



OFFICIAL REPORT  
AITHISG OIFIGEIL

DRAFT

# Meeting of the Parliament (Virtual)

Tuesday 13 July 2021

Session 6



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Pàrlamaid na h-Alba

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# Scottish Parliament

Tuesday 13 July 2021

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

## Covid-19

**The Presiding Officer (Alison Johnstone):** Good afternoon. The first item of business is a statement by Nicola Sturgeon on Covid-19. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

**The First Minister (Nicola Sturgeon):** I will update Parliament today on the decisions that the Government has reached in relation to Covid restrictions. In doing that, I will reflect on the mix of positive and more challenging developments that we have experienced recently.

I will emphasise that this is a time for continued caution—for Government to take the tough decisions necessary to help safeguard the health and wellbeing of the country. That means that although Scotland will move to level 0 from next Monday, we will do so with certain modifications to our original indicative plans, which is intended to ensure that our pace of easing restrictions is sensible in the light of the challenge that we continue to face from the delta variant. I will also confirm that certain mitigations, such as the mandatory wearing of face coverings, will remain in place not just now but, in all likelihood, for some time to come.

It is important to stress that measures such as the continued wearing of face coverings are important not just to give added protection to the population as a whole, but to give protection and assurance to those among us who are particularly vulnerable and previously had to shield. Lifting all restrictions and mitigations right now would put all of us at greater risk, but, in particular, it would make it much more difficult for the most clinically vulnerable to go about their normal lives. It would risk the imposition of shielding by default, and, in my view, that is not something that we should do.

Before I turn to the detail of all of this, let me summarise today's statistics. The total number of positive cases reported yesterday was 2,529, which is 11.5 per cent of all tests, and the total number of confirmed cases is now 318,566. There are 506 people in hospital, which is 37 more than yesterday, and 41 people in intensive care, which is one more than yesterday. Sadly, four more deaths were reported in the past 24 hours, taking the total number of deaths, under the daily

definition, to 7,761. As always, my condolences go to everyone who has lost a loved one.

The total number of people who have now received a first dose of the vaccine is 3,941,571, which is an increase of 7,163 since yesterday, and 10,286 people got a second dose yesterday, which brings the total number of second doses to 2,903,557.

The continued success of the vaccination programme continues to give real hope. We are in the final stages of offering first doses to all adults. More than 80 per cent of 30 to 39-year-olds have had a first dose, along with around two thirds of 18 to 29-year-olds. All 18 to 29-year-olds have now had a first dose appointment scheduled.

I turn to second doses. Virtually all over 60-year-olds have now had both doses. Uptake is 96 per cent in 55 to 59-year-olds, 89 per cent in 50 to 54-year-olds and 61 per cent in 40 to 49-year-olds. Second dose appointments are being scheduled for eight weeks after the first dose, so in the next couple of weeks, coverage of 40 to 49-year-olds will get much closer to the levels achieved for older age groups.

Walk-in vaccination centres are now open in all mainland health board areas for anyone over 18 who has not yet had a first dose, or who received a first dose eight weeks or more ago. Today, I again appeal to everyone due to receive a first or second dose to get it as quickly as possible. It is the single most important thing that any of us can do to protect ourselves and each other and get all of us back to normal.

As I said, in coming to today's decisions, the Government has had to weigh up both positive and more challenging developments. The continued progress of the vaccination programme is obviously positive. It is also encouraging that case numbers, which were rising sharply two weeks ago, now appear to have levelled off. In fact, they have fallen in recent days. In the week to 4 July, an average of 3,300 positive cases a day were recorded; the figure is now just under 2,700, which is a reduction of more than 15 per cent.

That said, cases are still high—they are more than twice the level that they were when I last updated Parliament—and, of course, not all cases are confirmed by testing. Therefore, although the current fall is encouraging, we must continue to monitor all data—including data on waste water sampling, for example—to make sure that we have the fullest possible picture.

Another positive is that vaccination is definitely weakening the link between case numbers and severe acute illness. In January, more than 10 per cent of people who tested positive for Covid had to go to hospital. That figure is now around 3 per cent. It is also the case that people admitted to

hospital with Covid are being discharged more quickly than was the case previously. All that reflects the fact that a much greater proportion of cases now involve younger people, who are much less likely to become seriously ill.

However, for all those welcome signs, there are still reasons to be concerned—and certainly not complacent—about the current level of infection.

First, if case numbers are high, even just 3 per cent of those cases ending up in hospital puts pressure on the national health service, and we can see that happening already. Three weeks ago, 171 people with Covid were in hospital and 18 in intensive care; today, the figures are 506 and 42. Hopefully, with new cases starting to fall, we will also see hospital admissions fall in the next few weeks, but, at the moment, the pressure on the NHS is of concern.

First and foremost, that means that a significant number of people are suffering illness. It also means that there is more pressure on a workforce that has already given so much. Of course, it also holds back NHS recovery. Every hospital bed occupied by a Covid patient is one bed fewer to tackle the backlog of non-Covid care.

Another reason to take the current level of infection seriously is the risk of long Covid. Many people, including young people, who get the virus but never need hospital care will still suffer long Covid.

It is important to remember that long Covid is a condition that experts do not yet fully understand. However, we know that it is causing misery for many. Indeed, it is one of the main reasons why, in my view, we cannot be complacent about young people getting the virus. To say that it just does not matter when we do not yet fully understand what the long-term consequences might be for some young people would risk treating them as an experiment. It will not surprise anyone to hear that I do not think that we should do that.

Those are just some of the reasons for continued caution, even as our optimism about the impact of vaccination continues to grow. That sense of caution is reinforced by looking at the international situation and by listening to the World Health Organization.

Several countries across Europe—for example Portugal and Spain—are now dealing with very sharp rises in cases. Holland has just reintroduced restrictions that were lifted at the end of June. Israel has also seen a significant rise in cases as a result of delta, despite its very high level of vaccination.

Some countries that did well in suppressing the virus last year—countries in the Asia-Pacific region, for example—are now seeing cases rise as

well. Japan, for example, has decided not to allow spectators at the Olympics.

As the delta variant becomes more dominant in more countries, we are likely to see resurgences elsewhere, too. There is no doubt that delta has become, unfortunately, something of a game changer, even for countries that are on course to achieving full vaccine protection.

