reduced numbers; wakes and post-funeral gatherings cannot take place; and some additional premises, service providers and retailers have closed.

We have also taken the difficult decision that schools, including nursery schools, will not go back until 1 February. Only vulnerable children and children of key workers will attend classes in person. We will continue to review the arrangements around the resumption of full-time schooling in relation to the prospective commencement date of 1 February. I know that remote learning presents challenges, and we will work with local authorities and schools to support teachers, children and parents during this time.

The measures are expected to have a significant impact in reducing opportunities for the virus to be transmitted. However, we recognise that they bring other harms to families, communities and businesses, and we will work together with our partners to do all that we can to mitigate those.

It is proposed that the additional protective measures should remain in place until at least the end of January, and they will be kept under close review. However, we cannot at this stage rule out keeping them in place for longer, nor making further changes.

There is, though, a light at the end of the tunnel. Well over 100,000 people have now received their first dose of the vaccine. As the roll-out continues at pace, we must do what we can to support the journey back to a healthy economy and to slow the spread. We are, as ever, hugely thankful for the efforts of our citizens, communities and businesses in keeping themselves and others safe.

I look forward to addressing the questions that the committee will have.

**The Convener:** Thank you very much. I remind members that we have approximately 10 minutes each for questions, so it would be helpful if questions and answers could be kept concise. If there is time for supplementary questions, I will indicate that once all members have had a chance to contribute.

I want to explore transmissibility among young people, which the Deputy First Minister mentioned. Will you illuminate the committee on the specific evidence that the Scottish Government has in relation to children being more infectious or being able to transmit the virus more easily?

**John Swinney:** I will, and I will then bring in Professor Leitch to provide the clinical foundation of those points. From the evidence that we have on transmissibility, it is clear that there is an increasing prevalence of the virus among younger people. The best way to explain it is that the proportion of young people who are testing positive represents a greater proportion of the number of positive cases that are being identified compared with that for previous strains of the virus. As a consequence, we have to take account of that finding.

It is fair to say that the evidence is not conclusive at this stage. Although young people are acquiring the virus to a greater extent, it does not yet appear that the effect of the virus on young people is any more intense. We are also not certain about the extent to which there is greater transmission from young people to other individuals as a consequence.

That is the best headline summary that I can give of the evidence to date. Professor Leitch will be able to provide further detail on the studies that have been undertaken to represent that point.

**Professor Jason Leitch (Scottish Government):** Hello again, everybody. It is nice to be back. Happy new year.

The Deputy First Minister is correct to say that the evidence is inconclusive at this point, but there appears to be a proportionate increase in transmissibility across the age ranges. That means that a 17-year-old would have a proportionate increase in transmissibility just as a 30 or 40-year-old would. There is no evidence yet that three or four-year-olds transmit the virus in any more meaningful a way than they did previously, because they barely transmitted it earlier.

The challenge is that, although the variant has been around for longer in the south-east of England and London, it still takes a bit of time to work out whether those in different age ranges are transmitting the virus—pushing it on to older people or among their own group. That is why, in the past couple of weeks, precautionary advice was given in relation to schools and early learning centres.

We now know that there are two principal theories about the increase in transmissibility. One is about cellular adhesion—the virus attaches easier. The other is about viral load—a person gets more virus. That could happen at all age

ranges, and we need to know at what point it happens. Research is being done in the south-east of England, in Scotland and around the world to see whether that remains true. We think that, probably, there is a proportionate increase in transmissibility across age ranges, and that will be true in late teenagers just as it will be in 40-year-olds.

**The Convener:** My next question is on the recent change to the schedule for administering two doses of the vaccine whereby the second dose will be delayed in order to provide the first dose to a greater number of people. I accept that that is a United Kingdom-wide decision, but I want to ask about issues that might arise from it. Is the Scottish Government satisfied that the protection that is offered by the first dose is acceptable for each of the two vaccines that are currently available? In terms of public confidence, is enough being done to ensure that people have faith in the change in regime and to ensure that they will return for the second dose in due course?

**John Swinney:** I will say a little and then bring in Jason Leitch.

The advice that we have had substantiates the position that we have adopted. The establishment of a longer gap between the first and second doses enables us to achieve the objective that you highlighted of vaccinating more people with one dose at an earlier stage than would be the case if the gap was three weeks rather than 12 weeks. The clinical advice that we have has been formulated, tested and assessed and judged to be appropriate. As a consequence, that enables us to build public confidence as a result of the fact that more individuals will receive the vaccine over a shorter space of time than would have been the case with the previous arrangements for the roll-out.

On the question whether enough is being done to build public confidence and communicate that message, I accept that that is an on-going priority and that we must continue to set out that message. The chief medical officer, the national clinical director and our clinical colleagues are active in communicating it. Fundamentally, it is important that the message is explained by clinicians on the basis of the substance behind the clinical advice that supports the position. Public confidence will be inextricably linked to the volume of people who get involved in the vaccination system. As more people are called for and present for the vaccine, and if that can happen more quickly and a greater number of individuals can be affected, that will help to build public confidence. It will help to ensure that people are committed to securing the first and second doses of the vaccine, so that they can achieve the protection that is available from it. As a consequence, we will see

an incremental build-up of public confidence in the vaccine strategy.

I invite Professor Leitch to add to that.

**Professor Leitch:** Forgive me, convener, as my answer might be slightly longer than you would hope for, but I will be as quick as I can.

When I spoke to the committee just a matter of three or four weeks ago, we discussed the issue and my answer described standard immunological practice in which a first dose gives some protection and the second gives greater protection. However, we were all very pleasantly surprised by trial data that was not available when we last spoke. Now, on 8 January, the science has changed—that is the headline news. That is because the phase 3 trials have reported, and the Joint Committee on Vaccination and Immunisation has seen published and unpublished data and done its analysis. The JCVI has advised us that the approach that we are taking is the way to save the most lives—that is the simple equation.

There is some confusion out there about 52 per cent protection and 90 per cent protection, so let me try to clear that up as quickly as I can. The published trial in *The New England Journal of Medicine* talks about 52 per cent protection from the first dose of the Pfizer vaccine. They took everybody who received the first dose of the vaccine and checked how many people got the virus. No vaccine in the world is 100 per cent effective—flu and measles vaccines are not, and nor will Covid vaccines be. They found that a number of people had got the infection, some of them in the first 14 days post-vaccination. Those people were never going to be protected by the vaccine because it cannot protect people within 14 days; it takes 14 to 21 days to be protective. When you add all those people together, you get 52 per cent.

10:15

The Joint Committee on Vaccination and Immunisation analysed the data in more depth. The table of that data is available through the joint committee and is in an article in *The New England Journal of Medicine*.

If we remove those people who got the virus early—which is a completely legitimate thing to do—there is a much higher level of protection from days 21 and 22 onwards. The time is not exact, of course, but people's immunity to the virus seems to be very good after about three weeks. We also have parallel research on natural immunity: people who are getting the infection, not the vaccine. We now know that that lasts for up to six months, but we do not know whether it will keep going for longer.

The JCVI has provided advice for 30 years and its scientists, immunologists, virologists and public health professionals are independent of Government, despite what you might read. Its advice was to save the most lives—I am sorry to be so blunt about that—by giving the first dose to as many people as we can, with a 12 week gap before the second injection. That is the JCVI's advice, which we took. We have never departed from joint committee advice in 30 years. We took it in good faith and passed it on to the Deputy First Minister and the Cabinet, which took that advice.

