OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Committee

Thursday 4 February 2021

Session 5

The Scottish Parliament
Pàrlamaid na h-Alba

© Parliamentary copyright. Scottish Parliamentary Corporate Body

Information on the Scottish Parliament's copyright policy can be found on the website - www.parliament.scot or by contacting Public Information on 0131 348 5000

Thursday 4 February 2021

CONTENTS

COVID-19 COMMITTEE
4th Meeting 2021, Session 5

CONVENER

*Donald Cameron (Highlands and Islands) (Con)

DEPUTY CONVENER

Monica Lennon (Central Scotland) (Lab)

COMMITTEE MEMBERS

*Willie Coffey (Kilmarnock and Irvine Valley) (SNP)
*Maurice Corry (West Scotland) (Con)
*Annabelle Ewing (Cowdenbeath) (SNP)
*John Mason (Glasgow Shettleston) (SNP)
*Stuart McMillan (Greenock and Inverclyde) (SNP)
*Mark Ruskell (Mid Scotland and Fife) (Green)
Beatrice Wishart (Shetland Islands) (LD)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Professor Jason Leitch (Scottish Government)
Willie Rennie (North East Fife) (LD) (Committee Substitute)
Alex Rowley (Mid Scotland and Fife) (Lab) (Committee Substitute)
Michael Russell (Cabinet Secretary for the Constitution, Europe and External Affairs)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Committee

Thursday 4 February 2021

[The Convener opened the meeting at 10:30]

Subordinate Legislation

Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 14) Regulations 2021 (SSI 2021/35)

The Convener (Donald Cameron): Good morning, and welcome to the fourth meeting of the COVID-19 Committee in 2021. We have received apologies from Monica Lennon and Beatrice Wishart, and we are joined by Alex Rowley and Willie Rennie, who are attending as committee substitutes. I welcome Alex and Willie to the meeting.

This morning, the committee will be taking evidence from the Cabinet Secretary for the Constitution, Europe and External Affairs, Michael Russell, and from Jason Leitch, national clinical director for the Scottish Government.

Members have the opportunity to take evidence on this week's ministerial statement on Covid-19. The committee will also consider the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 14) Regulations 2021 (SSI 2021/35).

I welcome you to the meeting, cabinet secretary, and I invite you to make an opening statement.

The Cabinet Secretary for the Constitution, Europe and External Affairs (Michael Russell): Thank you, convener. I am pleased to be here again to discuss the First Minister's latest statement to Parliament and to give evidence on a recent set of regulations.

The First Minister covered a lot of ground in her statement to Parliament on Tuesday, and I do not intend to cover it all again, but I will remind the committee of some key points. As the First Minister set out, the Cabinet has decided that the current lockdown, including the requirement to stay at home except for essential purposes, must remain in place until at least the end of February. It is positive news that the lockdown restrictions are working to improve the situation, but that makes it even more important for us to keep the restrictions in place at this time. That is essential so that the national health service can cope with demand and so that we avoid a sudden rise in cases by easing restrictions too early.

The First Minister also set out our intention to have some children and young people return to education from the week beginning 22 February. Although that will not mean an immediate return for all pupils, it will, hopefully, reduce some of the pressures that school closures are putting on pupils and parents. A further update on both those issues will be provided to Parliament in two weeks.

Finally, the First Minister announced that we intend to introduce a managed quarantine requirement for anyone who arrives directly into Scotland, regardless of which country they have come from. That change will involve taking vital steps to guard against the importation of new Covid cases. Further details on that will be set out as soon as we are able to do that.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No 14) Regulations 2021 prohibit mortgage repossessions from taking place in level 3 or 4 areas—which is the whole of Scotland at present. The regulations will provide home owners with similar protection to that provided for those in the rented housing sector. The key purpose in stopping mortgage repossessions at this time is to prevent households becoming at risk of homelessness and possibly being forced to enter multiple other households at a time when that is prohibited. The regulations came into force on 23 January.

I hope that those brief comments are helpful, and I am of course happy to take and respond to your questions—as Jason Leitch will be, too. Where we cannot answer now, we will endeavour to provide you with answers as soon as we can.

The Convener: As we turn to questions, I remind members that we have approximately eight minutes each. It would be helpful if we could keep both the questions and the answers concise. If there is time for supplementaries, I will indicate that once all members have had a chance to ask questions.

The first question concerns the regulations, which the cabinet secretary touched on at the end of his statement. Could he provide some further context about the policy reasons for making the regulations, beyond what he has just said? What particular concerns do the regulations seek to address?

Michael Russell: Mortgage repossession is clearly something that we would like to and intend to avoid, just as we try to avoid any actions that will produce homelessness.

I have indicated two sides of that. First, there is the obvious difficulty of people who find

themselves in that position at this time, which is often because of circumstances that have been created by unemployment—by losing their job.

The second side is the knock-on effect of that, which I have touched on in speaking about the regulations. If people are made homeless, they might well have to enter multiple households to change their household arrangements, and that would be detrimental—it is the kind of thing that we are trying to avoid.

Therefore, the measure is correct not only because of the difficulties that people feel and experience at this stage but because it prevents unnecessary spread of the virus, as all the Covid regulations do. I think that it meets both those objectives.

The Convener: I turn next to the return of schools. On Tuesday, the First Minister spoke of primary 1 to 3 coming back on 22 February. The implication is that the years above primary 3 will not come back then. I accept that the line has to be drawn somewhere, but can Jason Leitch explain why it has been drawn there in particular?

Secondly, is there a timeframe for trialling the return to school? In some reports, there has been talk of three weeks. Does the Government have a set timeframe for that return?

Michael Russell: I think that Jason Leitch should address the first of those issues, but I will take the second.

Professor Jason Leitch (Scottish Government): Good morning. I think that two factors are at play when we choose what to suggest should open in our advice. One is volume, and the other is how much harm there is to a group by not being open. That applies whether it is the hospitality industry, the oil and gas sector or schools.

On this occasion, it is pretty obvious that we are not worried about two-year-olds transmitting the virus, but we are worried about the adults who are around the two-year-olds and the seven-year-olds and everything that that causes. It is partly about the people at the gates of nursery or school and partly about the staff in those institutions. We are much more worried about the virus among the parents and the carers who are attached to those groups of kids than we are about the kids themselves, because even the new variant does not transmit well between children, and children do not, in the main, get serious illness from the virus.

Therefore, the factors are how many and what the locations are. In the primary schools, is it possible to have the adults more distant, because not so many are turning up? It is not an exact science, but the public health advice now, after we have learned what we have from around the world and from Scotland, is not to do it all at once.

The second question is how much harm there is. All the education recovery group educationists—not the public health advisers—say that the greatest harm is to the youngest children, and so the wellbeing of that group is the first that we should fix if we possibly can. That is why the educational recovery group, in the round—with the public health advice on volume and the educationist advice on harm to the group—says that we should try to bring back those children.

On the convener's second point, Mr Russell will want to say something about timing, but I can tell you that the public health advice is that we will not know what we have done for three weeks. Because of the incubation period and the nature of the virus, it takes about three weeks for us to know that, if we do X, then Y will happen.

