



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Meeting of the Parliament (Hybrid)

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**Session 5**



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# Scottish Parliament

*Wednesday 20 January 2021*

*[The Presiding Officer opened the meeting at 12:30]*

## First Minister's Question Time

**The Presiding Officer (Ken Macintosh):** Good afternoon. We begin with First Minister's question time but, before we turn to the questions, the First Minister will update us with a short statement on Covid.

**The First Minister (Nicola Sturgeon):** I will give a short update on today's figures. Yesterday, 1,656 positive cases were reported, which is 7.5 per cent of all the tests that were carried out. Therefore, the total number of cases is now 166,583. As of yesterday, 309,909 people had received their first dose of vaccine. There are currently 2,003 people in hospital, which is 14 more than yesterday, and 156 people in intensive care, which is six more than yesterday.

I very much regret to report that, in the past 24 hours, a further 92 deaths were registered of patients who first tested positive over the previous 28 days. The total number of people who have died under that daily measurement is 5,468.

The National Records of Scotland has just published its weekly update, which includes cases in which Covid is a suspected or contributory cause of death, even if it has not been confirmed by a test. Today's update shows that, by last Sunday, the total number of registered deaths linked to Covid under the wider definition was 7,448. Of those deaths, 368 were registered in the most recent week, which is 23 fewer deaths than in the week before. Of last week's deaths, 240 took place in hospital, 97 in care homes and four in a different institutional setting, and 27 occurred at home or in another non-institutional setting. Every one of those deaths is a source of heartbreak for loved ones, and I send my condolences to everybody who is grieving.

The figures that I have reported today demonstrate the seriousness of the situation that we continue to face. As a result of the lockdown restrictions, as I reported to the Parliament yesterday, case numbers appear to have stabilised—indeed, they may even be declining. However, as we see again today, they remain too high. Hospital admissions are 30 per cent higher now than at the peak of the first wave last April. Although admissions to intensive care are below the first wave peak, they have almost doubled since the turn of the year. All of that means that our national health service is under severe

pressure and, given the number of new cases over the past couple of weeks, that pressure is almost certain to increase.

It is therefore vital that we do everything that we can to protect our NHS by slowing the spread of the virus and bringing case numbers down. That is why we confirmed yesterday that lockdown restrictions will remain in place until at least the middle of February, and why it is so important that we all continue to comply with the restrictions.

Put simply, that means that we need to stay home. We should leave home only for essential purposes such as caring responsibilities, essential shopping, work that cannot be done from home and essential exercise; we should not have people from other households in our houses or go into theirs; and we should all work from home if we possibly can. Further, on any occasion that we are required to leave home, we should remember FACTS: face coverings when doing essential shopping or when out for other reasons; avoid places that are busy; clean hands and surfaces; use 2m distancing if you are with someone from another household; and self-isolate and get tested if you have symptoms.

Fundamentally, the best means of keeping ourselves safe right now is to stay at home as much as possible. Please stay at home, protect the NHS and save lives.

### Vaccine Roll-out

**1. Ruth Davidson (Edinburgh Central) (Con):** Yesterday, the First Minister was asked a series of serious questions about why hundreds of thousands of doses of vaccine were not reaching general practitioners quickly enough. The questions asked were based on evidence—the testimony of GPs, the GP chair of the British Medical Association Scotland and of Scots over 80 years old who have heard nothing about when they will be called. In response, we heard a bizarre rant about the United Kingdom Government throwing a so-called “hissy fit” about the publication of sensitive future vaccine supply figures. It was quite the change in tone from the profuse apology of the Cabinet Secretary for Health and Sport on Friday. The First Minister got what she wanted, which was a cheap headline, but the country did not get what it needed, which was answers.

Instead of trying to throw blame on to others, will the First Minister finally explain to the country why the vaccine roll-out is lagging behind in Scotland? Why are hundreds of thousands of vaccine doses not reaching GPs and patients quickly enough?

**The First Minister (Nicola Sturgeon):** I will take each of those points in turn, because they are all important.

First, the vaccination programme is not “lagging behind” in Scotland. Yesterday, I set out that we had very deliberately focused first on elderly residents in care homes because, according to the Joint Committee on Vaccination and Immunisation, those are the people who are most vulnerable to becoming ill with and dying from Covid. We have now vaccinated with the first dose more than 90 per cent of those elderly residents of care homes. We think that that will have the biggest and most immediate impact in reducing the death toll from the virus, which, as we heard from the figures that I reported today, is still far too high.

The reason why the overall numbers are lower at this stage, because of that focus on care homes, is because it takes longer and is more labour intensive to vaccinate in care homes than in the community. Interestingly, I have this morning seen some comments, attributed to the UK Government, explaining why the daily rate of vaccination in England has dropped over the past 3 days. The explanation is that it has decided to focus more this week on catching up in care homes, that that takes longer and that the wider programme has therefore slowed down. We are all grappling with the same issues and working to the same targets.

The second point is on GP supply. Every day, I look, as does the Cabinet Secretary for Health and Sport, at those numbers. I go to sleep at night with them in my head, and wake up in the morning with them in my head, as is right and proper. I will talk about the AstraZeneca vaccine because that is the one that is being used by our GPs. It normally comes in packs of 100 doses and sometimes in packs of perhaps 80 doses, as I understand it. The shipment of supply into Scotland has not until recently delivered enough packs for all GPs to have one—we should of course remember that some GPs will require multiple packs, because their patient populations are bigger.

The figure will be moving all the time, but, right now, 75 per cent of GP practices either have or are in the process of getting supply. That figure will never be 100 per cent, because not every GP practice is participating in vaccination.

Vaccination of the over-80s is now picking up. As I said yesterday, we now reckon from management information estimates, which will be published weekly, that around 20 per cent of over-80s have been vaccinated.

My final point on these important issues is that we can see from our daily figures that our community vaccination programme—the vaccination programme overall—is ramping up. The number of vaccines that were administered on Monday this week was 19,600. That is an increase of 56 per cent on the previous Monday.

Interestingly, since comparisons are being made—by others, not by me—the increase in England from one Monday to the next was less than 40 per cent. Our rate of increase is higher as we come out of care homes and go into the community.

Yesterday, based on the figures that I have just reported, 25,327 vaccinations were administered, which is more than on Monday. We are on a trajectory of increasing vaccination as we step up and pick up the pace in the over-80s. Of course, we are working to a target of vaccinating all over-80s, indeed, everybody in the JCVI groups 1 and 2, by the first week in February. Those are the targets to which we are all working. I have seen commentary from the media elsewhere in the UK that criticises the pace in England.

We look at this daily and will always find questions to raise, as is right and proper. However, the progress of the vaccination programme is strong. My job and that of the health secretary is to ensure that it remains so.

**Ruth Davidson:** Prioritising care homes, as the Scottish Conservatives have always argued that we should, does not explain why GP surgeries, which should have doses of vaccine sitting in their fridges, do not have those. The problem is the insistence from the First Minister that all is on track. The health secretary, Jeane Freeman, said on 11 January that all over-80s would have the vaccine by the end of this month; that is 31 January.

This morning, the Deputy First Minister, John Swinney, rowed back on that statement. He said:

“I can confidently say to you that the commitment we have given, that all the over-80s, for example, will be vaccinated by the end of the first week in February, is a commitment that will be fulfilled.”

That commitment was repeated by the First Minister just now. The health secretary has committed to all over-80s being vaccinated by 31 January, but the Deputy First Minister has committed to 7 February.

The First Minister called the vaccination programme a race against Covid and I share her sense of urgency. Why are we already falling behind?

**The First Minister:** There are three points there and I will take them one by one, because Ruth Davidson is just wrong on all of them.

First, on care homes, it is the case that we have been focusing on care homes, and rightly so, because that is the quickest way to reduce the death toll, given that people in care homes are the most vulnerable. How many times over the past year have I stood here and been under pressure—rightly—to answer questions about the death toll and the wider toll of the virus in our care homes? It

is right that we prioritise care homes. Indeed, that is what the JCVI recommended.

Vaccinating in care homes takes longer. That is what I have seen the UK Government reported as saying today, to explain the dip in the English daily vaccination rates over the past few days. The explanation is:

“there has been a big push to finish vaccinating care homes, and they take more time (4 to 6 hours each), hence slowing the overall effort.”

It is the case that when we focus on care homes we do not do as many vaccinations, because it takes longer. Unlike the UK Government figure—I do not know what that is now, but at the start of the week I think that only 50 per cent of care home residents had been vaccinated—we are now at more than 90 per cent and are therefore able to speed up the rest of the programme.

Secondly, on the timing for over-80s, I think that the first time that I spoke about that, certainly this year, was last week in one of my daily updates, when I said that we would do over-80s within four weeks, which was always that first week in February. That is not a change, and I said again in the Parliament yesterday that it would be the start of February. That is the target date for vaccinating all the JCVI groups 1 and 2.

Then, of course, we do groups 3 and 4, and the target date for that is mid-February. Again, I have seen comments from the UK Government this morning about the rephrasing of the Pfizer supply making that a “very tight” target to meet, although we are all determined to meet it.

Lastly, let me repeat what I said on GP supply, because it is possible that Ruth Davidson did not hear me the first time. I have set out the supply constraints that we have had so far in getting packs of vaccine to every GP practice. That is speeding up as supply speeds up and the figure—which, again, is moving all the time and no doubt will be different by the end of the day—is that 75 per cent of GP practices already have or are in the process of receiving their supply.

The figures speak for themselves. From Monday last week to Monday this week there was a 56 per cent increase in daily vaccinations. From Monday to Tuesday—yesterday—there was a further increase in the rate of vaccination. The numbers are going in the right direction, and my job is to make sure that they continue to do so.

**Ruth Davidson:** But the health minister said the end of January and the First Minister cannot get away from that.

The First Minister just said that the figures speak for themselves. She is right, because the numbers here are pretty straightforward. As the Deputy First Minister has accepted, the Scottish

Government is in receipt of a total of 700,000 doses. To vaccinate the first of the priority groups, which is care home residents and staff, healthcare workers and everyone over 80, the Scottish Government, by its own figures, needs 560,000 vaccine doses. Again by its own figures, which were released on 11 January, the Scottish Government already had 490,000 doses sitting ready to go—a fortnight ago.

Therefore, a fortnight ago, the Scottish Government was sitting on enough stocks to vaccinate 87.5 per cent of its target groups. It has had them for a fortnight. Today we hear that 309,909 people have received the vaccine, which is 55 per cent, and now the delivery date has slipped by a week. Why? Can the First Minister confirm that the stocks from two weeks ago have reached GPs?

**The First Minister:** Okay, we will go through this again, point by point, because those are all important points, but Ruth Davidson is wrong. I will also take her on a bit of a logic journey, which might not take her where she wants to go.

First, there is a difference—those of us who pore over this on a daily basis have to understand these differences—between allocation, delivery and what we have in hand in Scotland. The majority of doses that are in Scotland are actually already in people’s arms and the rest of them will be supplying general practices and other vaccination centres to make sure that over the next few days they get into people’s arms. That is how a supply chain works.

Here is the logic journey: if Ruth Davidson’s argument is based on the premise that we somehow have 750,000 doses—remember, the UK Government is adamant that it does not want us to talk about the total number of doses that are allocated, but let us take what she says—that must mean that, given that we are getting our proportionate population-based share, the UK Government, for England, has 7 million doses. It has not done 7 million vaccinations, so presumably it is sitting on supplies for no reason in the same way that Ruth Davidson suggests that we are. That would be the logical conclusion of that argument.

It is about a really important and complex supply chain in which everyone is working to make sure that the vaccine gets from the manufacturers to the arms of people across the country as quickly as possible, and we have been successful in making sure that almost all of our most vulnerable care home residents have already got that first dose of vaccine.

Finally, on the point about the end of January versus the beginning of February. We refine the target dates as we go along, based on our

developing understanding of supply. If, a few weeks ago, the health secretary said the end of January—I cannot recall—we now know more about supply through the modelling that we do to say that it will be the first few days in February. We have been saying that consistently throughout this year. There is no change in that; that is what we are working to and that is what we are on track to deliver, and I suggest that Ruth Davidson delves a little more into the detail of how all this works if she wants to continue to have these exchanges.

**Ruth Davidson:** There we have it, Presiding Officer: it is not a slip, it is a refinement. Problems have been building for some time and the Scottish Government continues to stand by and furiously repeat that everything is fine, but GPs and the BMA are sounding the alarm and raising the red flags, not to be awkward, but because they and we and everyone want vaccination to work and time is of the essence.

It is important that the First Minister acknowledges problems and starts to fix them. There are hundreds of thousands of vaccine doses that have gone unused for weeks while GPs are desperate to get their hands on them. We asked last week when all over-80s would get their letter notifying them of when they would be vaccinated and we got no answer. We asked yesterday when all GPs would have the supplies that they need to accelerate the pace and got no answer, and I have just asked whether all available stocks from a fortnight ago have been distributed to GPs and got no answer.

The simple fact is that that is not good enough. Vaccine is not getting to GPs as it should, over-80s are being left waiting when they should not have to and Government timescales are already slipping—sorry, being “refined”. What action will the First Minister take to get this sorted out and get Scotland’s vaccination rate back on track?

**The First Minister:** If Ruth Davidson, on a programme such as this, does not think that it is important and responsible for Governments to refine estimates as knowledge of supplies increases, that will be another reason why many people across the country are breathing a sigh of relief that she is not standing here right now.

In case Ruth Davidson is not aware of one of the things that has changed—it is on the front page of *The Times* today with the UK Government talking about it—Pfizer has just rephased its supply over the next few months, so over this month and next month we will have fewer doses from Pfizer. We will have the same overall, but the phasing will be different. Is Ruth Davidson seriously suggesting that in the face of a change such as that, a Government should not refine its estimates of when it will be able to deliver vaccine

into people’s arms? If she is suggesting that, that is ludicrous, to be perfectly honest.

Let me answer some of her other points. Many GP practices are not sending letters to over-80s—they are phoning them, because it is quicker. As soon as they have the supplies, they are phoning them to make the quickest appointment that they can. That happened last week to a very close relative of mine who is in the over-80 category; she got a phone call from her practice and within a couple of days had her first dose of the vaccine. That is how this is being done, to make sure that it is done as quickly as possible.

I have already set out twice what the supply constraint has been in getting packs to every GP practice, but I will repeat that 75 per cent of GPs have got or are in the process of getting that supply and, as soon as they get it, they contact their over-80s to get them in.

I come back to the central numbers. Our vaccination programme is gathering pace. From last Monday to this Monday, there has been a 50 per cent increase in the daily numbers of people vaccinated, and a further increase from Monday to Tuesday this week. Having done more than 90 per cent of care home residents, we are now picking up pace in relation to the over-80s.

Those are the facts in a complex situation, and I will continue on a daily basis to focus on the detail of that—and on understanding it—so that we get it right not just for the over-80s but for the over-70s, the over-50s and, as soon as supplies allow, for the whole adult population.

### **Covid-19 Vaccinations (Waste)**

**2. Jackie Baillie (Dumbarton) (Lab):** There is nothing more important currently than the roll-out of the vaccine. We need to fight the virus, and every drop of the vaccine should find its way into people’s arms.

Last week, the Government published the Covid-19 deployment plan, which allowed for 5 per cent of Covid vaccines to be wasted. Can the First Minister say how many doses of vaccine have been wasted since the roll-out began?

**The First Minister (Nicola Sturgeon):** From memory—again, I set this out in some detail yesterday—I can say that the Scottish Government uses the figure of 5 per cent as a planning assumption. I know that we are not alone in that regard, because I have been told by our clinical advisers that there is an international standard around wastage assumptions in a programme of this scale. That assumption ensures that we are factoring in the possibility—that we hope never happens—of some large-scale breakdown in the supply chain, such as a big freezer malfunctioning or something else



happening that disrupts a significant portion of supply. It is just to make sure that we have a cushion so that, if something like that happens, we are able to vaccinate the numbers of people that we are estimating.

In practice, there is not 5 per cent wastage. As I think that I said yesterday, so far—again, this is a figure that will fluctuate—the wastage rate is around 1 per cent. Huge efforts are being made to get that even lower but, as people will understand, in any vaccination programme there will be human error—people will drop vials and they will break, people will make an error in opening them and putting the vaccine into a syringe, or somebody will have got a syringe ready for somebody who either does not turn up for the vaccine or turns up but, for some reason, cannot be vaccinated. That is just unavoidable, to some extent, although efforts are being made to minimise that.

Again, the 5 per cent figure is a planning assumption, which I think is sensible, given the things that could go wrong in a programme of this size, but which all of us hope will never happen.

**Jackie Baillie:** I entirely accept the need for planning assumptions when rolling out a vaccination programme, and I welcome the fact that the programme is doing better than the worst-case scenario. However, at the weekend, wastage was at 1.82 per cent. To put that in real terms, that is something like 5,000 doses since the roll-out began, when people desperately need this vaccine. Are we to believe that that is all to do with burst vials and spillages? On Sunday, the chief executive of NHS England, Simon Stevens, said this in response to questions about how surplus vaccine should be used:

“the guidance from the chief medical officer and from the NHS medical director is ... if at the end of your vaccination session you’ve got a few doses left, please have a reserve list of staff and high-risk patients”.

When Professor Jason Leitch was asked about wastage at the COVID-19 Committee last week, he was able to provide an example only of what would happen to unused vaccines in a hospital setting. Has guidance been supplied to general practitioner surgeries and mass vaccination centres to ensure that they have a reserve list of high-risk patients, in order to avoid wasting the vaccine?

**The First Minister:** Guidance is published on a range of things. I will specifically check the state of the guidance on those particular points and we will circulate that. If there are areas where we have to give more guidance, we will do that. It is in nobody’s interest to have doses of the vaccine wasted.

I will give an example of how a health board was avoiding wasting doses, which was subject to

some criticism yesterday. The Scottish Ambulance Service got doses to vaccinate its front-line paramedics and ambulance technicians. It had some doses left, so it decided to use them for call handlers, who are not patient-facing. That was subject to some criticism, because patient-facing health workers are in the front line and have highest priority. The Ambulance Service’s argument is that that was a pragmatic decision to avoid wasting vaccines.

Such decisions are taken by front-line people all the time. As in that case, we often find that the decision gets criticised, because it appears to be outwith the strict order of vials or doses of vaccine. Unless someone is telling me that on the front line there are dastardly, secret attempts—of unknown motivation—not to use every possible dose of vaccine, I am confident in the people who are doing the vaccination programme, because they are experienced, and many of them deliver the flu vaccination programme every year.

The training programme has been criticised, but part of the reason for having that programme is so that people who do not have recent or any experience of doing vaccinations know what to do in all situations. Often, the things that we do to address such issues end up subject to criticism in the chamber on another day, from the same people who are raising these issues right now.

**Jackie Baillie:** I am all in favour of pragmatism, which is why I asked about guidance, and I hope that the First Minister will check that. We know that doctors and vaccinators cannot work in the dark on these issues and we cannot risk doses being thrown away because the Government guidance is slow or unclear. I welcome the First Minister’s assurance that she will check the guidance for vaccinators, because she knows the logistical challenges of the Pfizer vaccine and the greater chance of doses being unused.

There have been reports in some health boards that vaccines have been binned because of the change of policy on second doses. Can the First Minister assure the chamber that unused vaccines that cannot be used for the priority groups can be provided as second doses for healthcare professionals, which the British Medical Association has called for?

Transparency is vital, so can the First Minister commit to publishing weekly statistics on wastage, so that every drop of vaccine goes to saving lives?

**The First Minister:** We already publish daily statistics of the vaccines that are administered and we publish weekly statistics that have more detail. I have given a commitment before that we will add detail to that as we go along.

There is always a balance to strike between, on the one hand, tying people up in gathering and

reporting data and, on the other, letting them do the job that they are there to do, which is to get the vaccine into people's arms. However, we will be open and transparent about all that in as much detail as we can.

Doses of the vaccines will be used to vaccinate people. The focus right now is to get the first dose of the vaccine to as many people and as quickly as possible. The second doses will follow that. When the family member whom I referred to earlier went for her first dose last week, she was given the date for her second dose, so that is already in the planning. It is part of the planning around the use and flow of doses, particularly because there is going to be a rephrasing of the Pfizer vaccine. Already, the people who model that for us are making sure that, come the time of the second doses, we will have enough Pfizer vaccine for that. That is just one of the reasons why it is a complex exercise, and it is important that we get it right.

Many doctors and others who carry out vaccinations on the front line will be highly experienced at doing vaccination and know the issues that they have to be aware of, but that is also what the training is for. In recent days, I have faced questions about why the training is so bureaucratic. There have been efforts to simplify the training as far as possible, but it is important to make sure that people—particularly those who do not have recent or any experience of carrying out vaccinations—know exactly what they should do in these circumstances.

Given its scale, complexity and importance, the vaccination programme is going well. I do not say that with an iota of complacency, because I understand the vital importance of getting the vaccination to as many people—to the whole adult population—as quickly as possible. That is why it has a daily focus from me, the health secretary and the Government as a whole, and we will continue to ensure that that is the case.

**The Presiding Officer:** Question 3 is from Patrick Harvie, who joins us remotely.

### **Covid-19 Vaccination**

**3. Patrick Harvie (Glasgow) (Green):** It is good news that people in Scotland are showing strong support for vaccination, but we still need to take action to get as high a take-up as possible. Scottish Care has warned that the majority of care homes in Scotland have been approached by anti-vaccination groups, and the scientific advisory group for emergencies has advised that vaccine hesitancy might be particularly high among black, Asian and minority ethnic communities. What is the Government doing to prevent the spread of misinformation and conspiracy theories? What

specific action is being taken to support vaccine take-up in marginalised communities?

**The First Minister (Nicola Sturgeon):** We will take on myths, smears and misinformation about the vaccine through a range of means, including through our advertising and marketing campaigns and in other specific ways. For example, the chief medical officer, the chief nursing officer, the national clinical director and the chief pharmaceutical officer are writing directly to care home managers to provide information that they can disseminate among their workforces. There will be webinars with care home workers to ensure that legitimate questions can be answered and addressed and that any myths and misinformation can be dealt with.

We should not be complacent about any group in society, but we can take the example of care home workers as a group, because that is where initial concerns have been expressed in recent days. As I reported yesterday, more than 70 per cent of care home workers have already been vaccinated with the first dose, which suggests that there is strong take-up and strong enthusiasm for being vaccinated.

We need to get uptake of the vaccination programme as high as possible in order to provide as much protection as possible, so we will have to do on-going work to take on anything that threatens to hamper progress. That is particularly important in ethnic minority populations and in more deprived communities, for example, and we will take forward that work.

The focus right now is to ensure that people in the clinical priority groups, whenever they live and whatever backgrounds they are from, are reached with the vaccine. That work is on-going across the country.

**Patrick Harvie:** The Government, Opposition parties and the media have a shared responsibility to avoid the complacency that the First Minister mentioned.

Of course, globally, one of the biggest proponents of dangerous misinformation on Covid, the climate and other issues has been kicked off Twitter and Facebook. Today, he is being kicked out of the White house, and it is time that we kicked his toxic brand out of Scotland, too. From today, Donald Trump will no longer be the US President, and his business activities are under criminal investigation in the US.

However, Donald Trump's purchases in Scotland have still not been investigated in spite of serious concerns about how they were funded. The Greens have long called for those dodgy deals to be investigated using an unexplained wealth order. Whenever we have raised that issue, the First Minister has told us that it is not her

decision to make. Has she seen the legal advice from a senior QC that was published this week by the campaign group Avaaz, making it crystal clear that the power lies with her and her Cabinet? Will the First Minister stop hiding behind officials and seek an unexplained wealth order to ensure that Trump's purchases in Scotland are given the scrutiny that is urgently needed?

**The First Minister:** First, I am sure that many of us across the chamber and across Scotland will be very happy to say cheerio to Donald Trump today. "Don't haste ye back," might be the perfect rejoinder to him.

In advance of the inauguration later today, I am sure that we all want to send our congratulations to soon-to-be President Joe Biden and soon-to-be Vice-President Kamala Harris. Kamala Harris does not just become the Vice-President today; she makes history in a number of ways, for which she has my warm congratulations.

I have seen reports of the legal advice to which Patrick Harvie referred. I have not read the advice in detail, but I am happy to do so and come back to him in more detail. Of course, the Government has its own sources of legal advice. I have set out previously how investigations and decisions on unexplained wealth orders are taken. Such matters lie with the Lord Advocate. However, I am happy to look in more detail at any information that is given to me. If I think that it is appropriate to make further points, I will do so.

### Covid-19 Testing

**4. Willie Rennie (North East Fife) (LD):** The First Minister opposed the testing of students until there were big outbreaks in universities. She criticised the use of lateral flow tests in Liverpool, claiming that they were politically motivated, and then, well after the start of the second wave, she changed her mind. She refused to implement airport testing until months after holidaymakers brought the virus back from abroad. Now, she has the capacity to use polymerase chain reaction tests, but she refuses to use most of them. On testing, why does the Government always shut the stable door after the horse has bolted?

**The First Minister (Nicola Sturgeon):** Sometimes I wonder whether, when Willie Rennie scripts his questions, it ever crosses his mind what my possible motivation could be for opposing all those things. If I really thought that they could help us beat this virus and save lives, why on earth would I oppose them?

The Scottish Government does not always get it right; I would be the last to say that we do. We make mistakes. We have done so during the course of this pandemic, and we have tried to learn as we go. We try to understand technology,

its uses and the pros and cons of it in order to make informed decisions.

The reason why it is important to make that point about testing, on today of all days, is that south of the border not so long ago, before Christmas, a big announcement was made about the roll-out of lateral flow testing in schools to every pupil, daily. That has today been paused because it is not practical and it is not sensible to do testing in that way.