Covid remains a threat that we must treat seriously. The Scottish Government of course understands—I understand—the temptation to lift more restrictions more quickly, but in our view, and in line with clinical advice and modelling, a gradual approach stands the best chance of minimising further health harm and loss of life. Also, because a gradual approach also stands the best chance of being sustainable, it will be better in the long term for the economy as well. We will continue to ease restrictions—we are not slamming on the brakes—but we will do so carefully.

Let me turn to the detail of our decisions. From Monday 19 July, all parts of Scotland that are not currently there will move to level 0. However, that move will be made with certain modifications that will be applied consistently across the country in order to ensure that we are not easing up faster than is sensible, given the current situation that we face. Full details of the changes are on the Government's website, but I will highlight some key points now.

In level 0, up to eight people from up to four households can meet indoors at home, compared to six people from three households being able to do so in levels 1 and 2. Up to 10 people from up to four households can meet in a public indoor space, such as a pub or restaurant, and up to 15 people from up to 15 households can meet outdoors, whether in a private garden or public space. Children under 12 already do not count towards the total number of people; from Monday, they will not count towards the total number of households, either.

In level 0, up to 200 people can attend weddings and funerals. Soft play centres can open, as they could at level 1, but not at level 2. For hospitality businesses, at level 0—unlike in level 2—there is no requirement for customers to pre-book a two-hour slot in order to go to a pub or restaurant. However, customers will still be required to provide contact details to help the test and protect programme, and will still be required to wear face coverings, except when they are seated. There will still be limits on the size of events and on stadia attendances, but those will increase to 2,000 seated and 1,000 standing outdoors, and to 400 indoors. As they are now, organisers will be able to apply to stage larger events.

I turn now to the modifications to our indicative plans. First, hospitality venues in level 0—in all parts of Scotland—will be required to close at midnight. That is a change to what we had previously indicated for level 0, which was that venues would follow local licensing rules. That reflects the fact that, despite the sector's sterling efforts—I pay tribute to those efforts—indoor hospitality remains a relatively risky environment, especially later at night, when people might be less likely to follow rules. A midnight closing time represents progress from levels 1 and 2, but will still help to mitigate some of the additional risk.

The second modification is to physical distancing. Let me be clear: what I am about to set out applies to public places. We had already removed the requirement to distance for groups of family and friends meeting in private houses or gardens, as long as those were within the permitted limits. In indoor public places—as has been indicated previously—where there is not already a 1m rule in place, the physical distance requirement will reduce from 2m to 1m and will apply between different household groups.

The main modification is in relation to outdoor public places. We had hoped to lift physical distancing outdoors completely and, by extension, to remove limits on the number of people who can gather together outdoors. However, at this stage we intend, for precautionary reasons, to keep in place a limit on the size of outdoor group gatherings. As I indicated earlier, that will be up to 15 people from up to 15 households. Because meeting outdoors is less risky than meeting indoors is, there will be no requirement to distance within those groups of 15. However, for the next three weeks at least there will be a requirement for 1m distancing between different groups of 15. The Cabinet Secretary for Finance and the Economy intends to work with the events sector on guidance to explore how events that have already been organised might still go ahead, with appropriate modifications.

The final and, perhaps, most substantial modification to what we had indicatively planned relates to working from home. We had indicated that a gradual return to the office could begin from level 0, but given the current situation, we intend to postpone that until we move beyond level 0, which we still hope will be on 9 August. Until then, we will continue to ask employers to support home working where possible. I know that that will be disappointing for many businesses and, indeed, for some employees who are finding home working hard, but it will reduce the extent to which people are meeting up in enclosed environments or travelling together, so it will—in this phase—help to contain transmission.

I hope that the move to level 0, albeit in a modified form, will be welcomed. It is not a complete and wholesale lifting of all restrictions—it was never intended to be—but it will restore yet more freedom to all of us.

Indeed, it is worth emphasising that we are no longer in lockdown—nothing like it. Life is much more normal than it has been at any time since the start of the pandemic, but the gradual approach that we are taking means that sensible precautions will remain in place to limit transmission while we make even more progress on vaccination.

To that end we will, as I indicated earlier, also keep in place some other measures, including the requirements to wear face coverings, to cooperate with test and protect and to comply with advice on good hygiene and ventilation. On mandating of mitigations such as face coverings, let me just say that my view is that if a Government believes that such measures matter—this Government does—we should say so and we should do what is necessary to ensure compliance, and we should be prepared to take any resulting flak from those who disagree. We should not lift important restrictions to make our lives easier, then expect the public to take responsibility for doing the right thing anyway.

I have addressed the move to level 0. We previously indicated that we hope to move beyond level 0 on 9 August. That remains our expectation. By then, almost everyone over 40 will have had the second vaccine dose at least two weeks previously. However, as with today's decisions, we will assess the data before we come to a final decision nearer the time, and I will provide a further update to Parliament in the week before 9 August.

Finally, I want to confirm our future intentions in relation to the requirement for close contacts of positive cases to self-isolate. We know how onerous and disruptive that is. Therefore, when we move beyond level 0, we intend first to remove the blanket requirement for close contacts to self-isolate, as long as they are double vaccinated, with at least two weeks having passed since the second dose, and as long as they take a polymerase chain reaction test that comes back negative. We will shortly publish guidance on practical operation of that.

Secondly, as part of our wider preparations for the new academic term, we have asked our education advisory group for advice on whether, to what extent and with what mitigations we can remove the self-isolation requirement for young people in education settings who are close contacts of positive cases. We will set out our conclusions on that well in advance of the new term. We are, of course, still waiting for advice

from the Joint Committee on Vaccination and Immunisation on whether children over 12 should be vaccinated.

Lastly, from Monday 19 July, self-isolation will no longer be required for people arriving from countries that are on the amber list, provided that they have been fully vaccinated through a UK vaccination programme and take a PCR test on the second day after arrival. However, we will continue to take a precautionary approach to inclusion of countries on the amber list and we continue—notwithstanding that change—to advise against non-essential overseas travel at this time. For the avoidance of doubt, let me be clear: anyone who tests positive for Covid or who experiences symptoms of it will still be required to isolate for 10 days.

The decisions that I am setting out today show that despite the impact of the delta variant, vaccination is allowing us to continue to ease restrictions, albeit cautiously. That will be a relief to the vast majority of people, but it will also be a source of anxiety to some.