**The Convener:** Thank you for that. I am sure that other members will want to explore the issues around that. My final question is on education.

The COVID-19 Committee has received various submissions from parents about the effect that closing early learning centres has on the wellbeing of children and their families. Will the Deputy First Minister explain the rationale for that decision? I think that there is evidence from the Department for Education in England that shows that pre-school children are less susceptible to infection. Was closing centres a preventative step or was there another basis for making that decision?

**John Swinney:** Our moves on education are designed to address two factors, which extend beyond early learning and childcare.

The success that we had in sustaining our schools and early learning centres from August and having them remain open throughout was largely based on the fact that we secured pretty low levels of community transmission of the virus. The levels were very low in August when schools returned, and they have ebbed and flowed in the period since.

However, the decision that we announced on Monday 4 January was a consequence of the fact that we are seeing very aggressive rates of increasing community transmission. The numbers that I shared with the committee indicate that, in the last data available to me from a local authority breakdown, there were 299 cases per 100,000 people. That is a dramatically different position to where we have been in Scotland. Therefore, the likelihood was that there would be significant disruption to education as a consequence of that level of community transmission. We took a preventative step to address that.

The second factor is obviously that if we want to reduce community transmission we have to reduce interaction within society as a whole. Although young children in the early learning sector might not be more susceptible to the virus or transmit it at greater prevalence, the movements around them going to early learning centres, being there, and going home involve a significant amount of human interaction in society.

Fundamentally, the difficult decision that we have had to take is to reduce the amount of human interaction within society to ensure that we create fewer bridges for the virus to spread from individual to individual. That is a society-wide objective and approach that has an effect on early learning as well as school settings.

**Monica Lennon (Central Scotland) (Lab):** Compared with last spring, it looks as if more people now are out and about in workplaces and on public transport. Deputy First Minister, are you worried that too many people are still going to their workplaces? If so, what further action is the Scottish Government considering taking to ensure that more people stay at home? Apart from what the Government can do, what is your message to those employers who are perhaps putting unreasonable and unsafe pressure on their staff? What will happen to those employers who undermine health protection measures?

**John Swinney:** In answering that question, I will start with where I closed my last answer to the convener, which is that there is a necessity for a society-wide effort to reduce human interaction in the country. That requires people and organisations to follow and apply the advice that has been issued by the Government to stay at home, apart from for essential purposes. It is not advice; it is a requirement, and it is important that I stress the requirement in law that people stay at home unless they have a reasonable excuse to leave.

We are closely monitoring public transport use, traffic data and all the information that is available to us on the levels of interaction and movement in society. Monica Lennon is probably correct that the volumes of movement in society are greater than they were in the period that immediately followed lockdown in March 2020. We are monitoring those things very carefully, with a view to potentially putting in further measures to constrain the ability of individuals to have reasonable excuse to be at work, for example, and for employers to justify individuals being at work.

For example, the construction sector has done a great deal of work to ensure that sites are able to operate on a safe basis and that they have safe working practices that are consistent with the Government's requirements in that respect. However, even though that work is undertaken on that basis, there is still too much movement in society and, if we do not see a reduction in the level of infectiousness in the country, we might have to take further action. Therefore, I want to be clear with the committee that we are monitoring these issues very closely and carefully and, if we do not see a fall in the level of infectiousness, we might take action to apply greater restrictions. We have to see that fall, because that will be our

reassurance that we are reducing the potential for there to be a significant case load for the national health service, which might turn into an unbearable case load at a time when it already has a more acute and challenging situation as a consequence of normal, habitual winter pressures.

Some of those pressures have been exacerbated by the weather that we have had in the past few days, because a number of individuals in our society have unfortunately been affected by ice and weather trauma and are presenting to accident and emergency. Of course, if the health service is dealing with the consequences of ice trauma, because more people are out and about in our society, that does not leave as much capacity to deal with Covid and, if we have too much movement in society, we will have too many Covid cases. It is all interlinked and that is why we are carefully monitoring all the data in that respect.

**Monica Lennon:** What is the Scottish Government planning to do to increase financial support for the cohort of workers who are essential and have to go out to work but who find that they need to self-isolate? You will remember that, last year, Parliament agreed to amend the Coronavirus (Scotland) (No 2) Bill to put in a support fund for care workers because, during the first wave, many low-paid care workers had to choose between health and hardship. That fund helped them to be able to self-isolate and stay at home safely. Could that be expanded to other groups of workers?

**John Swinney:** Fundamentally, the issue here relates to the degree of sustainable support that we can put in place for people who require to self-isolate, in whatever circumstances they are in. We made a judgment about the availability of the self-isolation grant, which remains available to eligible individuals. We have sought to design an approach that offers financial sustainability to the affected individuals. Not every individual will require such support, because of their financial and employment circumstances, but we have sought to adopt a targeted and focused approach that supports the individuals to whom Monica Lennon referred in her question, who need to be supported because they would not have financial sustainability without having access to the self-isolation grant.

We have designed an approach that seeks to meet the needs of people who are severely affected by the issue, because we cannot have a situation in which lack of financial sustainability presents an obstacle to people self-isolating, as that will undermine our efforts to interrupt the spread of the virus.

**Monica Lennon:** This will probably be my last question, given the time.

Professor Leitch, could you give us an update on what the R number is and on when members of our home care workforce can expect to be vaccinated? The Deputy First Minister mentioned the weather and ice trauma, which we know has had a significant impact on individuals and the NHS in recent days. Many of us have been contacted by home carers or the families of home carers who have slipped on the ice when they have gone out to care for people in the community. What work is being done to risk assess the work of home care staff? How are things going with regard to routine testing, vaccination and personal protective equipment for those workers?

**Professor Leitch:** I cannot remember exactly when the latest modelling will be published—it might be later today or today—but the R number is touching and over 1. We do not need the big computer to tell us that; we can work it out for ourselves. Given the increase from 700 cases on 19 December to 2,500 yesterday, the R number must be above 1. The range is about 0.9 to 1.3; with a population of our size, it is very difficult to be accurate. The position across the UK is similar, but that hides particular patches where the R number is much higher.

It might be worth saying that, in London and the south-east in November, when there was a pretty major lockdown, they managed to get their R number to 1.4. In our previous lockdown, we got our R number to 0.7. The difference is principally to do with the new variant. It is also partly to do with compliance, fatigue and people getting fed up with the situation, but it is principally to do with the new variant, which is why the lockdown must be as harsh as it is. That is why Mr Swinney is absolutely correct to say that we will need to consider even more measures if we do not see a turnaround in that number.

10:30

Employed health and social care workers—I will come on to unpaid carers—are in priority group number 1. Of course, they cannot all be vaccinated on the same day and some are easier to get to than others. The AstraZeneca vaccine is much more transportable and much easier to get to slightly more distant communities, so the health and social care workers in those communities will be vaccinated in the next three or four weeks. If they are not, there will be mechanisms for them to contact their line managers in our health service and social care system so that they can be vaccinated.

Workers who are employed by social care or by the health service are in the first group to be vaccinated. Unpaid carers are a different challenge. I will come on to talk about risk

assessment for those going in and out of houses for us. Unpaid carers are further down the priority list, principally because they tend to care for a smaller group of individuals—they might look after one or two parents or kids—and are therefore not at as high a risk as care workers from, for example, Glasgow City Council, who might be in and out of 15 houses. The JCVI has said that unpaid carers should be in the priority list but slightly further down it, because the priority list is about mortality risk.