Michael Russell: I would simply echo that. Any decision that is made is made with the intention of continuing that process, and every process is judged by the outcomes that we see. As I remember saying to the committee last autumn, ensuring that schools return to full functionality is something that we deeply wish to see. However, we have to do it a step at a time and while judging the outcomes as we see them.

The Convener: We have a couple of brief, factual questions. The quarantining system is clearly under design at the moment, but can you give us any information about when it will come into operation?

Michael Russell: There is an endeavour to get it in place as soon as possible but also to get as much agreement as possible. The Welsh Government said yesterday that it would like to see a five-country, not just a four-country, approach, given the common travel area.

I cannot give you an exact date. I do not know whether Jason Leitch has any update on progress from this morning's discussions, in which he was involved but I was not. We will try to give an update as soon as possible. We also need to ensure that we discuss it with, and listen to the views of, the travel trade and the airports, which are crucial in such a system. All that has to be taken into account. Jason Leitch may have some more up-to-date information.

Professor Leitch: I do not have information on dates. I can say that the public health advice is that a five-country solution would be the favoured solution. You can imagine why—it is not rocket science to work out that a five-country solution, which deals with any access from another country via Dublin, would be helpful to us. Failing that, we need a four-country solution and, failing that, a one-country solution.

As I have said many times at this committee, it does not matter where the low-prevalence area is. Whether it is just Dumfries and Galloway or the Western Isles, or Scotland or the whole common travel area, we have to keep the virus out once we are at low levels.

We have a little bit of time for that because, unfortunately, we are currently exporting rather than importing virus. Our prevalence is high—Denmark just closed its borders to UK nationals, and other European countries are doing the same. That is not yet a decision for us, but as we get the numbers down, it will become crucial that we do not import for a third wave.

The Convener: My final question is again for Jason Leitch. It is about the vaccine roll-out and invitations to the over-70s. Are you able to give us a figure for how many invitations have been sent out to the over-70s nationally at this point in time?

Professor Leitch: I am not, but I can probably get you that figure. Hundreds of thousands of invitations will have gone out and will be somewhere in the system; we know that from the Royal Mail distribution centre.

I can tell you that, of that group, everybody who wants a vaccination—at the edges, of course, there will be some stragglers and people who have moved house, and people who need to contact us—will be vaccinated by mid-February, and therefore they will all get their letters prior to that point. The vast majority will get them this week or at the beginning of next week.

Because of supply and the nature of the vaccination centres, we cannot give as much notice as we would like. We would have liked to give two weeks' notice so that everybody could arrange an appointment or move their appointments around. Some of that will be a little bit just-in-time, but the vaccination of that group—along with those in the clinically extremely vulnerable group, which encompasses adults in all age groups—is on track, across the whole country, to be done by mid-February. I can get you the exact number—well, maybe not the exact number, but an estimate—of letters that have gone out.

The Convener: I would be grateful for that. Thank you for those answers.

We go to Alex Rowley for his questions. I ask him to declare any relevant interests, if he has any, before he asks his first question.

Alex Rowley (Mid Scotland and Fife) (Lab): I refer members to my entry in the register of members' interests.

My first question is on approvals. This week, we saw on the television that the vaccine from Livingston has been approved, which is good news. Is there hope for more vaccines to come on stream?

Secondly, I have a specific question on what happens with an approval. I assume that the first couple of vaccines that were approved had to go through a massive process. Is the process able to be speeded up, and can we expect more vaccines to become available in the coming months?

Michael Russell: Jason Leitch is ideally placed to answer that, as he has far more knowledge of all those things than I have. It is interesting to note this week, for example, the peer review of the Sputnik V vaccine from Russia. There is an international race, but it is not one country racing against another—it is a race against the virus. It is important that we remember that. This is a race against the virus, and there is a huge amount of effort and time going into that—[*Inaudible*.]—a lot of coverage. Jason Leitch is far better placed to talk in detail about that.

Professor Leitch: The answer to the question is yes. As time passes, we will get more vaccines approved. Let us be clear, however, about approval and trials. Only two vaccines are approved for use in the United Kingdom presently: the AstraZeneca vaccine and the Pfizer vaccine. The Moderna vaccine will be next—it is going through the process—although Moderna has not made enough vaccine for us to have any yet. It anticipates having supply in April.

10:45

The Valneva vaccine, for which the Livingston site is part of the manufacturing plant, is not actually being made yet, but it will come later, when we need hundreds of millions of doses for the UK and for the whole world.

There are a number of processes. The two pieces of good news this week were that the trial data from a couple of other vaccines, including the Russian Sputnik vaccine, were very good. It would appear that the scientific community has nailed the vaccine, for now, and has found a way of making it effective. The difficulty is that the process is not like making widgets. It takes about three months to make a vial of vaccine. The vials that you see on the BBC news going round in a circle took three months to make, because of the nature of the manufacturing process. You cannot speed that up, because it is about making virus, the spike protein and all the chemicals that are needed for that.

The approval process, which you covered in the other part of your question, Mr Rowley, is going at lightning pace, but we need to let the trials do their thing. We cannot go quicker than injecting people with vaccine, checking their immunity and waiting to see whether they catch the virus—there is a

natural timescale that must pass. Phase 3 trials on the new vaccines are now on-going.

If we are still doing these sessions weekly in September and October—perish the thought—we may well have a large number of vaccines then that we do not have now.

Alex Rowley: On the point about the race against the virus, what mistakes have we learned not to make again? We know that we can successfully suppress the virus by having lockdowns, but there are lessons to be learned from the last time. For example, the eat out to help out initiative was hailed by everybody at the time as a success, and it achieved what people wanted it to achieve, but there is now evidence clearly showing that it helped lead to the second spread and wave. What have we learned from that? This time round, will the approach be much more conservative? How will we do it?

Michael Russell: Again, Jason Leitch is better placed to respond than I am, as we discuss much of this in light of the scientific advice. The general point that I would make as a layperson to you as a layperson is on the biggest lessons that I have learned. The first is to do with travel and the fact that, last summer, we let the virus back in, which undid the good work that we had all been doing. The second one is that we must think things through very carefully and repeatedly—again and again. The discussions that the Cabinet has, the things that we hear from people such as Jason Leitch and the discussions that we are having now involve a collective effort to think the situation through as carefully as possible and to get as much agreement as we can on the actions that we need to take.

There will be lessons to do with the production of vaccines, the way in which we react to scientific advice and the way in which we weigh the harms that can be done. It is very important to recognise those various harms—not just the medical harm, vitally important as it is—and the consequences of actions.

As I said at the very beginning in referring to the regulations that are before us, it is not just about ensuring that people are not homeless at this terribly difficult time, or ever, although that is vital. It is also about the consequences of people mixing if they become homeless, for instance, which can be an ancillary problem that will spread the virus. It is an immensely complicated, difficult situation, and it is only made slightly easier if we have a common front and work together on it.

Jason Leitch will wish to say more.

Professor Leitch: I agree with all of that. It is an excellent question, Mr Rowley.