Therefore, let me again address the people who are at the highest clinical risk, many of whom have previously shielded. I know that many of you feel anxious about any easing of restrictions, particularly if you cannot have the vaccine, or if you have conditions that suppress your immune system or are on treatments that do so. The Scottish Government is very aware of that. We will not abandon you. For as long as it is necessary, we will ask people to take sensible precautions, such as wearing face coverings, to allow you, like everyone else, to enjoy more normal life again.

This week, we are launching a survey for people on the highest-risk list to tell us what additional support you might need, and the chief medical officer will write to you this week with further advice.

Lastly, we know that around 13,000 people who are at high clinical risk have not yet had both doses of the vaccine. I ask that, if you are one of them, and if you are able to get the vaccine, please do so.

That final note of caution explains again the careful balance that is at the heart of our decisions today. The vaccination programme is working—it definitely is working—and that gives us confidence about easing restrictions further. However, case numbers are still high and Covid still poses a risk to the health of many people. We believe that in the race between the vaccine and the virus, the vaccine will win, but we cannot allow the virus to run too far ahead. We must therefore stick to a cautious approach. We are easing restrictions from next week, but we are not abandoning them, and even when we move beyond level 0 we will

continue to require that some baseline measures, such as wearing of face coverings, be in place for a period longer.

I will end by emphasising again what we can all do to protect one another. First, get vaccinated. If you are over 18 and have not had a first-dose appointment, or if you are eight weeks or more from your second dose, register on the NHS Inform website for an appointment, or go to a drop-in clinic.

Secondly, please get tested regularly. Lateral flow tests are available free by post through NHS Inform, or for collection from test sites and local pharmacies. If you test positive in one of the tests, or if you have symptoms, make sure that you self-isolate and book a PCR test as quickly as possible.

Thirdly, stick to the remaining rules, follow basic hygiene measures, and meet other people outdoors as much as possible. If you are meeting indoors, stick to the limits on group sizes, and open windows, because the better ventilated a room is, the safer it will be.

Please remember that the basic measures, including physical distancing, hand washing, cleaning surfaces and wearing face coverings, are as important now as they ever were. If we do all that—increasingly frustrating though it continues to be—we will help to protect ourselves and our loved ones.

As we continue towards completion of the vaccination programme, which still offers us the route back to greater normality, we will make it easier for more restrictions to be gradually and sensibly lifted in the weeks ahead.

Thank you. I look forward to answering questions.

**The Presiding Officer:** The First Minister will now take questions on the issues raised in her statement. I intend to allow around 90 minutes for questions, and it would be helpful if members who wish to ask a question could type R in the chat function now.

**Douglas Ross (Highlands and Islands) (Con):** In the past 16 months, the public have made huge sacrifices. Their lives have been upturned. They have missed out on many special occasions and moments that they will not get back, yet they have done what is necessary with incredible dedication.

Before the pandemic struck, we would have found it unbelievable if a Government had told people to stay inside their own homes for 23 hours a day, restricted how far we could travel, and forced people to miss the births of their children and the final moments of a loved one's life. We would have found it equally unbelievable if the overwhelming majority of the public—almost



everyone—followed the restrictions assiduously, putting the good of our country first.

People across Scotland and the United Kingdom deserve our utmost thanks and appreciation for everything that they have done. However, now is the right time to move forward. We cannot continue to ask the public to sacrifice so much of their lives when we promised them that the vaccine would bring an end to restrictions. The consequences for mental and physical health and family finances have already been catastrophic. The balance has to tilt further in favour of moving forward, and we have to make progress back to normality.

The public have done what was expected of them—now it is time for this Scottish National Party Government to deliver and hold up its end of the bargain. Therefore, it is welcome that Scotland will move to level 0 next week, with some minor modifications, and that self-isolation rules for people who are travelling will be relaxed. However, although the statement provides some of the clarity and answers that we expected, the challenges are still piling up for this SNP Government on multiple fronts.

On test and protect, standards have dropped. Rather than restore those high standards, the SNP has lowered the bar and weakened the criteria, as reports this week have uncovered.

On the vaccine roll-out, which has happened at a phenomenal pace across the whole of the United Kingdom and allowed us to safely ease restrictions at a faster pace, progress in Scotland has now slowed. Today's figures are the worst in three months.

On NHS readiness, we have multiple hospitals bordering on breaking point and declaring code black status. On long Covid, an illness that has the potential to overwhelm our NHS if it is not tackled seriously, the SNP Government has been slow to act, and it refuses to consider our proposals for a network of long Covid clinics. Parents are still anxiously waiting to hear whether their children will need to self-isolate after a year of disrupted learning.

Will the First Minister listen to our request for additional resources to boost test and protect and return it to the same standard as before? Now that the vaccine roll-out is at its lowest level in months, what is being done to increase the pace? By what date will the education advisory group publish its findings to allow parents, pupils and teachers to know for sure whether self-isolation rules will continue in schools? Will the First Minister finally agree to launch a network of long Covid clinics, as we have proposed? To be absolutely clear, if it takes until the middle of September to double vaccinate all adults, will the First Minister tell the

country whether that will have an impact on the plan to ease almost all restrictions on 9 August?

**The First Minister:** First, I will never find words that adequately express my gratitude to people across the country, but I hope that everybody knows that I feel that sense of gratitude for the sacrifices that they have made and continue to make.

Secondly, thanks to those sacrifices and the power of vaccination, we are moving forward but—and it is a critically important point—we are choosing to do that at a responsible pace, not an irresponsible pace, because, in the face of a pandemic of an infectious and dangerous virus, the price of irresponsibility would be more people becoming seriously, acutely ill, more people suffering the impacts of long Covid, more people dying and more damage to our economy and society in the longer term. Therefore, a gradual, steady, careful, cautious path forward is the right one and I am absolutely prepared to defend that.

On the specific questions, test and protect is always going to be under pressure when cases are rising. We are making additional resources available as appropriate, and additional staff are being employed to support the test and protect operation. We believe that, because of that approach, some of the pressure that we have seen in the past week or so is abating. As we go through the pandemic, just as we are changing the approach to self-isolation, changes are being made to ensure that the approach to contact tracing is effective, proportionate and notifies people as quickly as possible. That is the work that test and protect has been doing and will continue to do, because it remains a vital part of our protection. Again, I thank all those who are working so hard in that system across the country.