I completely agree with you about the perfect storm in relation to care workers, particularly those who are not in a hospital or a care home environment, going door to door and house to house in small groups or sometimes alone. Sometimes they do that in the dark first thing in the morning and at half past 4 in the afternoon. That is a very difficult job, and I am enormously grateful for everything that they do to keep the system moving.

Care workers have access to PPE and they will have access to a vaccine. They will have to be a little patient. Some are vaccinated, and we will get to the others. They are in the priority group—as are those they care for, many of whom will be over-80 and will be caught in the first net, to be followed by the over-75s and age groups progressively downwards.

We have been in touch with local authorities, which are working extremely hard to grit pavements. There was a particularly horrible morning when it rained and ice formed in half an hour. There is pretty much nothing that can be done in those circumstances—I got a long explanation from my local authority colleagues about why nothing can be done about that. However, they have tried their best to recover after that situation.

All of that is run by the local authorities principally, with our oversight and influence, including that of Mr Swinney and Aileen Campbell. We are looking after that as best we can. However, you are right to say that that is a priority.

**Mark Ruskell (Mid Scotland and Fife) (Green):** I start with a quick question for John Swinney. Does the Government now accept that teachers are more at risk of contracting Covid than the rest of the general population?

**John Swinney:** No.

**Mark Ruskell:** Do you have evidence to back up that position?

**John Swinney:** Yes. I think that the Office for National Statistics study demonstrates that the prevalence of the virus and its effect on the teaching population in general are not different from the prevalence and effect of the virus on the

working population of similar age groups. There is one particular group—younger male teachers—in which there is a slight difference in prevalence, but across the range of the teaching population, the ONS survey and the Public Health Scotland data show that teachers are not contracting the virus to a different extent from other working cohorts in the population.

**Mark Ruskell:** I will stay with the topic of education. Can you provide clarity on the way in which pupils with additional support needs are being defined as vulnerable? Obviously, those with ASN are a diverse group of young people and they have diverse needs. It may be appropriate for some of them to be at home and others to be in school.

I want to ask you about what happens where there is a special needs school or there is an additional support needs department in a school. It is possible that all those young people who get their education from the school or department may come into school now and will no doubt be eligible to come into school because they are defined as vulnerable children. Is that being taken into account in the guidance and how do you think that schools are preparing for that? A teacher who is managing a special needs school and preparing to open it up may have concerns about the number of young people who may be attending and how to keep them safe.

**John Swinney:** This is a difficult issue because, as Mr Ruskell makes clear, there is a huge range of circumstances that will affect young people who are defined as having additional support needs. In the current context, some young people in that grouping will be better served by being in an educational environment and some will be better served by being in a home environment or by receiving other support. It is difficult to generalise because, by the nature of additional support needs, the situation is specific to each individual.

For that reason, we have structured the guidance to give as much clarity as possible to aid decision making in individual schools about how best to meet the needs of each individual child. Should a decision be taken that it is most appropriate for a young person, due to their vulnerability, to be included in school, all the proper mitigations have to be undertaken to enable that to be sustained. Therefore, all the protections that need to be in place have to be applied and all the arrangements to maintain those protections and to minimise any possible risk must be assured and applied in all circumstances.

Fundamentally, that judgment has to be arrived at through the dialogue with individual families that schools will have within the framework of the guidance that we have put in place.

**Mark Ruskell:** In the case of a special needs school where all the pupils are technically defined as vulnerable, does that guidance address the potential concentration effect of a large number of vulnerable people being in the same school? You talk about making a one-to-one judgment, which I think might work in mainstream education, but the situation in a special needs setting could be quite different.

**John Swinney:** I think that the guidance deals with that situation, because the same issues to do with the range of needs, circumstances and contexts will apply in a special needs school as in a mainstream school. There will be a range of circumstances and details of cases as they present themselves. Schools will be able to make those judgments about the degree to which there is a need to reflect the individual circumstances of individual children.

We have to look carefully at the circumstances and at what happens as things take their course over the next few weeks and we see how many children and young people are presenting for schooling. We will obviously have to monitor those numbers carefully because, to go back to my answer to the convener a few minutes ago, we have to address the unfortunate requirement to reduce human interaction in our society because of where the virus is. Unfortunately, education is being affected by that in a way that I would have preferred not to be the case. Therefore, we have to look at the level of attendance and human interaction to make sure that the strategic purpose of reducing human interaction is being achieved through the steps that we take in relation to the delivery of education.

**Mark Ruskell:** I return to the issue of self-isolation, which was raised recently. It seems now that self-isolation and supporting people who are self-isolating are more important than ever. I raised the issue with Jeane Freeman just before Christmas, and she said:

“Consideration is being given to what more we can do to support people to self-isolate.”—[*Official Report*, 23 December 2020; c 25.]

You have already outlined the change in the conditions for application for the self-isolation support grant. What more are you doing right now? Jeane Freeman said that on 23 December. Are you considering changing the criteria again? Have the criteria that you have already implemented changed and are they working? People are ultimately making decisions using those criteria and I am still getting phone calls from constituents who are struggling to make the right decision, given the fact that, in many cases, they are getting only the £96 minimum, not full sick pay. What action are you taking?

**John Swinney:** We have taken some action to change the self-isolation grant support to address exactly the circumstances that Mr Ruskell has put to me, and we need to continue to monitor the effectiveness of those measures. The steps that we have taken have generally been welcomed because they seek to ensure greater effectiveness of the role of self-isolation, which is crucial to interrupting the spread of the virus. We will continue to look at whether all the measures that we have in place provide the necessary support to individuals—that remains a constant priority for the Government—and we will assess whether the steps that we have already taken have been sufficient to encourage greater compliance with the requirement to self-isolate, which is crucial in our efforts to stop the spread of the virus.

**Mark Ruskell:** When will we know whether your measures have been effective? It has been a couple of months since the change was put in place and I am still getting calls from people who clearly need the support grant but are struggling to access it. When will we know?

**John Swinney:** We look at all the support arrangements that we have in place on an ongoing basis to make sure that they are all sufficiently focused and targeted at our objectives. Ministers look at such issues regularly, and we continue to consider the evidence that is available to us to support our efforts. We are gathering information on the extent of compliance in self-isolation. Indeed, there is a significant workstream within Government on the arguments about compliance, how we can encourage and motivate greater compliance, and how we can put in place the specific measures that assist in that respect. Shirley-Anne Somerville, the social security secretary, has lead responsibility for compliance activity in the Government and she is also closely involved with the self-isolation grants. Those factors will all be part of our discussions and decision making.

**The Convener:** Thank you. I turn now to Beatrice Wishart.

**Beatrice Wishart (Shetland Islands) (LD):** My question is related to the convener’s final question. Many families are frustrated that they do not qualify for in-school or nursery provision because the parents are not classified as key workers, and some parents who cannot work from home are organising informal child care with neighbours and relatives whereby one person will look after the children from a number of families, which means that multiple households are mixing. The suggestion is that there would be less household mixing if more formal arrangements in regulated educational settings were available. Given the need to reduce human interaction, what is your comment on that?

**John Swinney:** That gets to the nub of the extent to which we can reduce human interaction. My answer to Monica Lennon can only be interpreted as a holding answer. We need to see just how effectively we can reduce human interaction under the restrictions that we have put in place. If we do not see a reduction in human interaction as a consequence of those restrictions, there is every likelihood that we will have to put in place further restrictions to ensure that we reduce the degree of activity in our society.