We have learned a great deal about the science of the virus from around the world. We can see every country struggling to find the sweet spot of opening versus safety measures, and no country has got it perfectly right. Travel is crucial, as we have already discussed this morning.

We have things in our favour—vaccination is definitely in our favour, and new research has come out this week, which we might come on to, if somebody asks about that. However, something that is against us is the fact that we have a new variant of the virus, which has now become the variant in Scotland. That will continue to happen. Therefore, we have trouble, but we also have advantage, because science is helping us. The testing is improving. The lateral flow testing that we now have did not exist last summer. It is not entirely reliable, but it is better than it was last summer, and it will continue to improve.

The public health advice is, “Go slow.” That is easy for me to say, but we must also think about the other harms, which Mr Russell brought us back to. We need to think about what those other harms are, which is why bringing back early learning and childcare and primary 1 to 3 seems to be the right thing to do. After we have done that slowly and gradually, we can have a conversation about what is next. My inbox is already filling up—as, I bet, is Mr Rowley’s—with messages from people who want to open up their sector because the virus does not transmit in their sector. I have been at that movie a number of times before.

Alex Rowley: Thank you.

The Convener: The next questions come from Mark Ruskell.

Mark Ruskell (Mid Scotland and Fife) (Green): Good morning. I listened to the briefing on Monday, at which Dr Smith talked about—[*Inaudible*.]—in relation to the vaccination programme. How much of that customer experience is discretionary? How much of it is essential? Does it have a bearing on the throughput—the number of people we can get through the vaccination centres? A high throughput will enable us to start to catch up with other areas in the UK. Do we need to have an Aldi-style customer experience rather than a Waitrose one?

Michael Russell: That is an important question, and it relates to other questions that have been asked about matters such as how far people need to travel and how the experience of somebody who lives in a rural area, as I do, will differ from that of somebody who lives in a city and who goes to a mass centre. There will never be a mass centre in Glendaruel, because there is not a mass of people in Glendaruel, so it is necessary to operate in a different way.

There is a wider, related question, which concerns an area of which Jason Leitch had a great deal of experience before Covid—it sometimes seems bizarre to remember that there was a period before Covid. I am referring to the way in which we in Scotland operate our health service and how that service relates to the people it serves. As Jason has done a lot of talking about the type of health service that we have globally, I think that he will want to reflect on that.

Professor Leitch: It is a crucial question. There needs to be a balance. There is an argument about who gets the balance right and who gets it wrong, and I am not here to defend what we do in that regard. Instead, I will tell you a story. My mum is 80 and was in priority group 1. She got a call from a nurse she knows, she went to the surgery she knows and my dad parked in the car park they know. They went up stairs they know and they met the nurse, smiled at the nurse and both got their vaccine and came home. It was a person-centred good experience.

Members of the age group below them are going to Airdrie town hall. My mum and dad would have tolerated having to go to Airdrie town hall—it is not the case that they would not have done that—but the question is where the sweet spot is. We decided to vaccinate those in care homes, health and social care workers and the over-80s group as close to home as we could, which, in the main, meant doing it in general practitioner practices. In Highland, GP practices are still being used, because of rurality. Mr Russell will almost certainly get his vaccine in a GP practice, once we get to his group. The younger age group will be asked to travel to Airdrie town hall, or even to the NHS Louisa Jordan or the Edinburgh international conference centre. We can see that progression in the graph over the past three weeks. There has been a gradual increase, which will be followed by a very sudden increase, as we get the necessary supply and we get down to the lower age groups.

I think that a person-centred approach was the right choice for the over-80s group, but others may disagree—they might have wanted a more industrial-scale version of vaccination for that group.

Mark Ruskell: Do you therefore think that the gaps will start to narrow between Scotland and the rest of the UK?

Professor Leitch: I do. I think that they will narrow around supply, which has always been and will increasingly become the constraint. If people want to look at the edges, they will find difference but, in the main, everybody will meet those same targets of the end of this week, mid-February and the end of February—roughly—for those groupings that we have prioritised with the Joint Committee on Vaccination and Immunisation.

It then gets a little more complex as we begin to do both second doses and first doses. Supply becomes a little more challenging, because enough has to be held back for second doses—as we want to do those within 12 weeks—while we continue with the first doses. As with Alex Rowley's question earlier, that will depend a bit on other vaccines coming on stream, which we cannot yet rely on with any accuracy, so we have to base it on AZ and Pfizer, and then we will think about what is coming next.

I think that we will align; we can see that that has begun to happen in the past few days.

Mark Ruskell: An issue was raised with me by somebody who works at a test centre that is managed by Mitie. They were concerned because three quarters of the staff, I think, had contracted Covid, and they were very worried about Mitie's management of infection control measures and how it was not supporting staff effectively at that test centre. Is that something that you are aware of? Have you had such reports? Specifically, do you know how many staff who have been working at test centres have contracted Covid?

Michael Russell: That is a question for Jason Leitch. I do not have that knowledge.

Professor Leitch: It is not something that has come to my attention in any big way, Mr Ruskell, other than in the news that I get each day in a big table of all outbreaks. A number of those, albeit that it is quite small, have been around test centres. I do not have the number of people who have caught it there. That individual, or you, might want to write in about that specific case, and we can of course investigate that with the local health protection team. Of course, there will be occasional positives in a workplace—a test centre is a workplace—but the work should be done absolutely as safely as possible, and we will endeavour to check that that is happening. If there is a problem of training, or of training for Mitie, we will absolutely deal with it.

Mark Ruskell: I appreciate that.

My final question returns to a subject that we debated in the Parliament yesterday: self-isolation support. A point that was raised by the cabinet secretary and others in that debate was about the effectiveness of and consistency in the local assistance service that is in place to help people to self-isolate, and about whether it is really getting through to excluded groups and others who actually need it, particularly when it comes to accommodation. It is a subject that we have talked a lot about in the committee, and I am wondering how we can get a grip on the effectiveness of that service when it comes to the throughput of data, figures and information rather than people having to make freedom of information requests to try to

find out exactly what is happening on the ground. It would be good to get a metric—something that we could focus in on.

Michael Russell: I agree. It would be good to make sure that we have as much information as possible about how the system is working, so that we can constantly improve it. Just last week, you asked me about those issues, and we have made some progress on them in the past few days. I am sure that further progress can be made.

I want to take some cognisance of yesterday's debate and to see what ideas have come up through it. I did not sit through the entire debate—clearly, as it was responded to by Shirley-Anne Somerville rather than me—so I would want to see where we are with that, but I am certainly not ruling it out and, if we can find a way, we should do it, as we have said repeatedly on that issue.

11:00

Willie Rennie (North East Fife) (LD): This is probably a question for Jason Leitch. There is a story on the front page of *The Guardian* today that is based on research by Dr James Dodd of the University of Bristol. That research found that aerosol generation from coughing might be much higher than was previously thought and might therefore be spreading the virus in hospital environments to a much greater extent. The study found that coughing generated 10 times more infectious aerosol particles than speaking or breathing and that the rate of infection among staff on general wards is double that of intensive care unit staff because, it is assumed, they have less protection.