On vaccine roll-out, I will be blunt: anyone who suggests that a slowing down of the vaccine roll-out is associated with anything other than perfectly understandable reasons is either deliberately or inadvertently displaying a lack of understanding of the issues behind the vaccination programme. There are two constraining factors on the pace of roll-out: one that has always been there, and one that has kicked in as we have gone into second doses.

The first factor is the volumes of supply, which tend to ebb and flow, although they are healthy at the moment and not causing us concern. The second factor, as we have gone into second doses, is the clinically advised gap of eight weeks between the first and second doses. Once someone has had their first dose, we cannot give them the second dose until eight weeks have passed, so if we did a certain number of vaccinations on this day eight weeks ago, that limits the number of vaccinations that we can do

today. We are vaccinating as quickly as possible within those constraints, and any look at our vaccination rates relative to England's would show that we are all achieving the same performance in that respect. We continue to do everything that we can to make sure that the roll-out continues.

Hospitals are under pressure because of the reasons that I set out. Last week or the week before, we announced significant additional resources to help health boards cope, but the way that we reduce pressure on our hospitals is to reduce the impact of Covid, which is another reason for the cautious path that I set out today. There is no logic or consistency in, on the one hand, asking us to go faster in easing restrictions and, on the other, complaining about pressures on our hospitals, because the latter would be exacerbated by the former. A bit of consistency in that regard would go a long way.

With regard to long Covid, we will take the necessary steps. We have invested heavily in research so that we understand the required specialist and greater generalist provision, but people suffering from long Covid should consult their general practitioner, who will point them to the proper services, which we will continue to develop as our knowledge develops.

Lastly—I apologise if I have missed any points of detail; I am happy to come back to them later—it is right that we consider the points about schools properly. We must consider in the round a number of interrelated issues, including self-isolation from school and other mitigations such as the wearing of face coverings and the use of bubbles in parts of our education system. The decision that will, I hope, come soon from the JCVI on vaccinating younger people will have a bearing on that. We are rightly taking the time to try to get this right. As I have said, we will set out our conclusions well ahead of the start of the new term, and I hope to have advice from the education expert advisory group soon.

We are on track to meet the vaccination milestone by 9 August. There is nothing to suggest that we will not meet that. However, the Government and I will have to take a rounded view, as we have done today, ahead of 9 August on what is safe, responsible and sensible to do. That is what we will do. My job right now is not to take easy decisions for the benefit of good headlines, although I am not sure that it would be wise of me to do that for a range of other reasons. My job is to take the decisions that I think are best to keep the country as safe as possible.

I hope that 9 August will see the further lifting of all the major remaining legal restrictions. However, I will take that decision not to make my life easier or to generate good headlines, but in the interests of the country overall. I will be prepared to accept

any of the flak and criticism from those who disagree with my decisions. That is my job—that is my responsibility.

**Anas Sarwar (Glasgow) (Lab):** [*Inaudible.*—to all those who continue to serve on our front line.

There is no doubt that the inconsistent decision making and communications over the past few weeks have had a negative impact on the pandemic response. The high rate of cases is a cause for concern, and I am afraid that what the First Minister has presented today is not a clear strategy to cope with the new phase of the pandemic. She has outlined a set of welcome changes to restrictions, many of which are complicated, but big problems remain. The new phase requires a new approach.

After 16 months, we are still not maximising our testing capacity. Despite the best efforts of our NHS staff, issues remain with the test and protect system. Despite adequate supplies, the vaccination roll-out has slowed. Will the First Minister commit to simplifying the communications and ensure that there is consistent decision making? That is crucial to maintaining public trust and confidence. Will she work more proactively with business to make best use of our testing capacity? After 16 months, will she fully resource and fix the test and protect system once and for all, so that we can identify and isolate the virus? Even when we have completed the vaccination roll-out, we will still need a functioning tracing system. After 16 months, we have still not got far enough.

Will the First Minister work now to pandemic proof our workplaces and schools? I hear what she said about decisions being made in advance of the start of the school term, but that is just four weeks away, so we cannot delay pandemic proofing for workplaces and schools. Will the Government increase the value of, and widen the eligibility for, the self-isolation grant so that we can better support families?

The First Minister rightly said in her statement that we should listen to the WHO, but she needs to listen to the WHO on the vaccine. The vaccine is working, but it is not yet winning the race against the virus. The WHO advice is to administer the second dose of the vaccine after three to four weeks. The manufacturers' advice is to administer the second dose after three to four weeks. Many countries across the world are administering the second dose of the vaccine after four weeks, and we know from the data that significant protection from the delta variant comes from the second dose of the vaccine. Will the Government now follow the lead from other countries around the world and introduce a four-week gap between vaccine doses, as recommended by the WHO and the manufacturers?

Testing, tracing, rolling out the vaccination programme and providing financial support is the new approach that we require for the next phase of the pandemic.

**The First Minister:** With the greatest of respect to Anas Sarwar—I will treat all his questions with the greatest of respect—there was quite a lot of glib soundbites in his questions, not a huge amount of substance and, to be frank, a little bit of irresponsibility. I will start with the latter. In Scotland, we take our advice on vaccination from the Joint Committee on Vaccination and Immunisation. In the entire lifetime of this Parliament, no devolved Government has gone against the JCVI's recommendations on vaccination. The JCVI advice is that, in order to maximise the effectiveness of the vaccine and the longevity of its protection, the interval between the first and second doses should be eight weeks.

If I were to say that, as a politician, I was going to disregard the advice from the statutory organisation that advises the Government on these issues and do something else, I am pretty certain that one of the first people in the queue to criticise me would be Anas Sarwar, along with his colleagues. It would be unthinkable for me to go against the JCVI's advice.

I understand that the JCVI is looking at that question again. If it were to recommend reducing the dosage interval, nobody—or very few people—would be happier to do that than me. However, on these sensitive matters, in which one of the most important things is to maintain public confidence in vaccines, it is absolutely incumbent on politicians to follow that clinical advice. Any politician asking the Government to act differently is, I am sorry to say, being irresponsible. If the advice changes, the Government's position will change, but we will prioritise maintaining confidence in the vaccine.