We try to ensure that we get things as right as we possibly can. We have not had lateral flow tests in volume—or indeed at all—until relatively recently in the pandemic, and there is still mixed opinion on where to use them and how effective they are. That is part of the reason why the Medicines and Healthcare products Regulatory Agency did not give the go-ahead to what was wanted in schools in England. The tests are an addition to what has been done through PCR testing. We need to continue to consider things like that very carefully.

I hope that people will agree that I am one of the last people to stand here and be in any way complacent about the challenge that we face right now. We are in a precarious, difficult position and people are living under horrendous restrictions, so the situation is not good. However, if we are doing everything as wrong as Willie Rennie keeps suggesting that we are, why is it that—albeit that we are in a very difficult position—throughout this pandemic case rates have been, and remain, so much lower here than in the other UK nations and other parts of Europe?

We have a lot to do and learn, and of course we make mistakes, but people might sometimes want to reflect on the fact that we do not always get everything wrong.

**Willie Rennie:** God forbid that we ever ask questions of the First Minister when we think that she gets it wrong. The reason why I question her is that the evidence is clear that the First Minister is always behind the curve on testing. I have just read out the list of examples of where she initially opposed it, and then supported it only a week later. However, she did so only after there were big outbreaks. We needed the tests before the outbreaks.

Last week, for example, I proposed that PCR testing capacity should be deployed at supermarkets, Royal Mail sorting offices and police stations, where people are working on the front line. Once again, the First Minister said no. As a result, 50,000 tests go unused every single day.

Since Christmas, the SNP Government has failed to use almost a million gold standard—that is the phrase that it uses—PCR tests; to be

precise, that means that 908,585 potential tests have been wasted. The First Minister says that she is saving them for a rainy day. Well, if the First Minister has not noticed, it is bucketing down outside. We have no idea when schools will reopen, operations are being cancelled at hospitals, businesses are on their knees and we are being told not to leave our homes. How bad does it have to get before the SNP Government uses those tests to detect the virus that is hiding in our communities?

**The First Minister:** Can we clear one thing up at the outset? Just because I disagree with Willie Rennie, I think that he is downright wrong and does not necessarily always understand the issues he asks me about and I take issue with the fact that he puts words in my mouth that I have never used does not mean that I do not like or accept being asked questions. During the course of this pandemic I have probably answered more questions than any leader anywhere else in the world, and along the way I have probably admitted to more mistakes. That is not necessarily because we have made more but because we have been up front in conceding that we have made them.

Willie Rennie has to recognise that, if he wants to ask those questions—as he is absolutely right to—and I sometimes do not think that he is getting it right, I also have the right to say so.

Willie Rennie says that we have failed to use all those PCR tests. Those tests are there so that people can be tested when they have symptoms. Remember, if you have symptoms, you should self-isolate and get tested. If we had used all those symptomatic tests, we would have a prevalence and an incidence rate that was many times higher than it is. That would not be a good thing; it would be a bad thing and a terrible position for us to be in.

On the issue of the wider use of testing, we evaluate and take advice. We look at where we can use testing strategically and tactically. Perhaps Willie Rennie would have preferred us to stand up before Christmas and say that we were going to test every pupil in every school every day, and then to have me stand here now to say that we cannot do that because we got that wrong. We have decided to do it differently so that, when we launch testing programmes, we try to get them right and we make sure that they contribute overall to having case levels that are lower than those in many other countries and, hopefully, seeing case rates coming firmly down in the coming weeks.

### **United Kingdom Shared Prosperity Fund**

**5. John Mason (Glasgow Shettleston) (SNP):** To ask the First Minister what her response is to the announcement that the United Kingdom shared prosperity fund will be operated by the UK

Government and not by the Scottish Government and the other devolved Administrations. (S5F-04747)

**The First Minister (Nicola Sturgeon):** That is another direct assault on devolution. I am disappointed—although not surprised—that the United Kingdom Government has decided to take that approach. It raises grave concerns and uncertainty for communities. Those are compounded by lack of detail about the future shape of the funds.

Funding of that nature should be decided in this Parliament, with all the democratic accountability that that brings, and not by remote Whitehall departments that have little understanding of the needs of the communities concerned. I encourage the UK Government to reconsider its position.

**John Mason:** It appears that Westminster is seeking to undermine all three devolved Governments. The fear is that the money will be spent to meet Westminster's political ends and will not be based on need. Does the First Minister trust Westminster?

**The First Minister:** Let me think about that.

On balance, and after careful consideration, I say no—I do not generally trust Westminster.

This is a serious issue that is, unfortunately, illustrative of a more general approach by the UK Government to undermine this Parliament and devolution, and to grab powers and resources from this Parliament. Whatever the differences in this chamber, I had hoped that all of us could unite to say no to that approach. Perhaps we will yet manage to do so.

The UK Government has not consulted or worked sufficiently with Scottish Ministers on development of the shared prosperity fund. Despite our development of clear proposals for a Scottish shared prosperity fund, the UK Government has kept us at arm's length throughout the process. It has provided no clarity on its objectives and delivery plans, and no evidence as to why what is clearly a devolved matter should no longer be run or administered from Scotland. It is vital that clarity be given urgently, and that we receive our fair share of funding.

As John Mason has highlighted, whatever the politics and the political disagreements, it will be Scottish communities who are the losers: Scottish people, businesses and organisations will lose out. It is important that the needs and interests of those communities be put first, and that they are not undermined and, potentially, harmed for political reasons.

### Vaccinator Training

**6. Brian Whittle (South Scotland) (Con):** To ask the First Minister what action the Scottish Government is taking to make the training of vaccinators as streamlined as possible. (S5F-04746)

**The First Minister (Nicola Sturgeon):** I might be about to prove a point that I made in my response to Jackie Baillie. Our approach to Covid vaccination training aligns with that which is taken by Public Health England, and has been informed by discussions with all the United Kingdom nations.

The training takes proper account of the existing skills and experience of the people who are deployed. Individuals who are experienced and active vaccinators need only the training that covers the specific characteristics of the Covid vaccines. The training requirements for individuals who might be returning to service after having been inactive for a period are informed by a short self-assessment and might take longer.

That said, we recognise the need for a proportionate approach to any induction that might be required over and above vaccination training. For example, NHS Greater Glasgow and Clyde has already streamlined its processes by introducing pre-clinic huddles that cover matters that might otherwise have formed part of induction training. We have written to all national health service boards encouraging them to take similar steps.

**Brian Whittle:** The chairs of the British Medical Association Scotland's general practitioners committee and the British Dental Association's Scottish committee have raised concerns about the process. It has been described as "clunky" and bureaucratic and is said to contain training modules on subjects that have little relevance to what vaccinators are being asked to do.

Patient safety is paramount, but does the First Minister accept that unnecessary red tape and bureaucratic delays cannot be allowed to deter people from applying to become vaccinators?

**The First Minister:** Yes, I agree with that. Unnecessary bureaucracy and red tape should always be removed. As I said, NHS Greater Glasgow and Clyde is a good example of a health board that has already done that, and we are encouraging all health boards to do it.

However, it is really important that the people who put vaccine into the arms of people across the country have appropriate training. In my exchange with Jackie Baillie, I made the point that some of the issues that she legitimately raised are issues that we need to ensure training for so that we can avoid wastage in the programme and

ensure that those who are vaccinating know exactly what is required of them.

There is a tailored approach. People who do flu vaccination every year and are therefore active vaccinators will need to be trained only in the specific characteristics of Covid vaccination. Those who have less experience, or less-recent experience, need more training in order to ensure patient safety and that they know all the dos and don'ts. It is always a case of getting that balance right, but the approach that is being taken is very much aligned across the UK and is there for the right reasons.

### Domestic Abuse (Victim Protection)

**7. Rhoda Grant (Highlands and Islands) (Lab):** To ask the First Minister what action the Scottish Government is taking to ensure that there is adequate protection for victims of domestic abuse. (S5F-04740)

**The First Minister (Nicola Sturgeon):** I know that we all agree that it is completely unacceptable that, for some people, home is not the place of safety that it is for most of us. Throughout the pandemic we have urged anyone who is at risk of domestic abuse to reach out to get the support that they need. It is important to stress that lockdown restrictions do not prevent a person from leaving their home if they are escaping domestic abuse. Support services have remained open throughout the pandemic. Police Scotland also continues to treat domestic abuse as a priority and will respond to all calls about it.

The Government has provided organisations including Scottish Women's Aid and Rape Crisis Scotland with additional funding to allow them to increase the capacity of their services to meet demand. In addition, we have worked with the United Kingdom Government on a code word scheme for participating pharmacies in order to increase access to routes to help in the community. We will continue, of course, to take all appropriate steps to ensure that those who need support get it.

**Rhoda Grant:** The First Minister must have been as distressed as I was to read in *The Sunday Post* about how badly Louise Aitchison was let down by the police both before and after her murder. The First Minister will also be aware that the Domestic Abuse (Protection) (Scotland) Bill that is going through the Parliament at the moment is so poorly drafted that it is a real cause for concern. While taking evidence on the bill, the Justice Committee has been told that Police Scotland is not using all the powers that are now available to it to protect victims of domestic abuse.

What is the First Minister's Government doing to ensure that all existing protections are being

used? Can she guarantee that ministers will work constructively with the Justice Committee to ensure that the current legislation works, because it is a national disgrace if any person who reaches out for help is being abandoned—and murdered—as a result?

**The First Minister:** The tragic situation that Rhoda Grant has referred to is, of course, deeply distressing. I think that all of us would agree that it is deeply distressing when any victim of domestic abuse does not, for whatever reason, get the support that they need in time to avoid tragic outcomes such as that. All of us recognise that we need continually to seek to do more to ensure that everybody gets the help that they need and that, first and foremost, people feel that they can reach out for the help that they need and, of course, then get that help. That is why some of the actions that I have spoken about already today are so important.

The Domestic Abuse (Protection) (Scotland) Bill, which as Rhoda Grant rightly said is going through the Parliament, will provide the police and courts with further powers to protect people who are at risk. I will very willingly pass Rhoda Grant's comments about Police Scotland to the chief constable of Police Scotland, who might want to respond directly to her.

However, I know from my conversations with the chief constable how seriously he and Police Scotland, as an organisation, take their responsibility to help victims and potential victims of domestic abuse. I think that on every occasion when the chief constable has joined me in briefings on Covid, he has taken the opportunity to stress to victims of domestic abuse that the police are there for them 24/7 and that they should always call.

While any woman might lose her life or be a victim in any way of domestic abuse—this goes for anybody, for that matter, although it is principally women who are victims—we have more to do. I think that everybody across the Parliament takes that very seriously indeed, as I do.

**The Presiding Officer:** We have a number of supplementaries.

#### **Covid-19 (Pfizer-BioNTech Vaccine Supply)**

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** The First Minister referred in passing to the production of the Pfizer Covid-19 vaccine possibly being delayed during January and early February. Constituents have contacted me to express concern that that may affect their getting a second dose within the 12-week period after having their first dose. Will the First Minister clarify and comment on that?

**The First Minister (Nicola Sturgeon):** As I said earlier—and as is a matter of public record—Pfizer has rephased its manufacturing. That will not result in the UK getting fewer doses, but it will result in supply being phased over a longer period and in fewer doses of that vaccine being available to Scotland and the other UK nations over the next couple of months. The teams who model our vaccine supply against our ability to deliver to the priority groups are looking carefully at that to make sure that we have properly factored in any impact on the second dose scheduling. That work will continue to be done and refined as our understanding of supply gets clearer.

I cannot say this with any certainty right now, but it may be the case that, at some point over the next few weeks, some doses of the Pfizer vaccine have to be held back in order to ensure that second doses can be done within the 12-week timescale.

Ruth Davidson mocked my reference to refining things earlier, but we need to refine everything literally on a daily basis, as supply estimates become clearer and change, as they regularly do, so that we make sure that the flow of supply matches the demand—the people whom we have to vaccinate.

Right now, we are focusing on doing the first dose. As we go through the next few weeks, that will also mean making sure that we have the supplies to do second doses as well.

#### **Covid-19 (Vaccination of Healthcare Workers)**

**Maurice Corry (West Scotland) (Con):** Many of my constituents have been in touch with me to express their concerns about the pace of the roll-out of the coronavirus vaccines. Figures released last week showed that NHS Greater Glasgow and Clyde and NHS Highland had below-average first dose coverage. Yesterday, the First Minister said that 70 per cent of healthcare workers had received their first dose. Will she commit to publishing staff figures at a health board level, so that we can see, better understand and track progress?

**The First Minister (Nicola Sturgeon):** I will not repeat everything that I have already said in making the point that we are not behind. We are progressing well and picking up the pace on our vaccination programme.

I have said previously that we will continue to provide more detailed weekly breakdowns of the vaccination figures, both by cohort under the Joint Committee on Vaccination and Immunisation priority groups and geographically. We had a not unreasonable request today to see whether we can include figures on the numbers of doses

wasted through unavoidable means. We will look at all of that.

There is no interest in any part of the Government in not being transparent about this. This is a collective endeavour; it is important to all of us. As First Minister, it is important to me to make sure that, first and foremost, we conduct the vaccination programme with the speed and efficiency that people expect. I know that members across the parties might struggle to accept this, but, as well as being the First Minister, I am a human being with loved ones of my own. I want them to be as vaccinated as quickly as possible.

All of us want the programme to go well and as quickly as possible. Nothing is more important to me right now than making sure that that happens.

### **Covid-19 (Support for Students)**

**Sarah Boyack (Lothian) (Lab):** NUS Scotland published research last week showing the shocking levels of debt that students experience, which have been made worse by the pandemic. What support will the Scottish Government offer now and in the future to help students who have lost their jobs and are falling further into debt, with a shocking 14 per cent having to use food banks to survive the pandemic?

**The First Minister (Nicola Sturgeon):** Those are serious issues. We have already provided additional funding to make more hardship funding available to students, and we will continue to discuss with NUS Scotland, universities and others how we can provide more support.

This is a really difficult situation for students. Like many young people, they have had their education disrupted. Everyone is suffering disruption, but students will also be affected because many of the jobs that they do to make money during term time are in sectors that are closed. It is almost a double whammy for students, and we will continue to do as much as we can to help.

I will make another point, which is not specific to the pandemic but applies more generally. Our position on not charging students tuition fees means that, in Scotland, levels of student debt are much lower than those in the other United Kingdom nations. However, the pressures of the pandemic are being felt acutely by students, so there is a need for us to step up and do as much as we can.

### **Serious Illnesses (Diagnoses)**

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** Will the First Minister say whether there has been a drop-off in the number of diagnoses of cancers and other major health issues during the Covid pandemic? How is the Scottish Government

encouraging people to come forward with such issues?

**The First Minister (Nicola Sturgeon):** We saw a drop-off from January to June last year, when, for example, 19 per cent fewer cancers were diagnosed compared with the levels in previous years. That has been a concern throughout the pandemic, which is why we launched the NHS is open campaign, which people might recall having seen in various formats. The campaign's aim is to remind people that they should continue to come forward with non-Covid health concerns. That has been followed by the right care right place campaign, which started in December. It incorporates a national door drop, which began this week, and provides information on the range of available national health service facilities. It also includes a reminder for people who have had a persistent cough for longer than three weeks that that is a potential sign of lung cancer and advises them to contact their general practitioner.

I know that many people watch First Minister's question time and our daily briefings to get information on Covid. However, I will take this opportunity to say the following to anyone who is listening. They will have heard me say that if they have Covid symptoms they should self-isolate and get tested. The other really important message is that anyone who is experiencing new signs or symptoms that worry them—for example, changes in their weight or appetite, concerning lumps or whatever else—should contact their GP practice, which is open and wants to hear from them. The chances are that there will be nothing seriously wrong but, particularly in the case of cancer, early diagnosis is absolutely crucial in improving a patient's chance of going on to live a long life. The NHS is open, and everyone should feel able to use it.

### **Covid-19 Vaccination (Clinically Vulnerable)**

**Beatrice Wishart (Shetland Islands) (LD):** People understand that the Scottish Government's Covid-19 vaccination programme is following the priority recommendations of the Joint Committee on Vaccination and Immunisation. However, they are worried about the potential for strict interpretation of those recommendations. A small number of my constituents need to travel to mainland hospitals for appointments, including weekly visits for life-saving cancer treatment. Such necessary travel can leave them more exposed. They are extremely vulnerable but are not eligible for the vaccine, even though some of them are on the cusp of being in that category. Can the First Minister assure my constituents that there will be room for clinicians to make commonsense decisions on vaccinations in such circumstances?

**The First Minister (Nicola Sturgeon):** Those are important points. We all understand that the JCVI list is there because those people are deemed to be most vulnerable. I have huge sympathy for everyone who makes a case for prioritisation above where the list says that they should be. However, while our supplies of the vaccine are still limited, if we were to agree to greater prioritisation for one group we would have to deprioritise another. Within that general point is the more specific one that the issue will be particularly acute for people with terminal illnesses who are in our island communities.

Last week, I had a meeting with Fred Banning, a terminally ill man who is campaigning for greater priority for the vaccine. He is doing a sterling job to ensure that the needs of people in his position are understood and not overlooked. I have agreed that we will continue to engage with the JCVI on such matters.

Many people who are terminally ill will be in what is called the clinically extremely vulnerable group. They already have priority in that they are at the top of the JCVI list and will be vaccinated soon—they are in the cohort that will be vaccinated by the middle of February. However, some will not be in that cohort, so there is absolutely a need to allow clinicians flexibility. Sometimes, it is up to a clinician to decide whether someone should be in the clinically extremely vulnerable group. Without working against clinical prioritisation, they should also be allowed a degree of flexibility.

I know that some of the island health boards, not exclusively in the way that the member is raising but more generally, are being pragmatic in how they are organising vaccination clinics so that they are not making people travel more than they have to. Some of the management information figures show that our island health boards are doing very well in terms of moving through those groups quickly. However, the points about those with particular clinical vulnerability are well made and I hope that they are being taken account of in the overall decision making.

### Housing (Evictions)

**Kenneth Gibson (Cunninghame North) (SNP):** Two constituents have contacted me as they are concerned about advice provided by North Ayrshire Council. Both households have private tenancies that end in March, and my constituents advised the local authority of that months ago, seeking social housing. In one instance, the elderly owners wish to move back into their property. The advice given, which quoted the Private Housing (Tenancies) (Scotland) Act 2016, is that the tenants should refuse to move and await eventual eviction, probably post-Covid.

The tenants have no wish to endure the stress of eviction, to put themselves and their landlords through additional expense and to have an eviction on their record should they seek a private let in future.

Does the First Minister agree that that is a ham-fisted way to deal with impending homelessness and that local authorities should be more proactive in assisting tenants rather than advising them to await an eviction, with all the difficulties that that entails?

**The First Minister (Nicola Sturgeon):** I am disappointed to hear about the anxiety that has clearly been caused to Kenny Gibson's constituents. It is certainly the case that all councils have a duty to assist people who are threatened with homelessness within two months and to prevent homelessness wherever possible. Councils also have a duty to provide temporary accommodation to all homeless households. We have taken further actions to prevent evictions during the course of the pandemic.

If Kenny Gibson is able to provide further details to the Minister for Local Government, Housing and Planning, who is sitting not far away from him, I am sure that the minister would be happy to look into the matter and respond to him directly in more detail and, if necessary, provide further guidance to local authorities.

### Sight Scotland Care Homes

**Miles Briggs (Lothian) (Con):** Sight Scotland has announced the proposed closure of Braeside house care home in Edinburgh and Jenny's Well care home in Paisley. Braeside house care home currently supports 31 vulnerable blind and partially sighted residents in the capital. There is obviously real concern among the residents and their families. What discussions have taken place with Sight Scotland about a package to save the homes? If discussions have not taken place, will the First Minister investigate potential support for the charity?

**The First Minister (Nicola Sturgeon):** I have not personally had discussions with Sight Scotland about the matter but the Cabinet Secretary for Health and Sport is indicating to me that she is meeting Sight Scotland next week to discuss it. I understand the concern that will be caused by the situation that Miles Briggs has outlined. I propose that the health secretary communicates directly with him, perhaps after that meeting with Sight Scotland, to give him a progress report.



**The Presiding Officer:** Thank you. I apologise to the members I could not call, but that brings us to the end of First Minister's question time.

13:32

*Meeting suspended.*

14:30

*On resuming—*

## **Drugs Policy**

**The Deputy Presiding Officer (Linda Fabiani):** Good afternoon. I remind all members that social distancing measures are in place in the chamber and across the campus. I ask everyone to observe those measures, including when you enter and exit the chamber.

The next item of business is a statement by Nicola Sturgeon on the updating of the drugs policy. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

14:30

**The First Minister (Nicola Sturgeon):** In 2019, the number of people in Scotland who died a drug-related death was equivalent to three people losing their lives each and every day. Every single one—1,264 in total—was a human being with dreams and aspirations, talent and potential. They were all someone's mother, father, daughter, son, brother or sister. Each of them left a hole in the lives of those who loved them. They mattered, and although we cannot help them now, we must do much more to make sure that others do not suffer the same fate.

The fact is that all those people—and those who died in years gone by—were in some way failed by us. Responsibility for that rests first and foremost with Governments. The failure is not just a moment in time. Anyone who ends up losing their life as a result of drug addiction is not just failed at the time of their death; in most cases, they will have been failed repeatedly throughout their lives.

I believe that if we have the will, we can and will find the ways to stop that happening. Doing so requires a national mission to end what is currently a national disgrace. It is a reasonable criticism to say that this Government should have done more earlier. I accept that, and I am determined that we will provide that national mission with the leadership, focus and resources that it needs. To help with that, I have appointed Angela Constance as the minister dedicated to leading the work, and she will report directly to me. She will work with the drug deaths task force, which is already doing good work. I take this opportunity to thank everyone who is contributing their time and expertise to it.

Part of Angela Constance's task will be to ensure that that work is embedded across all areas of Government, and particularly in our efforts to improve mental health, to tackle

homelessness and to ensure that we have a humane and responsive justice system. She will also lead work with partners across the country—in particular, grass-roots and third sector organisations. She will ensure that we listen more to people who have real-life experience of drug addiction—to those who live or have lived with addiction, and to their families, who so valiantly try to support them.

We will work to tackle all aspects of the problem. The focus of my statement today is on treatment and support services, but many other areas require improvement. For example, I know, as many MSPs know, that widespread availability of benzodiazepines—street benzos—is scarring too many of our communities. That is why Angela Constance and Police Scotland are, with people from those communities, urgently considering what more we can do to address the issue. We recognise that it requires not just action to disrupt supply, important though that is, but improvements to treatment that are necessary to stem demand.

We will also do more to tackle head-on the stigma that is still too often associated with drug use. Stigma does not just affect people's sense of their own value, although that is in itself damaging; it also discourages people from coming forward to get the help and services that they need. We must remember at all times that people who are addicted to drugs are family members, neighbours and colleagues. Addiction is, of course, very often linked to poverty and deprivation, but it can affect any family, including our own families. Stigma was, therefore, one of the issues that Angela Constance and I discussed with the drug deaths task force last week. By addressing stigma, and the silence and alienation that it causes, we will make it more possible for people to seek help. I think that that will benefit all of us.

Last week's discussion with the task force, together with other discussions that we have had in recent weeks, was hugely helpful. The task force has provided us with a clear sense of the issues on which we need to work most urgently. We know that there is a lot of work ahead.

Today's statement can only be a start to the process. It cannot possibly address all the issues that need work, and it cannot at this stage offer all the answers. I intend to outline five key areas that will be of particular and immediate focus.

First, I confirm that our actions will be backed by significant additional resources. In what remains of this financial year—until the end of March—we will provide an extra £5 million so that work gets under way urgently. We intend beyond that, from the start of the new financial year until the end of the next session of Parliament in 2026, to allocate an additional £50 million of funding each year.

That funding—a total of £250 million over the next session of Parliament—will support further investment in a range of community-based interventions, including primary prevention and expansion of residential rehabilitation. We will also commit additional funding, if required, to improve toxicology services and to enhance public health surveillance of drugs issues, which is essential to ensuring effective and timely interventions. A significant proportion of the extra funding will go directly to alcohol and drug partnerships. We expect much of that funding to flow to the grass-roots organisations that do so much vital work in our communities. More details on allocation of the funding will be set out by Angela Constance, in due course.

We will adopt, and expect our partners to adopt, a clear focus on what works. It is important to be clear that all interventions need to be well evaluated so that we know what works and what does not. As part of our approach, we will seek to overcome the divide that sometimes exists in public debate between harm reduction and recovery. Both are vital, but the most urgent thing of all is that we save lives.

Beyond funding—although the new funding will support all this—there are five key areas that we need to address urgently. They are: fast and appropriate access to treatment; residential rehabilitation; the creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face—of which drug addiction is often just the symptom—and which ensures better support after non-fatal overdoses; and the vital role of front-line, often third sector, organisations.

However, at the outset I will address the issue of safe consumption rooms. Let me take the opportunity to thank Peter Krykant for meeting Angela Constance and I a couple of weeks ago to share his views on that and other matters. There is strong evidence from other countries that such facilities help to prevent fatal overdoses and encourage people who use drugs to access longer-term help. That is why we are so keen to see that model being formally used here.

I can confirm that we will continue to explore how we will overcome the legal barriers that currently restrict us in that respect. Although I cannot report on our conclusions on that today, it is an issue to which I know Parliament will return.

However, as we do that, we will maximise what can be done now, within the current law, to reduce harm and to stop people dying. An example of that is heroin-assisted treatment. There is evidence from other places that heroin-assisted treatment reduces deaths. In addition, by taking away some of the chaos that drugs create in people's lives, heroin-assisted treatment can create the space to

address other issues, including homelessness and mental health problems.