I have been encouraging the Cabinet Secretary for Health and Sport to change the regulations on the supply of masks and personal protective equipment for nurses, because only surgical masks are provided in those environments that are not involved in aerosol-generating procedures, as they are currently classed. Has Jason Leitch read that research? Would he advise any change to the PPE guidance?

Professor Leitch: I have not seen that research, but I will look at it today.

Fundamentally, we have rooms of clever people who make those judgments. For PPE, they are UK-wide, and that work is led by the chief nursing officers on behalf of all of us. They looked at the PPE advice with Public Health England and Public Health Scotland very recently, and they decided, with the knowledge that they had then—science can change, of course—that the PPE advice for health and social care and for the general population, which they were asked about, was absolutely appropriate. If there is new evidence, they will, of course, take that into account.

It is not a matter of money or supply; it is a matter of what is appropriate to keep the disease at bay for the population that is at risk. If that changes, the advice will change. I have not seen anything that suggests to me that that advice should change, but I will be very happy to look at that research and ensure that it is included in the CNOs' considerations. However, they will already be on that.

Willie Rennie: That is particularly helpful. Some exercised national health service staff contact me regularly about that. They are particularly concerned that we have seen the number of Covid infections in hospitals shoot up in the past few days.

I have a number of questions about details. Do we know how many NHS staff in Scotland have died from the virus and how many have been off work because of it? Are those statistics collected? If so, can they be published? The minister referred to the fact that we eliminated the virus last summer. I have not seen that research. Has research on that been published? Can it be made available?

Michael Russell: If I used the word "eliminated", I used it in error. The virus was massively reduced. The word "elimination" has a particular meaning, and that is not what I said, I think, or meant to say. I apologise. The virus was massively reduced, and we are now in a different situation.

I must let Jason Leitch answer the rest of the question.

Professor Leitch: We know how many health and social care workers have died. I think that we have said that before. The number is low and, because of that, we have to be very cautious statistically. We have strong guidance from the statistical regulators on identification, where they were and so on. However, we will get back to you on that number.

We also know the Covid sickness rates. That issue is slightly complex, because that information relates to everything to do with Covid. A person might be self-isolating because their kid or somebody in their family has Covid. However, that sickness rate is known in the health and social care system. I think that that is published, but I will also check that for you.

We did not eliminate the virus—indeed, no country has. However, Mr Russell is right: we got to days in which we announced single-figure positive test results, or 12s, 14s or 17s. Those numbers are, of course, the tip of the iceberg; there will be more people with the virus than that. We know that, if there were 700 or 900 positive test results yesterday, there will be more people than that in the community who have the virus.

However, it is a fact that, in May, June and July, we got the numbers down very low.

Willie Rennie: So, the numbers to which the First Minister referred yesterday were last summer's numbers. She seemed to imply that she had further evidence or research showing that the numbers were down almost to the level of elimination.

Professor Leitch: There are two pieces of evidence in that regard. One piece is the daily prevalence data, which goes into the lag indicators—the hospital admissions, the intensive care unit admissions and the deaths. We announced—forgive the slightly impersonal nature of this term—zero deaths for a number of weeks during that period, with a few odd days in which deaths were in single figures.

The other piece of evidence, which is published, is the genomics data about the beginning of the second wave. We know that the vast majority of the viral strains were new to Scotland then; they were not in the first wave. Genomics, very cleverly, lets us include that data. There have been two big genomic studies—one covering the first wave genomics and one covering the beginnings of the second wave genomics. There are some commonalities, but the vast majority of the viral strains in the second wave were not in Scotland in the first wave. That is the other reason we know that we got to very low numbers.

Willie Rennie: That information is public.

Professor Leitch: Yes, absolutely. I can get it for you again, but it is public.

Willie Rennie: My final set of questions is about the vaccine. I will not go too much into the arguments that we have had this week about that, and will ask some practical questions.

First, have the letters to the clinically extremely vulnerable definitely gone—or are they definitely going—out this week?

Secondly, some people are worried that they are being missed out. What is the mechanism to make sure that that does not happen? When they phone the vaccination helpline, they are given general information only. How do they make sure that they get back on the vaccination list? I appreciate that not all letters have gone out, but once they have all gone out, how does someone make sure that they get on the list?

Michael Russell: I want Jason Leitch to address the detail of that, because those are important issues. Yesterday, the First Minister said again that there is, of course, a role for constituency and list MSPs if people are distressed, feel that they have been completely forgotten and have not had a letter. Clearly, that would apply to someone who is over 80 but has not had a letter. Such situations can and should be raised by constituency MSPs, sometimes directly with GPs and sometimes with health boards.

I think that we can agree not to rehearse some of the arguments that we heard earlier this week about the issue and we can agree that, if people are genuinely in that position, of course people will step in and help them.

It is also important to remember that there is a window in which all this is happening. Not all the vaccine is delivered on a Monday morning and synchronised to be used by Monday afternoon. There are issues of supply, rurality and places operating at different speeds. That must all be factored in. Nobody doubts that everybody wants the programme to go as well as it possibly can. Everybody is working to that end.

Jason Leitch might want to cover the detail.

Professor Leitch: Those are really important questions. I am sure that my inbox is as full as yours with people saying, "My 74-year-old neighbour has had a letter and they have had their vaccine. I'm 79 and nobody has spoken to me yet." The fact is that we are batching people together. It would be lovely to vaccinate alphabetically and by year of birth, but that would have been overly complex.

Someone who is over 80 and has not had a vaccine by Friday should phone their GP. Matters are very straightforward for that group. Someone who is clinically extremely vulnerable or over 70 should wait. There are still two weeks to go, so they might not have been contacted yet. Many—hundreds of thousands—have, but someone who is in that group and has not heard yet should wait. I know that that is difficult advice to hear, because people just want to know that they are on a list. We will get to them.

There will, of course, be some administrative errors, such as wrong names or dates of birth, or perhaps errors relating to people who have moved house. When that happens, health boards will make available a means of contact. In Highland, that will probably be GP practices, because they are vaccinating all the over-70s, but in Glasgow that will be the vaccine co-ordinator for Glasgow. Individual health boards will set up a process that will catch people.

For now, hard though it is, the advice is to be patient. I had to deal with that issue with my mum and dad, who are in the over-80s group and who, every day, were saying, "Are we on a list?" They had a call on a Tuesday and they were vaccinated on a Wednesday. Be patient—that is the advice for now.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): I have a couple of questions. The first is about the hospitality sector.

The other day, I spoke to Stephen Montgomery from the Scottish hospitality group, Kenny Blair from Buzzworks Holdings in Ayrshire and Mario Gizzi from the DRG group in Glasgow. The guys asked whether the Government is thinking about what a safe return to the hospitality sector might look like and whether they could participate with us in that thinking. They were supportive, of course—they are obviously keen to open up again, whenever they can, and to work with us to ensure that that is done safely. They want to be involved, cabinet secretary. What are your thoughts on that?

Michael Russell: I encourage all those with expertise and knowledge of how things can be done to be involved in the planning for and implementation of the sector opening up. As a constituency MSP, you should be making it absolutely clear to the minister responsible—Fergus Ewing, in this case—that you know people who know lots of things and that they should be involved in the planning. That is a great idea.