With regard to what I would describe as glib soundbites, such as references to “pandemic proofing” workplaces and schools, of course we want to make places as safe as possible from Covid, but to underplay the complexities and challenges of that does nobody any favours. We need to think carefully, particularly in the light of the changing and developing understanding of the virus. For example, one thing that has become much more apparent in terms of our thinking is the airborne transmission of the virus—although some scientists would say that that was always known. We are now working on what more we can do on ventilation, particularly in places such as schools, hospitals and key workplaces. However, again, we need to ensure that we are not stuck in rigid ways of thinking on these matters and that we are constantly updating and developing our approach. That takes time and it requires the best clinical approach, and we will continue to take that

approach. We will issue guidance to schools well in advance of the new term, but we will do that when we have taken proper advice and come to proper decisions.

On testing capacity and vaccine roll-out, I keep being asked these questions—perfectly legitimately—and I will keep answering them as patiently as I possibly can. There is nobody in this country who needs a test who cannot get one. We have extended routine regular testing to the whole population through lateral flow devices. PCR testing levels are very much demand driven. The figures over the past few weeks have been high as case rates have risen. As case rates start to fall, the demand will start to fall, because, thankfully, there will be fewer people with symptoms coming forward for testing.

The pressure on the system, which occurs from time to time, is seen, first, with regard to turnaround times for test results—although those have stood up well—and, secondly, with regard to contact tracing. I have set out already the work that we are doing to ensure that the protect function of the test and protect system is operating as we need it to. That will continue to be a priority.

Lastly, I have covered the question on vaccine roll-out already, in response to questions from Douglas Ross. Vaccine roll-out is not slowing because, somehow, we are not managing to do the vaccine roll-out properly. The constraining factors in the vaccine roll-out are, as I have set out, supply and the dosing interval. We are vaccinating people as quickly as those constraints allow. The vaccination programme is a shining success right now, and it offers us the way out of the pandemic. For that reason, we will continue to do all that we can to accelerate the programme, including—if the JCVI recommends it—shortening the interval between the first and second doses.

**Lorna Slater (Lothian) (Green):** The Scottish Greens have long supported a cautious approach that prioritises saving lives and preventing illness. We have concerns about reducing restrictions while case numbers are so high and with so many people not yet double vaccinated, particularly as it may encourage the emergence of vaccine-resistant variants. The British Medical Association has warned that the UK Government's plans are perilous and irresponsible. We do not need to look far to see where that could end up. Just yesterday, the Dutch Prime Minister had to apologise for lifting restrictions too soon as cases surged. We are particularly worried about those who remain vulnerable and about young people who may be asked to return to work or study without being fully vaccinated. The First Minister has said that she does not want to treat young people as an experiment, but the majority of those who work in the hospitality sector are young and are not fully

vaccinated. Does she not think that it is too early to restart large indoor events, which are likely to be largely staffed by young people and which could become super-spreader events?

**The First Minister:** I—

**The Presiding Officer:** I call the First Minister.

**The First Minister:** Sorry, Presiding Officer—I jumped in a bit too quickly there.

Lorna Slater's questions are all perfectly sensible and legitimate. We will always face—and have done from day 1—two extremes in relation to criticism of our approach, which is perfectly understandable. There have always been people who want us to go faster in lifting restrictions and people who want us to go slower in lifting restrictions. Our job, which is not always easy—and we have not always got the balance right—is to try to take the best and safest path through the pandemic.

If I am to err, I will always try to err on the side of going more cautiously rather than too quickly, because the consequences of going more cautiously will not be felt in the same loss of life as the consequences of going too quickly and being irresponsible about it. We will always seek to get that balance right.

That applies to the specific question about young people. We are vaccinating over-18s as quickly as possible and, as I set out in my statement, we are making good progress on that. All over-18s now have at least their first dose appointment scheduled and will have their first dose shortly and their second dose eight weeks after that. That is the key priority. We then need to make sure that, in lifting restrictions, we are taking account of the fact that younger people will take longer to be fully vaccinated. Although we are lifting some of the attendance limits around events and stadia attendances, we are not taking an upper limit off; we are still being cautious about that and any event organiser who wants to have a bigger event, such as we have seen in the Euros recently, will have to go through a process of application so that all the mitigations can properly be assessed.

Everything that we are doing is about trying to get us back to normal in a way that is proportionate, precautionary and takes account of the fact that often those who are most exposed to the virus are those who have the least protection. I am not prepared to shrug my shoulders and say that it does not matter if young people get infected with the virus, because we do not yet understand the long-term implications of it. That necessitates the cautious path that we are taking, which no doubt some will criticise us for, because I am not standing here crying that we will have “freedom day” any time soon.

Declaring premature victory against the virus is a fool's paradise and we should not do that, because other people will pay the price for it. I will continue to be cautious and responsible. I do not claim to always get it right; I have never claimed that and I never will, but we will try to do the right things at every step while taking account of the best clinical advice.

**Willie Rennie (North East Fife) (LD):** The three code blacks that were issued by our hospitals in the past week mean that long-awaited operations have been cancelled, general practitioner appointments have been called off, pharmacies have been closed and waste has not been collected. Social care has been impacted, too. That has, in large part, happened because thousands of key workers are self-isolating, even though they have tested negative. I support the calls from the royal colleges for a test-and-release system that would allow those people to return to work. Is that being considered? If so, when could it be in place? The situation is urgent.

For probably the last time as Scottish Liberal Democrat leader, I ask the First Minister what she has to say to the thousands of adults with special needs and their families? They have been without services since the pandemic started and are desperate for support and respite. When can they expect full services to return?

**The First Minister:** I take the opportunity to wish Willie Rennie all the best in his retirement—not from Parliament or public life, obviously, but as leader of the Scottish Liberal Democrats. Ten years is a good shift. I am sure that we all wish him well.

I will come to the second question first, if I may. What we have confirmed today is very positive in relation to getting services for adults with disabilities back to much greater normality. As I have set out before, it has not been the case that those services have been compulsorily closed, but there has, because of 2m physical distancing, been practical difficulty for operators in opening services up as normal. The move from 2m to 1m physical distancing indoors should pave the way to much greater normality, which will be welcome and will bring much-needed relief to many people in that category.

On the first question, I should say in passing that when health boards or individual hospitals within health boards announce the pausing of elective non-Covid treatment, we want that to be for as short a time as possible. We do not accept such pausing for a long time; it is kept dynamically under review, because we want to minimise it as much as possible.

There is a great emphasis right now on trying to get the NHS back to normal and on addressing the

backlog of non-Covid care. The best way to do that is to keep Covid pressure to a minimum. Again, that comes back to my central point, which is that we must take a cautious path through this. Otherwise, we risk pressure on our NHS setting everything back.