10:45

The question is a serious one because it gets to the heart of the necessity to reduce human interaction in our society. Whichever way we look at this—whether we are thinking about where people are employed, whether they are able to work from home or where they are able to find childcare—all of the factors contribute to the level of human interaction in our society, and there might be a need for us to restrict that further if it does not reduce as a consequence of the steps that we are taking.

I do not think that the answer to the question necessarily rests in finding a way of enabling more human interaction. Rather, the answer to the question lies in reducing human interaction. Some of that might involve employers recognising that the messages about staying at home and working from home must be complied with to a greater extent than perhaps people are thinking of just now. Without that, we will not reduce the level of human interaction by the amount that is necessary to ensure that we are effective in preventing the spread of the virus.

**Beatrice Wishart:** Some people have been in touch to say that they have been refused key worker childcare provision by local authorities. Is there a mechanism by which they can appeal against that decision?

**John Swinney:** Thinking of a formal appeals mechanism might be overstating the formality of the process. I would encourage dialogue with local authorities about the decisions that are made.

Clearly, local authorities are following the Government's explanation of the need to reduce human interaction. Local authorities will be making decisions as a consequence of the guidance that we have put in place, which asks them to try to minimise the number of children of key workers who are able to attend early learning and school settings. Local authorities will be operating within a framework that the Government has set, which involves reducing human interaction by keeping those placements to a minimum, and they must be free to make such decisions at a local level. That is the right position for us to adopt. However,

fundamentally, that means that not everyone is going to be able to secure a place for their child. That requires employers to be co-operative and to work with us in relation to the definition of who is able to work from home, putting in place arrangements that enable people to work from home in order to limit the extent of human interaction that takes place.

**Beatrice Wishart:** My final question is on the arrangements for universities. On Monday, the First Minister told Parliament that the Government was considering this week whether there will be any changes to the plans for the staggered return of students to colleges and universities. Can you give us an update on the situation?

**John Swinney:** We will provide further information on that question. The detail of that is being worked on as we speak, and I expect the Government to be able to provide further clarity on the issue. However, I am not in a position this morning to give a final explanation of where we have reached on that point.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** Good morning, and happy new year. I have a few questions about the regulations arising from issues that constituents have raised with me over the past few days.

The first question is about shielding. The regulations are quite clear about who should be shielding, but I have been contacted by a lady who shielded last year for 12 weeks not because of a condition that she had but because her husband has cystic fibrosis and a range of other health conditions. She is concerned about the fact that she has been asked to go into work, which might lead to her taking the virus back home and endangering her husband's life. Should that lady shield or should she be attending work?

**John Swinney:** The best advice that I can offer is that the lady should raise those concerns directly with her employer. The Government has set out the approach that we believe it is necessary to undertake in such circumstances, and we are encouraging employers to work co-operatively with us in meeting a number of the challenges. Therefore, the situation that you describe is best addressed through dialogue between the lady and her employer, given the circumstances that she faces, which involve her not being an individual who is required to shield under the current arrangements but being someone for whom shielding would be beneficial because of the need to protect her husband's health and wellbeing.

Professor Leitch might be able to offer some more insights into the question.

**Professor Leitch:** It is difficult to be definitive with regard to individual cases, but, as the Deputy

First Minister has outlined, the general view is that, of course, there are higher risks in households of the sort that you describe. The route that the lady should go down involves conversations with her husband's healthcare team and her employer.

The employer might have choices. It might be a call centre for which some employees have to be in the office and some can work from home. In such a case, I would hope that the employer would be sympathetic to the lady's case and would allow her to work from home as much as she can.

If she has to go to work, that is not necessarily unsafe if everything is mitigated—that is, if she washes her hands, maintains a safe distance from others and so on. I understand the anxiety around that, but that would be the advice. Of course, if she is, say, a paramedic and has to be on the road, that is an entirely different set of circumstances to others in which there might be a little bit more flexibility.

I am quite sure that that family has developed a way of keeping themselves safe in and around their house and with regard to their relationships. A conversation with the workplace and perhaps with her husband's healthcare team might help to unlock some flexibility.

**Stuart McMillan:** My second question is about travel and work. If someone has to travel for work—particularly if they have to go overseas—will they be provided with any documentary proof that they have received a vaccination? The issue might be more important for people who work in the oil and gas sector.

**John Swinney:** Professor Leitch can respond to that question.

**Professor Leitch:** There is no such vaccination certification yet. People will have evidence that they have been vaccinated, because they will have letters or an appointment card and so on. However, the problem just now is that we do not know what vaccination means other than in terms of personal protection. We know that it protects someone personally, up to a certain level, but we do not know whether it makes them safer on an oil rig, because we do not yet know what it means with regard to transmission.

I am confident that a version of what you are talking about will come once we know about transmission. At that point, the world will take a view on vaccine certification and what that means. I would not be at all surprised if that started with the health and social care sector and with high-risk industries—nuclear power and oil and gas, for example—and worked its way through society. However, unfortunately, for now, we are telling even people who are vaccinated not to change their behaviour.

**Stuart McMillan:** Okay. Thank you for that.

My next question is about first aid training. I have been contacted by a representative of St Andrew's First Aid who wonders whether the guidance will be updated regarding first aid training in the workplace. They are aware that a couple of other organisations are going to be doing such training, but there seems to be a lack of clarity about whether it should be taking place at present, given the new measures that have been introduced.

**Professor Leitch:** Deputy First Minister, I can take that question because I dealt with the matter yesterday.

I cannot remember who is writing—it may be me or it may be the Cabinet Secretary for Health and Sport; I cannot remember whether I approved the letter in my name or on behalf of the cabinet secretary, for her to send—but we are in correspondence with the first aid organisations about the statutory nature of some first aid training for workplaces—for instance, in a factory that has to have it in order to function—that had been stopped. My advice is that as much of that training as possible should be done online but that, if it needs to be done face to face, that is a legitimate reason for a workplace to have some face-to-face training for essential staff only. That seems to be a sensible and pragmatic way forward. The organisations were looking for that guidance and we are providing it. If it is not being provided today, it is imminent.

**Stuart McMillan:** That is helpful. Thank you.

My next question is about free school meals. Prior to December, the £100 million winter fund was created, but that will clearly not have taken into consideration the measures that we are discussing now. Will pupils who are in receipt of free school meals have any additional funding over the current period to assist them with eating?

**John Swinney:** What we put in place was free school meal provision for, essentially, the holiday periods. That was additional provision that we put in place. Obviously, we are now in term time, during which free school meals are fully funded. Schools will be making arrangements through local authorities for the provision of free school meals to those who are eligible, and that will be done in a variety of fashions. Obviously, young people who are in school will be fed. For those who are at home, it is largely the case that cash payments are made to families. In some cases there are voucher arrangements, but it tends to gravitate towards cash payments. That will be assured for families in that context.

**Stuart McMillan:** Thank you.

My final question is about access to waste recycling facilities. I am conscious that—as you mentioned, Deputy First Minister—we need to reduce human interaction, and I know that people who work at such facilities have concerns. On Monday, as I was driving to Parliament for the recall, I dropped off some stuff and one of the guys who was working there raised a question with me. He mentioned how busy it had been in the previous couple of days, with over 5,000 cars coming into what is a fairly small area. He was concerned about the human interaction in that facility in Greenock, and that will be happening across the country. Has any consideration been given to whether waste recycling facilities should remain open in the current period?