Of course we would like to see the sector reopening. The parameters will be based partly on what they were last year and partly on what we learned from last year.

I long for the time when we can say which elements we are about to start up with and that we can begin to get back to normal, but we are not there yet. Furthermore, we must strike a balance. If we were to say to people that we thought that, three weeks come Wednesday, we could start to do this, our guard would already be slipping—and our guard must not slip. [*Inaudible*.]—

You know people who have knowledge and they should be plugged into the discussions—Scotland is a small country. Equally, we are not there yet.

Willie Coffey: That is helpful. I will be in touch with Fergus Ewing as soon as I can.

I have a couple of questions for Professor Leitch. He mentioned that he had some good news to tell us about new research, if someone was to ask about that. What is the good news?

Professor Leitch: I have been waiting for that question, because I sat up until midnight last night reading 37 pages of AstraZeneca's preprint in *The Lancet*. I was hoping that somebody would ask. Brace yourselves—indeed, you might all want to go for coffee—because I might be talking for 40 minutes.

Fundamentally, there are two pieces of good news from the research. The first is that the AstraZeneca vaccine protects people from serious disease. There were 17,000 people in the trial; half got the vaccine and half did not. There were no hospital admissions among the half who got the vaccine, but there were 17 hospital admissions among the half who did not get the vaccine. You have to be quite sick to be hospitalised with Covid, so those were serious cases.

Secondly, the layer underneath that is probably even more interesting. Researchers did weekly tests on everybody—the vaccinated and the non-vaccinated. Within the vaccinated group, some people still got the virus, although they did not develop a serious illness—something like 17 people, or perhaps a little bit more, in the vaccinated group caught the virus. However, 84 people in the control group—that is, the non-vaccinated group—caught the virus. That shows that the vaccine gives 67 per cent protection, which is really high for a vaccine at such an early point in its journey. That is why we are now saying that this is early evidence that transmission is being prevented by the vaccine. Researchers did not test transmission specifically—to do that, they would have had to check all the people in the households of positive cases. However, it appears that the good news is that the AstraZeneca vaccine—and, by inference, the other vaccines—prevents transmission to some extent.

There is a third piece of good news, which is that a gap between vaccine doses gives more protection. It appears that the 12-week gap between first and second doses boosts people's immune response better than a three-week gap—exactly as the boffins from the JCVI told us it would. They suggested that that would happen, and it has now been proved, in trial data in the paper. We still need to see that in mass population testing in the wild, but the data is very encouraging.

11:15

Willie Coffey: That is really encouraging; thank you for that.

Professor Leitch, I have a final query for you about the Ayrshire and Arran picture. There is a bit of confusion down here about who is being vaccinated by mid-February. Are you able to clarify that, particularly for some of my elderly constituents? Is NHS Ayrshire and Arran, definitely doing all the over-70s and trying its best to do the over-65s by mid-February?

Professor Leitch: Health boards are making judgments about the volume of supply and population age ranges. NHS Ayrshire and Arran has made good progress and is contacting as many over-65s as it hopes to be able to get through by mid-February. The target for all four UK nations is to vaccinate the over-70s group, plus the clinically extremely vulnerable, by mid-

February. That is on track everywhere, whether people are in the Western Isles or Ayrshire.

The next step is the over-65s. We have told boards that, if they have the supply and can get to those people without holding back on 70-year-olds, they should batter on, for lack of a better expression. That is what Ayrshire and Arran is doing. That board has sent a lot of letters out to people in the 65-plus group. I am not sure whether it will get to all those people by mid-February but, if it can, it will. People should be patient; they do not have to be done by mid-February, but we hope to get to them.

Willie Coffey: That is really good news; thank you for that.

Annabelle Ewing (Cowdenbeath) (SNP): I will pick up on the important issue of international travel and the mandatory quarantine proposals. As we move from lockdown to, I hope, sunnier climes and sunnier uplands, the issue of international travel becomes even more important, as has been discussed this morning. The committee is aware of the report on the impact of travel on the very low transmission rate that we had succeeded in obtaining in July last year.

I turn to the First Minister's statement this week. I also raised this point at the committee's meeting last week, but in my view, she was right to say that we need a vigorous and comprehensive approach to travel if we are serious about this. She proposes to take such an approach, within the competence of our Parliament, with regard to direct travel to Scotland. Obviously, there is also travel from third countries to other parts of the UK and then on to Scotland. The First Minister said that discussions were continuing with the UK Government to encourage and urge it to seek a more logical, rational, rigorous and comprehensive approach. Could the cabinet secretary update the committee on where those discussions stand?

Michael Russell: I believe that the discussions are on-going, which means that they have not yet come to their conclusion. The issue is clear. In our view, if we are going to take that measure, we need to do it comprehensively, so that it affects everyone coming from everywhere and does not have the potential to be less restrictive and therefore not as effective as it needs to be. The issue is simple. We believe that these decisions need to be based on scientific and clinical evidence, and on experience, because we have had the experience of seeing what happens when the measure is not in place.

As Jason Leitch indicated, we want to ensure that the measure works, and works effectively, and it would be desirable to get as much agreement as possible. We would like that to happen. However, it has to be done not only in a way that is legal, but in a way that we believe is effective. That is what we are trying to do, and we would rather do it together.

Jason Leitch might want to say a word or two about where he believes that the discussions are right now, because I know that they are not concluded. We want to try to get this right. As he has indicated, we are currently exporting, rather than importing, virus, and we need to get the system in place before we are anywhere close to importing it.

Professor Leitch: That is absolutely right. A BBC news report last night suggested that 15,000 people—I do not know whether that number is accurate—arrived in the UK yesterday from international destinations. For now, that is probably not a huge risk because of the level of prevalence here, but it will become a big risk when the prevalence begins to fall, particularly when variants cannot be found. The South African variant is impossible to find without genomic study, and therefore we do not know whether it is in Amsterdam or Paris, because those places do not do as much genomics work as we do. People could easily go from Johannesburg to Doha to the UK, and we would not know that the variant had come in. What is almost more important than the current variants is the question of future variants. Until we protect the whole world, we will not know what that is going to mean.

I do not think that my views have been opaque to the committee over the past few weeks with regard to the public health advice around travel. If Orkney gets to single figures, we should protect it from importation from the Scottish mainland. If Scotland gets to low numbers, we should protect Scotland from importation. If the UK gets to low numbers, we should protect the UK from importation. If we can get both islands, and our surrounding islands, to low numbers, we should protect all five countries. We should do that using vaccination, restrictions on our population and importation restrictions.

Michael Russell: It might be helpful for Annabelle Ewing if I gave some figures. Figures on this are published every Wednesday. The most recent figures that I have available to me—although presumably yesterday's figures will now be available—are from the week ending 31 January 2021. In that period, 4,651 people arrived in Scotland, of whom 3,562 were quarantining. Those numbers are comparatively low if we think of the numbers of people who were arriving in Scotland—[*Inaudible*.]—by air before the virus. However, we will require to be ever more vigilant as we move from exporting to importing.