I am grateful to Willie Rennie for raising the self-isolation of close contacts who work in the health service and social care. This answer might also apply to other critical parts of society and the economy. I did not mention the matter specifically in my opening remarks for reasons of time, but I will address it now.

As I said in my statement, we hope, as we go beyond level 0, to move away from the blanket requirement for close contacts of positive cases to self-isolate. For example, somebody who is double vaccinated and gets a negative PCR test will no longer have to self-isolate if they are a close contact. Positive cases will still have to self-isolate, of course.

We are considering whether, perhaps ahead of that, that kind of system could be introduced for some key groups in our workforce. Health and social care staff obviously fall into that category. We are discussing that right now with trade unions, among others, and we will listen carefully to their views. I am very mindful of the fact that when I talk about this—as Willie Rennie rightly has—as something that would help to keep key essential services going, the people who work in those services might hear it differently. They might hear it as us giving less protection to their health and wellbeing, so we need to be as careful and cautious about that as we are about everything else.

We will update Parliament if, in any areas, we move more quickly than the timings that I have set out today. I say in answer to Willie Rennie's question that that is under active consideration.

**The Presiding Officer:** Party leaders were granted more time for their questions and responses. We now move to open questions. As ever, I would appreciate succinct questions and responses.

**Annabelle Ewing (Cowdenbeath) (SNP):** Taking into account the UK Government's confusing and mixed messaging over the past week on wearing of face coverings, will the First Minister make absolutely clear, for the benefit of my constituents in Cowdenbeath and for people across Scotland, what the current position is in Scotland and what the position will be in the future?

**The First Minister:** I am sorry, Presiding Officer. I must remember not to jump in too quickly.

We have been clear—I have made it clear again today—that easing of restrictions must depend on the situation with the virus and the vaccination programme, rather than restrictions being lifted regardless of the circumstances and us hoping that the public will still behave in a way that will keep the virus under control. That would likely not be effective.

On face coverings, in particular, when we move to level 0 next week they will remain mandatory in all the places where they are mandatory right now, as I have already said. As we move beyond level 0, it is highly likely, in my judgment, that wearing of face coverings will remain mandatory in some settings. We will set out details on that nearer the time.

It is likely that we will be required to wear face coverings for a bit longer. Some people will vehemently disagree with me, but I think that the majority of people recognise that wearing a face covering, however uncomfortable and annoying it is for us all, is a small price to pay to protect others. When we wear a face covering, we protect others from the possibility that we might transmit the virus to them; when they wear a face covering, they protect us.

That is true for the wider population, but it is particularly the case for people who are at high clinical risk from the virus. Let us put ourselves in their shoes: if, suddenly, nobody around us was wearing a face covering in shops, or if we could not be sure that people would be wearing face coverings, we would feel much less confident about going about life normally.

I do not want a two-tier society in which those of us who are at the lowest clinical risk can do lots more normal stuff, while those who are at higher clinical risk feel that they are having to shield, almost by default. That would be deeply ethically wrong. I think that if it takes all of us wearing face coverings for a bit longer to protect everybody, that is a price that the majority of people are willing to pay. It is certainly something that I am prepared to argue for.

**Annie Wells (Glasgow) (Con):** Figures last week showed that test and protect is failing to meet the World Health Organization's target of 80 per cent of cases being closed within 72 hours. Following that, it was revealed that the SNP has moved the goalposts by dramatically cutting the test and protect interview script after failing to pre-emptively recruit more staff in anticipation of a surge in cases.

The First Minister has repeatedly mentioned the WHO benchmark when questioned about the system's performance. Those figures must now act as a wake-up call, so how will the Government

guarantee that test and protect will operate as effectively as it can, without cutting corners?

**The First Minister:** Test and protect is operating effectively—it is not cutting corners—and we will not need a wake-up call because we have already taken action to make sure that test and protect can perform at the level that people expect.

The WHO standard is important, which is why I have talked about it. Last week, test and protect did not meet that standard. We will see the latest figures later this week; I hope to see an improvement. We will continue to make sure that we are supporting the system to perform in the way that it needs to perform.

I am not an expert on the detail of test and trace in England but, as I understand it—I can be corrected if I am wrong—some of the changes that we have introduced to make contact tracing more effective, for example more use of text messaging, are methods that have been in place and in use in England for a long time under the test and trace system that Annie Wells’s party oversees. Some changes would not be appropriate, but it is important that we do not close our minds to changes that are about making the system more efficient and more productive, so that it gets to more people more quickly.

**Paul McLennan (East Lothian) (SNP):** What steps is the Scottish Government taking to make sure that “Open with Care—supporting meaningful contact in care homes: guidance”, which was issued to care homes in February 2021 and ensured safe access to care homes for relatives, is being followed? What support is available to providers to interpret and adopt the guidance fully?

**The First Minister:** The vast majority of care homes now offer indoor visits, as the “Open with Care” guidance recommends. Care homes are being supported to adopt the guidance by local oversight teams, which include the Care Inspectorate. In June, a review of progress with implementing the guidance identified areas in which care homes and partners can improve and embed good-quality meaningful contact as the norm. The focus is on care homes improving, maximising and embedding meaningful contact, on local-system support, and on monitoring and strengthening awareness and adoption of “Open with Care”.

From the latest information, we know that 90 per cent of reporting homes support indoor visiting, and that increased numbers are supporting daily visits and multiple visitors. However, we will continue to monitor the situation and to work with the sector to ensure that we get back as much normality as possible in the vital relationships and

contact between people in care homes and their families and loved ones.

**Jackie Baillie (Dumbarton) (Lab):** An 81-year-old man tested positive for Covid on 27 June. He was very ill, despite being fully vaccinated. He was not contacted by test and protect until 11 July—some 14 days later. We will not stop the spread of the virus unless we can begin to act faster. Because only positive cases are being contacted currently, those who self-isolate because they know that they have been a close contact cannot claim the self-isolation grant, because test and protect has not been in touch with them. It feels like they are being penalised for being responsible.

The First Minister has said that opening up safely is dependent on a functioning test and protect system. Why, then, is the Scottish Government, in the words of those who work for test and protect, cutting corners and lowering standards? Instead, it should have ensured that surge capacity was in place weeks ago to help stop the spread of the virus.

**The First Minister:** I simply do not accept that characterisation, although I am not in any way, shape or form complacent about the issues that test and protect will face as cases are at a high level.