**John Swinney:** That is one of the issues that I would put into the category of having the potential to be changed if we are not satisfied that the degree of human interaction is reducing sufficiently in the country. Mr McMillan will be familiar with the fact that there was a lot of difficulty with fly-tipping as a consequence of waste recycling facilities not being open. I am not using that as a defence for fly-tipping, which is wholly unacceptable, but there was an upsurge in fly-tipping around the time when the waste recycling centres were closed, and nobody wants to see that.

Equally, the gentleman who works in the waste recycling centre and who spoke to Mr McMillan has a fair point. If 5,000 cars have been at that recycling centre in Greenock, we need to multiply that number by the number of waste recycling centres throughout the country. Those facilities are still able to operate, but it is clear that we may have to reconsider that position if we do not see a reduction in the level of interaction in society.

11:00

I return to the fundamental point that the law now says that people cannot leave home without a reasonable excuse. I am not quite sure why one would need to leave home for the purpose of going to a waste recycling centre in the current context. The definition of a reasonable excuse would really have to be stretched to justify making that journey. Getting people to follow the stay-at-home regulations faithfully and not to leave home without a reasonable excuse is a central part of ensuring that the circumstances that Mr McMillan has narrated do not continue at waste recycling centres in the future.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** First, I would like to ask John Swinney a question about the online learning model that is being operated in schools. I understand that the model that is in place is not a real-time, interactive and face-to-face one. Are you thinking about trying

to produce a richer, more real-time and live learning experience for children and young people in schools, in order to make the best of the technology that we have? Will you tell us a wee bit about that and whether there are any barriers to having such a model as the norm for exchanging and learning in schools?

**John Swinney:** We have described the model that will be taken forward from Monday as a remote learning model that should encompass a range of different aspects of learning. Some of that learning should be live learning of the type that Mr Coffey mentioned. It will not all be live learning, because it would be physically very difficult to deliver constant live learning in the normal school day of 9 o'clock to 3 o'clock, for example, but there will be elements of live learning. The guidance that we will publish will require daily interaction with young people in a live learning context.

There will be elements of independent learning, and there will also be utilisation of broadcasting technologies that are available through BBC Scotland and Education Scotland working together on the production of broadcasting output, which will be available to everybody with a television.

There will also be access to e-Sgoil, which the Government has invested in over the past few years. That involves the curating of recorded lessons, the delivery of some live learning and the delivery of tutorial support for students. That is undertaken under the umbrella of e-Sgoil. Many lessons have now been recorded and are available as part of e-Sgoil, which is available to anybody in Scotland who has access to the glow network.

The glow network is the last element. The Government has invested in the glow network over many years. Essentially, it is an educational technology that is available to every pupil whose local authority makes provision for it. It provides access to a wide range of learning opportunities.

However, fundamentally, the direction of the remote learning will be undertaken by individual schools and teachers and will relate directly to their pupils. They will know where their pupils are in the curriculum. They will know what stage pupils are at and what is the relevant learning to be taken forward. It will be possible to undertake all that work under the umbrella of remote learning, which will involve live learning.

**Willie Coffey:** That is a good and thorough answer. In the dim and distant past, when I worked with Education Scotland, glow was fairly familiar to me, too, and the online learning environments were fairly advanced then. Do the local authorities have sufficient flexibility to provide more face-to-face activity if they want to do so, on either a one-to-one or a one-to-many basis? Are

there any barriers to that? For example, are there general data protection regulation issues that might prevent us from exploiting that to the best of our ability?

**John Swinney:** There should not be GDPR issues. There are various opportunities. Part of what glow offers is, essentially, access to all the provisions of Office 365 and Google Classroom. That platform is available for schools to utilise if they are glow users. Not all local authorities have opted to be glow users; a minority have put in place their own systems and schemes, which are largely built around Office 365. However, there is certainly the opportunity for lessons to be delivered live, and the technology is available.

The Government has invested heavily in devices to enable young people who did not have devices to get access. We carried out a data collection exercise that estimated that about 70,000 young people in Scotland did not have devices or did not have access to appropriate devices. On the information that is currently available to me, the investment that we have made in partnership with local authorities looks to have reached about 70,000 young people. We continue to monitor whether there is still unmet demand out there, and we are working with local authorities to address that, but there certainly should be no impediment to delivery of a classroom-style live lesson of the type that Mr Coffey refers to.

**Willie Coffey:** Thank you for that thorough answer.

I have a question for Professor Leitch about transmission of the virus in the hospital setting or the recovery setting. Constituents have told me that their loved ones, when admitted to hospital or to a recovery setting, have picked up the virus in that setting. Are people in hospital a priority to receive the vaccine while they are there, or must they wait their turn as part of the general population?

**Professor Leitch:** What we call the nosocomial infection rate of course remains too high, as it is for any infectious agent. That rate follows the community transmission rate. In fact, in the second wave, if anything, the nosocomial infection rate is slightly below the community transmission rate, because of the work of the hundreds of health service workers and visitors as well as patients in following the instructions. However, when numbers are so high in the community—for example, in places such as Inverclyde or Dumfries and Galloway—it gets harder to keep the virus out. That is the simple reality. Sometimes, it is tricky to know whether the virus was inside the hospital or the patient brought it in. In a publication that many members will be familiar with, we talk about “definite”, “probable” and “not”. If somebody has

been in hospital for 14 days and they get the virus, it is likely that they caught it in the hospital. If they were in for four days, it is likely that they brought it in.

Vaccination will go through the age groups in hospital and out of hospital. Health and social care workers—anybody who is near patients or in laboratories and who is at a higher risk—will be prioritised. We should remember that a number of health and social care workers have tragically died of this disease. Along with health and social care workers, the over-80s will be vaccinated, whether they are in hospital or in a care home, if it is safe to do so. It is not always quite as straightforward as that. Someone could be in intensive care and on lots of medication, so we might want to be more careful. Such cases will be risk assessed by clinical teams.

The age ranges in hospital will be treated in the same way. Some of the first people to get the vaccine were, in fact, in-patients, because they were so accessible to us and we were able to get to them quicker.

**Willie Coffey:** My final question, which I am asked by constituents, is whether the second dose of all the vaccines is exactly the same as the first dose. Is it the same volume, quantity, strength or whatever?

**Professor Leitch:** Yes, it is presently. The second dose is taken from the same type of vial—it is clearly a different vial—and is exactly the same dose. That might change over time but, for now, the advice from the Joint Committee on Vaccination and Immunisation and the Medicines and Healthcare products Regulatory Agency is that we should use the same doses.

Early on, there was some work on giving a low dose first and a high dose second, but there is not enough trial data to suggest that that gives any more protection. As I said earlier, the great surprise to us was the level of protection that is given from the single first dose. It is true that the second dose gives you a little bit more protection, but it elongates the protection, for sure. The first dose and the second dose are the same just now.

It is important, for now, that the second dose is of the same company's vaccine, but that might not be true in the future if trials suggest that we do not need to do that. The hepatitis B vaccination for healthcare workers is given through a single dose and then a booster dose, and it does not matter whether the booster dose is made by the same company, because the vaccine is the same.

The position might change but, for now, the second dose is from the same manufacturer.

**Willie Coffey:** That is very helpful.

**Maurice Corry (West Scotland) (Con):** Is the Scottish Government confident that the supply of the vaccine will continue to roll out well, on schedule and as planned? The UK armed forces have a part to play in supporting the roll-out, and that might well be stepped up, given some of the earlier comments. Can the Deputy First Minister comment on that?