Currently that treatment is available only to a relatively small group of people in Glasgow, where a pilot has been operating for the past year. However, I confirm that we will make additional funding available, starting in this financial year, to make heroin-assisted treatment services more widely accessible across the country.

The next important issue that I want to address is access to treatment. Currently, only around half—according to some estimates, even less—of the people who are most at risk of drug-related death are accessing drug treatment. That needs to change, and fast. Among the issues are availability, speed and consistency of help. We must ensure that anyone who needs it has access to the type of support that works best for them—whether it is medication-assisted treatment, psychosocial treatment, rehabilitation in the community or rehabilitation in residential placements. For most people it will be a combination of all those.

We will therefore rapidly implement across Scotland the new standards for treatment that have been developed by the drug deaths task force. Funding will be provided for that in this financial year. The new standards, which have been acknowledged as “a huge step forward” by the Scottish Drugs Forum, set out the help that people who use drugs should be able to expect, regardless of where in Scotland they live. Crucially, the standards make it clear that people must be able to start receiving support on the day that they ask for it.

The standards also stress the importance of people making informed choices from the types of medication and support that are available to them. Making help available and offering an informed choice are essential parts of respecting a person’s agency, rights and dignity. It is also an approach that is much more likely to be effective and to provide people with the help and treatment that they need.

We are also taking steps to widen distribution of naloxone—a drug that we know saves lives in the event of overdose. We will also further increase the availability of long-acting opiate replacement in prisons and in the community.

We will work as a matter of urgency with experts and people with lived experience, to develop firm targets in relation to treatment.

I mentioned earlier that, at most, only around half of those who need help currently get it. Undoubtedly, even fewer will be getting that help as quickly as they should. Significant improvement of that figure, so that a clear majority of people who use drugs get the treatment that they need

when they need it, has to be central to any strategy for reducing drug deaths.

The final point that I want to make about treatment is that people should receive support for as long as they need it. Services must have the resources to allow them to stick with people even when, because of their addiction, that becomes challenging. At the moment, the number of people who drop out of support and treatment services is far too high, so we will work with alcohol and drug teams in order that we can significantly improve that over the next year.

Achieving those objectives on treatment will, of course, be challenging, but doing so is essential. The basic aim is clear: we must empower more people to seek support; we must make that support more consistent, flexible and effective, and much faster; and we must help services to stick with the people whom they support. All that will go a long way towards reducing the number of people who die.

The third area that I want to cover is residential rehabilitation. In total, about 650 people from Scotland benefited from residential rehabilitation last year. At the moment, there are an estimated 365 rehabilitation beds across 18 facilities. We know that residential rehabilitation, although it is in no way the whole solution—that is an important point—can be an effective way of helping people who have addiction problems. However, it is not as readily accessible as it should be. Therefore, part of the £5 million that we are making available immediately in the remaining weeks of this financial year will support the opening of additional residential rehabilitation placements. Over the next session of Parliament, we intend to allocate an additional £20 million a year for residential rehabilitation and associated aftercare—which is often the bit that does not get the same attention.

We will continue to assess funding levels, going forward. A significant proportion of the extra funding will go towards developing sustainable capacity in regional centres across the country. Our considerations will be inclusive of different models of care. The aim is to ensure that residential rehabilitation is available to everyone who wants it—and for whom it is deemed to be clinically appropriate—at the time when they ask for it, in every part of the country. Furthermore, we must ensure that rehabilitation can be provided much closer to home for people, and therefore to the families and support networks on which they so often rely.

As Angela Constance said last week, we believe that those measures will bring provision in Scotland into line with that of other European countries and will, which is more important, help to reduce drug deaths and aid the recovery of hundreds of people each year.

The next area that I want to cover is how people working in drug services can work together better, and share information more easily. One area where that is urgently necessary is the support that is provided to people following a non-fatal overdose. It is a fact that many people who die as a result of their drug use will, in their past, have experienced non-fatal overdoses. If we can provide better support after those earlier overdoses—which are a clear warning that support is needed—we can save lives.

That requires better co-operation and data sharing between agencies and organisations. A good example of that approach is the work that is being led by the Glasgow overdose response team. It responds quickly for people after a non-fatal overdose, and helps to address immediate risks to their health while connecting them with community or clinical services in the area where they live. By making additional funding available this year, we can extend such outreach initiatives and ensure that similar support is provided in cities across Scotland.

In addition, by April, all alcohol and drug partnerships will have agreed a common set of steps that need to be taken to support anyone who suffers a non-fatal overdose. That will ensure that information is shared at the right time, and that support is made available quickly, when it is needed.

The final point that I want to address in the time that is available to me is support for grass-roots community organisations. As I said earlier, they will receive part of the additional funding that I have announced today. As I know from my constituency experience, those organisations, working on the front line, do vital and invaluable work, but often exist on shoestring budgets and are stretched to their limits. With extra funding, the work that they do will be more secure, and they will be able to do more of it and reach more people. Funding and support are important in themselves, but I hope that what is being done also sends an important message: that we value and support the work that is being done by grass-roots organisations.

This statement has set out a number of immediate actions; there are more to come in the weeks ahead. I hope that it also clearly signals our determination to make change and no longer to fail those who need and deserve our help, but instead to support them to live their lives to the full.

Right now, I spend most of my waking hours thinking about a virus—discussing and deciding on the interventions that are necessary to protect as many people as possible from Covid. The pandemic has been all-consuming for all of us, I a way that I hope no other issue will be in our lifetimes. However—this point has been made by

others—it is time to bring the same resolve, focus, and common purpose that we have all shown in tackling Covid to reducing the loss of life that is caused by drugs. None of us should accept drug deaths—not a single one—as inevitable, nor should we accept the heartbreak or loss of human potential that they cause.

Today's statement has set out new measures and confirmed additional resources. However, perhaps most important of all is that it reaffirms our resolve, and underlines our belief that every life matters.

There is a lot of hard work ahead, but we are determined to make a difference and to do so quickly. We will do so in memory of all those who have died. However, more important is that we will do so to ensure that more people get the support that they need to live.

**Ruth Davidson (Edinburgh Central) (Con):** Drug deaths have been a growing national tragedy for more than a decade, but, in the past few years, they have become Scotland's worst shame. We are now known as Europe's drug death capital. Our problem is more acute and heartbreaking than in the rest of the continent and most of the world, and more should have been done earlier. Families have been failed and entire communities have been let down and left broken. Although today's statement will not mend all those broken families, we welcome it. We welcome what the Government is bringing forward because, finally, we might be able to start turning the tide and making sure that far fewer families are broken in the future.

We welcome the appointment of a drug deaths minister, and we will work constructively with Angela Constance because we all want her to succeed. We are extremely pleased that Scottish Conservative calls for £20 million for residential rehab have been listened to. That funding is long overdue and is absolutely vital in tackling the problem. However, will there be additional funding to encourage people to access rehabilitation programmes in the first place and to make medical professionals aware that extra places will be available? Will the funding that has been announced today restore the publicly funded bed numbers to previous levels? Can the First Minister estimate how many places will be available by the end of 2021?

I accept that there are a number of different treatment pathways, including medication-assisted treatment and psychosocial treatment, but there was no mention in today's statement of abstinence-based community treatment. Will the First Minister confirm that abstinence-based treatment and recovery is part of her Government's vision and that funding will be made available for abstinence-based treatment in general, including the many projects that are at

threat of closure, such as Glasgow's Second Chance Project, which does such important work?

**The First Minister:** In my statement, I said that, when the latest statistics were published, I recognised that more should have been done, and I will not shy away from that. We cannot turn back the clock, but I am determined that we will bring leadership and resolve to the issue. More should have been done; it is not because we do not care that more has not been done, but problems, particularly of that nature, often fail to get the attention that they deserve. My view is clear: that can no longer be the case, and it will no longer be the case in the Government that I lead.

I do not want to—and I will not—make party political points, but all of us across the political spectrum should reflect on policies that our respective Governments and parties have followed in recent years and ask ourselves whether some of those have contributed to the situation that we face and whether others that we should have followed might have made a difference. Into that category, I have to put policies that have driven austerity and welfare cuts, which exacerbate rather than alleviate poverty and deprivation. Despite that collective need, I recognise and do not shy away from the primary responsibility of Government.

On the questions around rehab, we will restore bed numbers and, in due course, Angela Constance will set out the precise allocation of the resources and what that will deliver. We want to have further discussions with experts and those with lived experience before making the final decisions on that and on everything that I have said today. However, given that the question was particularly about residential rehab, I will answer it in that context.

We will work with the drug deaths task force and others in drug and alcohol partnerships to ensure that there is an awareness of the increased provision and the service changes that we are making. From the discussions that Angela Constance and I had with the task force last week, I know that it and the drugs community understand what is needed and will want to raise awareness of that.

On abstinence-based community treatment, we want to make available and support what works for people. It has been obvious to me for a long time through my constituency experience that we cannot prioritise one approach over another. That point has come through strongly in the discussions that I have had in the past few weeks. I made the point about not giving in to distinctions between harm reduction and recovery because it is about being person centred, working out what makes the difference for individuals, ensuring that that is provided and ensuring that organisations that

support people are also provided for. That is the right approach to take.

First and foremost, we have to stop people dying from drugs. We cannot support them in their recovery—through abstinence-based community treatment or otherwise—unless we first stop them dying. That is the priority that we have set out today.

**Jackie Baillie (Dumbarton) (Lab):** I welcome the First Minister's statement, but it is tragic that it has come to this. I welcome her acknowledgement that more needed to be done previously.

When she was the health secretary, the First Minister presided over the road to recovery strategy, which the Scottish Drugs Forum describes as a significant contributory factor to our present situation. When the Scottish Government cut the budget for alcohol and drug partnerships, it was warned that that would lead to more deaths. Now, there have been 1,200 deaths in a single year.

I very much welcome the additional funding. The existing £20 million a year for treatment and support services runs out in 2021. Is the £50 million that the First Minister has announced in addition to the existing £20 million or is there £30 million of extra funding? In terms of outcomes, what assessment has been made of the impact on reducing the number of deaths?

**The First Minister:** The money that I have set out today is additional new money for drug treatment and services and for various important initiatives, which will be provided partly through grass-roots organisations.

We have not done a crude calculation or analysis of the impact on the number of deaths, because I do not think that that would be appropriate right now. We need to get right the interventions, the approaches and the support in different services, and the improvement will then flow from that.

As everybody knows, the most recent drug deaths statistics were for 2019. The next ones that we will get will be for 2020, which has already passed, so what we are doing now will clearly not impact on those statistics. We are talking about the impact from here on and about saving lives literally one by one.

On the point about past policies, I am not shying away from things that we have got wrong or times when we have not done enough of the right things. However, we all have to reflect on the nature of the debates that we have. I was guilty of this in Opposition, too, but when it comes to drugs, in particular, we should not suggest that, if only we adopted or stopped one policy, everything would be solved. For example, some people might say

that, if only we stopped people being on methadone, the problem would be solved. We need to understand the complexities, as many do already, and ensure that we have in place the commensurate responses. I am committed to that, and I hope that members across the chamber are committed to it, too.

**The Deputy Presiding Officer:** There are a lot of questions to get through—members should bear that in mind.

**Ruth Maguire (Cunninghame South) (SNP):** Practice innovations that have been forced by our response to the pandemic—for example, people not being required to attend a pharmacy to have their medicine consumption supervised—illustrate clearly that, when there is the leadership, will and resources, culture and practice can be changed promptly and safely even in large systems such as our health service. Does the First Minister agree on that front? If so, how will the Government ensure that any gains that have been made for people requiring treatment are maintained and expanded throughout the country?

**The First Minister:** I agree very strongly with that. There are not many silver linings to the Covid situation—I struggle to think of any—but it is true, in this case and more generally, that some of the things that the pandemic has forced us to do are changes that we should have made previously. It has forced virtue out of necessity, if you like.

There is no question but that people have benefited from some of the changes to previous practice that have been made because of Covid. In particular, changes to pharmacy arrangements mean that people have been assessed as not having to attend daily for medication-assisted treatment. That has proved highly effective. It has also reduced some of the stigma that people feel and has shown trust in people at the same time as it has reduced the risk of spreading Covid. It is important that we retain arrangements of that type and work with leadership across health—pharmacy colleagues, in particular—to learn from that experience and make the most of every opportunity to improve the services and care that are offered to people.

Part of the additional funding that we have announced will also give delivery partners the resource and encouragement that they need to make and maintain further positive changes. That kind of change is part of ensuring that people get access quickly to the treatment that they need and that they are able to stick with in a way that sometimes proves very difficult right now.

**Donald Cameron (Highlands and Islands) (Con):** The First Minister will be aware of project ADDER—addiction, disruption, diversion, enforcement and recovery—which is a whole-

system approach that has been launched by the UK Government to tackle the cause of drug deaths, with support for law enforcement, treatment and recovery. The Welsh Government has signed up to that programme, but the Scottish Government has not. Can the First Minister explain why and whether she will reconsider that?

**The First Minister:** The task force is taking forward aspects of project ADDER. We are not, in any way, ideological about these things; we will seek to work with and learn from others and collaborate when that is appropriate. We will continue to keep that under active consideration.

It is right that our approach focuses on public health. There are aspects of the criminal justice system that inevitably come into play, but the more we can make it about public health and less about criminal justice, the more success we will have in meeting the objectives that we have set out.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** As the statement outlined, the stigma that is associated with drug use can prevent many people from coming forward to get the support that they so badly need. Can the First Minister expand on the work that the Scottish Government and its partners are undertaking to tackle the stigma surrounding drug addiction?

**The First Minister:** Angela Constance and I heard a very moving presentation on the work that is being done through the task force when we attended its meeting last week. It has recently published a stigma strategy that makes a number of recommendations about tackling the issue. It is also taking forward an anti-stigma charter to challenge all of us to consider how we can work together and individually to create a stigma-free Scotland when it comes to issues of drug use. That is so important.

It is important that we have strategies and charters, and the work that is being done is exemplary. However, stigma is one area that comes down to all of us. It is about how we talk about people who have drug addictions, how we think about them and how we discuss the complex issues that are required to be progressed.

Each and every one of us has a role to play in remembering that every person with an addiction, and anyone who dies because of one, is a human being. It could be any one of us—that is only a cruel twist of fate away. Those people are fellow human beings. They are of our communities, and they are of us. We need to see it that way and ensure that we do not allow stigma to stand in the way of the help and support that they need.

**Monica Lennon (Central Scotland) (Lab):** Drug deaths in Scotland have doubled in a decade. Last week in Parliament, during the members' business debate on the drug deaths

crisis, I was proud to lead a minute's silence in remembrance of all those who have died. That debate showed that the political will exists across Parliament to support the national mission that the First Minister outlined today.

Many people who are living with substance misuse will feel that they are finally being seen and heard by both the Government and Parliament. So that we can keep our eye on the ball, will the First Minister commit to a fuller debate during Government time, and can we get regular updates from the minister?

I also want to make a very particular point about toxicology, which I am glad was mentioned. Can we please get a commitment that never again will people who have lost loved ones to substance misuse—and to other illnesses and in other situations—be forced to wait up to a year to find out why their loved one died? People need answers a lot quicker than that.

**The First Minister:** I would be keen to lead a fuller debate in Government time. I will ask the minister to take that forward with our business manager and to arrange that as soon as is practical. I am sure that we will come back to the issue regularly to ensure that the actions that I have set out today and those that we will set out in the coming weeks are scrutinised and are appropriately taken forward.

Not least because Monica Lennon knows them in detail, I will not rehearse the reasons behind the delays in the toxicology service. Those delays are not acceptable and there is a real determination to ensure not only that they have been resolved but that they never recur. I said today that, if necessary, we will commit additional funding to that.

There is an associated issue. Monica Lennon rightly talks about the delays in individuals learning the reasons for the death of their loved ones. Issues in toxicology have also had a knock-on impact on the publication of statistics. We want to see timely publication of those. My view—there is work to do in getting from what I am about to say to delivering it in practice—is that we need to have more regular publication of statistics in order to have more of a real-time overview of whether what we are doing is working.

In my statement, I mentioned something I know that the task force is keen on, which is investment in more public health surveillance. That is needed so that we are not waiting for annual statistics to be published, but know, on much more of an on-going basis, whether there are problems with street benzos in a particular part of a country, or any other issue such as that. That would also allow for better assessment of whether the interventions that we are making are working.

It is important to ensure that the issues with toxicology do not recur and that we have far more information and surveillance on an on-going basis to help us to tackle the issues better. That is at the heart of what I set out.

**John Finnie (Highlands and Islands) (Green):** I thank the First Minister for early sight of her statement. I welcome the acknowledgment that the Government has failed, the additional funding and the recognition of the importance of community-based interventions, grassroots organisations and the knowledge of those with lived experience. We must see support from across the chamber for the Lord Advocate to exempt life-saving services from prosecution.

There will be three more drug-related deaths today, tomorrow and every other day this week and next. Long-term action is welcome, but will the First Minister outline what immediate action will be taken to save lives?

**The First Minister:** I set out a number of actions in my statement. I will come back to the issue of safe consumption rooms, but we will continue to try to overcome the challenges and the barriers.

I have said that we will make funding available in this financial year—which does not have long left to run—to rapidly expand heroin-assisted treatment services so that more people in more parts of the country can access those. Part of the immediate funding in this financial year will help to immediately open up more residential rehab placements. I set out plans for data-sharing agreements that will better support people after non-fatal overdoses, and we are investing funding here and now to quickly roll out the standards that the task force has developed for quick and safe access to treatment. Those things will all happen quickly.

On safe consumption, everyone who has been involved with that knows the complexity of the issue. It does not help to over-simplify these issues and I do not think that anyone would do so. We all want to see progress on that. It is important that I do not trample on the independent terrain of the Lord Advocate. When Angela Constance and I recently met Peter Krykant, I undertook to continue discussions with the Lord Advocate and to look, almost from first principles, at how we can overcome the challenges in order to do the life-saving work that all of us want to do.

I will not stand here and say that there is an instant or easy solution to some of these issues, but there is a real determination to try as hard as we can. Having some of the powers devolved to this Parliament would not be the quickest way to do that, but it would be a longer-term solution. We

will progress all of this as firmly and as urgently as we can.

**Alex Cole-Hamilton (Edinburgh Western) (LD):** By rights, we should not be here today. The statement could have been given, and its actions promised, in any one of the 14 years in which the Scottish National Party has been in Government. Opposition members have been crying out for many of those actions throughout that time.

We have been pleading with the Scottish Government to undertake a number of the actions that were announced today, particularly since the disastrous 22 per cent cut to ADP budgets in 2016. It is right that the ambitions of this Government have finally been laid out.

**The Deputy Presiding Officer:** Please come to your question.

**Alex Cole-Hamilton:** I will.

We know that Peter Krykant has been saving lives and should not be forced to work in fear of prosecution. The First Minister says that she is looking to international evidence.

**The Deputy Presiding Officer:** Please come to your question.

**Alex Cole-Hamilton:** I am coming to my question.

Will the First Minister accept the principle that people who are caught in possession of drugs for personal use should not be sent to prison and that treatment and education is the answer? Will she look again at the Portuguese model?

**The First Minister:** If I were to stand up here and announce prosecution policy, I would rightly be criticised because that is not my role but that of the independent Crown Office and Procurator Fiscal Service. My view on how we should treat drug addiction and people with issues of drug use from a public health perspective and not a criminal justice perspective is well known, and I hope that it is well understood. We will continue to look at all different approaches to treatment and services and all opportunities and ways in which we can overcome any legal challenges that we face. We will look to learn from any other countries, where we think that that is appropriate.

**The Deputy Presiding Officer:** We will not get through all the questions. We have had quite long answers, but we have also had statements prior to questions. All that that does is disadvantage colleagues, but I will do the best that I can.

**Kenneth Gibson (Cunninghame North) (SNP):** Will the First Minister clarify how strategies on adverse childhood experiences and care-experienced young people tie into the Scottish Government's prevention strategy? Those have been identified as major causes in pushing

younger people into the path of drugs. The First Minister said in her statement that, for a clear majority of people who use drugs, getting the treatment that they need when they need it has to be central to any strategy for reducing the number of drug deaths. Will that include same-day treatment, as motivation can fluctuate and waiting can be demotivating?

**The Deputy Presiding Officer:** A statement after a question has the same effect as a statement before a question.

**The First Minister:** I heard two questions, to be honest, but I will try to keep my answers as brief as I can, while doing justice to the questions.

On same-day treatment, yes—I think that I said specifically in my statement that at the heart of the standards is the absolute acceptance that when people come forward to access treatment, they must get it quickly. That means same-day treatment because, for the reasons that Kenny Gibson rightly set out, if that does not happen, somebody can be lost from the ability to access treatment. Same-day treatment is therefore absolutely at the heart of what we are setting out.

Secondly—and briefly, Presiding Officer—adverse childhood experiences are some of the root causes of many of the long-term challenges that we face, whether that is with drug addiction, alcohol addiction or many of the other problems that we know we have to overcome. The thinking around ACEs and the learning and expertise around that must be absolutely crucial to what we do in trying to tackle drug misuse.

**Brian Whittle (South Scotland) (Con):** Many of the most vulnerable and marginalised in our society are unlikely to walk into a medical facility to ask for help, but they are more likely to build a trusting relationship with a community-based, third sector organisation. How can such organisations access the funds that the First Minister announced in her statement and will the Scottish Government ensure improved collaboration between the third sector and statutory services so that finance flows to those crucial third sector organisations?

**The First Minister:** The minister will set out shortly more detail about the allocation of the funding, which will include how community organisations can access the funding. However, that will be done largely, if perhaps not exclusively, through alcohol and drug partnerships. I believe strongly that the statutory sector has a big part to play here, but third sector community organisations, which already play a big role, have a much bigger role to play and can help us much more in resolving some of the issues if we better support and resource them. That is why that was a key part of what I set out in my statement today.



**Shona Robison (Dundee City East) (SNP):**

The First Minister mentioned the huge problem of street benzos. What actions are being taken to tackle that issue, which is partly responsible for so many tragic drug deaths in Dundee, and when is the work on that, which was mentioned in her statement, likely to come to fruition?

**The First Minister:** I cannot give a particular date for that yet. Angela Constance will keep Parliament updated. I have seen particular problems in my constituency with street benzos and the dreadful, tragic consequences flowing from them.

There are two related issues, and we must ensure that we tackle them both. One of those issues is to disrupt supply. Using pill presses, it is all too easy to produce such drugs and distribute them to street level. The police have a big part to play in making sure that we are doing everything possible to disrupt that.

The second issue, which has come out strongly in my discussions over recent weeks, is about stemming the demand and understanding why many people feel that they have to access street benzos, for example. That might be because they are not getting access to treatment as quickly as they need to or they are not getting the therapeutic dose of methadone that they need. We have to understand what the reasons are, so that we can reduce the need of people with drug addictions to access drugs in that way.

This is very much about taking a two-pronged approach, and the issue is one of significance.

**Neil Findlay (Lothian) (Lab):** Some of us have been pointing out the failings of the Government's approach for years and were arrogantly dismissed and attacked for doing so. Did no one in Government think that a huge cut in ADP budgets might end up with more people losing their lives? Will the First Minister launch an immediate look at the bigger picture and at decriminalisation, allied with a public health approach, and instruct that we have a full independent inquiry into decriminalisation?

**The First Minister:** One of the strands of the drug deaths task force is to look at the justice system approach and at legal changes, so, yes, I think that that is very much on the agenda. I will take away the suggestion of having an independent look at decriminalisation. I know that there are very mixed views—no doubt across the parties and society—about whether that would help or hinder, but I am certainly open-minded about further consideration of all that.

On the point about past policies, if people decide that they want to keep going back to the mistakes or, to use the term that was mentioned, the “failings” of the Government, that is perfectly

legitimate; I am not complaining about that, because I am not trying to stand here and defend things that I think that we have not got right in the past. People are perfectly entitled to continue to talk about those things, and I have no complaint about that. However, we have an alternative, which is to accept that we have, I think, a consensus about what we must urgently do. That is what I will focus on, and I know that there is an appetite and willingness across the parties to do likewise.

**Emma Harper (South Scotland) (SNP):** The residential rehabilitation working group report published last month said that Scotland lagged behind other European countries in the provision of residential rehab and associated aftercare. Can the First Minister confirm whether the funding that was announced today will help address that gap and provide additional residential space, such as that at River Garden Auchincruive in Ayr, in my South Scotland region?

**The First Minister:** The funding that I announced today for rehab beds and, crucially, for aftercare, is explicitly to help end the gap that Emma Harper mentioned. I think that that will bring benefits not only to people with drug addiction, but to services, such as the one in her region that she mentioned.

One issue that has come through my discussions is a frustration—we sometimes pick this up in relation to methadone treatment or residential rehab—from those with lived experience that the political debate often focuses on one aspect. That refers to all of us; I am not criticising anyone. Most recently, the focus has been on residential rehab. That is an important part of the issue, but we must not focus on it to the exclusion of everything else. That is why my statement today and the actions that I have set out are balanced in the way that they are.

Residential rehab will be important for some but it will not be appropriate for everyone. I have heard some people say that not having aftercare and community support for those coming out of residential care often makes things worse, not better. We must see the issue in the round, and that is what we are seeking to do.

**The Deputy Presiding Officer:** I have a short time left for Miles Briggs. This will be the last question.

**Miles Briggs (Lothian) (Con):** The First Minister said that she wants to see new and different treatments. Will the Scottish Government agree today to undertake an independent study of other treatments that are available, including neuro-electrical treatment? For the families watching today who have been forced to sell cars, and houses—to sell anything—in order to get their

loved ones into treatment, will she also look at establishing a families fund for those affected by drug deaths?