I am always open minded to the idea that changes that have been made to the system should be reversed if they are not the right changes. However, the changes that have been made are not about cutting corners; they are about trying to make the system as effective, efficient, productive and fast moving as possible. The greater use of technology is part of that, as is, for example, the use of digital online contact forms for lower-risk cases. We will keep all those matters under review on a day-to-day basis.

We have—to use the phrase that was put to me—surged capacity, principally through the national contact tracing centre, and we will continue to do that.

Those are important issues that I and the health secretary in particular keep abreast of every single day. However, let us not lose sight of the central issue. Test and protect is a key line of defence, but it is not our first line of defence. Our first line of defence is all of us continuing to comply with all the advice and, where they are still in place, restrictions to limit the spread of the virus. That is how we get the virus under control, and we make sure that test and protect can then do the job that it is there to do and that we do not overwhelm our national health service. Let us focus on this proper, responsible and cautious path while we resource test and protect and the other parts of our system accordingly.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** There will be clear differences in the Covid protection measures in different parts of the UK following 19 July. What steps will the Scottish Government take to ensure that anyone visiting Scotland after 19 July is aware of the Covid protection measures that they need to comply with while visiting?

**The First Minister:** That is an important question, as it has been almost since day 1 of the pandemic. There are—quite properly and legitimately—different rules in place in different parts of the UK. That is what happens when we have democratically accountable Government taking decisions that they then must justify to their electorates.

However, that means that there can be confusion about which rules apply in which parts of the UK. We have sought, through our marketing, radio and television advertising campaigns, and through my briefings—which are no longer daily, but I do them periodically—to make sure that we are communicating as clearly as possible in a complex situation what the rules in place in Scotland are. We will continue to do that at each phase of the pandemic. I say again that anybody who wants to check the detail of the rules can do that on the Scottish Government website.

**Sandesh Gulhane (Glasgow) (Con):** In the First Minister's answer to Douglas Ross, she asked patients to see their general practitioners about long Covid. That is simply mounting pressure on us. We are not coping with the demand at present. There is nowhere for us to send our patients who have and need care for long Covid.

Just yesterday, I saw two more patients who are struggling to live because of long Covid. I have nowhere to send them. I have published a paper that details how to set up the best long Covid clinics throughout Scotland based on the Hertfordshire model. The research that will need to be conducted will take between one and three years to report back. My patients, the poor Scottish sufferers of long Covid and I cannot wait that long. We are desperate for help. Will the First Minister agree to set up long Covid clinics in Scotland, please?

**The First Minister:** I would be happy to look at the paper that the member has published. I mentioned research. Research takes time to conclude, but I am not suggesting that nothing happens between now and then. I am suggesting that, as we develop services for long Covid patients—which we need to do—we do that on the basis of the best advice and expertise about what services will best cater for them. We are absolutely seized of the need to urgently progress that right now, and I am happy to ask the health

secretary to engage further on the issues with the member.

My final point is about the central contradiction in the member's party's position. I am saying this not for political reasons but because it is so important to the decision making that confronts us right now. The member's party constantly asks me to emulate what is happening south of the border and to lift restrictions more quickly and in a wholesale manner. As recently as this morning, I read calls for that, as well as criticisms from some members that we are going too slowly. The reason why we want to take a cautious and gradual path through the pandemic is so that we do not unnecessarily increase the number of people who end up living with long Covid and therefore exacerbate the misery for them as well as the pressure on all levels of our health service.

I agree with the member about the need for urgency in long Covid services. However, I find that difficult to align and make consistent with his party's constant call for us to throw caution to the wind and not bother about what that means for the overall infection rate.

**Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP):** The very important physical distancing measures that have been put in place on ferries to prevent importation of the virus to island communities have nonetheless brought serious challenges to island life. Ordinary passenger capacity on CalMac ferries is down to around 35 per cent, and it is currently nearly three weeks before a car can be booked on the Ullapool to Stornoway crossing, with a similar picture on other island routes. What steps can be taken to assess whether safe measures are available that would allow an increase in ferry capacity to support the wider social and economic position for our island communities?

**The First Minister:** Those are important issues. I recognise the frustration and pressures that the situation causes, not so much for people who want to visit our islands—although they are not unimportant—but particularly for those who live on our islands and who rely on ferry transport to get on and off islands. In common with providers of other modes of transport, CalMac is operating with reduced passenger capacity, which is in line with physical distancing guidance. Transport Scotland engages regularly with ferry operators on how to balance safety measures and efforts to maximise capacity. I think that the most recent meeting was at the end of last week. Obviously, crew and passenger safety is a key factor in determining the capacity of vessels.

The impact is understood. I know that CalMac has introduced turn-up-and-go spaces and has put in place a protocol to ensure that islanders who need to travel for short-notice reasons can do so.

We will continue to engage closely on that issue. Vehicle capacity is mostly unaffected by physical distancing, but currently there are particularly high levels of demand for travel to the islands, so we are continuing to explore the potential charter of an additional vessel that would provide additional capacity on the Stornoway to Ullapool route. The Minister for Transport will keep the member and others updated on that.

**Pauline McNeill (Glasgow) (Lab):** The wedding sector still operates under brutal restrictions while other sectors do not. The sector had expected the relaxation of restrictions on dancing outdoors. Ivan McKee confirmed that to me as recently as 7 July in answer to my question but, five days later, the Government has U-turned on it. Can the First Minister say whether dancing outdoors will or will not be allowed, as it would be helpful at least to know?

The wedding sector pleaded for the relaxation of dancing indoors from 16 July in order to save countless jobs for musicians. Of course, dancing is a key part of the celebrations. Weddings are incredibly well organised and those who attend are completely track and traceable. Does the First Minister therefore consider that socially distanced dancing should be possible from Friday 16 July? If not, will she consider providing a better financial package to save the industry from complete disaster?

**The First Minister:** The changes that I have announced today will come into force from Monday 19 July. I know that that is difficult for those who have weddings planned over the coming weekend, but we have to take decisions based on all the factors that I have set out, and we have to act as proportionately and responsibly as possible. The attendance limit for weddings at level 0 goes up considerably. I will ask the relevant minister to write to Pauline McNeill shortly with all the details of the dos and don'ts that we are advising at weddings to try to get them to operate as normally as possible but within safe boundaries, or boundaries that are as safe as possible.