**John Swinney:** I am confident in the arrangements for the supply of the vaccine, and I am hopeful that the arrangements can be sustained. However, I have to put in the caveat that we are not producing the vaccine; it is being produced by other people. From the discussions that ministers have had with Pfizer—I think that there have now been, or are just about to be, discussions with those responsible for the Oxford-AstraZeneca vaccine—I know that the companies and organisations are absolutely committed and devoted to ensuring that delivery schedules are maintained. It is in nobody's interest for that not to be the case. I have to put in the caveat that we are not the producers of the vaccine; we are dependent on others to produce it. However, I am assured of the dedication of the organisations to the delivery of the vaccine.

Extensive vaccine delivery arrangements are already in place in the country. They involve a vast number of personnel, some of whom are in the health service and some of whom are not. They also involve members of the armed forces. We have benefited enormously from the contribution of the armed forces to the testing arrangements. That has been really welcome and of great assistance. I am not sufficiently close to the detail around the involvement of the military in vaccination but, if the military were to be involved in that, that would be equally welcome.

Professor Leitch might be able to provide absolute clarity on the military's involvement in the delivery of the vaccination programme.

**Professor Leitch:** As you can imagine, vaccine supply involves slightly complex arrangements, depending on who makes the vaccine and which factory it comes from. The MHRA has given approval to supply. Strictly speaking, it has not licensed the medication, because things have all happened so quickly. Approval to supply means that extra layers of safety and protection are built into the process. Therefore, when the vaccine comes out of the factory into the national health service's hands, we have to redo some safety checks.

All that puts extra steps into the process. It is going fast and well but that explains why there are extra steps when the vaccine goes from the factory into the NHS warehouse, and then out to the individual health services and health boards—or trusts, in my colleagues' environments.

11:15

The armed forces have been involved in each of those steps. In particular, they have helped us to think about the logistics; they do not have to be quite so involved in the actual supply. Frankly, all the military nurses and doctors are already working for us. Very few now work just for the forces; they usually work for us and the forces borrow them and deploy them in Cyprus, Afghanistan or wherever. We are very grateful that they have stepped up to help us—I was going to say "full time", but it is probably more than that.

The procurement logisticians are available to us when we need them, just as we used them for testing centres. As we move to mass vaccination centres—we are not there yet, not because we are not ready but because we do not yet have the supply—we will use them as and when we need them, once they have volunteered.

**Maurice Corry:** Thank you for that. I have one further question, which is about elderly people who are often looked after by paid and volunteer staff in third sector community groups. In my town, we have a group called Grey Matters, which has 70 elderly people. The staff tell me that they see a distinct psychological dip in those people, because they are not able to come together. From the JCVI's priority for vaccination, it seems that the people—many of them volunteers—who look after those individuals are priority 2. The problem is that, unless those helpers get vaccinated along with the elderly people, we cannot bring them together. Therefore, can we have a commitment from the Deputy First Minister and Professor Leitch that younger volunteers and staff in those community groups will get greater prioritisation for vaccination?

**John Swinney:** I completely understand Mr Corry's point and I appreciate its significance, because the psychological impact of the current environment on older people is acute. It is acute on everybody, but it is particularly acute on older people, who have relied significantly on or had great benefit from the groups that Mr Corry refers to. I am familiar with such groups from my constituency and my personal life, so I understand the significance.

The challenge is that we are following advice that the Joint Committee on Vaccination and Immunisation has given to us. I do not want to sound too blunt, but that advice has been designed to minimise death from the virus. That requires us to go through the sequence of groupings with which Mr Corry and the committee are familiar. To deviate from that increases the risk for somebody who—under the JCVI framework—is perceived to be more at risk of infection and death than another individual. It is a difficult issue that has to be addressed, and I can give Mr Corry

an assurance that such issues are being actively considered within the Government. However, I cannot give an assurance about how that will be concluded because, as Professor Leitch said, the JCVI gives very significant advice, which Governments have always tended to follow and which is based on a hard assessment of prioritisation of the dangers that individuals face.

**Professor Leitch:** That was a very good answer from the Deputy First Minister. The only thing I would add is that I completely agree with Mr Corry that one of the deeply horrible things about the restrictions is what they do to our elderly population—exactly as he and his constituents described. The loss of person-to-person interaction at lunch clubs, mosques and places of worship around the county is a huge problem and it has to be one of the first things that we bring back. It has to be, for the wellbeing of that population.

Therefore, the first and most important thing is to vaccinate that population, but not necessarily their carers, because they are not at high risk of death. I am sorry to be so blunt about that, but the people at high risk of death are those who use lunch clubs and other community settings. With mitigations, we can protect younger people who provide care in a much more meaningful way, and we can reassure them and communicate with them about how they are more protected. Even if they get the disease, they are likely to have a mild course of it—although that is not guaranteed.

The joint committee's advice is for the present. That advice may well change as we move to mass vaccination with huge numbers and as we begin to understand transmission better. As we have said a couple of times, we are now protecting individuals from dying. That is why the joint committee has given its present advice.

Once we vaccinate 2 million people and begin to see reductions in transmission—whenever that happens—that might mean that the joint committee's advice about where we should go next will change. For now, the approach is about preventing individual deaths.

**Annabelle Ewing (Cowdenbeath) (SNP):** Good morning, Deputy First Minister and Professor Leitch. Happy new year to both of you, and thank you for all that you do.

My questions cover three broad areas. I will list those and then go into specific questions. The first question concerns business support and the position of workers, many of whom seem to be being forced to go to work. The second question is on the issue of vaccines. I have a few questions about extending the offer of the vaccine to teachers and childcare workers. The third question is about looking at education in the longer term,

taking into account the impact that the past year has had on young people and how it will be reflected in the years they have ahead at school.

Deputy First Minister, where is our £375 million of new money for business support that the UK chancellor announced on Monday?

**John Swinney:** That money is part of the already-announced consequential that the UK Government has set out for the Scottish Government. Therefore, as the Welsh Government has confirmed, the chancellor's announcement—actually, it was on Tuesday—did not mention any further consequential that we were not already aware of, which is a matter of regret. To be charitable, the information appeared rather confused. A serious underlying issue is the need to put in place the financial support that individual companies need to get to the other side of the pandemic. The Government in Scotland is trying to find targeted support that will get companies through this, and there was a rather unfortunate lack of clarity on that point on Tuesday.

**Annabelle Ewing:** I believe that the Deputy First Minister is being his usual diplomatic self. I would say that there was a blatant disregard for the interests of business in Scotland. It was quite clear in the press release that new money was being given, and then suddenly, overnight, the press release was changed. That shows complete disregard for Scottish business. However, we are where we are and I understand that further support is being considered.

The key message this morning is that the rationale behind the new measures is the reduction of human interaction and therefore transmission. However, looking at business from the employee side, I fear that a number of employees are, in effect, being forced to go into work and are not being given the option of working at home—or consideration is not being given to other financial measures that might not be as advantageous for the company.

If the rationale for the lockdown is the reduction of interaction and therefore transmission, what further discussions can the Scottish Government have with business to get that message across? It is in nobody's interests for there to be an increase in transmission, because that will just prolong the misery and will not help the economy or business.

**John Swinney:** There are two different aspects to that question, the first of which relates to the extent of the restrictions that we have put in place. In my answers to committee members, I have made it clear that we are still considering whether there is a need to put in place further restrictions that would, by law, require organisations to close. If that happens, that will change the ability of

organisations to act and will mean that employees can be put on the furlough scheme, which is still available. That is a helpful intervention to have available. We could reduce interaction by applying more restrictions and enabling more people to go on furlough.