**The First Minister:** I think that a families fund is a very good suggestion. There is an organisation in my constituency that I have known over the years that is particularly focused on support for families. Without giving an absolute commitment to any particular funding to any particular aspect of this today, I think that that is well worth giving consideration to.

On the first point, I will certainly take that away and ask the drug deaths task force to consider whether such an investigation of other treatment would be helpful over and above the work that it is already doing. I am happy to feed back once I have had feedback from the task force.

**The Deputy Presiding Officer:** That concludes questions on the First Minister's update on drugs policy. I apologise to Bob Doris and Pauline McNeill for not being able to get to their questions.

## Health and Care Workforce

**The Deputy Presiding Officer (Christine Grahame):** The next item of business is a debate on motion S5M-23894, in the name of Monica Lennon, on protecting Scotland's health and care workforce.

15:16

**Monica Lennon (Central Scotland) (Lab):** On behalf of the Scottish Labour Party, I begin with a tribute to all the healthcare staff on the front line of the pandemic, who are working hard in the most difficult circumstances on behalf of all of us. We could not get through the pandemic without the healthcare workers on the front line and those who are behind the scenes, some of whom put themselves at risk every single day just to keep our national health service going and to keep caring for others. They are not just putting themselves at risk of the virus; they are putting at risk their mental health and wellbeing.

We all know that the second lockdown is not easy for anyone and that many people are struggling with the isolation and pressure that come from juggling many different responsibilities, from home schooling to working from home. We need to get the pandemic under control and eliminate the virus, and we need to give people hope, confidence and assurance that we have a pathway to do so. That is why getting Scotland vaccinated must be our top priority and getting the roll-out of the vaccine right is in everyone's interests.

Today, we have heard again some horrifying statistics from the First Minister. The numbers of people who are dying every day are far too high. Just one loss of life to the virus is one too many. Our thoughts continue to be with everyone who has lost a loved one.

Getting everyone vaccinated safely and quickly is crucial to our Covid-19 recovery, and that is absolutely where our collective focus should be. That is why we must take very seriously the concerns of clinicians and those on the front line who are sounding the alarm.

I say to the Cabinet Secretary for Health and Sport that we will not make points in the debate to have a go at the Government. Labour members are trying to reflect what is being said to us by people on the front line, their families who are worried at home and people with direct experience. The Government's amendment says lots of things that we agree with, but it knocks out most of the concerns from the front line that we are trying to reflect in our motion, so we will not be able to support it. However, we will work with the Government to ensure that all of us get it right.

When we raise concerns about the front line, we do so with the very best of intentions.

In particular, I commend the British Medical Association Scotland and the doctors it represents, as they have been speaking out about the pressures on the NHS. The current wave of the pandemic and the increased transmissibility of the new variants have placed the NHS and, of course, our social care services under severe pressure. The chair of BMA Scotland, Dr Lewis Morrison, said:

“We’ve used the expression ‘stretched to breaking point’ so often there’s a risk that phrase loses its meaning but that is exactly where we are right now.”

Across the healthcare front line, we know that many others have been raising concerns about the adequacy of current personal protective equipment recommendations and what is available to staff. That is what is reflected in our motion. The BMA has written to both Public Health England and Public Health Scotland asking for enhanced PPE protection. The Royal College of Nursing has also called for enhanced protection against the new variant and a review of the sufficiency of current PPE advice more generally.

I think that we would all agree that the virus got so badly out of control in the first place because our Governments did not always act quickly enough during the first wave of the virus. On many fronts, we were too slow—on lockdown, on testing and on PPE—so let us not repeat any of those mistakes when it comes to the roll-out of the vaccine and the warnings from staff about the need for more protection.

We should be taking a precautionary approach; we need to listen to those on the front line who are asking for better PPE and we should be providing it to them and trusting their judgment. Higher-grade masks should be made available to all patient-facing healthcare staff as a priority, because the level of hospital-acquired Covid infections shows that it is vital to take more action now. The cabinet secretary knows that I pressed her last summer on the worrying numbers of people catching Covid in our hospitals and we know that we are still not getting it right. In many cases, the situation looks as though it is worse than it was in the first wave. Patients who were admitted to hospital for other reasons have subsequently contracted Covid and, in some cases, they have died, which is a tragedy.

This morning, I was contacted by a concerned member of the public, whose mother caught Covid in hospital. She says:

“After keeping my 82 year old mum safe from covid all these months she now has tested positive for the virus within hospital.

She had a massive stroke before Christmas.

I would have thought all frontline staff and patients would be vaccinated as a matter of urgency but that appears not to be the case.

Mum’s ward has been on lockdown so she’s obviously contracted it from a member of staff.

I feel it’s not good enough.

How many other people are contracting this virus within a hospital setting?

You’re supposed to feel safe there but instead it’s proving deadly.

I know there is nothing you can do to help us but I just would like to make you aware that things are not great within the hospital setting.”

Although she says,

“I know there is nothing you can do to help”,

I think that we all have to take that point away, because we do have to help.

I know that all the members of the Scottish Parliament have inboxes that are bursting with similar stories, so let us agree today that we are going to do something about this, because the reality is that, when we do not act quickly enough to roll out the vaccine and PPE, people are let down. It is not just the BMA and the RCN that are calling for enhanced PPE; it is also being called for by the GMB, Unison and Unite the union—I refer members to my entry in the register of members’ interests in that regard. We need a safer system of work for all.

**John Mason (Glasgow Shettleston) (SNP):** I take the member’s point that we want staff to be vaccinated first, but she argues that they should get a second dose before older people; how does she handle the point that the older people are being pushed down the queue?

**Monica Lennon:** With respect to John Mason, I say that it is not Labour members who have been putting older people further down the queue during the pandemic; what has happened to older people is a tragedy. In my view, it is a humanitarian crisis, particularly in relation to what has happened in our care homes, where I believe that older people have been the collateral damage in the pandemic. That is why Labour members have fought for and secured a commitment to a human rights-based public inquiry. We would want that to get under way now, rather than waiting until sometime in the future.

I am reflecting the concerns of front-line workers. Home carers, who are mentioned in our motion too, feel despondent and feel that they have been left behind in the pandemic. They feel that they were last on the list for PPE and last on the list for access to regular testing and they now fear that they will be last on the list when it comes to getting vaccinated. I think that our motion and the debate today can be a signal of intent that

home carers, indeed all social care workers, can expect to receive the maximum, not the minimum, level of support from the Government. I understand the logistical challenges. I have discussed them with the cabinet secretary, as have some of my colleagues who are sitting around me. We just need to work harder, because home carers are going into homes where people have Covid, and those carers have a basic mask and are still not getting access to regular testing. They are trying to book vaccines but, when they go online, the vaccine is not there.

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** On PPE, I am sure that the member will recall the agreement that I reached with the relevant unions and with the Convention of Scottish Local Authorities that, for home care staff, it should be entirely down to their professional judgment to decide what PPE they believe they need, and that that PPE should then be made available to them. That agreement was made some time ago and I asked to be told directly if there were instances when that was not happening. I have not been told that, but if I am told it, I will resolve the matter. I am sure that the member will welcome that.

**Monica Lennon:** I welcome that intervention. I think that the people who are managing staff then revert back to Government guidance, and the Government guidance is out of date. Home carers today are going into people's homes to look after people who have Covid. Those carers have a basic mask and apron in a home environment that is poorly ventilated, and they feel that it is a game of Russian roulette. I am glad that we have had that commitment from the cabinet secretary, because those are the issues that real people are telling us about every single day. Let us get it right for front-line workers.

In the interests of time, I will move on. We need the vaccine roll-out to be faster. We need to listen to professionals on the front line about how we can resolve delays when they occur. I welcome the amendment from Donald Cameron, which emphasises that point. Concerns have been raised with me this week by a general practitioner. She says:

"As a GP we are all concerned about the slowness at which vaccines are coming out to practices, the constant changing timetable of when they will come, and the marked disparity between different areas across Scotland. This uncertainty is not helping planning.

Patients are also unhappy they may be waiting weeks longer than people they know the same age. And now the government are stating we will be rolling it out to over 70s and highest risk groups "in the next few days.

General practice is ready to deliver, we know we can from long experience with flu vaccines, but we need the actual vaccines and a reliable supply to do so."

I know that vaccines were a talking point at First Minister's question time today. The issue is of interest to everyone in the chamber. Let us listen to the workers and show them that we all mean business and that the Government will not just brush away people's concerns but will act on them.

We should not be in a position in which the national health service can respond only to Covid and little else. We need to address the issue urgently, because the risk of long-term damage to Scotland's physical and mental health is becoming more challenging by the day. PPE and vaccine roll-out are crucial, not only to ensure Covid-safe workplaces but to prevent staff absences because of the virus. People in the NHS workforce are at an increased risk of contracting the virus, and staff shortages caused by the virus or self-isolation are putting more pressure on the health service.

We have heard from the president of the Royal College of Surgeons of Edinburgh, Professor Mike Griffin, who said that the increasing numbers of people off work is a "major problem", especially in the west of Scotland, where we already have high levels of health inequality.

I began by paying tribute to our health and care workers, and I want to end by doing so again. We cannot get through the pandemic without them. We need to support them, and not just with warm words and hand claps. We need quicker action on PPE, rapid vaccination and continued testing. I hope that the other parties will support the motion.

I move,

That the Parliament agrees that getting Scotland vaccinated against COVID-19 is the country's national priority and thanks all staff involved in the roll-out; notes the concern of the British Medical Association that inoculation targets are in danger of being missed due to "red tape" and "patchy supplies"; believes that home-care staff should be given the same priority for testing and vaccination as other frontline healthcare staff and calls for the healthcare workforce to receive both vaccine doses no later than the end of February; notes with serious concern the extreme pressure on the NHS as COVID-19 hospital admissions have increased during the second wave and as an increasing numbers of patients are catching COVID-19 in hospital; believes that the cancellation of elective procedures, delays to treatment and continued long waits for care are devastating for patients and that these are creating a backlog of clinical demand from which the NHS will take years to recover; considers that further urgent preventative measures are required to prevent the spread of COVID-19 in healthcare settings, to maintain patient and staff safety and to protect non-COVID healthcare services, and calls on the Scottish Government to enhance the PPE recommendations and provide access to at least FFP3 masks and eye protection for all patient-facing healthcare staff, to maximise protection against all known and emerging variants of the virus.

**The Deputy Presiding Officer:** I did not want to interrupt you, but there are a few minutes in hand

for interventions, so you should perhaps bear that in mind if you are summing up.

I call the minister, Mairi Gougeon, to speak to and move amendment S5M-23894.3.

15:29

**The Minister for Public Health, Sport and Wellbeing (Mairi Gougeon):** Getting Scotland vaccinated against Covid-19 is indeed the country's national priority, and it is a fundamental part of Scotland's strategic framework for dealing with Covid. It is critical to getting society back to some kind of normality. All staff who are involved in this unprecedented vaccination programme—from those who were vaccinating at the Louisa Jordan hospital last Saturday to the GPs serving our over-80s in their local communities—deserve our thanks and support. I join Monica Lennon in paying tribute to all the staff who are working so hard to deliver the programme.

As the cabinet secretary previously outlined to Parliament, to deliver 400,000 doses per week by the end of February, working from national modelling, we estimate that we could need around 3,400 vaccinators on a daily basis, depending on the proportion of staff who work part time. To date, around 7,700 vaccinators have registered with the vaccination management tool, and we continue to work with our health boards to encourage further expansion of the workforce to build in resilience.

That workforce is being drawn from right across the system—it includes people who are involved in flu vaccination, health board staff, GPs, dentists, optometrists and military personnel—and we have commissioned the British Red Cross to co-ordinate offers of unpaid volunteer support across the country.

We will make training for vaccinators as straightforward as possible. I know that the point is one that was raised earlier with the First Minister, and it is important to be clear about it. Many of the people who are administering vaccines are already experienced and active vaccinators, but training is still needed to cover the specific characteristics of the Covid-19 vaccinations. For those who are not experienced, even though they may have years of clinical experience, safety tells us that they need that training plus a bit more.

NHS Greater Glasgow and Clyde has already reviewed and streamlined its generic induction training requirements, and we have written to all health boards to ensure that they do the same.

In relation to vaccination priority, the Joint Committee on Vaccination and Immunisation has rightly prioritised front-line health and social care workers, and we have already covered more than 70 per cent of that cohort. Many of those workers

will get their second dose around the end of February. We need to be crystal clear about the implications of what would happen if we were to do as the Labour motion proposes and prioritise second doses for all front-line health and social care workers before end of February. That would come at a cost for some of our most vulnerable people. It would divert limited vaccine stock away from protecting people over 70 and those on the shielding list who are clinically extremely vulnerable. Individuals in those cohorts are at high risk from Covid illness and death.

The advice from the Medicines and Healthcare products Regulatory Agency, the JCVI and the chief medical officers of all four nations supports our approach. We have also had support from trusted professional bodies such as the Academy of Medical Royal Colleges and Faculties in Scotland—the Scottish Academy—the British Society of Immunology and the Royal Pharmaceutical Society.

In the situation that we find ourselves in at the moment, the efficacy that is offered by the first dose of vaccine is very good. Therefore, for the prevention of illness and death among the population and for our public health response to the pandemic, we are following the guidance and the position that has been agreed.

On vaccine supply, GPs have a significant role to play in delivering the vaccine, especially at this stage of the programme, and we are grateful for their hard work. We know that there have been some initial delays in supply reaching some GP practices, and we are working with national procurement and local health boards to resolve any issues. We are also in regular contact with boards to ensure that GPs have the most up-to-date information on vaccine supply.

AstraZeneca is working hard to increase its deliveries, and quantities will start to improve from the end of this month, but it is important to highlight that, as the First Minister mentioned earlier, 75 per cent of GP practices have already received or are in the process of getting vaccine supplies, and we are still on track to have vaccinated all those people in JCVI priority groups 1 and 2 by the first week in February. We want to vaccinate as many people as quickly as possible, and we are continually working hard to see whether distribution can be speeded up.

**Jamie Greene (West Scotland) (Con):** I thank the minister for what is a very helpful update.

I am not seeking to apportion blame, but if there are GPs who are expecting supplies and those supplies do not arrive, where is the blockage? Why are supplies not getting through to GPs? What analysis has been done of how to remove those blockages?

**Mairi Gougeon:** The First Minister talked a lot about that in response to the questions that she received at First Minister's question time earlier today. There have been issues to do with the quantity of vaccine, the number of doses that come in the packs and how the packs are distributed. However, we are in regular contact with boards to find out whether there are any problems with supply. As I said, we are working extremely hard to ensure that we iron out those problems as far as we possibly can. Just because we are allocated a certain amount of vaccine, that does not necessarily mean that that amount of vaccine will automatically be delivered to us.

We want to make the process as easy and as streamlined as possible and get the supplies out as fast as we can, and we are continually working to do that. This week, we will write to all GPs to explain in more detail the mechanism of supply, ordering and delivery, and we will include suggested solutions at local board level that can assist them. I hope that that is helpful in answering Mr Greene's question.

Home care staff are being vaccinated as part of the front-line health and social care worker group, as per the recommendations of the JCVI. Testing for home care staff started on Monday and it includes care-at-home staff in sheltered housing and day care and personal assistants. That marks a significant expansion of testing in social care, adding again to the layers of protection that are in place for our key workers, the people they serve and our communities.

Like vaccination, testing is a layer of protection, but it has to be supported by appropriate PPE and strict hand hygiene. The reason why we are following that advice is to prevent more people from dying. By following the advice, we prevent more people who are vulnerable to serious illness and death from requiring NHS care, and thereby protect the NHS.

I do not need to tell anyone in the chamber that the situation remains precarious and extremely serious. The pressure on the NHS is severe and it is increasing. There has been a rapid rise in the number of Covid-19 hospitalisations in the past two weeks, fuelled by the new variant strain, and we are at the highest rate in the pandemic to date.

The Scottish Government is in daily communication with health boards and their planning partners to ensure that we use the whole country's capacity appropriately. We have already doubled ICU capacity since the start of the pandemic, and we have the ability to treble it, subject to staffing. NHS Scotland is using the independent sector to ensure that clinically urgent patients can continue to be seen and treated, and that additional support comes on top of the extra capacity that is already being provided by the NHS

Golden Jubilee and NHS Louisa Jordan hospitals for a number of elective treatments and out-patient appointments.

Since the start of the pandemic, we have worked hard to ensure that infection prevention and control measures in hospitals and other care settings are robust, and we expect our health boards to have the highest standards. However, we know that, as community prevalence rises, so too does the number of hospital-onset cases. In line with increases in community prevalence, we have seen the number of hospital-onset cases increase since October last year.

Although transmission of Covid-19 is more likely where people are in enclosed settings, including in hospitals, we have robust IPC measures in place. They include risk-assessed patient care pathways, the appropriate use of PPE, extended use of face masks and coverings in all areas of the hospital, physical distancing, robust outbreak management, and testing to minimise nosocomial transmission as far as possible.

The guidance is developed by IPC experts on a four-nations basis and it is continually reviewed in the light of new and emerging evidence. Although there is currently no evidence of a clinical need to change the guidance, I understand that the chief nursing officer keeps it under active review and engages with staff representatives on the PPE guidance and the use of FFP3 masks. I believe that staff should be able to exercise the risk assessment process to have access to the PPE that is considered professionally necessary.

**Monica Lennon:** Will the minister take an intervention?

**The Deputy Presiding Officer:** The minister is in her final minute, but you may intervene if you are prepared to be very quick, as you are leading the debate. I will leave it up to you and the minister.

**Mairi Gougeon:** I am happy to take the intervention.

**Monica Lennon:** I am grateful. It was remiss of me not to welcome Mairi Gougeon to her new post. I did not realise that she was going to open the debate. I welcome her.

The BMA has made a really important point to the Government—I know that it is awaiting a response—about poorly fitting PPE, especially for women doctors, who are still struggling to find masks that pass the fit test. What is the Government's response to that?

**Mairi Gougeon:** I will be happy to get back to the member on that issue in more detail.

Of course, the best way to ensure that our health service is protected and to limit the number

of people who need to be admitted to hospital is for people to stay at home and abide by all the national restrictions. That is our shared response, to protect ourselves and our NHS and save lives, and it is needed now more than ever.

Before I close, I want to return to vaccination—

**The Deputy Presiding Officer:** I am afraid that you cannot.

**Mairi Gougeon:** It is just a final, brief point, Presiding Officer.

**The Deputy Presiding Officer:** Please make it in a sentence.

**Mairi Gougeon:** The vaccination programme is the largest logistical operation that Scotland has seen in peacetime, and it is functioning well. We have already vaccinated a higher percentage of our population than most other countries worldwide. We want the programme to be a success and I encourage all members to get behind us in that endeavour.

**The Deputy Presiding Officer:** I cannot remember whether you moved your amendment, minister.

**Mairi Gougeon:** I move amendment S5M-23894.3, to leave out from “notes the concern” to end and insert:

“believes that the deployment of the vaccine must be guided by the expert advice from the JCVI senior clinical advisers across the four nations; welcomes that the delivery of first doses to residents in older people’s care homes is almost complete in Scotland; notes that over 100,000 people have received their first dose of a vaccine in the last seven days, and that Scotland is on course to increase as supply allows; welcomes that care-at-home staff are afforded the same high priority for vaccines as frontline NHS staff; notes that supplies of vaccine may be patchy in the coming months due to factors outwith the control of the Scottish Government or UK Government, such as recent announcements from Pfizer; believes that the care-at-home workers testing pathway being established this week, along with the establishment of the care home visiting professional testing pathway, provide an additional level of protection for those in receipt of care; notes with serious concern the extreme pressure on the NHS as COVID-19 hospital admissions have increased during the second wave; believes that the cancellation of elective procedures, delays to treatment and continued long waits for care are devastating for patients, and that these are creating a backlog of clinical demand to be addressed; recognises that guidance on PPE is produced on a four nations basis, understands that some staff may have concerns in health and social care in light of new and emerging variants; recognises that, while there is currently no evidence of a clinical need to change guidance, the Chief Nursing Officer keeps this under active review and engages with staff representatives on PPE guidance and the use of FFP3 masks, and believes that staff should be able to exercise the risk assessment process to have access to PPE considered professionally necessary.”

**The Deputy Presiding Officer:** I am sorry to give you such a hard time at your debut in your post, minister.

I call Maurice Golden to speak to and move amendment S5M-23894.1.

**Maurice Golden (West Scotland) (Con):** I believe that Donald Cameron is supposed to open for the Conservatives, but I am happy to do so and to move the amendment in his name.

**The Deputy Presiding Officer:** Should it be Donald Cameron? I do not see him anywhere around.

**Maurice Golden:** He is joining virtually.

**The Deputy Presiding Officer:** I stand to be corrected, but my little script says that Maurice Golden is opening and Donald Cameron is closing. I think that we had better leave it like that. Do you feel that you could cope?

**Maurice Golden:** Let us see. I will get on to Miles Briggs.

15:40

**Maurice Golden (West Scotland) (Con):** The pandemic has challenged us all in ways that we could never have imagined. NHS staff have been on the front line since day 1, putting themselves at risk every day to care for others. With the vaccine programme now under way, NHS staff have once again stepped up to protect the rest of us. From GPs and nurses to pharmacists and drivers, they are all working hard to ensure that the population is protected. We owe them an enormous debt of gratitude and, more importantly, we have a duty to do whatever we can to support them, which includes providing them with appropriate protective equipment.

The British Medical Association has raised concerns about the suitability of some of the currently recommended PPE to protect staff from the new, more transmissible strain of Covid. The BMA is calling for the Scottish Government to change recommendations where there are concerns over safety. I share those concerns and join the BMA in its call for the current provision to be reviewed.

There must be no compromise when it comes to the safety of NHS staff, nor when it comes to getting the vaccine rolled out as quickly as possible. However, over the weekend, the rate of vaccination slowed down, with the number dropping by 3,000 people per day. Based on current trends, the Government’s target of vaccinating 560,000 people by the end of the month will be missed by as many as 100,000 people.

It is important to note that those people are the most vulnerable in our society. They are quite rightly being prioritised, and it is vital that they receive their vaccination as quickly as possible if we are to save as many lives as possible. However, there are reports of 100-year-olds in the First Minister's constituency still waiting for their vaccination. Meanwhile, other parts of the UK have been able to get the vaccine out to the very elderly more quickly, and those areas are now moving on to those aged over 70. In fact, the UK Government's—

**Jeane Freeman:** Will the member take an intervention?

**Maurice Golden:** Yes, I am happy to do so.

**Jeane Freeman:** I thank Maurice Golden for taking my intervention. As he did not think that he was going to open for the Conservatives, I promise to be kind to him.

Does he accept that, as the JCVI recommended, we started the vaccination programme with those in care homes and that that takes longer, as the UK Government is explaining now that it is pivoting to do that? Comparing the speed at which the programme is being rolled out here with the speed in the rest of the UK is a false comparison. What matters is whether, across the UK, we are all pointing in the same direction, which we are, and whether we meet the targets that we have set, which I am confident we will.

**Maurice Golden:** That was perfectly timed, cabinet secretary. I was about to say that the UK Government's vaccination programme is moving at almost double the speed of the Scottish Government's, but that, as the cabinet secretary has highlighted, is partly due to the Scottish Government's strategy of targeting care homes first, which takes longer. As the cabinet secretary says, that is a false comparison in some regards. However, there are still issues.

We know that Scotland has a strong supply of the vaccine, with around 700,000 doses. However, the chair of the British Medical Association's Scottish GP committee, Andrew Buist, has warned of a patchy distribution of doses to GPs. That would explain why doctors, who are eager to get the vaccine to their patients, cannot do so.

Dr Buist has also raised concerns about the vaccination programme being hampered by red tape. One GP went so far as to say that they have been "overwhelmed" by the bureaucracy, which is hampering efforts to recruit volunteers to administer the vaccine. GPs are already under enormous pressure after being on the front line of the pandemic for almost a year. Working at the heart of a mammoth vaccination effort only adds to that.

The BMA wants the Government to step up its communication efforts to ensure that the public understand the situation that GPs face and to ease the pressure. I hope that ministers will address that point and outline any further measures that they can take to help GPs at this time.

There is already hope that the vaccination programme can speed up now that the British Army has been called in to help. Around 100 military personnel will step up to set up more than two dozen vaccination units for the NHS. I am sure that all members of all parties will want to welcome that. It will be a big boost to getting vaccinations out across Scotland, and I wish the First Minister all the very best with that roll-out.

I raise the important issue of the almost unbearable strain that our NHS is under. I have already touched on the huge workload that GPs face, and the pandemic has impacted on our healthcare system as a whole. More than 100,000 people are waiting for key diagnostic tests, and constituents have been contacting me about delayed cancer treatment, cancelled operations and long waiting lists. Those patients must not be forgotten; nor must we forget the need to help our NHS to recover as quickly as possible. People's lives and wellbeing are at risk. The priority for everyone, including members of all parties, should be backing our NHS to deliver the vaccine, treat patients and recover as quickly as possible.

I hope that all members will support the Scottish Government's efforts in the vaccination roll-out. We want Scotland and the Scottish Government to succeed in that.

Finally, I welcome Mairi Gougeon to her new ministerial role.

I move amendment S5M-23894.1, to insert at end:

"; welcomes the announcement that the armed forces have established 80 new COVID-19 vaccine centres for NHS Scotland, and thanks them for their assistance; recognises significant concerns that the roll-out of COVID-19 vaccines to rural communities has been highly variable, with many people in the top priority cohorts still not having received the vaccine, and urges the Scottish Government to detail how it will accelerate the roll-out as a matter of urgency."