Annabelle Ewing: I thank the cabinet secretary and Professor Leitch for their comprehensive and helpful answers.

I direct my next question to the cabinet secretary, because I appreciate that Professor Leitch would probably not want to answer it. Cabinet secretary, do you have a lot of confidence that the UK Tory Government actually has a handle on what the issues are here?

Yesterday, we saw the rather sorry spectacle of the UK Tory Secretary of State for Transport, Grant Shapps, giving evidence to the House of Commons Transport Select Committee. On the key issues of quarantine and potentially closing borders, he stated that the UK is

"an island nation, unlike Australia".

Given his apparent lack of grasp of basic geography, do we in Scotland feel that we can have confidence that the UK Tory Government really gets what the issues are?

Michael Russell: I am never reluctant to mix it politically, as Annabelle Ewing knows, but I will resist the temptation on this occasion; I hope that she will forgive me. We need to try to get to an agreement, and I will therefore not say anything that might jeopardise that.

I am very critical of some of the things that I have seen in recent days from UK Government ministers who, in my view, have been mixing it politically in places that they should not have been. Nonetheless, I have to resist the temptation to do that. Grant Shapps's knowledge of geography neither surprises me nor strikes me as being anything other than what I would expect, but the reality is that we need to get a solution, and it needs to be driven by scientific and clinical evidence. I am listening, but that is not nearly as important as the First Minister and Jeane Freeman listening and trying to get a solution. Let us see whether we can get that solution, as the Welsh are—as everybody is—trying to do. I am sure that Annabelle Ewing will forgive me for not doing what she might expect me to do.

Annabelle Ewing: I would always expect the cabinet secretary to be his normal diplomatic self.

I have one final area of questioning for Professor Leitch. On the good-news story that we heard yesterday, I hear what Professor Leitch says. I have not read the 30-plus pages of *The Lancet* paper so I will accept what he says and his particular knowledge of the subject matter that the paper discusses. However, I wonder when the data is likely to be peer reviewed, and when we can expect to see, in real time, verification of the studies. I am sure that there will be more to come, particularly from the vaccine manufacturers. I understand that we will need to see population health studies in real time to back up the claims, which we all want to believe in, but we want real hope, not false hope. Perhaps Professor Leitch could indicate how we can have confidence that the data produced further to our commissioning of the pharmaceutical companies is something that we can all absolutely believe in.

Professor Leitch: The paper that was published yesterday comes from the Oxford vaccination group, which is linked to AstraZeneca, of course, but is not AstraZeneca. It was done by academics from the University of Oxford, and it has been peer reviewed and published.

I used the term "preprint", which means that it has come quicker. Because the subject is so important, *The Lancet* has done a fast review and put that out. The slightly more long-winded version would have been sent to the likes of myself and four others to criticise and then, three months later, *The Lancet* would have revised and published it. The paper still has to go through that version of the process. At the moment, it has been reviewed in the sense that the numbers have been checked and the conclusions have been checked against the numbers. The paper is not just presenting the views of the academics. It has been published by *The Lancet*, which has a fast review process. You can therefore trust the numbers and the conclusions from the numbers.

On the second part of your question, we also need real-life vaccination data. What we are talking about is still trial data, which we get from going to people's houses when they have had the vaccine, checking the demographic and then doing a PCR test on each one. The real-life data will only come as we vaccinate more people. However, trials are on-going in the UK, Israel—particularly for Pfizer—and across the world in places where vaccination is ramping up to check its efficacy in the real world. Of course, we expect it to be less efficacious than the trial data shows—that is always the case.

Convener, I would like to make one other quick point. I used the wonders of technology to check something in an answer to Mr Rennie. The answer that I have had back is that all MSPs will get a letter tomorrow on how to contact each health board and what to tell their constituents to do next when somebody has not been contacted by the drop-dead date for their vaccination. I thought that it might be helpful members to know that.

Annabelle Ewing: That information is very useful. Thank you, both, for answering my questions. I am finished, convener.

The Convener: Thank you, Annabelle. I also thank Professor Leitch for that information.

Our next questions come from Maurice Corry.

Maurice Corry (West Scotland) (Con): I address my question to the cabinet secretary.

When I met staff yesterday at my local GP surgery, Helensburgh medical centre, they

expressed extreme concern that the supply of vaccine to GPs is very poor. When they plan to hold a vaccination session on a Saturday, for example, they book the hall and everything else that they need, but they do not know until the Friday whether they will have enough stocks of the vaccine. That is not good enough. I am due to have my vaccination on Sunday, so I hope that the practice will have enough vaccine.

Would you like to answer that first, cabinet secretary? Vaccine supply currently seems to be hopeless, and staff are very frustrated.

Michael Russell: Just as I talked about the use of language in my response to Annabelle Ewing, I say to Mr Corry that, given that more than 600,000 people have been vaccinated, his use of the word "hopeless" is perhaps less accurate than one might hope.

I want Jason Leitch to address the question, because he knows the intricacies of the delivery system. From the beginning—as the UK vaccines minister himself has confirmed—the constraining factor in vaccination has been supply. I am not blaming anybody for that; it is a UK-wide issue.

11:30

I would counsel anybody that we should encourage good practice, and that where there are difficulties we should endeavour to solve them. I do not represent Helensburgh, but I can say that across the Highlands and Islands, the roll-out has been exceptionally efficient. I was on the radio talking about it yesterday, and I know that that is the view of GPs, the health board, journalists and commentators.

Jason Leitch can say a word or two about the technicalities of supply, which may assist Helensburgh medical centre.

Maurice Corry: Before Jason Leitch speaks, I point out that the supply issue has happened not just once or twice—-that frustration is coming from the hearts of the GPs, and their managers, who are trying to get supplies. Only yesterday, the practice confirmed to me that they had exactly the same problem again. Like it or not, that is the situation. They cannot rely on the supply, and that needs to be sorted.

Michael Russell: I agree with you—that is why I am trying to get Jason Leitch to tell you about the nature of the supply difficulties, if there are any. As an MSP, you will want to intervene in the matter to see if you can help the surgery to—[*Inaudible*.].

Professor Leitch: I will, of course, offer to help the practice offline, if we possibly can. There are supply challenges; it is not simply a case of bad people not telling the practice if they do not have stock. The Pfizer vaccine in particular is hard to transport, and supply is not always reliable—it is lumpy.

NHS Highland—which I think covers Helensburgh; you can correct me if I am wrong—is vaccinating principally through GP practices. The board has a vaccine co-ordinator, who will be happy to speak to the practice; I am sure that they will have done so.

Highland is a large geographical area, which presents a big logistical challenge. However, Maurice Corry is right to say that we should be able to give practices more notice than simply telling them the day before, and we would hope to correct the situation. I hope that he gets his vaccination on Sunday, and that it goes well.

Maurice Corry: I am talking about the AstraZeneca vaccine, which it is not so complicated to transport, rather than the other one, so there should be no reason for delay.

Professor Leitch: There could still be reason for delay. There is no need for a big freezer for the AstraZeneca vaccine, but the vials still come in packs that would probably be too big for the Helensburgh practice, given that we do not want waste. There are still challenges, although you are right to say that the AstraZeneca vaccine is easier to transport than the Pfizer vaccine.