The second aspect relates to whether employers are looking carefully enough at whether individuals can continue to contribute to the company by working from home. The Government's approach is that we are exhorting companies to take on board our message in that regard. The Cabinet Secretary for Economy, Fair Work and Culture discussed that issue with business organisations on Wednesday. We are constantly having discussions with business organisations in which we are encouraging them to replicate that message directly to their member organisations. There are a range of ways in which we can advance that message to minimise the level of human interaction, but, fundamentally, we might well have to revisit the restrictions in order to bring about the fall-off in the number of cases that is required.

**Annabelle Ewing:** Thank you for that answer.

In her statement on Monday, the First Minister referred to the fact that the vaccination of teachers and childcare workers is being looked at. It would be interesting to hear where those deliberations are and how that would fit into the phase 1 programme that has already been set out.

My other question on vaccination concerns the second dose. The messaging around the absolute necessity of going back to get the second dose is hugely important. Perhaps the Deputy First Minister could come in on that, after which Professor Leitch could address the more technical issues.

**John Swinney:** I will deal with the first aspect. As I explained to Mr Corry, the advice of the Joint Committee on Vaccination and Immunisation is very clear and is driven by a categorisation that seeks to minimise infection and death. That involves working through the older population groups, those who are most directly exposed through health and social care work and those with underlying health conditions, until we get down to the over-50s. After that, the wider population will be vaccinated.

Within that first phase, many teachers, early learning workers and school staff will be vaccinated because they are over 50 or have underlying health conditions. If priority vaccination were to be extended to all members of school staff and early learning staff, in the absence of the availability of a significantly greater volume of vaccine than we think is coming to us, that would

erode the prioritisation of the JCVI, which is based on a very strong clinical and ethical rationale.

We are working our way through all those issues to see whether more can be done. However, it is important to state that the Government has accepted and is applying the JCVI advice, which will include vaccinating teachers, early learning staff and school staff who are in the categories that have been identified before we get on to the wider population groups. That analysis is on-going in the Government just now and will be the subject of further dialogue.

Jason Leitch will address the more technical issue.

11:30

**Professor Leitch:** First, I agree with what Mr Swinney has said about the nature of the prioritisation. My inbox is full of requests from different groups around the country who wish to be prioritised, which is why it is important that we have an independent group of scientists to help us with the prioritisation.

Your second point is crucial. Although, on advice, we have extended the gap between doses from three weeks to 12 weeks, the second dose is still crucial and will provide an elongation of immunity because it produces slightly different antibodies. The immunology shows us that the curve goes on for much longer, but we are not yet quite sure how long.

We will, of course, get in touch with everybody who has had the first dose—we have records for them and we will contact them. There may be some bumps in the road with people getting access and people turning up, but the fundamental communication is, "You should come for your second dose just as you came for your first dose. Please do not think that you are as protected as you can be." We want the protection to last as long as it can while we work out whether we need to do it every year or every two years, for example, depending on what happens to the virus. We will do what we can in that communication, but you and others—everybody—should reinforce those messages for us.

**Annabelle Ewing:** We absolutely will. I certainly will, and I hope that I speak for my colleagues as well.

As I indicated, my last question concerns a look ahead in relation to education. We are all desperate to ensure that, going forward, there is parity for young people—in my constituency and across Scotland, and particularly for secondary school pupils—and that any inequality suffered as a result of Covid is not carried forward from year to year. I know that that is a big question, but I am

seeking reassurance that those issues are under active reflection by the Government, because they are serious issues that affect the opportunities a young person gets through school.

**John Swinney:** That aspiration lies at the heart of my whole approach as the education secretary. As Annabelle Ewing will know, prior to Covid, my priority was closing the poverty-related attainment gap, which reflects the circumstances of many of her constituents, and our approach to that has prevailed throughout our handling of Covid. We are taking forward the equity audit, which is designed to identify what further steps we can take to address issues of equity in the education system, and the delivery of some of the interventions that we have made around the delivery of digital devices has been focused on those young people who do not have access to devices or connectivity to enable them to sustain their learning. We have also taken steps to make sure that there is fairness for all candidates in the Scottish Qualifications Authority process, which is the subject of on-going discussions. In every respect, we are doing all that we can to ensure that young people's backgrounds in no way prejudice their ability to achieve their potential in our education system.

**John Mason (Glasgow Shettleston) (SNP):** I first want to ask about the change in vaccination policy whereby the second dose will take place within 12 weeks and not after three weeks. It has been suggested that the World Health Organization does not agree with the change, and, although AstraZeneca seems to be happy with the change, I am not sure that Pfizer is quite so happy about it. Is there any update on the positions of the WHO and Pfizer?

**John Swinney:** I invite Professor Leitch to respond to that question.

**Professor Leitch:** Pfizer has played the issue with a fairly straight bat. If you read what Pfizer has said rather than the headlines, you will see that it has said, "Our trials looked for this outcome and did this thing." That is all true—nothing that Pfizer has said is not true. Pfizer has not come out and said, "Don't do what the joint committee has said," which is a different thing.

The JCVI has a different role to Pfizer. It looked at Pfizer's published and unpublished data and said what I have just described. The WHO's position is worthy of considerable study. It has said that, depending on where a country is in the pandemic and the state of play in which it finds itself, it should adjust its vaccine design and process accordingly.

Let me take that to an extreme. If we were doing an annual Covid vaccination with almost no prevalence, that is what we would do. However, if

we were in an emergency situation—as we are now, with London literally running out of intensive care beds today—we might do something slightly different, because we need to protect the very high-risk population. That is what we have done.

There was an interesting interview on "Good Morning Scotland" with one of the JCVI members who had spoken to the WHO's head of vaccination overnight. He had been assured by the WHO that it in no way wanted to suggest that the 12-week approach was something that the UK should not do; the WHO was just pointing out the facts of what Pfizer had said and what vaccination is, and it was giving permission—we do not need it from the WHO—for the UK to take a view, through the JCVI, on saving those extra lives.

**John Mason:** Secondly, I assume that at some point we will go back to using levels 0, 1, 2, 3 and 4. Previously, there were indicators or drivers for going into each level. There being a new variant means that 100 people with that variant is more worrying than 100 people with the original virus. Does that change the drivers of levels?

**John Swinney:** We have to make a careful judgement about the extent to which prevalence of the virus is on a downward trajectory. We must see that key element being sustained to give us confidence that the measures are having the necessary effect. It would probably be better for us to avoid specific thresholds for access to particular levels, and to focus much more on the pattern and trajectory of the infection.

I will give Mr Mason one example of the levels process that haunts me somewhat. Midlothian reached a point that we thought represented an opportunity to move it from level 3 to level 2. We gave advance notice of that, with which everyone was happy. However, the downward trajectory was not strong enough—prevalence ended up going in the opposite direction, so we could not apply the change to Midlothian. That was a disappointment to people in that area, but it was the right decision because we had not seen the sustained reduction that we needed to give us confidence that prevalence was moving in the right direction. We need a much better line of sight of how the virus is progressing at any time.

**Professor Leitch:** We had planned a review of the strategic framework and the levels prior to our knowing about the variant. I was going to say that the new variant makes that more urgent, but that is probably not correct—it makes it different. There will be clinical four-harms advice going to the Cabinet and Mr Swinney about what we think the point at which we can relax some restrictions will look like.