**The Deputy Presiding Officer:** Thank you very much. If you can get a little message to Donald Cameron—of course, he will be listening—he can move his amendment, but you cannot. We have landed him with that. It serves him right for leaving you like that.

15:46

**Patrick Harvie (Glasgow) (Green):** I, too, welcome Mairi Gougeon to her new ministerial



role. I also welcome the opportunity to take part in the debate.

I agree with a great deal of what is in the Labour motion. In particular, I am sure that everybody in the chamber and in Scotland will share the appreciation, which Monica Lennon expressed, of those who are working on the front line of the pandemic—in particular, those who are working on the vaccine programme. I share the concerns about the need for equal prioritisation of home care staff, about the wider pressures that are building on the NHS and about the time that it will take to deal with the backlog after the pandemic has subsided, as we hope it will.

I have had the opportunity to discuss the concerns about PPE with unions, and I do not believe that they—or, at least, the majority of them—are that the current guidance is not being properly implemented; they are, for example, that the guidance does not necessarily treat proximity to someone who is coughing in the same way as it treats aerosol-generating procedures and that the guidance needs to be stronger. That concern is underlined by the new variant.

I welcome the fact that all those issues have been raised. However, I have concerns about some aspects of the motion. Passing a resolution in Parliament about the dosing schedule for the vaccine seems at odds with the principle that we should be led by expert advice. The JCVI is the advisory body, and its clear goal for phase 1 is to protect those who are at greatest risk of mortality. In its paper at the end of December, it recognised that wider questions of priority for occupational groups who are at risk of being infected is a legitimate policy choice for phase 2.

I, too, have raised such issues—for example, regarding teachers—but have accepted that choices about the next priority groups should not be made at the risk of slowing down the delivery of the vaccine to the current priority groups. Even if Labour colleagues are convinced that vaccine supply would be adequate to achieve what they are looking for, accelerating the delivery of the second dose to any group would inevitably mean slowing down the delivery of the first dose to some others.

It also seems that there is no particular reason for specifying the end of February. We know that there were concerns about the change to the 12-week timing for the second dose. However, I think that MSPs, for the most part, have understood and accepted the reason behind that decision, and I see no evidence that would change it. Even if there were such evidence, given that different health and care staff will have received their first doses at different times, a deadline of the end of February for everyone seems arbitrary.

We all want the vaccine, and we want it now. If any one of us could click our fingers and make it available to everyone sooner, we would do so. However, frustrating as this is to recognise, delivering the vaccine will take time. People will be impatient. That is an understandable reaction—I feel it too. We all want this to be over.

That desire to end the crisis and move on raises another concern, which I addressed in the amendment that I lodged. Although my amendment was not selected for debate, I hope that the minister or the cabinet secretary will reflect on it in their closing speech for the Government. As more people are vaccinated, we will inevitably face an expectation that the public health restrictions will be lifted soon and that vaccinated people will be able to start getting back to normal life right away. However, that might not be possible. Lifting those measures might require a very high level of vaccination across the whole population, so the people who were vaccinated first might have to wait longer than they expect.

Beyond that, we might all face the need to keep the virus under control even after vaccination is widespread. Vaccination will protect us from getting ill, but if it does not stop the virus spreading in the population—and we do not know yet that it will—it will not prevent the risk of the virus continuing to mutate into potentially more dangerous variants against which the vaccines might not protect us. Only the eradication of the virus, rather than our protection from getting ill, can address that risk.

In her Covid statement yesterday, the First Minister acknowledged that restrictions might have to be with us for some time to come. I remain concerned that public expectations are already racing ahead of us. We need an honest reflection on the issue, and we need to find a way to ensure that public expectations are realistic.

We all want this to be over. I want that, too, as much as anyone does. We want hope for the weeks and months ahead. However, I do not want people to face the despair that they might feel if unrealistic expectations were built up only to be dashed. I ask the cabinet secretary or minister—whoever is closing the debate for the Government—to reflect on what the Government can do to map out for people a realistic idea of what lies ahead for all of us.

15:52

**Alex Cole-Hamilton (Edinburgh Western) (LD):** I am grateful to the Scottish Labour Party for making time for the debate this afternoon.

I support every aspect of the motion, but I will focus on roll-out of the vaccine, which is fast becoming an issue that is of utmost importance to

the vast majority of the people whom we were sent to this Parliament to serve. No other matter commands more space in my inbox. That is unsurprising, because the vaccine, whether it comes from Pfizer, AstraZeneca or Moderna, is our way out. For the first time in this hellish year there is a light at the end of the tunnel and people, quite understandably, want to have been vaccinated yesterday.

It is therefore frustrating to me that we appear, for some reason, to have a stockpile of several hundred thousand doses, people who are keen and qualified to vaccinate, limitless willing arms waiting for the vaccine, but a Government that seems to be unable to connect the dots in the way that has happened in England and Northern Ireland.

**Jeane Freeman:** Will the member give way?

**Alex Cole-Hamilton:** I was expecting an intervention. By all means.

**Jeane Freeman:** Good. Would the member care to elucidate for me all the evidence that he has to support all the assertions that he has just made about what we have and are sitting on, about all the desperate people waiting, and about our somehow wilfully refusing to use so-called stockpiles of vaccines? Where is the evidence?

**The Deputy Presiding Officer:** Interventions must be short. You will have to absorb that one, Mr Cole-Hamilton, because we are tight for time.

**Alex Cole-Hamilton:** I am grateful for the intervention, because I will cover all those points in my speech.

In recent days we have seen exponential growth in vaccine delivery in England, but only improvement by increment in Scotland. That points to a flaw in the Government's strategic approach to vaccine deployment.

Before I continue, I want to be clear that the suboptimal pace of vaccine roll-out—it is suboptimal—is in no way the fault of our healthcare workers. Indeed, it is from first-hand accounts of those workers that we are able to piece together what might be going wrong. According to the profession, the problem is not want of a vaccine supply to this country, because we have a growing stockpile—we have talked about it and where it is in relation to Movianto UK—but the ability to access that stockpile.

One such account was published on Twitter last night by the former director of operations at Yes Scotland, Mark Shaw, who transcribed the experience of his general practitioner wife. The cabinet secretary might learn something from this. Mark Shaw's wife pointed to "a centralised bottleneck" in the Scottish system. In England, GPs are in charge; they lead local roll-out and are

supported in their decision making from the centre with resources and access to the volumes of vaccine that they require. That is built on the premise that GPs know what they are doing; they vaccinate a quarter of their communities against the flu every year and can move large quantities of vaccine very quickly if they are in the driving seat.

However, in Scotland the system is not GP-led; far from it. Instead, our system is entirely centralised and GPs are, Mr Shaw writes, "at the end of the decision chain".

The Scottish vaccine deployment plan, which was published only six days ago, sets out every aspect of roll-out in Scotland, but it builds in two extra layers of decision making and administration that do not exist in England. It releases vaccine to community practices based on national assumptions and modelling, which has led to the situation in which GPs across my constituency could order vaccine only once a week at an appointed time. If they miss the booking slot, they have to wait another week.

The worst part of that arrangement is—the cabinet secretary confirmed this to me in this very chamber—that they can order only 100 doses at a time: 100 hundred doses, when a busy practice can shift 900 flu jabs in a weekend. Small wonder, then, that a GP in my constituency told me that he had been prepared to come in on Saturday and Sunday to vaccinate the over-80s around the clock, but had insufficient quantities of vaccine to make that happen. If we cannot trust our GPs with this, who can we trust? We need to trust them now, and we need urgently to reform the roll-out plan.

The second point that Dr Shaw made is something that I have raised repeatedly. It is that we have a large and growing number of qualified would-be volunteers—people with clinical training who have retired, moved into other professions or who, because of the restrictions of Covid, cannot perform their normal discipline—who are willing to join the vaccine effort. They have been unable to do so and they have come to me; I dare say that such people have come to all members.

If you google the words "volunteer to help with the Covid vaccine" you will find a slick website from NHS England for qualified individuals to do just that, but there is no such site in Scotland. What is worse is that those valiant individuals heard from Scottish public health officials at the COVID-19 Committee last week that they are not currently needed. That is unacceptable. In a heartbeat, we could add thousands of qualified volunteers to the pool of vaccinators, and thereby accelerate delivery overnight—and I mean "overnight".

We have a qualified army of vaccinators, a growing stockpile of vaccine and arms to put it in, so we must seek to upscale our delivery programme to operate 24 hours a day, seven days a week. A petition to that end, in my name and in my constituency, has already garnered 3,000 signatures. When I asked the cabinet secretary whether she would expand roll-out in that way, she replied:

“if that’s what folk want”.

Well, that is what people want.

As the dean of the Faculty of Advocates, Roddy Dunlop QC, put it,

“If you can get out of bed at 4am to go to Magaluf, you can get out at 4am to be vaccinated.”

If we enlisted all those who want to volunteer, we need not ask any more of those who are already in the field, in order to make 24/7 roll-out possible. By so doing, we would cut the final totals of Covid mortality and the length of time for which our communities have to endure lockdown.

The Scottish Government has considered deployment of vaccines through the prism of thinking that it know best: the prism of centralisation and control.

**The Deputy Presiding Officer:** You must conclude.

**Alex Cole-Hamilton:** It needs to realise—

**The Deputy Presiding Officer:** No.

**Alex Cole-Hamilton:** Okay.

**The Deputy Presiding Officer:** Mr Golden, I think that you have something to say to the chamber. I hope that I am not giving you the wrong prompt again.

**Maurice Golden:** Presiding Officer, I am able to move the amendment in Donald Cameron’s name, as I have just signed it.

**The Deputy Presiding Officer:** Surreptitious signatures have been taking place. [*Laughter.*] We move to the open debate.

15:59

**Sarah Boyack (Lothian) (Lab):** I am glad that we are having the debate because I want, like others, to highlight that I have never received so many anxious and angry emails as I have recently. The debate deals with one of the topics that people have been writing to me about. It is important that we have the capacity to have this discussion about vaccine roll-out, because it is an issue that constituents are worried about, and we have the relevant ministers directly in front of us, so the process will be more efficient than a months-long one in which we write letters and find

that the advice has changed by the time we get a response.

Therefore, let us make the most of this opportunity, because this Labour Party debate aims to give us the chance to highlight the concerns that our constituents are raising and to let us be the Opposition that we need to be, by being constructive and saying what the challenges are.

I start by agreeing with others that this is a fantastic chance for us to thank health and social care workers across the country. Without their tireless work, many more people would have lost their lives to this horrendous disease. Health and social care workers have shown bravery by continuing to go to work every day, when some of them have had inadequate PPE. Until recently, there has not been no end in sight—we had thought that we had got through the crisis in the summer. We cannot imagine the huge impact of stress on the emotional wellbeing of staff and on their friends, colleagues and families.

I also want to highlight the lessons that have been learned about treatment and the support that patients have received, because that is inspiring. When we look back on this period in history, that is one of the things that will stand out most.

I agree with Monica Lennon’s point about the briefings that we have had from trade unions. We all get briefings from trade unions, but we do not normally get the fine-grain detail that we have had over the past few weeks, or the regularity of updates and the examples of problems that have been encountered. From talking to trade union representatives, it seems to me that, although there is guidance from the Scottish Government, in terms of line management and what is happening in some of our care homes and in front-line care delivery in people’s homes not all the rules are being abided by, and PPE is certainly not available at the level that staff need. Furthermore, the lack of a roll-out of testing has made many people vulnerable in a way that they did not need to be vulnerable, because we have had this virus with us now for the best part of a year.

I want to reflect on the comment in our motion about the need to support people who work in care homes. In the past few days, I have been contacted by someone who was working in a number of homes, but had not been told that people for whom she was caring had tested positive. There is a real issue in that about communication, testing and PPE. It is an important issue; the Greens’ amendment is right to say that the vaccine is not a cure-all. We need to manage expectations, because by May we will have vaccinated only the over-50s, so there will still be huge numbers of people to be vaccinated.

I want, on behalf of key workers, to raise some difficult questions that we just cannot answer. For example, a person in the health service got in touch with me about the Pfizer vaccine. This comes back to the two-dose schedule. They were told that they were going to get the second dose of the vaccine on the 28th day after their first dose. Many people feel very let down, because although they get relief from the first dose, they are worried about the second one not being in sight, and about the risk of taking the virus home to their families. That is especially so for those who have relatives who are in the at-risk group. That would be a good issue to address directly in the cabinet secretary's summing-up speech.

**Jeane Freeman:** Will the member take an intervention?

**Sarah Boyack:** I will, if it is really brief.

**Jeane Freeman:** The brief intervention is that information about that has been sent to all MSPs and was covered in the briefing by our clinical advisers that all MSPs were offered. MSPs have a responsibility to pass on that information.

**Sarah Boyack:** My point is that we can push that information out, but we still get people asking us questions. I am talking about someone who got in touch with me last night because they knew that we were having the debate and was pleased about that.

Our constituents understand the massive pressures that our NHS is facing, but they are worried about delays to operations and treatment. It is vital that the Government now plans ahead to ensure that staff are supported not only to get to the end of the virus, but to get through the coming months, because people are keeping going, just in hope that we are going to get to the end. The reality of having to remobilise everything and deal with massive delays will, in itself, be stressful.

Therefore, although it is important for future transmission that we learn lessons about handling of the virus, we should look not just at the short-term crisis. We all agreed that delayed discharges were bad; the problem was eliminated in the space of a couple of weeks, and we must not go back to it.

We need a national care service. We also have to focus on people's wellbeing and mental health and the community networks that are needed to support people.

Everyone praised the Christie commission report. Would members believe that it was published 10 years ago this June? However, its recommendations are still to be implemented. I know that the focus coming out of the pandemic will be on crisis issues, but we must also focus on prevention. Today, we were given the statistic that,

currently, one in 10 women would not attend a cervical screening test because women are worried about their safety. However, this is not the time to delay such tests, so we must all focus on prevention.

**The Deputy Presiding Officer:** Thank you. No—

**Sarah Boyack:** It is about saving not just money but lives, and we need to make sure that that happens as we reflect on the debate today.

**The Deputy Presiding Officer:** I am sorry, but as I have warned members, if you take interventions, you have to absorb them in your time.

I will call Brian Whittle after Kenneth Gibson.

16:05

**Kenneth Gibson (Cunninghame North) (SNP):** There is no doubt that the on-going public health crisis, the like of which this country has not faced in generations, is the challenge of our lifetimes. Unfortunately, Covid-19 infections and mortality remain high across the UK, Europe and beyond, and the situation that we face in relation to the new variants of the virus is extremely serious.

For the past 10 months, we have all had to comply with necessary restrictions on our daily lives and yet, during the first week of January, deaths were 34 per cent above normal for this time of year. Those figures remind us how deadly the virus is and how much worse the situation would be if people were not socially distancing and, by and large, behaving responsibly. Therefore, it beggars belief that some, including the new leader in Scotland of Nigel Farage's latest venture, still argue that life ought to go back to normal now, as if nothing was happening.

In reality, as of today, at least 5,468 people have sadly lost their lives in Scotland to the virus, with a record 1,610 deaths recorded yesterday across the UK and more than 2 million globally in less than a year. My condolences go out to everyone who has lost a loved one, along with heartfelt thanks to each of our fantastic life savers and care givers who have worked on the front line throughout the coronavirus pandemic. Those who work in our hospitals and care homes with such dedication and commitment have done an amazing job in the most challenging of circumstances. Although one-off cash payments can never express our full gratitude to those who continue to care for us, the Scottish Government's £500 thank you payment demonstrated the country's appreciation for their work in the toughest of circumstances.

Equally, we all owe a great deal of gratitude to unpaid carers who face enormous challenges, particularly in recent months; they are the unsung heroes of the pandemic. Therefore, I welcome the Scottish Government's announcement of an investment of £0.75 million in local carers centres, which will increase support for unpaid carers of all ages, in order to help them take a break from caring and access other, much needed help. That funding acknowledges the many pressures that face carers, especially while respite breaks are restricted or unavailable.

Despite the seriousness of the current situation, we must not forget that we now have more reasons to be optimistic than only a few months ago. Although the description of the arrival of vaccines as light at the end of the tunnel has been a little overused recently, the vaccine roll-out provides us with much needed positive news going forward; by this morning, almost 310,000 people in Scotland have been vaccinated.

While Labour is now preoccupied with its latest leadership election—if only Michelle Ballantyne had waited a week or so, she might have had greater appeal to Labour's money men—the Scottish National Party is working hard to make sure that we vaccinate as many vulnerable citizens as possible in the biggest such logistical operation of Scotland's post-war history. That is our national priority and, despite the logistical challenges involved in reaching them, it is particularly encouraging that almost all care home residents in Scotland, one of whom is my mother, have now been vaccinated.

Health and care staff and the over-80s, who are at the apex of the Joint Committee on Vaccination and Immunisation's list of priorities, will all receive their first dose by the start of February. Other groups, including those who are aged 70 and over and the clinically extremely vulnerable, will be contacted in the coming month.

Depending on the supply chain, the Scottish Government is on track to ensure that the entire adult population receives the first dose of the vaccine by the autumn, which would be a fantastic achievement. Of course, from vaccine supply and prioritisation to PPE guidance and furlough, much is decided on a four nations or UK level, which limits the flexibility of the Scottish ministers, for example, to mirror Israel in buying vaccines and administering them to its population faster than anyone else.

I understand Monica Lennon's concerns that home care staff must be given the same priority for testing and vaccination as other front-line healthcare staff. Home carers should be contacted by their employers, who must ensure that they are being given appointments, and Monica is also right that the current health crisis will unfortunately

create a backlog of clinical demand from which our NHS will take years to recover. It is the same everywhere; for example, in England, 4.5 million operations have been cancelled.

The motion states that the Parliament

"notes with serious concern the extreme pressure on the NHS as COVID-19 hospital admissions have increased during the second wave"

and

"believes that the cancellation of elective procedures, delays to treatment and continued long waits for care are devastating for patients and that these are creating a backlog of clinical demand"

to be addressed. I asked about that at last week's First Minister's question time, and the Cabinet Secretary for Health and Sport is addressing the issue head on.

I am encouraged by the fact that five independent hospitals are supporting NHS Scotland by providing elective care from this week, but we should not underestimate the challenges that lie ahead for our health service, even after the pandemic is over. I concur with colleagues such as Sarah Boyack on that point.

However, I have every confidence that, should voters put their trust in the Scottish National Party again at the upcoming election, our health service will continue to be in safe hands. Why? Let us look at how far we have come in recent years. Scotland's core accident and emergency services are the best performing in the UK. There are now 19,500 more staff in Scotland's NHS, which is a 15 per cent increase, since September 2006 and record levels of staff are working in mental health. Our patient safety record is among the best in the world, there having been a huge reduction in the number of hospital-acquired infections and a reduction in hospital mortality of more than 11 per cent in the four years to November 2018.

We have protected free tuition for nursing and midwifery students and increased their bursary to £10,000. Parking charges at all NHS-run hospitals have been scrapped, which has saved patients and staff more than £42 million. Health spending will exceed £15 billion this year, which is a record, with resource funding increasing by more than 62.9 per cent under the SNP.

As we grapple with the on-going health crisis, we must continue to follow restrictions to save lives and ease pressure on our NHS. Although the first few weeks of 2021 have been difficult, the successful roll-out of the vaccination programme provides us with a lifeline. I have every faith that the SNP Government will continue to do its utmost to support our health and care workers, as it has done for the past 13 and a half years.

**The Deputy Presiding Officer:** With another unexpected change to the script, I think that the next speaker is Jamie Greene, not Brian Whittle. Am I correct?

**Jamie Greene (West Scotland) (Con):** You tell me.

**The Deputy Presiding Officer:** Oh no—you tell me, Mr Greene. You are the one who is making faces. I call Jamie Greene. There you go; I have made an executive decision.

16:11

**Jamie Greene (West Scotland) (Con):** I am always happy to speak in the chamber whenever I am asked to.

Unlike the previous speech, mine will not be a party political broadcast, because the debate is about Covid, and it is quite a serious one at that.

The very essence of the debate is about Monica Lennon wanting to raise some of the concerns and challenges that members have about the vaccination programme. It is completely fair and reasonable for Opposition members to raise such concerns.

We must recognise that the very fact that we are talking about a vaccine is something close to a miracle. We owe Governments, scientists and academics a huge debt of gratitude for their efforts. We have ploughed a lot of money into research and development, academia and the pharmaceutical industry. We also have to thank those who took part selflessly and bravely in the clinical trials. We have managed to do in a matter of months what can often take years or decades to achieve. Sadly, in some cases, it is never achieved.

We would be having a very different conversation if there was no vaccine. It fills me with dread to think about what life would look and feel like if there was no end in sight, because I know people who have hit a wall in the past year. The virus has taken such a toll on all of us.

Today is a day of hope and change across the globe, even as we speak, so I make my comments in that light—constructively and positively. There are things that are positive and heading in the right direction. The UK as a whole—the four nations—ranks fourth in the world in the roll-out of the vaccination per head of population.

However, as is always the case, the virus is about more than numbers and statistics; it is a story of people, their lives and, sadly, their deaths—in Scotland, some 7,500 deaths. We are used to hearing and talking about those deaths daily, but there are people behind the numbers.

The very nature of the Covid virus means that it hits the elderly and sick the hardest. By that logic, it is the elderly and sick who must be protected first. I do not hear any political disagreement about that. The nub of our argument is that progress is not as quick as it could or should be. That is not just our view; it is what we are hearing on the ground.

This is a numbers game, but it is a numbers game with human consequences. Unfortunately, the two issues are intertwined. Like many people, I am absolutely petrified that my mother will catch Covid and not survive. Behind every number is a real life situation. We are not immune to that.

However, as we have seen over the past few days, there is a political discourse to all this. It is an inherently political debate.

I am not a member of the UK Government or the Scottish Government, and I have no idea how many doses are sitting ready to be administered. However, based on the Government's own figures, I do know how many doses have been administered. I do not know whether there is a delta or what it is—whether it is 4,000, 40,000 or 400,000, I do not really care. I do care, however, that we get those doses into the arms of the people who need them most. That should be the premise of the debate.

We all know that our local health services are at breaking point. For example, NHS Ayrshire and Arran has over 200 staff in self-isolation. That is surely adding enormous stress to an already strained health service. Cases of Covid have continued to rise across the West of Scotland region, which has been hit disproportionately hard by Covid for all sorts of complicated reasons.

At times, our hospitals have closed their non-Covid wards to new patients. The secondary effects of that are clear: elective surgery has been cancelled and many people are afraid or reluctant to come forward with symptoms and signs of other serious health conditions. The problem is that we will not know the true cost of it until it is too late for some. How many undiagnosed, untreated health conditions will push the death toll even higher in the months—probably years—to come?

The loss of our loved ones in care homes continues. At the peak of the pandemic in April last year, half of all Covid deaths occurred in care homes. That was the same in many countries across the world, but last week's statistics tell us that it is still one in four deaths that occur in care homes. I appreciate that that is a lower ratio and that progress has been made, but it is still too high. In the fullness of time questions will, rightly, be asked of all Governments about what lessons were learned between last year's peak and this one.

This is about not only care home residents and staff. There are thousands of paid and unpaid carers out there in our communities, looking after the elderly and the sick. Yesterday, one got in touch with me to say that she is concerned because she looks after her 90-year-old parents but, because she is not a paid carer she will not be prioritised for a vaccine any time soon and she does know where she fits in to the vaccination process.

Another carer got in touch to say that her husband, a chiropractor who is in his seventies and is still working—good on him—treats dozens of patients a week. He is worried that he will bring the virus home to his wife.

An 84-year-old messaged me yesterday to say that they received a text message to say that their Covid vaccine had been cancelled on the same day they were due to have it. The surgery said that it was because the supplies that were due to come simply did not arrive. That is not a political point: it is a fact. There are GPs who want to inject arms but are unable to do so.

The Covid vaccine is our quickest way out of this; it is the way to open schools and get our young people back in the classroom and protect our front-line workers. Supplies are coming through as thick and fast as they are physically able, but we also need to get them into people's arms as quickly as we can. That, undoubtedly, is the responsibility of the Government.

We all want to get this right, because we must get it right.

16:18

**Sandra White (Glasgow Kelvin) (SNP):** I can confirm that I am definitely the one speaking today. I too welcome Mairi Gougeon to her new post and congratulate her on it. Also, like others, I would like to thank all of the staff who have been working tirelessly through very difficult circumstances. Circumstances have been very difficult—not only for them but for their families—and I want to thank every single one of them for the work that they are doing.

A lot of information has been put out about what is going to be done in regard to Covid and how it will be done. I have had emails from constituents who say that getting through all the information is like going through a maze—I have found that myself sometimes, which is why is I very much welcome this debate. I might not agree with everything that is in the Labour motion or the Tory amendment, but I welcome the fact that we will perhaps get clarity for everyone about what is happening in regard to Covid. That is one of the reasons why I welcome today's debate.

I would like to begin by speaking about care homes and the vaccination programme. We should be very proud that at least 80 per cent of care home residents have now had their first dose of the vaccine and 70 per cent of care home staff and care workers have also received theirs. We should be pleased about that. Yes, we want to go further, but it is a step in the right direction. Those residents are among the most vulnerable members of society and it is right for us to protect the most vulnerable. I am glad that they are the Scottish Government's top priority in having access to the vaccine.

I received an email about the issue of homes whose residents have serious learning disabilities. Some of them are over 80. One such home in my constituency was told that its residents would get the vaccine on 11 January. That did not go ahead and it now has no date for those vaccinations. I am glad that we are having the debate, as perhaps we can have some clarity on that issue. I would welcome hearing about that in the summing up.