These are the questions. How many doses does NHS Highland think that it is getting, when does it know that it is getting them and when can it tell the Helensburgh practice? You are correct to say that notice should be given earlier than 24 hours before the vaccines are due.

Maurice Corry: The GP said to me yesterday that, as we know that there are 500,000 vials of vaccine in store somewhere, there should surely be no reason for any delays at all.

Professor Leitch: I do not know how the GP knows that. I do not know that there are 500,000 vials stored in a warehouse somewhere; I do not think that that is true.

There is a series of steps in the process. Some vaccines are with the manufacturer, some are with the UK-wide distribution centre and some are in health board distribution centres. It is true that there is stock in order for us to supply the people in Ayrshire, Arran and Helensburgh who will be getting letters in the next little while.

However, I accept your point, and we will try to resolve the issue for that specific practice.

Maurice Corry: My second question follows on from the question that I asked last week, which was to do with the vaccination of teachers and support staff. How are we getting on with that?

Professor Leitch: Are you talking about additional support needs teachers in particular, or all teachers and support staff?

Maurice Corry: It would include additional support needs teachers—to clarify, I am talking about teachers who are physically in the buildings and manning the hubs.

Professor Leitch: We are not going to vaccinate any professional groupings ahead of the JCVI priority group until we have finished the over-50s, except health and social care workers. That group includes additional support needs workers who deal with a specific group of children where aerosol-generating procedures are involved.

The risk refers to the vulnerability of the individual who is being cared for, not the individual who is doing the caring. As we have said many times at committee, the JCVI is clear: the vaccination programme is based on risk of death and therefore, to put it bluntly, people who are more at risk of death go first. When we are done with the over-50s, the JCVI might or might not give us advice on prioritisation of professionals in the younger group. If it does, we will take that advice. If it does not, and it simply says, "You can do whatever you think is right," we will make judgments and the politicians will decide.

John Mason (Glasgow Shettleston) (SNP): The phrase "mid-February" has been used quite a lot, and we are approaching that point now. Is it possible to pin down what that means? Is it 14 February, or would it be Friday 19 February?

Michael Russell: I do not have a view on that. If we get to Friday 19 February and some people have not heard, it will be important—as Jason Leitch has talked about—to activate the processes. However, it is perfectly conceivable that—[*Inaudible*.]—Sunday, while vaccination will be going on, the final letters might still be working their way to the remoter parts of Scotland. People should take a reasonable view on that. If they reach the stage during that week when they are concerned that they have not been got to, MSPs might want to activate concerns in the way that they have been advised to do.

Professor Leitch: I agree. There will be a margin in that week. We should remember that, for a variety of reasons, no group will reach a vaccination level of 100 per cent. Some people will refuse vaccination, and it will be inappropriate to vaccinate others, so we will not get to 100 per cent with any group—except health and social care workers, where we have got to 100 per cent, which is testament to their willingness to come forward.

Even in care homes, where some people are very close to the end of life, a very small number of people have refused the vaccine or had it refused on their behalf by someone who has power of attorney. Nevertheless, 98 per cent is extraordinarily high for care home vaccination. Most of the literature suggests that as we go down the ages, the size of the refusal group will increase, unfortunately, but at least we are getting high numbers among those who are most vulnerable.

I think that you are right, Mr Mason—there will be a margin somewhere in that week in February. People should be patient until 19 February. After that date, there will be a way of contacting somebody.

John Mason: That will help me in speaking to my constituents, some of whom are on edge, let us say.

We have talked previously about mixing vaccines. The answer at that point was that that was being researched. I think that I heard in the media that there were positive thoughts about mixing vaccines. Are we any further on with that? That question is probably for Jason Leitch.

Professor Leitch: We are further on only in the sense that the trial has been announced. Now that we have two approved vaccines and there is good evidence of their efficacy, we are going to trial the mixing of vaccines. It was announced last night that that will take place on English sites. There will be four or five groups. One group will get two doses of the AstraZeneca vaccine, one group will get two doses of Pfizer, and then there will be every combination of the two. Someone might get AstraZeneca first and Pfizer second, for example.

Most of the virologists and immunologists instinctively think that mixing vaccines will not be a problem, but we will not do it until the trial proves that that is the case. We already do booster doses for other vaccines with a different manufacturer; nobody checks which manufacturer it is before they go for their typhoid or rabies booster if they are travelling.

We think that the vaccines will probably interact as well as previous vaccines have done, but we want to know that for sure, in particular because the Pfizer vaccine is a messenger RNA vaccine, which is new technology. That trial is starting now and will report in a few weeks' time.

John Mason: Again, that is helpful.

For my third question, I go back to the issue of schools and children. As you probably know, some people think that we are sending children back to school too quickly, but other parents think that they should all go back immediately. The latter group tends to emphasise children's mental health. This week is children's mental health week, and it is clear that mental health is important. How do we get the balance right between children's

mental health and their physical health, in which we have an obvious interest because of Covid?

Michael Russell: There is no algorithm that would drive us to say, "If X is true, Y has to be true." We get recommendations and views on those decisions from a variety of specialists and specialist groups. John Swinney is actively involved with those groups, and they treat very seriously the evidence and information on mental health harms, harms to educational attainment and the widening—if that is the case—of the attainment gap.

I have not been present at the education recovery group, but I am sure that it considers those matters very seriously. When the group's recommendations come to Cabinet, alongside the views of scientific advisers on the pandemic, the spread of the virus and the reproduction number, they will be discussed and considered carefully.

As the First Minister has repeatedly said, it is then a matter of judgment—a matter of setting one set of harms against another. There is no harm-free way to do it. There are economic harms, and we cannot discount the harms to parents' mental health—the frustration, annoyance, difficulty and anguish that the current situation can cause. These matters are treated very seriously, and those who are involved in making the decisions have to make a judgment. Again, that must be done by the Cabinet and the lead ministers—it is their judgment that will count.

I can say only that the decisions and all those factors are treated incredibly seriously, and nobody comes away thinking, "Gosh, that was obvious" or "That was easy." It is never easy. Jason Leitch might want to say more, because he is involved in another part of that process.

Professor Leitch: Pretty much all school buildings are now open for children who, in shorthand, we call "vulnerable", and for children of key workers, precisely for the reason that Mr Mason mentions. In the first lockdown, we opened hubs, which only 1 or 2 per cent of children went to. The education recovery group is made up of people from public health and education—it is a broad mixture—and their advice is about not just Covid harm, but wellbeing and broader harms. It is still hard to strike a balance, and there is no sweet spot to find; a judgment must be made. The advice is based on what we think is the right thing to do. That is why, even if we say that we are comfortable with some children going back to school, the question of which children should go back is a judgment not for me, as a public health adviser, but for educationalists, who are also experts. They say that we should bring back the younger kids first; we accept that and give that advice to the Cabinet, which then takes a decision.