At one level, we still have the levels in place; the islands are being treated slightly differently from

how the mainland is being treated. The levels are still important, but they need to be reviewed in the light of what we have learned from them and the new variant.

**John Mason:** My third, and final, question is probably for Mr Swinney. Traditionally, there has been a complete and fairly strong separation of church and state in Scotland. Some churches are arguing that the state should not intervene and should not tell them not to hold services, and to meet and so on. How do you respond to that?

**John Swinney:** That is a difficult issue, because nobody in the Government wants to restrict people's ability to take part in communal religious worship. That is the last thing on earth that I want to do. However, the point that has run through all my answers today is that we must acknowledge that human interaction—in whatever context, whether it be an early learning centre, a school, a factory, a shop, a bank, a hospital or a church or other place of worship—gives the virus and opportunity to spread.

Therefore, if we cannot, as a society, confidently assume that our national health service can withstand growth in infection that results from the level of human interaction, we must take action to minimise the amount of human interaction. That is crucial if we are to reduce prevalence of the virus.

Sadly—and much to my personal regret—that cannot exclude places of worship. We must acknowledge that, because they are places where people come together, there is potential for the virus to spread. If we do not take action to minimise that interaction, we will not interrupt flow and circulation of the virus.

I do not think that anybody should read into that a fundamental change in the nature of the relationship between church and state; I certainly do not. We are talking about protecting the public from a serious virus, and making sure that places of worship can play their part in that effort.

**John Mason:** Thank you.

**The Convener:** Our final questions are from Gordon Lindhurst.

**Gordon Lindhurst:** My questions follow on from what has just been asked.

Freedom of thought, conscience and religion, or freedom to manifest in public religion or belief in worship, teaching, practice, and observance is a fundamental human right that is referred to expressly in the European convention on human rights. Your comparison between attending a place of worship and going to the bank, for example, is therefore not necessarily appropriate, if I might put it that way, because going to the bank is not referred to as a fundamental human

right. There are, of course, other fundamental human rights.

That right continues to be respected by Governments in other nations in Europe, in North America and here in the British isles, on the basis of adherence to social distancing and other evidence-based and science-based requirements. However, here in Scotland, the First Minister and your Government have set out regulations in SSI 2021/1 that will entirely curtail that fundamental right. Constituents have contacted me who are upset and very concerned about that. It is on their behalf that I am raising the issue with you. What is the basis for curtailment of that fundamental right?

11:45

**John Swinney:** I contend that a fundamental right has not been curtailed; I will explain my rationale for that in a moment. My point about contexts within which individuals undertake human interaction and might contract the virus was not designed in any way to equate religious worship with attending a bank. Rather, my point is that there is a risk that the virus will spread wherever people gather together. That is the only point that I am making in that respect. As Mr Lindhurst understands, the right to education is also a fundamental right, which we are delivering differently to normal delivery within schools.

That brings me to my point about religious observance and the ability to pursue one's right to take part in religious worship. Every Sunday morning, we sit in our house and participate in a Catholic mass that is led by one of a number of leaders of the Catholic church. We are able to exercise that right safely within our own home. Therefore, our rights are in no way constrained by the restrictions. We are able to play our part by ensuring that we do not contribute to greater circulation of the virus within our society, and we do not contribute by bringing the virus into our house, which would be a significant issue for us, as well.

The Government has taken a decision that is based on addressing the need to minimise human interaction that still enables individuals to participate in religious worship in the fashion in which they wish to do so.

**Professor Leitch:** I reassure Mr Lindhurst that none of this has been done lightly. I do not know whether you know me well, but you might know that the advice on places of worship has probably been the toughest piece of advice that we have had to give, and that it affects me deeply. I have met Scotland's leaders from all faiths throughout the pandemic. I met them again this week, including representatives of the Catholic bishops, who wrote the letter that was published this week.

I explained the public health position to them and got a very fair hearing. They explained their position, but my advice remained the same.

Every country in the UK has made the decision at points during the pandemic—no places of worship in any country of the UK have been open throughout the pandemic. We feel that places of worship should be among the last to close; they should also be among the first to reopen.

From last week's test and protect data, we know that 120 people went to places of worship during their infectious period. That creates a risk that I am unwilling to take in relation to my advice to decision makers. The decision makers then choose what to do with that advice—that is their job. However, I am afraid, particularly because of the broad demographic of people who attend places of worship—people of all ages, with all types of diseases—that we cannot protect those individuals robustly enough, so at this point in the pandemic, closing places of worship is the right thing to do.

**Gordon Lindhurst:** Given the figure that you mentioned, it would be helpful if you could share the detail of the decision-making process and how it was followed in determining the decision. It would be helpful to have individual assessments that have been made in relation to each area of Scotland, and to have evidence that the virus has been spread as a result of worship services being held. It would also be helpful to have evidence on proportionality, so that we can understand the basis on which assessments and decisions were made to take what I say is a drastic step.

Is the Deputy First Minister willing to share that information with me and the committee? I think that it would help individuals who are concerned about the matter to understand that—at least at some level. I do not think that any of that information is confidential or could not be shared publicly.

Human interaction is being allowed; it is not the case that the Government is stopping human interaction. It is, rather, choosing which human interaction is allowed. Others will not share the Deputy First Minister's view that participating in or viewing a service online is human interaction, or that it allows them to exercise their right to public worship. As I said, that view is respected by other Governments, particularly at this late stage, almost a year into the pandemic. It is perfectly understandable that places of worship were closed in, perhaps, the first four or five weeks, as many activities were shut down until we had some understanding, but we are well beyond that. Is the Deputy First Minister willing to share that detailed information with the committee and me.

**John Swinney:** I am certainly prepared to make available to the committee the rationale for the Government's decision on places of worship. I have explained that and the scale of difficulty that the decision represented for ministers, in the answers that I have given. I am very happy to make that rationale available to the committee, and any supporting evidence that we can provide to assist Mr Lindhurst and the committee in their discussions.

**Gordon Lindhurst:** Will that be made available before the matter comes before Parliament for a decision on the SSI?

**John Swinney:** We will try to do that as swiftly as possible.

**Professor Leitch:** I should add that the data that Mr Lindhurst seeks is impossible to get—it is unavailable. I cannot tell you where everybody got the virus. Every sector asks for exactly that data. All that I can tell you is where people were during their infectious period. I cannot tell you that they passed it on to Frank or Mary or that they got it from Frank or Mary, because of the incubation period of the particular infectious agent. Just as the hospitality industry seeks that data, so do those who advocate—like me—for places of worship. That data is unavailable.

**Gordon Lindhurst:** You say that, Professor Leitch, but I wonder why, as I said, different health authorities have, on a very broad basis, taken different views about allowing places of worship to remain open.

**John Swinney:** It is ultimately for ministers to make decisions on the steps that we believe are appropriate in trying to interrupt circulation of the virus. Fundamentally, a range of options are available to us in terms of steps that we can take, and ministers are ultimately accountable for the steps that they take. That is what we do with the advice that is provided to us by advisers such as Professor Leitch; we reflect on that advice and we take decisions accordingly.

**The Convener:** I have to interrupt, because we have gone over our time. I thank all members for their attendance this morning. In particular, I thank the Deputy First Minister and the national clinical director for coming to give evidence. It is greatly appreciated, especially as we have, as I said, drifted beyond the original end time.

That concludes our consideration of agenda item 2, and the public part of the meeting. The committee will take agenda item 3 in private.

11:54

*Meeting continued in private until 12:03.*



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