Home care workers have been at the top of the agenda, along with other health workers. They are on the front line in caring for others during the pandemic. They give an invaluable service, which I and others know about from first-hand experience. Home care workers go over and above what they are expected to do. They will phone and check up after hours on the folk they care for—they go the extra mile. What they do is invaluable and I am pleased that the health secretary has announced that home care workers will have access to asymptomatic testing, which I think began two days ago. A lot of people have been pushing for that and it is the right move to make.

Monica Lennon made the recommendation in the motion and in her speech that PPE should be enhanced. Jackie Baillie and others also mentioned PPE. I reiterate what the cabinet secretary said about the agreement that was made with COSLA regarding adequate provision of PPE. That agreement was made between COSLA and the trade unions, which acted on behalf of their members. I am pleased that they were working with the Scottish Government and others. We must remember that the trade unions and COSLA have taken on board the need for provision of PPE.

The Scottish Government has also recommended that staff who provide direct care should wear fluid-resistant masks. To reiterate what the cabinet secretary said, those people's employers should obey the COSLA agreement and the recommendations. I hope that they will take that on board if they are listening.

Jamie Greene touched on my next point. I raised the issue of unpaid carers at a meeting that I had with NHS Greater Glasgow and Clyde on Monday. It would be good to have some clarity about when those carers will be vaccinated. I raised the question of how we can know who those carers are. The health board's answer was that GPs are best placed to direct those carers towards vaccination. We must look at the needs of those carers.

**The Deputy Presiding Officer:** Thank you, Ms White—you must conclude your speech. I call Brian Whittle.

16:24

**Brian Whittle (South Scotland) (Con):** I am now apparently not closing on behalf of the Scottish Conservatives.

I declare an interest: I have a daughter who is a clinician in the Scottish NHS.

I, too, welcome Mairi Gougeon to her new post and look forward to working with her in the few months that we have left. I thank the Labour Party for bringing the debate.

As we would expect, given the subject, there has been much to agree with in speeches across the chamber. The pressure that the Covid-19 crisis has put on our NHS staff has rightly been highlighted again and again. I, like colleagues across the chamber, take the opportunity to thank our NHS staff and support workers for their dedication and commitment in tackling the on-going crisis.

The Labour motion highlights the need to prioritise health and care workers. I have long advocated that a crucial step in addressing Scotland's poor health record is to take care of those who take care of us. That was true long before Covid, but the crisis has brought the issue to the fore. How can we expect NHS staff to deliver care to us when we do not look after them properly? Delivering a world-class environment for our world-class healthcare professionals is something that I have been calling for since long before Covid. I recognise that this is not the time to rehearse some of the Scottish Government's failings prior to the crisis, but we will have to return to them at some point, recognise those issues through the prism of Covid and finally deal with them. They are issues such as the problems with the Queen Elizabeth university hospital and the new Edinburgh hospital and the delay in NHS services that was highlighted in the Sturrock report—those issues remain.

The motion highlights the issues of

“the cancellation of elective procedures, delays to treatment and continued long waits for care”,

which have the potential to be the next crisis. The waiting time guarantee was routinely missed pre-Covid and the pandemic is creating a backlog that the medical profession tells us will take years to address. Like many members, I am sure, I have heard from cancer patients and organisations that tell us that cancer detection rates have reduced, which will inevitably lead to an increased cancer mortality rate. The Doctors Association UK told me way back last summer that it estimated that there would be around 20,000 extra deaths in the UK from cancer as a result of the lack of screening, but that situation will be much more acute now.

Chronic pain management has also been difficult to access and it has been impossible to do so in many cases. We heard in the Scottish Parliament cross-party group on chronic pain of instances of patients having to travel to England to access the medication that they need. Knee and hip replacements can be liberating for those receiving them, as pain and immobility are immediately reduced post-operation. However, we are told that a mortality rate is associated with people not getting that treatment.

Without question, addiction services are in danger of being overwhelmed as third sector organisations struggle to maintain support and services during the pandemic. The drugs death rate will unfortunately rise during the current crisis and NHS services will creak if the third sector is not properly supported. That is the unseen toll of the current situation.

However, the most concerning issue for me is the pressure building on mental health services during and after Covid. Anxiety and feelings of isolation and uncertainty will inevitably be manifested in an explosion in the numbers of people presenting with mental health issues. We know that mental health services were under pressure long before the pandemic. I would appreciate it if the cabinet secretary would indicate in her summing-up speech the Scottish Government's plans to deal with this next crisis.

The reality is that the pressure on the NHS and staff will not diminish with the hoped-for end of Covid. That pressure will just be transposed on to the procedures and treatments that are currently cancelled or on hold while we focus on dealing with Covid. The Scottish Government must also have an eye on and a strategy for dealing with the post-Covid situation; not to do so will not only have an impact on the health of the nation but maintain intolerable pressure on the NHS and its staff.

If Covid has taught us anything, it has been about the impact of health on the economy. The impact that existing poor health has had on the Covid death rate is well known, so we must tackle obesity, diabetes, chronic obstructive pulmonary



disease, heart disease and poor mental health if we truly want to reduce the pressure on our NHS.

As the Conservative amendment states, it is welcome that our armed forces are helping to establish new vaccine centres for NHS Scotland. We recognise their contribution and assistance towards achieving the goal of a Covid-free environment.

**The Presiding Officer (Ken Macintosh):**

Thank you for your time keeping, Mr Whittle.

16:29

**Annabelle Ewing (Cowdenbeath) (SNP):** I am pleased to have been called to speak in this debate. I, too, warmly welcome Mairi Gougeon to her new role.

My allocation is two minutes longer than I thought that it would be so, as I deliver my brief speech, you might get another good timekeeper, Presiding Officer.

First, I offer my heartfelt thanks to and admiration for all our NHS and social care staff. Their dedication is truly humbling. Without them, we would, quite simply, have no society at all. In thanking all NHS and social care staff, I also wish to thank their families for their invaluable support, day in, day out, in helping those key workers to get through their long and difficult days, week in, week out and month in, month out.

I also wish to reference all the families who have lost a loved one to Covid-19. They know—sadly, at first hand—how devastating the virus can be. I am confident that they would want us all to pull together and focus on getting through the pandemic.

In that regard, it is paramount that we are all careful with the language that we use and, in particular, that no one seeks to make the vaccine roll-out programme the subject of a political football match; instead, we should all focus on the facts. Indeed, we again heard quite clearly from the First Minister as recently as this lunch time that more than 90 per cent of care home residents, more than 70 per cent of all care home staff and more than 70 per cent of all front-line health and social care workers have received their first vaccine dose.

The prioritisation of care home residents is, of course, as per the JCVI's advice. That advice was provided on the basis—to put it bluntly—that such individuals are at greater risk of mortality if they contract Covid-19.

We also again heard from the First Minister this lunch time that all over-80s will have received their first dose by the start of February; that all over-70s and those deemed to be clinically extremely

vulnerable will receive their first dose by mid-February; that those over-65 will receive theirs by the start of March; and that all over-50s will receive theirs by early May, completing the JCVI's initial priority list. That is the trajectory that we are on. Indeed, the numbers that have been published evidence that and that we are on an upwards trajectory.

The second issue that I wish to mention is the inevitable impact of Covid and the number of new Covid cases on non-Covid elective care. I know that many people have had their elective care postponed; I also know how frustrating that must be.

Health boards have been working hard to try to ensure that patients are being seen and continue to be treated. For example, NHS Fife has, notwithstanding the second wave of the pandemic, continued to perform much of its elective programme. However, given the rising number of patients admitted with Covid-19, NHS Fife has had to postpone some non-urgent procedures, so that it can prioritise clinical services for those who are most unwell.

I understand that the postponed procedures are being rescheduled for as soon as is practical and safe. In that regard, I wish to welcome the news that five independent hospitals, including BMI Kings Park hospital in Stirling, are, from this week, to support NHS Scotland with elective care. That will provide much welcome additional capacity for our NHS in these unprecedented times.

It is also appropriate to welcome another major development by NHS Fife. At the beginning of last week, work commenced to replace the magnetic resonance imaging scanner at Queen Margaret hospital in Dunfermline. The project, which will replace the existing scanner with a new, state-of-the-art equivalent, is being funded by the Scottish Government. The new scanner is expected to become operational in 2021. That is great news for Fifers, given that more than 14,000 MRI scans were carried out in Fife last year alone.

Thirdly, I thank GPs for the key role that they have played and are continuing to play across my Cowdenbeath constituency, Fife and Scotland. They deserve our grateful thanks, too.

It is important to reiterate that the vaccine roll-out is progressing to plan and that no one will be forgotten or left behind. I know that my constituents want the facts, not misleading headlines in easy-to-write press releases. It is also quite clear that, to save lives and protect our NHS, we continue to need to reduce the opportunities for the transmission of the virus. In that regard, my feeling is that people do not want political posturing, such as Labour's opposition to the level 4 travel ban in November last year. Rather, people

want us to take the difficult decisions that are necessary to get us through to the other side of the pandemic, and the Scottish Government has demonstrated that that is what it is determined to do.

16:35

**Alex Rowley (Mid Scotland and Fife) (Lab):**

Like many members, I set out my gratitude to all health and social care workers who are on the front line and have been on the front line throughout the pandemic. I sincerely thank them. Over the past days, we have seen television reports from inside hospitals and from Covid wards in which the pressure levels have been laid bare for all to see. That reflects the comments from the chair of BMA Scotland, Dr Lewis Morrison, who recently told BMA members:

“We’ve used the expression ‘stretched to breaking point’ so often there’s a risk that phrase loses its meaning but that is exactly where we are right now.”

If there is agreement in the chamber that we are all in debt to those workers, there should equally be agreement that we must do all that we can to ensure their safety as best as we can. That should also apply to their pay, terms and conditions. It is fine to say thank you, but we need more than words.

BMA Scotland has produced a briefing for the debate in which it has raised concerns about the supply of effective PPE. Those concerns must be listened to and acted on.

Given the levels of worry in communities, particularly among older people and people with underlying health conditions, it is understandable that people are keen to know when they are likely to be vaccinated. The Government’s amendment notes that

“supplies of vaccine may be patchy in the coming months due to factors outwith the control of the Scottish Government or UK Government”.

Earlier today, the First Minister talked about Pfizer and the fact that it was rescheduling the agreed supply. I understood what that meant, but do we have enough vaccine on order? What is happening with the Oxford vaccine and the other vaccines that we hoped would come on stream?

Patchy supply must be seen as a risk. The Government has to be more forthcoming on the degree of risk involved, why there is a risk and—most important of all—what we are doing to overcome it. We need more detail so that we can assure the public that the timetable for rolling out the vaccine that we are working to will be met and that we are confident that the amount of vaccine required has been secured. A few weeks ago, I asked the First Minister about the exit strategy. She said:

“The exit strategy now is the vaccine—it is a very definite exit strategy that we have not had before. Therefore, the quicker we can get people vaccinated, the more we can get back to normal.”—[*Official Report*, 4 January 2021; c 34.]

Given that answer, any risk to supply must be addressed with the full power of Government.

I urge the Government to recognise the need, once the Covid numbers have been driven down again, to get the most effective test, trace and isolate programme in place. To date, we do not have that. I would like the Government to bring forward far more detail on the progress that it is making on that front.

Many members have focused on the impact on other NHS services of prioritising Covid. Again, there is a requirement for the Government to present a clear analysis of the extent of the issues. The planning for building back those services must begin now. We also have to recognise the need to put in place a national care service as part of building back. That will require actions to address the major failings in the current system.

The Unite trade union has set out three clear actions that must happen if we are to recognise that the backbone of the care service is the people who deliver the service. The first action that it calls for is

“The establishment of sectoral and national bargaining for all carers not covered by existing and agreed bargaining processes to ensure that standards are met and every carer receives the best pay and conditions.”

The second is

“The development of a professional skilled user responsive National Care service to oversee and regulate the sector and ensure the highest standards are met”

and kept up in the sector.

The third is that a body be formed involving stakeholders, including

“client groups, trade unions, employers, local government and Scottish Government with a clear mandate to drive through the changes necessary to make the care sector in Scotland the envy of the world.”

We can learn the lessons and build back better by putting care in the community on a level playing field with the rest of the NHS and taking the pressure off acute services by having world-class community services. By doing so, we will show that we have learnt the lessons of Covid from the first time round and we will invest in the greatest asset of health and social care—the staff.

16:41

**John Mason (Glasgow Shettleston) (SNP):** I guess that, as Jamie Greene said, the most encouraging thing is that the vaccination programme is getting under way at all. From being in a position where few people expected a vaccine

within a year, three vaccines have now been approved and almost all care home residents have had the opportunity to get vaccinated.

Unsurprisingly, most of us want to get vaccinated as soon as we can. We had a helpful briefing from NHS Greater Glasgow and Clyde on Friday, in which it explained its intention of giving jags from 8 am to 8 pm, six days a week. It said that it had the staff to give jags 24/7, but it wondered whether people would want the jag at 3 am, for example. Having spoken to a few folk over the weekend, I think that there could be a willingness to get the vaccination at unsocial hours—that obviously depends on whether enough vaccine is available—so I hope that that option will be considered.

There has been understandable impatience to get the vaccine, as Patrick Harvie said, especially among the elderly and their relatives and friends. In Monday's statement, Nicola Sturgeon made it clear that those aged over 80 should have been offered a jag by the start of February. However, even by Monday evening I had a constituent in contact with me who understood that the over-80s should already have been vaccinated or at least have been notified about it. I think that we all have a responsibility to try to calm people down and to urge a bit of patience. None of us is naturally patient, and politicians may be worse than most. However, I think that we can help our constituents and the country as a whole if we can urge a bit of calm and patience.

Of course, some people will get the jag a bit sooner than others, but let us not forget that the vaccines are becoming available amazingly quickly by historical standards. I note the suggestion in the motion that the healthcare workforce should have had both doses by the end of February. That would be before some over-65s and those with underlying health conditions got their first dose, and I wonder whether what Labour proposes is the right priority. Assuming that the aim is to minimise the number of deaths, we have been repeatedly told by the JCVI and other experts that age is the greatest risk factor and that it must be the top criterion for getting the earliest access to the vaccine. We have assurances that the first dose gives good protection—much better protection than we thought only a month or so ago—therefore I wonder how wise it is to seek to override the JCVI's recommendations.

**Jamie Greene:** If the aim is to protect people in care homes, given that we know that the virus is still getting into care homes, surely getting front-line care home staff vaccinated with both doses is a sensible approach.

**John Mason:** I think that that is going ahead. The point is whether some people should get the second dose before other people get the first

dose. That was the advice, but I do not think that it is the advice now.

I think that the analysis in the motion of the cancellation of elective procedures and long waits for care being “devastating” and of the NHS taking years to recover may well be correct. However, it is not clear that there is a ready solution to that.

Of course, there should be an openness to further preventative measures, and I am sure that the NHS and the Government are open to enhanced PPE if that is the general recommendation. However, we probably need to be realistic and accept that hospitals are always likely to be places where viruses are transmitted. The motion suggests that we could completely

“prevent the spread of COVID-19 in healthcare settings”.

That is highly desirable, but I wonder whether it is actually possible. It might have been better if the motion had said that we should minimise the spread.

On the one hand, we want to set high and challenging goals, but, on the other hand, we do not want to mislead the public into thinking that 100 per cent safety is achievable. After all, that is one reason why most of us were keen for older and vulnerable people to be moved out of hospitals into care homes, for example, at the start of the pandemic. We greatly feared that they would catch Covid in hospital. I agreed then that we should move such patients out of hospital if they did not need to be there, and I still think that it was the right decision.

On the subject of care homes, there has been a certain amount of negative comment about care homes by some people on social media. I used to work in the care home sector and my mother has been in a care home for the past two years. Although there will always be the odd exception, on the whole, I have a very high opinion of our care homes. A care home becomes a person's home, as is the case for my mother. Residents have care and company 24 hours a day, which is much more than they would have if they were living on their own, and it is clear to me that the staff genuinely care for the residents. Therefore, let us have no running down of care homes in general or a suggestion that residents do not live in a family atmosphere.

I want to broaden out the debate a little and mention the wider world scene. In our rush to get everyone in Scotland vaccinated as soon as possible, I urge us not to forget poorer countries around the world. Thankfully, some of those countries do not seem to have been impacted by Covid as much as we have been in Europe, although there is always a bit of doubt over some of the numbers. For example, the last time I visited my barber, who is Kurdish, he said that Kurdistan

had pretty well let the virus run through the country and that they are now just getting on with life. At the weekend, I was in touch with friends who are medics in a rural part of the Democratic Republic of the Congo, and they have seen no sight of any vaccine.

My understanding is that the World Health Organization is seeking to ensure that there is fair distribution of vaccines worldwide. That is good, but I urge the Scottish and UK Governments not to forget the more vulnerable nations and their people around the world. I understand that, just this week, Dr Tedros Adhanom Ghebreyesus—I hope that I have pronounced his name correctly—who is the director general of the WHO, said:

“the world is on the brink of a catastrophic moral failure—and the price of this failure will be paid with lives and livelihoods in the world’s poorest countries.”

Absolutely, we should focus on Scotland and what is happening here—that is our job and what we are elected for—but please let us not forget other parts of the world that are less fortunate than we are.

16:47

**Michelle Ballantyne (South Scotland) (Reform):** The emergence of the coronavirus and its subsequent variants has resulted in decisions being made that would have been unthinkable a year ago. The idea that our liberties could be restricted, our livelihoods threatened and our children’s education disrupted is the stuff of nightmares. As a population, we have been asked to step up. Many people have had to make sacrifices that they did not choose in order to help to save the NHS and protect lives, and generally they have done so willingly.

In less than a year, several vaccines have been produced, which is nothing short of incredible. Normally, the discovery and research phase of developing a vaccine takes two to five years, and it takes up to 10 years to complete testing and achieve licensing. If the vaccines deliver successfully, they will have set new standards of expectation. Jamie Greene encapsulated that very well in his comments. Given that the Government’s strategy for dealing with the coronavirus is predicated on the vaccination of the population, that has become essential to getting us out of the devastating cycle of restrictions and lockdowns.

Having spent 25 years of my working life in the NHS, both as a nurse and as a manager, I am very familiar with the challenges of managing the annual winter beds crisis. I feel for the staff who are not only having to work under the pressure of large volumes of patients but having to work full-time in PPE, which, without a doubt, is

uncomfortable and restrictive. There is also an emotional toll not only from the personal risk to staff but because they are often the only people who are available to distressed and terminal patients, as their relatives are obliged to stay away. The stress for medical and care staff comes not just from treating patients with Covid. For many, it comes from seeing their patients’ treatments and surgeries delayed in the knowledge that the backlog is growing and will take years to address, meaning that, for some people, it will come too late.

I do not believe that the chamber is the right place to make decisions about the administration of the vaccine, as we are not equipped with enough understanding and clinical knowledge to do so, and it is a shame that the motion suggests that we should be the ones to make such decisions. I support the general principle of offering the vaccine to those who are most at risk first, but I am also clear that the vaccine should not be compulsory and should be administered with informed consent. Therefore, I ask the Government to confirm that that will be the case.

Perhaps most importantly, we need to understand what the tipping point is for the removal of restrictions and a return to normality. I am interested in the Government’s response. How many people will have to be vaccinated before restrictions can be lifted? When will the Government feel confident that the risk to the NHS has been reduced and the risk to life from Covid suppressed sufficiently? The speed of delivery and getting children back to school and businesses back operating to minimise job losses, not to mention the reinstatement of routine healthcare, should be priorities for all of us.

I have concerns about the strategy that has been used to manage the crisis, and the political jibes that have been made in the chamber underpin the unhelpful approach that has been taken in an attempt to silence any view other than that of the members concerned. I believe that the damage that is wrought by lockdowns will be far worse than the direct consequences of Covid and that that will almost certainly be the biggest challenge that faces the politicians who sit in the chamber in the next session. That is in no way to belittle the awfulness of Covid, but it should focus the minds of those who are responsible for driving the strategies to consider all the evidence that is available to them on what works to tackle the crisis, as Covid might not be the last virulent virus that we ever have to face.

16:51

**David Torrance (Kirkcaldy) (SNP):** As my colleagues have done, I would like to start by

extending my thanks and appreciation to all of Scotland's NHS and social care staff.

Our NHS has been transformed by the pandemic, and our social care system has been strained like never before, but despite being faced with those substantial and unprecedented challenges, our healthcare workers have all contributed to ensuring the continued delivery of the high level of care, excellent services and expertise that they are renowned for. The stresses and strains of the past year have touched the lives of every person in this country but, throughout it, we have seen those workers go above and beyond to support others time and time again, regardless of what personal difficulties they might be experiencing. Their professionalism and commitment are to be commended and should never be forgotten.

The roll-out of a mass vaccination programme on such a scale is an immense logistical task involving a number of moving parts, and it was always going to be challenging. I welcome the news that more than 70 per cent of care home staff and more than 70 per cent of all front-line health and care workers have received their first dose and that we remain on track to complete the first dose vaccines for those in JCVI priority groups 1 and 2 by the start of February.

As is only right, we are prioritising the distribution of vaccine to those who are most at risk, with decisions about how the vaccines are given and at what intervals being made in line with advice from the JCVI. It is expected that 190,000 healthcare workers and 110,000 social care workers will be vaccinated as part of the overall programme, but the recommendation from the JCVI is clear: priority for the vaccine must be given to those with the greatest clinical need, who include residents in care homes for older people and their carers, front-line health and social care workers, and those aged 80 and over.

It was therefore vital that we started by vaccinating healthcare staff whose work involves direct face-to-face contact in healthcare settings, especially those who work in Covid red areas in hospital, patients aged over 80 in long-stay elderly wards in hospital and those in care homes for older people.

There has been much discussion surrounding the timing of the second dose and the decision that was taken to adapt the approach to allow increased numbers of first doses to be administered and second appointments to be rescheduled. Professor Adam Finn of the JCVI was clear about the benefits of that approach when he stated:

"We do need to make decisions here based on the likelihood of what is going to be most beneficial and what is going to be most beneficial right now, for all of us, is to

reduce the number of deaths and hospitalisations that we're seeing across the country."

The JCVI recommends that first doses of the vaccine are prioritised for as many people as possible on the phase 1 JCVI priority list. That reflects the need to reach as many people in the shortest possible timeframe with the supplies of vaccine that are available. That approach is being taken on the basis that the protection that the vaccines provide after the first in a two-dose schedule is very substantial. We know that, in most cases, the first dose offers a significant amount of protection against the virus; typically, a person is likely to reach 70 per cent protection in 14 to 21 days.

It seems clear to me that it is not only sensible but vital that we provide as many people as is feasible and practical with a substantial level of protection as we continue in our efforts to protect our NHS services.

As the MSP for the Kirkcaldy constituency, I would like to speak about the significant strides that have been made over the past few weeks to protect those in Fife who are most vulnerable to the effects of Covid-19, and to praise the efforts of everyone who is involved.

Figures that NHS Fife released last week show that the first round of Covid-19 vaccinations has now been carried out in all 76 of Fife's care homes as the efforts to protect the kingdom's most vulnerable residents gathers pace. About 5,000 vaccinations have been carried out in Fife among care home residents and staff, who were among the first to be prioritised for immunisation. NHS Fife also reported being ahead of the national average in vaccinating that population, and it anticipates being able to administer the second dose in March. In addition, a further 7,100 healthcare staff who work in Fife have been vaccinated as part of the efforts to maintain critical NHS services over the extremely busy winter period.

With all 54 GP practices in Fife participating in the Covid-19 vaccination programme and capacity continually being increased through the bringing on board of more community healthcare practitioners including pharmacists and dentists, healthcare staff are working unbelievably hard to vaccinate people as quickly as the supply of vaccine allows.

I acknowledge the decision that has been taken in Fife to include community childminders in the prioritisation for the vaccine in view of their front-line role in supporting vulnerable children and families. As has been mentioned, at a national level, the Scottish Government has prioritised health and social care staff receiving the vaccine during the first phase of its roll-out, but each local

NHS board is, in turn, responsible for working with its local authorities to identify health and social care staff to receive the vaccine. Fife Council, working in partnership with NHS Fife, recognises that community childminders are involved in direct delivery of front-line social care services.

It would be remiss of me not to mention NHS Fife's success in being one of the two health boards that have received approval from the Scottish Government for the roll-out of an asymptomatic community testing programme, following a successful bid for funds. The testing will take a targeted approach, focusing on communities where there is a high prevalence or sustained transmission. Research has shown that a large number of the total Covid-19 transmissions come from those who have no symptoms and are unknowingly spreading it.

That expansion of the testing system is great news as it will make it possible to identify people who have the virus and target support to help those who are positive and their contacts to isolate so that the chain of transmission of the virus can be broken.

I commend the efforts of all our health and social care staff and the work of everyone who is involved in delivery and implementation of the Covid-19 vaccination programme as we continue to fight the virus.

**The Presiding Officer:** We move to the closing speeches. I call Donald Cameron, to be followed by Jeane Freeman.

16:57

**Donald Cameron (Highlands and Islands) (Con):** I was slightly thrown earlier, as I was expecting to open the debate for the Conservatives, but Maurice Golden, being the experienced improvisation artist that he is, did that so ably that I am sure that no one noticed.

On behalf of the Scottish Conservatives, I somewhat belatedly welcome Mairi Gougeon to her new ministerial role. This is the first health debate in which I, and many others, have participated with her.

I join Monica Lennon and other members in paying tribute to all of our NHS and social care workforce, particularly at this critical juncture in our fight against Covid-19. We have all been through another tough period, and for many it may seem that there is still no light at the end of the tunnel, but with three vaccines now having been approved by the MHRA and more than 4 million people having been vaccinated across the UK, we are making real progress.