We have tried to put in place wraparound mental health services both in schools and virtually, and also—at the higher end of those needs—in the health and social care system. That has worked relatively well. Waiting lists for child and adolescent mental health services have not soared in the way that some people suggested that they would. In fact, virtual consultations have gone quite well. That is not the case for everybody—the picture is not universal. However, CAMHS has got through quite a lot of cases and has done really well. In addition, in this version of their opening, schools have got better at keeping in touch with the children. The digital infrastructure is better, and it seems—certainly based on the experience at my dining room table, where there is often a high school teacher—that schools are engaging more with the kids than was the case in the first lockdown.

Stuart McMillan (Greenock and Inverclyde) (SNP): I have a couple of questions. It is reported in *The Herald* today that the general secretary of the Scottish Secondary Teachers Association is concerned about secondary schools going back too soon. Were all the unions involved in the discussions prior to the announcement this week?

11:45

Michael Russell: I cannot confirm or deny that, because I do not know. However, I will make sure that the member is informed about that by the Cabinet Secretary for Education and Skills. Having been an education secretary, I am aware that the unions are all involved in discussing education all the time, but I am sorry—I do not have that particular detail.

Stuart McMillan: Regarding the £500 payment, are Scottish Ambulance Service staff and agency staff in health boards eligible for that?

Michael Russell: As far as I understand it, the eligibility is to do with income level. Therefore, I presume that anybody who falls into the income category will get it. Again, I would want to have that confirmed, and we will make sure that we confirm it.

Stuart McMillan: This week, the committee received a fiscal update report from the Scottish Fiscal Commission, along with a shortened version of that report. In section 1.11, the commission is clear about the limitations of the Scottish Government's borrowing powers and states:

> "The Scottish Government has requested additional flexibilities from the UK Government to manage the Budget this year. HM Treasury has, as yet, not granted any additional flexibilities."

Clearly, there is an issue because of Covid. Would you strongly recommend that the UK

Government listens to what is going on in Scotland and acts accordingly so that our Cabinet Secretary for Finance can do the job that is required to help Scotland in the next financial year?

Michael Russell: I would strongly recommend that. I have spent the past four and a half years endeavouring to get the UK Government to accept that it should listen to the reality of devolution rather than make assumptions about it, and I will continue to argue that. If that is the Fiscal Commission's view, it is also my view. I think that it would be the view of any sane and sensible person at this stage.

Stuart McMillan: My final question is regarding an article on the BBC that stated that, in the first quarter of last year, some 54 per cent of applications for Covid funding, including from businesses and individuals, were allegedly fraudulent. Are you content that, in relation to the processes that are in place for the funding that goes to local authorities and then to their communities, there has been an improvement in the guidance and the regulations to cut down on fraudulent applications?

Michael Russell: There is a fine balance to be struck. We want the money to go out the door as quickly as possible to the many people who really need it. Like me, Mr McMillan is a constituency MSP, so he knows the real need that exists out there. The more barriers we put up, the more people will not get what they absolutely need, deserve and are entitled to. Equally, there are some—few, I think—bad actors who will try to exploit any circumstance, and we must try to prevent that.

My view is that we should err on the side of speed and generosity to ensure that the huge harms that are being done are mitigated to whatever extent we can do that, including financially. I certainly would not spend a lot of my time worrying about fraud. I spend a lot more of my time looking at my postbag and worrying that we need to do even more to put money in people's hands, and I have no doubt that Stuart McMillan does the same.

The Convener: I have a final question, which picks up on what Jason Leitch said earlier about supply and the second dose of the vaccine.

It strikes me that there could be quite a challenging moment in a month or so's time, when we begin to vaccinate larger cohorts of people, because we will be moving down the age ranges in the priority groups, and at the same time people who have already been vaccinated will be coming back for their second doses. Can you reassure the committee that you think that, as regards both supply and logistics, we are ready to deal with that moment?

Michael Russell: Before Jason Leitch gives you the detail on that, convener, I would like to make a comment. What you have said is undoubtedly an important observation, which proves to me that this is not a sprint but a marathon. Therefore, we must build a solid basis of organisation that will allow us to deliver on that marathon. However, some of the ways in which matters have been approached so far seem to imply that it is a sprint. We should step back from that, consider what we will need in both the medium and the long term and build a solid foundation, which is what we have been doing.

Jason Leitch might want to say a word or two about the logistics and pressures of what will be a long-term situation. It is currently expected that vaccination might have to continue for a long period of time, in the way that many of us, particularly those of us who are of an age to do so—you are not, convener, but I am—have an annual flu jab. We will have to consider those aspects, too.

Professor Leitch: That is an excellent question. The situation is enormously complex, and it is complicated further by supply challenges, such as Pfizer deciding to close some of its production line temporarily in order to move it to greater capacity. Although that is a great thing, it means that supply is interrupted temporarily. The difficulty is that, for now, we need to give people whose first dose has been the Pfizer vaccine second doses of the same vaccine.

Modelling has been done across the four UK countries for the moment when we need to start stockpiling vaccines so that we can be sure that we can give those second doses. We will prioritise those second doses before we move down through the age groups, because we have to. We are not going to suddenly stop and give only second doses—you are right, convener, that those two processes will run in parallel. However, that will mean that we may not be able to run at full capacity, simply because of supply. We will have to hold back until we can get supply and demand exactly right. All four countries of the UK are doing that, together and separately. I saw the modelling earlier this week, when we had a big meeting with officials, vaccination suppliers and procurement people. We then presented it to the Cabinet Secretary for Health and Sport and the First Minister yesterday.

I am as confident as I can be that we have thought about that. I am reluctant to be supremely confident, because we just do not know what eventualities could arise, such as bad weather, or something else happening at the factories. We have to be careful, which is why the straight numbers game does not give a full understanding of the complexity of the process. The numbers

game is absolutely important—I want us to protect as many people as we can—but the situation is complex.

The Convener: Thank you very much for that.

That concludes our consideration of agenda item 1. I thank the cabinet secretary and the national clinical director for their evidence.

Agenda item 2 is consideration of a motion on the subordinate legislation on which we have taken evidence. Cabinet secretary, would you like to make any further remarks on the Scottish statutory instrument before we deal with the motion?

Michael Russell: No, thank you.

The Convener: I invite the cabinet secretary to move motion S5M-23948.

Motion moved,

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 14) Regulations 2021 (SSI 2021/35) be approved.—[*Michael Russell*]

The Convener: Does any member wish to speak on the motion? If so, please indicate that by typing R in the chat bar.

As no member has indicated that they wish to speak, I will put the question on the motion. The question is, that motion S5M-23948 be agreed to. Does any member disagree? If so, please type N in the chat bar now.

No member has indicated that they disagree.

Motion agreed to.

The Convener: In due course, the committee will publish a report to the Parliament setting out our decision on the statutory instrument that we have considered at today's meeting. That concludes our consideration of agenda item 2. I reiterate the committee's thanks to the cabinet secretary and the national clinical director for their attendance. As ever, their evidence has been very illuminating and helpful.

The committee's next meeting will take place on Thursday 11 February. The clerks will update members on the arrangements for that meeting in due course.

Meeting closed at 11:55.

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

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@parliament.scot

The Scottish Parliament
Pàrlamaid na h-Alba