However, as the recent troubling news from the Western Isles—the isles of Barra and Vatersay—

highlights, we all remain at risk if the virus spreads, even if it is unintentionally spread. People must remain vigilant and we must continue to follow the advice of staying at home in order to protect the NHS and save lives.

It is critical that we continue to vaccinate as many people as we can, as this really is a race against time and a virus that, as we all know, has proven how deadly it can be. It is with that aim in mind that we find ourselves today talking about various issues with the vaccine roll-out programme and how it affects health and social care staff in particular.

Before moving on to those issues, I will address the issue of the JCVI guidelines, which has been raised in the debate. The Scottish Conservatives believe that the guidelines should be adhered to, but we do not believe that vaccinating home care staff, or making it an ambition for health and social care staff to be vaccinated with both doses by the end of February, somehow deviates from those guidelines. Home care staff are surely front-line health and social care workers, and are therefore in priority group 2 and within the top two cohorts. They are not residential care home workers, who are in priority group 1, but they are undoubtedly front-line workers.

With 80 per cent of health and social care staff first vaccinations already done, having started more than six weeks ago, it is possible for the second doses to be done within the JCVI timeframe. We should at least aim high in that regard.

Turning to roll-out issues, we must first acknowledge that there are significant concerns about delays in getting vaccines to our GPs. Dr Andrew Buist, the chair of BMA Scotland's GP committee, has noted the

“variable and sometimes slow rate that vaccines were being made available to GP practices”,

while some volunteer vaccinators have complained of overwhelming bureaucracy blocking them from being able to administer the vaccine.

However, it is clear and evident that the fault does not lie with the deployment of vaccine to Scotland. The real issue is the Scottish Government's lack of management of the process and its inconsistency in meeting targets. We learned this week that the SNP Government has not used around 400,000 vaccines that it has in its possession, and we still do not know why those vaccines are not being delivered to vaccinators. We also know that last week, for example, fewer than 17,000 people were vaccinated each day, which is not enough to meet the Scottish Government's target. Just this weekend, the number of vaccines delivered dropped by around 3,000 per day. The Scottish Government set a

target of vaccinating 560,000 people by the end of January, but the current figures suggest that that target could be missed by a significant margin.

It is not just the handling of the vaccine roll-out that has been chaotic, as there have been problems on the ground, too. For example, last month, it was reported that NHS Lothian staff had to wait up to three hours on the phone to book an appointment for a vaccine and, recently, NHS staff in Glasgow had to wait outside the Royal infirmary for up to four hours to be vaccinated, due to a “scheduling error”.

We have heard of GPs waiting for delivery of vaccines, of confusion about who is supplying the vaccine and of huge disparities in terms of when people can expect to get the vaccine. The examples that we have heard do not appear to be isolated incidents or sporadic anecdotal evidence; rather, they suggest a patchwork of problems around Scotland in ensuring that priority groups receive their vaccines as quickly as possible.

The Scottish Conservatives are particularly concerned about the highly variable roll-out of vaccines to those in our rural communities. Here in the Highlands and Islands, for example, there are many people in the top priority cohorts who have not yet been vaccinated. Earlier this month, GPs in NHS Highland complained that they had not yet received any vaccines. Many members will have had emails from dozens of constituents asking why relatives of theirs who are over 80 years old have not yet received an appointment. I accept that it is a challenging endeavour and that there are greater logistical difficulties in rural and remote parts of our country, but we must not let that create a postcode lottery.

Just before the debate, I received a heart-breaking email from someone whose parent, who is in their late 90s, has not had any indication of when they will receive the vaccine and who has been shielding since 23 March 2020. Their GP practice has no information available, yet another GP practice that is not more than 200m away was busy vaccinating people last weekend and all this week. That is someone who is at risk and has been let down.

It is apparent that workforce issues have contributed to the problems that we face in Scotland. Many retired medical professionals have contacted me to say that they are desperate to help with the vaccine drive, but that they have encountered a cumbersome application process.

The Conservatives welcome the news that the Army has established 80 new vaccination centres with NHS Scotland. As we say in our amendment, we pay tribute to our armed forces for stepping up to support the effort. However, it is concerning that the collaboration is happening only now, and many

are wondering why it took so long to ask for assistance from our armed forces, who have significant logistics experience.

I will briefly touch on the issue of PPE for our NHS and social care staff. BMA Scotland has recently noted concerns,

“in light of the higher transmissibility of the now dominant Covid strain, that currently recommended PPE may not offer the best protection in some clinical environments.”

That was echoed recently by a nurse who stated to the BBC that

“the surgical masks aren’t working, they’re not fitted to your face”.

That is particularly concerning, and it is clear that it needs to be addressed urgently so that we fully protect our front-line workers from the new variant.

**The Presiding Officer:** You are out of time, Mr Cameron.

**Donald Cameron:** The Scottish Conservatives support Labour’s motion, and we hope that others will support our amendment.

17:05

**The Cabinet Secretary for Health and Sport (Jeane Freeman):** The debate has been interesting, and we are addressing a very wide-ranging motion from Monica Lennon. I regret that, even in the time available, we have not been able to look in any greater detail at how our NHS and social care services are responding, at the implications of that response, and at how, looking ahead, we might build back to more normal services. I will be very happy, if the parliamentary timetable and the time available to us before the next election allow, to come back with a Government debate on some of the work that is under way right now to look ahead at how we will return our NHS to being even better than it was before the pandemic.

However, before I go any further, I take the opportunity, as others have done, to offer my heartfelt thanks to our NHS and social care staff. Things for them are harder than ever, not simply because they are seeing more cases—a greater volume and with greater pressure—but because they are doing it yet again. I completely appreciate how many of them are feeling.

I agree with Jamie Greene that, behind the debate, is a bit of a miracle, in the sense that we are spending so much time talking about a vaccine, which is part of our route out of this. I will return to that point.

The premise of my work is to get vaccine into as many arms as possible. I tried to set out supply numbers and how those would align with our delivery, but, as members know, that was not

deemed to be acceptable by my colleagues elsewhere—in the UK Government—so we withdrew that detail. My simple point, on which I will not spend long, is that if members accept and support that that detail should have been removed—indeed, some members called for that—they cannot then ask for that information, which I could set out in glorious detail, and criticise us for not giving it, while making assertions, based on very little evidence, about what is or is not available.

I turn to some of the specifics of how we are trying to ensure that our country and our health and social care workforce are protected in order that they can do the job that they need to do. About a year ago, our testing capacity in Scotland was 350 tests per day; it is now 70,000 polymerase chain reaction tests per day in terms of processing, and that does not include lateral flow devices. That is part of a four-nations, UK-wide effort. All admissions to our hospital settings are now being tested, as are all patient-facing health and social care staff. Testing for home care staff rolled out on Monday. Care home staff have been tested for some time, not only with PCR tests but now, during the week, with lateral flow devices.

I turn to the point about hospital-acquired infections, which is really important. Scotland has an excellent track record in our patient safety programme. Even before Covid-19 testing was fully rolled out, in the most recent figures published—for the week ending 27 December—we can see that both probable and definite hospital-onset Covid cases had come down compared with the previous period. Even indeterminate hospital-onset cases—in which it is not entirely clear whether an infection was acquired in hospital—had come down. We therefore need to be clear. That is published information—[*Interruption.*] I am sorry but I am going to try to rush through; if I have time at the end, I will certainly take an intervention.

We are trying very hard, as are all our health and social care workers, to prevent the acquisition of Covid infection either in hospitals or in care home settings. However, where there is significant community prevalence, that becomes very difficult.

From very early on, we have acted to ensure the direct distribution of PPE to the acute sector, the primary care sector, social care and carers. We hold three to four months' volume of PPE across all items.

Monica Lennon mentioned a letter from the BMA and said that the BMA is still waiting for a reply. I saw that letter just this afternoon; it was written to the UK Government. This afternoon, I am about to clear a response from us to the BMA, about what we think should happen and how we respond to its concerns.

On PPE, we take advice across the four nations from our senior clinical advisors, and the guidance is produced from that advice. In addition, we have always said that the professional assessment of individual staff members should be followed. In other words, people should not deviate from the guidance or do less than it advises, but if their professional view is that they ought to wear more protection than is advised in the guidance, it should be available to them. That is what we set out in our amendment, it is what was behind the agreement with COSLA and the unions for home care staff very many months ago, and it is the position that I hold and will continue to hold.

On vaccines, let us remember two things—and I will come back to Mr Harvie's very important point in that regard. What we know about the current vaccines is that they protect us, as individuals, from serious illness or death—they are not 100 per cent protective, but they are more protective than the flu vaccine. What we do not yet know is whether the vaccine prevents us from transmitting the virus to other people. So, if I was vaccinated, I would be protected, but if I acquired the virus we do not know whether it could then be transmitted from me to, for example, Ms Gougeon. That is really important and it links directly to the degree to which vaccination is 100 per cent our route out of this or an important, necessary and very welcome protection.

Some 75 per cent—

**The Presiding Officer:** Ms Freeman, I know that you want to respond to a number of important points, but I am afraid that you are out of time and must draw your remarks to a close.

**Jeane Freeman:** Okay.

On the issues to do with bureaucracy and supply, we are dealing with those matters, but members need to remember that only the AstraZeneca vaccine can go into our GP practices, not the Pfizer one.

Finally, staff at the Louisa Jordan, which could be considered to be our first mass vaccination site, have vaccinated 26,171 people since we received vaccines. The site will continue to operate over weekends and other sites will open up.

Vaccination is really important, but it is important alongside testing, compliance with restrictions and ensuring that all of us, right at this minute, stay at home, protect the NHS and save lives.

17:52

**Pauline McNeill (Glasgow) (Lab):** We all agree that we will never be able to repay the debt to NHS and care workers on the front line. We have heard the testimonies of many health workers who have been dealing with the sickest patients, who



say that nothing prepared them for the death and sickness that they have seen over the past 10 or 11 months.

Almost a year after the pandemic hit, our NHS is again being pushed almost to breaking point. Staff are tired and are struggling to cope with the relentless demands, as they see the situation for the second time. That is probably the biggest worry.

Adrian Boyle, who is the vice-president of the Royal College of Emergency Medicine, is worried about the next couple of months. He said:

“We are very much at battle stations. There will be short-term surges of morale but people are tired, frustrated and fed-up”.

He is worried about burn-out.

As the cabinet secretary said, vaccination roll-out and the test and protect programme are, together, our way out. I agree with Jamie Greene that we owe our scientists a great debt, and I agree with John Mason that it is important that vaccination be rolled out to the whole world, including the poorest people.

Our country is also feeling the cost of cancelled and delayed operations in relation to other illnesses. Brian Whittle made that point. Last November, there was an 84 per cent reduction in operations compared with the number the previous year. Some health boards have, for reasons that we all understand, paused routine services and elective surgery. We all hope and pray that the pause is short term and that the current restrictions will have us turning the corner soon. We cannot for much longer go on cancelling operations and ignoring people who are very ill and need their NHS.

I know that ministers are only too aware of that, and I know that they will soon start to plan how we can tackle extraordinary waiting times for treatment. The cabinet secretary has said in the past, when I have mentioned the issue, that it is important that patients get information and transparency, so that they have faith that they are not forgotten about.

If we have learned anything from the pandemic, it is that we need a plan and a strategy to deal with Covid over the long term. Again, it was the cabinet secretary who pointed out that a pandemic can release new viruses; that is something that we might have to deal with in the future. Mark Griffin said recently that long Covid is an industrial disease for which healthcare workers are far more likely than others to be hospitalised; we know that many are suffering from long-term effects. That makes me wonder whether we need some redesigning of our national health service to accommodate that. Some countries have Covid clinics and NHS Greater Glasgow and Clyde has

assessment centres that seem to work well. It is worth considering whether we need a bit more of that in the long term.

Perhaps we need also to question the model of healthcare. We have super hospitals and centres of excellence—certainly, in my health board area—but containment of a virus might dictate that there is also a need for smaller satellite hospitals, in case we face a future crisis. There are many things that we do not know about the virus—for example, for how long the vaccine will give immunity—but we will, we hope, learn them in time.

It is important to acknowledge the many issues in relation to the track and trace system and people who do not self-isolate, which have been raised in Parliament. Many people have not downloaded the app because they are nervous about being unable to afford to self-isolate, if they get a notification to say that they must do so. That is why we welcome the financial support, but we can never miss the point that many people are frightened to download the app because of hardship. If the Government can solve such problems, more people will comply with self-isolation. After a year of disrupted work and finances, people obviously feel that they cannot afford to self-isolate.

I would like some clarification on the following point. I first thank the cabinet secretary for responding very quickly on Hogmanay to a question that I had about an agency nurse who felt that she was not going to get the vaccine along with her colleagues. That has been clarified. A number of agency staff have contacted me, saying that they have not been routinely tested. I have spoken to two nurses for whom going round different hospitals is the nature of their job. One told me as recently as two weeks ago that she had been to University hospital Monklands, University hospital Crosshouse and the Royal infirmary of Edinburgh but had not been tested. I want the reassurance that agency staff will not be forgotten about in relation to testing and the vaccine.

I appreciate that it is inevitable that there will be some anomalies when, as Mairi Gougeon said, there is roll-out in such a huge logistical project. I have been contacted by a constituent who said that she, as a part-time unpaid carer for her elderly mother, will receive a vaccination before the full-time carer whom she employs to look after her mother, because she is employed as a private carer and not an agency carer. I realise that that is an anomaly, but I wonder whether it could be looked at.

We could be dealing with Covid for years; many health professionals speculate that it could be like seasonal flu, in that we might need vaccination every year. A redesign of services needs to be

looked at to see what lessons we can learn about this episode of Covid. Covid hubs and smaller hospitals might be the way forward, as I have said. When NHS Greater Glasgow and Clyde redesigned its service, it created ambulatory care services at New Stobhill hospital and New Victoria hospital. One of the most important features of that is that it allowed flexibility to move patients into smaller hospitals.

I want to make it clear that in Labour's amendment we are not arguing for other groups to be moved down the list that is already set out. We are saying that there is a call from the healthcare workforce to see whether they could be given second doses sooner rather than later, if the supply and capacity are in place.

I agree with Patrick Harvie that we need to give the public a realistic picture of what lies ahead, but I appreciate that we might not be able to do that at this point, because we are still assessing where we are now with the virus in relation to our health service. However, it feels as though we are on the cusp of knowing when we are going to turn the corner.

In conclusion, I say that for all of the sadness and the fears that we have heard in the debate, I felt a glimmer of hope from the NHS Greater Glasgow and Clyde briefing on Friday, because it is on track with roll-out of vaccines. I know that there will be problems as we go on, but we reserve the right to put questions to ministers and to push harder, and we will never stop doing that in fighting this horrible virus, which has taken the lives of millions. We must continue to work together and push the Government when we think that there have been failures.

We must have hope—we have been given hope in the form of vaccines—and we cannot forget those who are still worried sick about the fact that their treatment and operations have been continually delayed. That is the next chapter. I welcome the cabinet secretary's offer to have a Government debate on the issue. I know that tackling the virus is the priority, but I would appreciate it if, in that debate, some reassurance was offered to that group that they are never forgotten about and that the NHS is theirs, too.

## Business Motions

17:20

**The Presiding Officer (Ken Macintosh):** The next item of business is consideration of business motion S5M-23899, in the name of Graeme Dey, on behalf of the Parliamentary Bureau, setting out a business programme.

*Motion moved,*

That the Parliament agrees—

(a) the following programme of business—

Tuesday 26 January 2021 (Virtual)

2.00 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Topical Questions

*followed by* Ministerial Statement: COVID-19

*followed by* Ministerial Statement: Scotland's Vision for Trade

*followed by* Stage 1 Debate: University of St. Andrews (Degrees in Medicine and Dentistry) Bill

*followed by* Stage 1 Debate: Post-mortem Examinations (Defence Time Limit) (Scotland) Bill

*followed by* Committee Announcements

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.20 pm Decision Time

Wednesday 27 January 2021

2.00 pm Parliamentary Bureau Motions

2.00 pm Portfolio Questions: Constitution, Europe and External Affairs; Economy, Fair Work and Culture; Education and Skills

*followed by* Scottish Conservative and Unionist Party Business

*followed by* Stage 2 Debate: Pre-release Access to Official Statistics (Scotland) Bill

*followed by* Stage 2 Debate: The Scottish Parliamentary Standards (Sexual Harassment and Complaints Process) Bill

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

*followed by* Approval of SSIs (if required)

5.40 pm Decision Time

Thursday 28 January 2021

12.30 pm Parliamentary Bureau Motions

12:30 pm First Minister's Questions

2.00 pm Parliamentary Bureau Motions

2.00 pm Ministerial Statement: Scottish Budget 2021-22

*followed by* Stage 1 Debate: Domestic Abuse (Protection) (Scotland) Bill

*followed by* Financial Resolution: Domestic Abuse (Protection) (Scotland) Bill

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

5.30 pm Decision Time

Tuesday 2 February 2021

2.00 pm Time for Reflection

*followed by* Parliamentary Bureau Motions

*followed by* Topical Questions

*followed by* Ministerial Statement: COVID-19

*followed by* Rural Economy and Connectivity Committee Debate: Inquiry into Construction and Procurement of Ferry Vessels in Scotland

*followed by* Stage 3 Proceedings: Scottish Parliament (Assistance for Political Parties) Bill *followed by* Committee Announcements

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

4.55 pm Decision Time

Wednesday 3 February 2021

12.30 pm Parliamentary Bureau Motions

12.30 pm First Minister's Questions

2.30 pm Parliamentary Bureau Motions

2.30 pm Scottish Green Party Business

*followed by* Business Motions

*followed by* Parliamentary Bureau Motions

*followed by* Approval of SSIs (if required)

4.30 pm Decision Time

Thursday 4 February 2021 (Virtual)

1.00 pm Parliamentary Bureau Motions

1.00 pm Portfolio Questions:  
Health and Sport;  
Communities and Local Government;  
Social Security and Older People

*followed by* Stage 1 Debate: European Charter of Local Self-Government (Incorporation) (Scotland) Bill

3.45 pm Decision Time

*followed by* Members' Business

*followed by* Members' Business

(b) that, for the purposes of Portfolio Questions in the week beginning 25 January 2021, in rule 13.7.3, after the word "except" the words "to the extent to which the Presiding Officer considers that the questions are on the same or similar subject matter or" are inserted.—[*Graeme Dey*]

*Motion agreed to.*

**The Presiding Officer:** Next is consideration of motions S5M-23900 and S5M-23901, setting out the stage 1 timetables for two bills, and motion S5M-23902, on a stage 2 timetable for a bill, all in the name of Graeme Dey.

*Motions moved,*

That the Parliament agrees that consideration of the Dogs (Protection of Livestock) (Amendment) (Scotland) Bill at stage 1 be completed by 29 January 2021.

That the Parliament agrees that consideration of the Domestic Abuse (Protection) (Scotland) Bill at stage 1 be completed by 5 February 2021.

That the Parliament agrees that consideration of the Scottish Parliamentary Standards (Sexual Harassment and Complaints Process) Bill at stage 2 be completed by 5 February 2021.—[*Graeme Dey*]

*Motions agreed to.*

## Parliamentary Bureau Motions

**The Presiding Officer (Ken Macintosh):** The next item of business is consideration of Parliamentary Bureau motion S5M-23903, on approval of a Scottish statutory instrument. I ask Graeme Dey to move the motion.

*Motion moved,*

That the Parliament agrees that the Housing (Scotland) Act 1987 (Tolerable Standard) (Extension of Criteria) Amendment Order 2020 [draft] be approved.—[*Graeme Dey*]

**The Presiding Officer:** I believe that Sarah Boyack wishes to speak against the motion.

17:21

**Sarah Boyack (Lothian) (Lab):** Actually, I want to indicate that our group would like to abstain on this motion. The reason why we want to abstain is that we believe that there should have been a two-year delay to the requirement for all homes to have improved fire safety equipment. The Scottish Government has delayed the requirement for a year, which we welcome, but we think that much more needs to be done and that action is required to make up for the lack of progress so far, the lack of clear information to householders, the lack of support to date, especially advice for older people, and the lack of financial support to those on low incomes; and to address the critical issue that we still do not have an answer to, which is support for older people to ensure that they are not exploited, which is an issue that Age Concern remains worried about.

The Minister for Local Government, Housing and Planning gave the Local Government and Communities Committee a commitment on a communications strategy, which we welcome, but the concerns that were expressed by the committee about progress in 2019 and 2020 are on the record.

There are 600,000 homes in Scotland with no fire alarm. That needs to be addressed, as it is a matter of concern. Apparently, around 900,000 houses have one heat or fire alarm, but we do not have detailed statistics on that, because they are not collected, and neither we nor those households know whether they are compliant with the new regulations.

My conclusion is that we need a significant ramp-up of activity to ensure people's safety, to give clarity on what is required and to make certain that there is capacity in the supply chain to ensure that those 600,000 households have the capacity to get those fire and heat alarms. One point to raise is that there must be fire safety visits, especially for older homes and households and

low-income families, so that those people are supported through the process.

I hope that the minister will meet MSPs and other stakeholders to give us updates on progress, so that we do not simply end up in the same place in a year's time, with all those houses still needing to be made compliant.

17:24

**The Minister for Local Government, Housing and Planning (Kevin Stewart):** As part of the work that we have progressed on improving fire safety, we introduced new standards on fire and smoke alarms in January 2019, and they were due to come into force on 1 February this year. Those new standards will bring owner-occupied properties to the same level of protection that we already have in the social and private rented sector.

However, in light of the current pandemic, I want to be pragmatic and to postpone the introduction of those standards for one year, which will provide home owners with more time to install fire and smoke alarms and allow us to increase public awareness of the need to do so and ensure that people have access to good information and advice, with targeted assistance for those who are unable to carry out the work without help. I have given those assurances in the chamber and to the committee.

These regulations will improve protection from fire in people's homes, and I believe that one year strikes the right balance between providing more time and meeting the need to improve fire safety and save lives. However, because I am pragmatic, as we move forward I will continue to have discussions with all who want to discuss this with me, to ensure that we get it right.

Amending legislation to postpone the introduction of the new standards until February 2022 was approved through the affirmative procedure by the Local Government and Communities Committee on 16 December. Some members have suggested that there should be a longer delay and, therefore, are disagreeing with today's motion. I do not agree with them, but I will continue to talk to folk, because I believe that we all share the same view that fire safety should come first.

I am glad that the move to oppose the motion has gone, because I was worried about that. If the motion were not passed today, the one-year postponement would not happen. Instead, the original regulations that the Parliament passed would automatically come into force in just two weeks' time, on 1 February 2021. Therefore, I am glad that there has been a step back from opposing what has been put forward today.

Let me be clear that, as in all matters, if members have issues on any of the things that we have talked about today, I am willing to meet them. I have already assured the committee members that we will continue to update them on how we are progressing with all this. I want to ensure that we get it right and provide the right level of fire safety for everyone in their homes, no matter what the tenure.

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

Next, we will consider Parliamentary Bureau motions S5M-23910 and S5M-23911. on the approval of SSIs.

*Motions moved,*

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 10) Regulations 2021 (SSI 2021/1) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 11) Regulations 2021 (SSI 2021/3) be approved.—[*Graeme Dey*]

**The Presiding Officer:** Michelle Ballantyne wishes to speak against the motions.

17:27

**Michelle Ballantyne (South Scotland) (Reform):** I wish to speak against motions S5M-23910 and S5M-23911. With only a couple of minutes allocated to explain my objections, I start by saying that my concerns in no way dismiss the dangers of the Covid virus, nor do they suggest that decision makers do not care or are not trying to do their best.

However, on examining a wide range of available data and analysis on the impact of the Covid virus and approaches to suppressing the virus, particularly the clinical papers that have been produced by doctors, scientists and virologists across the world, I am concerned that a swathe of evidence has not been given adequate consideration in the decision-making process. Studies carried out at Stanford University have examined the work by Imperial College London that has underpinned the recommendations that inform the use of lockdown and restrictions. The studies by Stanford—alongside a host of studies that have appeared in respected publications, such as the *BMJ* and the *European Journal of Clinical Investigation*—point to the conclusion that non-pharmaceutical restrictions, such as lockdown, do not show a strong statistical relationship between lockdown policies and the desired solution of relatively low Covid deaths or the suppression of the spread of the virus. In short, lockdowns do not do what is claimed of them. Worse still, there is growing evidence of the

medium and long-term consequences for the health and economic wellbeing of society that are appearing as a direct result of the lockdowns.

After months of restrictions, school closures, heightened fear and worry, young people are now reporting the highest-ever levels of mental health issues. Preventing young people from having face-to-face social interaction with family and friends—by limiting gatherings to two people from two households, as well as removing access to organised exercise—will further exacerbate the isolation and hopelessness that those young people are feeling, particularly at this time of year, when meeting outside is often not practical. Removing the right, which is enshrined in law, to attend worship, particularly when houses of prayer have taken every care to ensure the safety of their flocks, only adds to the stress that many people are experiencing and removes the support and reassurance that many people value. Having searched through the evidence that the Government has referenced, I could not identify any substantive evidence that suggests that attending worship creates an unacceptable risk.

For those reasons, I cannot support the two SSIs. I urge the Scottish Government and my fellow members to consider carefully whether the instruments make a difference to the war on Covid, or whether they unnecessarily add to the collateral damage that efforts to suppress the virus are having.

17:30

**The Minister for Parliamentary Business and Veterans (Graeme Dey):** The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 10) Regulations 2021 introduce the requirement that a person should not leave their home unless they have a reasonable excuse for doing so. That requirement is now in place in all four United Kingdom nations and is supported by all clinicians who are advising Government and, indeed, by the medical community as a whole. It is a necessary part of bringing the new strain of the virus under control, preventing our health service from being overwhelmed and, ultimately, reducing the number of infections to a level at which we can consider lifting the restrictions.

As the First Minister has set out, there are some encouraging early signs that the measures are beginning to have an effect in Scotland, but we know that it can take a number of weeks for the measures that we as a country take to feed through into the number of cases and the number of people in hospital. We need to stay the course and see this through. We should not throw away the hard-won progress that we are making, as Ms Ballantyne would have us do.

The tragic reality is that the virus preys on social contact. It spreads when people come together. The safest thing that people can do when levels of the virus are high, as they are at present, is to stay in their home as much as they can. That is what the science shows. That is what the evidence that is published regularly by all Governments in the UK shows. It is reckless of Ms Ballantyne to suggest otherwise. Indeed, some might say that it is hypocritical, given that she appears to be following the advice herself by contributing to these proceedings remotely.

We recognise that the closure of places of worship is a sensitive issue. Communal worship provides people with guidance, support, relief and hope at a time when those qualities are needed most.

**John Mason (Glasgow Shettleston) (SNP):** Does the minister accept that quite a number of faith communities support the measures? Although there is some opposition and everybody wants to be able to go to places of worship, many of us support the measures as necessary and temporary.

**Graeme Dey:** I very much recognise that. The point is that, although we recognise the value that people derive from attending places of worship, there could be nothing more tragic than a person attending a place of worship and ending up infected, ill or worse from a virus that was picked up on the way to or from, or at, a service there. We have made special provision to allow those who lead acts or worship to leave their houses and use places of worship to lead remote services, so that such services can continue.

We recognise that some members of faith communities are upset by the measures. Equally, as John Mason said, there are many who support them, including the Church of Scotland and the Scottish Episcopal Church. We engage in regular discussions with a range of faith groups about the measures, and we take all their views seriously.

We review all restrictions regularly, as we are required to by law at least once every three weeks. As part of the reviews, we take special account of rights and equalities considerations, including a person's right to practise their religion. *[Interruption.]* I am sorry, but I am just finishing.

For those reasons, I invite the Parliament not to support Ms Ballantyne in opposing the motions.

**The Presiding Officer:** The question on those motions will be put at decision time.

The next item of business is consideration of six more Parliamentary Bureau motions. I call Graeme Dey, on behalf of the bureau, to move and speak to motions S5M-23904 to S5M-23909 and motion S5M-23912, on the approval of SSIs.

*Motions moved,*

That the Parliament agrees that the Housing (Scotland) Act 2006 (Modification of the Repairing Standard) Amendment Regulations 2020 [draft] be approved.

That the Parliament agrees that the Social Care Staff Support Fund (Coronavirus) (Scotland) Amendment Regulations 2020 (SSI 2020/469) be approved.

That the Parliament agrees that the Corporate Insolvency and Governance Act 2020 (Meetings of Scottish Charitable Incorporated Organisations) (Coronavirus) (No. 2) Regulations 2020 (SSI 2020/421) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Protection from Eviction) (Scotland) Regulations 2020 (SSI 2020/425) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) Regulations 2020 (SSI 2020/439) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 9) Regulations 2020 (SSI 2020/471) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (International Travel and Public Health Information) (Scotland) Regulations 2020 (SSI 2020/431) be approved.—*[Graeme Dey]*

**Graeme Dey:** I will speak to motions S5M-23908 and S5M-23909, in keeping with the protocol that was agreed with the Parliament.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) Regulations 2020 modify some of the restrictions and requirements at certain levels and set out changes to the levels that apply in some areas of Scotland. They also amend the Health Protection (Coronavirus) (Protection from Eviction) (Scotland) Regulations 2020 to reflect their policy intention. The regulations came into force on 18 December last year.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 9) Regulations 2020 modify some of the restrictions and requirements at level 4, adjust the list of essential retail and prohibit travel to and from the Republic of Ireland from 26 December 2020.

**The Presiding Officer:** The question on those motions will also be put at decision time.

## Point of Order

17:34

**The Presiding Officer (Ken Macintosh):** Before we turn to decision time, there are a couple of points of order to be made about last night's vote. The first is from Finlay Carson, but we are having recurring difficulties with his connection tonight, as we did last night. I call Maurice Corry while we try to establish a line with Finlay Carson.

**Maurice Corry (West Scotland) (Con):** Last night, I would have voted no on the legislative consent motion on the Covert Human Intelligence Sources (Criminal Conduct) Bill. However, I had a problem with my connection, which caused the system to blank out.

**The Presiding Officer:** Thank you, Mr Corry. That you would have voted no on that LCM has now been added as a point of order.

We are having the same difficulties with reaching Finlay Carson, so we will proceed to decision time and will hopefully re-establish a connection with him. He will then be able to clarify his point of order.

## Decision Time

17:37

**The Presiding Officer (Ken Macintosh):** The next item of business is decision time. I suspend proceedings for a few moments to allow members time to access the voting app.

17:37

*Meeting suspended.*

17:41

*On resuming—*

**The Presiding Officer:** We resume proceedings and go straight to the first vote. The question is, that amendment S5M-23894.3, in the name of Jeane Freeman, which seeks to amend motion S5M-23894, in the name of Monica Lennon, on protecting Scotland's health and care workforce, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. Members may cast their votes now. This will be a one-minute division.

The vote is now closed. Any member who believes that they were unable to register their vote should let me know.

I advise Murdo Fraser that he does not need to make a point of order. His vote was registered.

We are trying to get through to Fulton MacGregor, who wishes to make a point of order.

I call Emma Harper to make a point of order. *[Interruption.]*

Colleagues, two members would like to make a point of order, but we cannot connect with them. The result is quite a clear one and the two votes would not affect the overall outcome, so I will call the result. I hope that the members will be able to make a point of order later to clarify how they would have voted.

### For

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Ballantyne, Michelle (South Scotland) (Reform)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)

Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fabiani, Linda (East Kilbride) (SNP)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Against

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Beamish, Claudia (South Scotland) (Lab)  
 Bowman, Bill (North East Scotland) (Con)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)

Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harris, Alison (Central Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kelly, James (Glasgow) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 Marra, Jenny (North East Scotland) (Lab)  
 Mason, Tom (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Sarwar, Anas (Glasgow) (Lab)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, David (Highlands and Islands) (Lab)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wightman, Andy (Lothian) (Ind)  
 Wishart, Beatrice (Shetland Islands) (LD)

**The Presiding Officer:** The result of the division on amendment S5M-23894.3, in the name of Jeane Freeman, which seeks to amend motion S5M-23894, in the name of Monica Lennon, on protecting Scotland's health and care workforce, is: For 64, Against 58, Abstentions 0.

*Amendment agreed to.*

**The Presiding Officer:** The next question is, that amendment S5M-23894.1, in the name of Donald Cameron, which seeks to amend motion S5M-23894, in the name of Monica Lennon, on protecting Scotland's health and care workforce, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division. It will be a one-minute division. Members may vote now.

The vote is now closed. Again, any member who had difficulty voting should let me know by making a point of order.



**Michelle Ballantyne (South Scotland) (Reform):** On a point of order, Presiding Officer. I did not connect to the digital voting system, but I would have voted yes.

**The Presiding Officer:** Thank you. That is noted and I will ensure that your vote is added as a yes to that amendment.

Liz Smith wishes to raise a point of order. However, there are connectivity issues.

Emma Harper also wishes to make a point of order. Your vote on this amendment was registered, Ms Harper.

We will try Liz Smith one more time. There are obviously connectivity problems as a result of storm Christoph.

**Liz Smith (Mid Scotland and Fife) (Con):** Presiding Officer, I do not know whether you can hear me, but I would have voted yes.

**The Presiding Officer:** Thank you. We heard that; you would have voted yes on the amendment.

#### For

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Ballantyne, Michelle (South Scotland) (Reform)  
 Beamish, Claudia (South Scotland) (Lab)  
 Bowman, Bill (North East Scotland) (Con)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Corry, Maurice (West Scotland) (Con)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harris, Alison (Central Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 Marra, Jenny (North East Scotland) (Lab)  
 Mason, Tom (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)

Rennie, Willie (North East Fife) (LD)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Sarwar, Anas (Glasgow) (Lab)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, David (Highlands and Islands) (Lab)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

#### Against

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

Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Abstentions

Finnie, John (Highlands and Islands) (Green)  
 Greer, Ross (West Scotland) (Green)  
 Harvie, Patrick (Glasgow) (Green)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)

**The Presiding Officer:** The result of the division on amendment S5M-23894.1, in the name of Donald Cameron, which seeks to amend motion S5M-23894, in the name of Monica Lennon, on protecting Scotland's health and care workforce, is: For 56, Against 62, Abstentions 5.

*Amendment disagreed to.*

**The Presiding Officer:** The next question is, that motion S5M-23984, in the name of Monica Lennon, on protecting Scotland's health and care workforce, as amended, be agreed to. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a one-minute division.

The vote has now closed. Please let me know if there were any issues with voting.

I note that Clare Adamson and Stuart McMillan are trying to make points of order. I can assure them both that they have voted.

Sandra White has also voted, so there is no need for her to make a point of order.

Tom Arthur's vote has registered, so there is no need for him to make a point of order.

#### For

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Ballantyne, Michelle (South Scotland) (Reform)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Constance, Angela (Almond Valley) (SNP)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)

Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fabiani, Linda (East Kilbride) (SNP)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Greer, Ross (West Scotland) (Green)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Wightman, Andy (Lothian) (Green)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Against

Baillie, Jackie (Dumbarton) (Lab)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Beamish, Claudia (South Scotland) (Lab)  
 Bowman, Bill (North East Scotland) (Con)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Corry, Maurice (West Scotland) (Con)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Fee, Mary (West Scotland) (Lab)

Findlay, Neil (Lothian) (Lab)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Griffin, Mark (Central Scotland) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harris, Alison (Central Scotland) (Con)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kelly, James (Glasgow) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 Marra, Jenny (North East Scotland) (Lab)  
 Mason, Tom (North East Scotland) (Con)  
 McArthur, Liam (Orkney Islands) (LD)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Rennie, Willie (North East Fife) (LD)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Sarwar, Anas (Glasgow) (Lab)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, David (Highlands and Islands) (Lab)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)  
 Wishart, Beatrice (Shetland Islands) (LD)

**The Presiding Officer:** The result of the division on motion S5M-23894, in the name of Monica Lennon, on protecting Scotland's health and care workforce, as amended, is: For 66, Against 57, Abstentions 0.

*Motion, as amended, agreed to,*

That the Parliament agrees that getting Scotland vaccinated against COVID-19 is the country's national priority and thanks all staff involved in the roll-out; believes that the deployment of the vaccine must be guided by the expert advice from the JCVI senior clinical advisers across the four nations; welcomes that the delivery of first doses to residents in older people's care homes is almost complete in Scotland; notes that over 100,000 people have received their first dose of a vaccine in the last seven days, and that Scotland is on course to increase as supply allows; welcomes that care-at-home staff are afforded the same high priority for vaccines as frontline NHS staff; notes that supplies of vaccine may be patchy in the coming months due to factors outwith the control of the Scottish Government or UK Government, such as recent announcements from Pfizer; believes that the care-at-home workers testing pathway being established this week, along with the establishment of the care home visiting professional testing pathway, provide an additional level of protection for those in receipt of care; notes with serious concern the extreme pressure on the NHS as COVID-19

hospital admissions have increased during the second wave; believes that the cancellation of elective procedures, delays to treatment and continued long waits for care are devastating for patients, and that these are creating a backlog of clinical demand to be addressed; recognises that guidance on PPE is produced on a four nations basis, understands that some staff may have concerns in health and social care in light of new and emerging variants; recognises that, while there is currently no evidence of a clinical need to change guidance, the Chief Nursing Officer keeps this under active review and engages with staff representatives on PPE guidance and the use of FFP3, and believes that staff should be able to exercise the risk assessment process to have access to PPE considered professionally necessary.

**The Presiding Officer:** The next question is, that motion S5M-23903, in the name of Graeme Dey, on approval of a Scottish statutory instrument, be agreed to. That is the motion on fire and smoke detectors to which Sarah Boyack spoke. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

That vote is now closed. Please let me know if you had any difficulties in voting.

I can assure Bruce Crawford that his vote was registered. There is no need for a point of order.

Gordon MacDonald's vote was also registered. There is no need for a point of order.

**For**

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Balfour, Jeremy (Lothian) (Con)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bowman, Bill (North East Scotland) (Con)  
 Briggs, Miles (Lothian) (Con)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Corry, Maurice (West Scotland) (Con)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fabiani, Linda (East Kilbride) (SNP)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley)

(SNP)

Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Golden, Maurice (West Scotland) (Con)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Greene, Jamie (West Scotland) (Con)  
 Greer, Ross (West Scotland) (Green)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harper, Emma (South Scotland) (SNP)  
 Harris, Alison (Central Scotland) (Con)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lochhead, Richard (Moray) (SNP)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Mason, Tom (North East Scotland) (Con)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Tomkins, Adam (Glasgow) (Con)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wells, Annie (Glasgow) (Con)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Whittle, Brian (South Scotland) (Con)  
 Wightman, Andy (Lothian) (Ind)  
 Wishart, Beatrice (Shetland Islands) (LD)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

## Against

McNeill, Pauline (Glasgow) (Lab)

## Abstentions

Baker, Claire (Mid Scotland and Fife) (Lab)  
 Ballantyne, Michelle (South Scotland) (Reform)  
 Beamish, Claudia (South Scotland) (Lab)  
 Boyack, Sarah (Lothian) (Lab)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Griffin, Mark (Central Scotland) (Lab)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Kelly, James (Glasgow) (Lab)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Sarwar, Anas (Glasgow) (Lab)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Stewart, David (Highlands and Islands) (Lab)

**The Presiding Officer:** The result of the division on motion S5M-23903, in the name of Graeme Dey, on approval of an SSI, is: For 100, Against 1, Abstentions 21.

### *Motion agreed to,*

That the Parliament agrees that the Housing (Scotland) Act 1987 (Tolerable Standard) (Extension of Criteria) Amendment Order 2020 [draft] be approved.

**The Presiding Officer:** The next question is, that motion S5M-23910, in the name of Graeme Dey, on approval of an SSI, be agreed to. That is one of the motions to which Michelle Ballantyne addressed her remarks. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

That vote is now closed. Please let me know if you were not able to vote.

## For

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Beamish, Claudia (South Scotland) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Bowman, Bill (North East Scotland) (Con)  
 Boyack, Sarah (Lothian) (Lab)  
 Briggs, Miles (Lothian) (Con)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Campbell, Aileen (Clydesdale) (SNP)  
 Carlaw, Jackson (Eastwood) (Con)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Corry, Maurice (West Scotland) (Con)  
 Crawford, Bruce (Stirling) (SNP)

Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Annabelle (Cowdenbeath) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fabiani, Linda (East Kilbride) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Golden, Maurice (West Scotland) (Con)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greene, Jamie (West Scotland) (Con)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harper, Emma (South Scotland) (SNP)  
 Harris, Alison (Central Scotland) (Con)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Johnson, Daniel (Edinburgh Southern) (Lab)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kelly, James (Glasgow) (Lab)  
 Kerr, Liam (North East Scotland) (Con)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lindhurst, Gordon (Lothian) (Con)  
 Lochhead, Richard (Moray) (SNP)  
 Lockhart, Dean (Mid Scotland and Fife) (Con)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Mason, Tom (North East Scotland) (Con)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Neil, Alex (Airdrie and Shotts) (SNP)

Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Rumbles, Mike (North East Scotland) (LD)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)  
 Sarwar, Anas (Glasgow) (Lab)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Tomkins, Adam (Glasgow) (Con)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wells, Annie (Glasgow) (Con)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Whittle, Brian (South Scotland) (Con)  
 Wightman, Andy (Lothian) (Ind)  
 Wishart, Beatrice (Shetland Islands) (LD)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

#### Against

Ballantyne, Michelle (South Scotland) (Reform)

#### Abstentions

Balfour, Jeremy (Lothian) (Con)  
 Chapman, Peter (North East Scotland) (Con)

**The Presiding Officer:** The result of the division is: For 118, Against 1, Abstentions 2.

#### *Motion agreed to,*

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 10) Regulations 2021 (SSI 2021/1) be approved.

**The Presiding Officer:** I thank colleagues for their patience. There are clearly a lot of complicated votes and connectivity issues tonight.

The next question is, that motion S5M-23911, in the name of Graeme Dey, on approval of an SSI, be agreed to. This is the second motion to which Michelle Ballantyne spoke. Are we agreed?

**Members:** No.

**The Presiding Officer:** There will be a division.

#### For

Adam, George (Paisley) (SNP)  
 Adamson, Clare (Motherwell and Wishaw) (SNP)  
 Allan, Dr Alasdair (Na h-Eileanan an Iar) (SNP)  
 Arthur, Tom (Renfrewshire South) (SNP)  
 Baker, Claire (Mid Scotland and Fife) (Lab)  
 Balfour, Jeremy (Lothian) (Con)  
 Beamish, Claudia (South Scotland) (Lab)  
 Beattie, Colin (Midlothian North and Musselburgh) (SNP)  
 Boyack, Sarah (Lothian) (Lab)  
 Brown, Keith (Clackmannanshire and Dunblane) (SNP)

Campbell, Aileen (Clydesdale) (SNP)  
 Carson, Finlay (Galloway and West Dumfries) (Con)  
 Coffey, Willie (Kilmarnock and Irvine Valley) (SNP)  
 Cole-Hamilton, Alex (Edinburgh Western) (LD)  
 Constance, Angela (Almond Valley) (SNP)  
 Corry, Maurice (West Scotland) (Con)  
 Crawford, Bruce (Stirling) (SNP)  
 Cunningham, Roseanna (Perthshire South and Kinross-shire) (SNP)  
 Davidson, Ruth (Edinburgh Central) (Con)  
 Denham, Ash (Edinburgh Eastern) (SNP)  
 Dey, Graeme (Angus South) (SNP)  
 Doris, Bob (Glasgow Maryhill and Springburn) (SNP)  
 Dornan, James (Glasgow Cathcart) (SNP)  
 Ewing, Fergus (Inverness and Nairn) (SNP)  
 Fabiani, Linda (East Kilbride) (SNP)  
 Fee, Mary (West Scotland) (Lab)  
 Findlay, Neil (Lothian) (Lab)  
 Finnie, John (Highlands and Islands) (Green)  
 FitzPatrick, Joe (Dundee City West) (SNP)  
 Forbes, Kate (Skye, Lochaber and Badenoch) (SNP)  
 Freeman, Jeane (Carrick, Cumnock and Doon Valley) (SNP)  
 Gibson, Kenneth (Cunninghame North) (SNP)  
 Gilruth, Jenny (Mid Fife and Glenrothes) (SNP)  
 Gougeon, Mairi (Angus North and Mearns) (SNP)  
 Grahame, Christine (Midlothian South, Tweeddale and Lauderdale) (SNP)  
 Grant, Rhoda (Highlands and Islands) (Lab)  
 Gray, Iain (East Lothian) (Lab)  
 Greer, Ross (West Scotland) (Green)  
 Griffin, Mark (Central Scotland) (Lab)  
 Harper, Emma (South Scotland) (SNP)  
 Harvie, Patrick (Glasgow) (Green)  
 Haughey, Clare (Rutherglen) (SNP)  
 Hepburn, Jamie (Cumbernauld and Kilsyth) (SNP)  
 Hyslop, Fiona (Linlithgow) (SNP)  
 Halcro Johnston, Jamie (Highlands and Islands) (Con)  
 Kelly, James (Glasgow) (Lab)  
 Kidd, Bill (Glasgow Anniesland) (SNP)  
 Lamont, Johann (Glasgow) (Lab)  
 Lennon, Monica (Central Scotland) (Lab)  
 Leonard, Richard (Central Scotland) (Lab)  
 Lochhead, Richard (Moray) (SNP)  
 Lyle, Richard (Uddingston and Bellshill) (SNP)  
 MacDonald, Angus (Falkirk East) (SNP)  
 MacDonald, Gordon (Edinburgh Pentlands) (SNP)  
 Macdonald, Lewis (North East Scotland) (Lab)  
 MacGregor, Fulton (Coatbridge and Chryston) (SNP)  
 Mackay, Rona (Strathkelvin and Bearsden) (SNP)  
 Macpherson, Ben (Edinburgh Northern and Leith) (SNP)  
 Maguire, Ruth (Cunninghame South) (SNP)  
 Martin, Gillian (Aberdeenshire East) (SNP)  
 Mason, John (Glasgow Shettleston) (SNP)  
 Matheson, Michael (Falkirk West) (SNP)  
 McAlpine, Joan (South Scotland) (SNP)  
 McArthur, Liam (Orkney Islands) (LD)  
 McDonald, Mark (Aberdeen Donside) (Ind)  
 McKee, Ivan (Glasgow Provan) (SNP)  
 McKelvie, Christina (Hamilton, Larkhall and Stonehouse) (SNP)  
 McMillan, Stuart (Greenock and Inverclyde) (SNP)  
 McNeill, Pauline (Glasgow) (Lab)  
 Mitchell, Margaret (Central Scotland) (Con)  
 Neil, Alex (Airdrie and Shotts) (SNP)  
 Paterson, Gil (Clydebank and Milngavie) (SNP)  
 Rennie, Willie (North East Fife) (LD)  
 Robison, Shona (Dundee City East) (SNP)  
 Ross, Gail (Caithness, Sutherland and Ross) (SNP)  
 Rowley, Alex (Mid Scotland and Fife) (Lab)  
 Ruskell, Mark (Mid Scotland and Fife) (Green)  
 Russell, Michael (Argyll and Bute) (SNP)

Sarwar, Anas (Glasgow) (Lab)  
 Scott, John (Ayr) (Con)  
 Simpson, Graham (Central Scotland) (Con)  
 Smith, Elaine (Central Scotland) (Lab)  
 Smyth, Colin (South Scotland) (Lab)  
 Somerville, Shirley-Anne (Dunfermline) (SNP)  
 Stevenson, Stewart (Banffshire and Buchan Coast) (SNP)  
 Stewart, David (Highlands and Islands) (Lab)  
 Stewart, Kevin (Aberdeen Central) (SNP)  
 Swinney, John (Perthshire North) (SNP)  
 Todd, Maree (Highlands and Islands) (SNP)  
 Torrance, David (Kirkcaldy) (SNP)  
 Watt, Maureen (Aberdeen South and North Kincardine) (SNP)  
 Wheelhouse, Paul (South Scotland) (SNP)  
 White, Sandra (Glasgow Kelvin) (SNP)  
 Wightman, Andy (Lothian) (Ind)  
 Wishart, Beatrice (Shetland Islands) (LD)  
 Yousaf, Humza (Glasgow Pollok) (SNP)

### Against

Ballantyne, Michelle (South Scotland) (Reform)  
 Bowman, Bill (North East Scotland) (Con)  
 Fraser, Murdo (Mid Scotland and Fife) (Con)  
 Lindhurst, Gordon (Lothian) (Con)  
 Rumbles, Mike (North East Scotland) (LD)

### Abstentions

Briggs, Miles (Lothian) (Con)  
 Burnett, Alexander (Aberdeenshire West) (Con)  
 Cameron, Donald (Highlands and Islands) (Con)  
 Carlaw, Jackson (Eastwood) (Con)  
 Chapman, Peter (North East Scotland) (Con)  
 Golden, Maurice (West Scotland) (Con)  
 Greene, Jamie (West Scotland) (Con)  
 Hamilton, Rachael (Ettrick, Roxburgh and Berwickshire) (Con)  
 Harris, Alison (Central Scotland) (Con)  
 Kerr, Liam (North East Scotland) (Con)  
 Mason, Tom (North East Scotland) (Con)  
 Mountain, Edward (Highlands and Islands) (Con)  
 Mundell, Oliver (Dumfriesshire) (Con)  
 Smith, Liz (Mid Scotland and Fife) (Con)  
 Stewart, Alexander (Mid Scotland and Fife) (Con)  
 Tomkins, Adam (Glasgow) (Con)  
 Wells, Annie (Glasgow) (Con)  
 Whittle, Brian (South Scotland) (Con)

**The Presiding Officer:** I advise Gordon MacDonald that his vote was registered, so there is no need for him to make a point of order.

The result of the division on motion S5M-23911, in the name of Graeme Dey, on approval of an SSI, is: For 96, Against 5, Abstentions 18.

### *Motion agreed to,*

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 11) Regulations 2021 (SSI 2021/3) be approved.

**The Presiding Officer:** The next question is, that motions S5M-23904 to S5M-23909 and motion S5M-23912, all in the name of Graeme Dey, on approval of SSIs, be agreed to.

### *Motions agreed to,*

That the Parliament agrees that the Housing (Scotland) Act 2006 (Modification of the Repairing Standard) Amendment Regulations 2020 [draft] be approved.

That the Parliament agrees that the Social Care Staff Support Fund (Coronavirus) (Scotland) Amendment Regulations 2020 (SSI 2020/469) be approved.

That the Parliament agrees that the Corporate Insolvency and Governance Act 2020 (Meetings of Scottish Charitable Incorporated Organisations) (Coronavirus) (No. 2) Regulations 2020 (SSI 2020/421) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Protection from Eviction) (Scotland) Regulations 2020 (SSI 2020/425) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) Regulations 2020 (SSI 2020/439) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 9) Regulations 2020 (SSI 2020/471) be approved.

That the Parliament agrees that the Health Protection (Coronavirus) (International Travel and Public Health Information) (Scotland) Regulations 2020 (SSI 2020/431) be approved.

**The Presiding Officer:** That concludes decision time. Members will be pleased to know that we are having our first entirely remote vote tomorrow evening. On that note, I close the meeting.

*Meeting closed at 18:05.*





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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