I know how difficult it is but I cannot emphasise enough what a critical juncture we are at right now—in common, increasingly, with other countries across the UK and Europe. We desperately want to get everybody back to normal but we will set back our efforts to do so if we cease to be responsible, careful and cautious about it. I will provide more granular detail on all those points to Pauline McNeill.

Although I accept that many people disagree with them, as I said earlier, my job is to take such decisions even if they are unpopular, and I hope that people will, at least, know that the decisions are being taken with the utmost care and thought.

**Emma Roddick (Highlands and Islands) (SNP):** Blood Cancer UK has advised people with blood cancers such as leukaemia who were instructed to shield last year that the vaccine might be only 13 to 20 per cent effective for them. What extra support and guidance will the Scottish Government provide for those in that high-risk group, who might be anxious about their safety as we move to level 0?

**The First Minister:** That is a really important issue and I will address the detail of the question. Although immunosuppressive therapies, such as certain cancer treatments, might reduce the effectiveness of the Covid vaccines, it is still recommended that all patients with cancer should consider getting the vaccine, and I encourage them to do so. For those who are already receiving immunosuppressive treatment, second doses—again, in line with clinical advice—are being brought forward to three or four weeks after the first dose to provide maximum benefit. We have also prioritised the vaccination of adult household members of those with suppressed immune systems, to minimise the risk to vulnerable individuals.

Over the past 16 months, we have learned that, as we unlock society, we will inevitably again see a rise in Covid cases. As I said, guidance for those on the shielding list will be provided, and we will continue to update that guidance as necessary.

I repeat the central point that I made earlier: nobody will be abandoned so that the majority can live freely while a minority—those who have particular health conditions or those who are receiving particular treatment—effectively have to continue to shield. We will take a balanced approach to ensure maximum protection for everyone.

**Liz Smith (Mid Scotland and Fife) (Con):** One of the concerns that has been put to me by the aviation and travel sector is that progress to incorporate Scotland into the digital app technology that will be used to check passengers' Covid status has been slow and is behind other countries' progress. Can the First Minister update Parliament on when that app technology will be ready to incorporate Scotland?

**The First Minister:** To be clear, as I understand it, Wales is using the system that England is using. Because Scotland has a separate contact tracing app, like Northern Ireland, we are developing a different digital system, although it will no doubt operate in the same way. I do not have a date for when that system will be available, but I hope that it will be available later in the summer or into the autumn. I will provide more detail of the precise date as quickly as possible.



Until then, of course, it is possible for people to get a record of their vaccination status through the route that is already in place, and we will make sure that details of how to do that are very visible on our website and other platforms, so that people have an understanding of that.

**Willie Coffey (Kilmarnock and Irvine Valley) (SNP):** What more can the Scottish Government do to offer assistance to businesses in my constituency that are still struggling to recover their customers and markets?

**The First Minister:** So far, we have—rightly—made significant financial assistance available to businesses. I think that the total of the business support that we have provided to date is around £3.7 billion, but I will not go through all the different strands of support that are available, because members are aware of them. We will continue to consider what more we can do to help businesses, particularly in the now relatively small sectors of the economy that are still under significant restrictions. The reality is that, in much of the economy, many businesses are—at least in theory—operating almost, if not exactly, normally.

For some businesses, the continuing constraint on their trade will relate to whether people feel confident to use their businesses by going to pubs and restaurants and shopping as normal. That is another reason for the cautious path that we are taking. I could lift all restrictions tomorrow—I will not because doing so would be foolhardy—but that would not recover a business's custom if people do not feel safe going shopping or doing other things that they would normally do.

We need to get the virus under control and continue the progress of the vaccination programme. We need to build people's confidence to go back to their normal lives, as well as lift the restrictions to enable them to do so.

**Michael Marra (North East Scotland) (Lab):** Young Scots who are 18 years old and starting university for the first time would need to receive their first jab this week in order to be fully immunised in time for the new term. Those are the very young people whose final school years have been decimated. Will the First Minister take specific action to get those 9,000 young Scots vaccinated and off to university to start the rest of their lives?

**The First Minister:** That action is under way. All over-18-year-olds have received an appointment and will be getting access to a first dose of the vaccine in the coming days and by the mid-July target date that we have indicated, which is an acceleration of the original target of the end of July.

We also need to make sure that uptake of the opportunities for vaccination is as high as

possible, which is the reason for drop-in clinics, the vaccination buses in Glasgow and Edinburgh and the other efforts that we are exploring to get vaccines to young people as quickly as possible.

As Lorna Slater raised with me in a party leaders' call yesterday, there are issues with the return to university, because, as Michael Marra rightly says, some 18-year-olds might not have full protection by the time they go.

More significantly, there will be some 17-year-olds who are going to university and, as of now, we are not vaccinating 17-year-olds. We might or might not start to vaccinate them in the future, depending on the JCVI advice. Therefore, we will consider providing guidance to that group in particular to help them feel safe and assured as they start university, even though they might not have the full protection of the vaccine that their older peers have.

Some important issues are involved. We have talked about the work that we are doing to prepare for the start of the school academic term—similarly, we need to properly prepare for the start of the university and college terms. I know that the education secretary will seek to engage more with members on all those issues.

**Christine Grahame (Midlothian South, Tweeddale and Lauderdale) (SNP):** I welcome the wearing of face coverings remaining mandatory for as long as it takes, and the continuation of social distancing in certain venues. Thank goodness for that.

Further to Rona Mackay's question and the First Minister's answer, will the First Minister consider placing information on electronic road signs at the border with England to remind our neighbours of the different rules here? With respect, not everyone will log on to the Scottish Government website.

**The First Minister:** I am sure that Christine Grahame is underestimating the power and pull of the Scottish Government website—or maybe not.

Christine Grahame has made a good suggestion. I am not sure that we do not have such signage already—I have certainly seen signs on the overhead gantries on other motorways that state which level the area is in and ask people to comply with the guidance. We will look at whether there is more scope to have such signs, particularly at critical junctures. At the moment, such a juncture would be one where people come into Scotland from England, but that equally applies to travel between different parts of Scotland when they are in different levels. We will certainly look at that helpful suggestion.

**The Presiding Officer:** I call Liam Kerr. *[Interruption.]*

We cannot hear Mr Kerr, so we will move on to Bob Doris.

**Bob Doris (Glasgow Maryhill and Springburn) (SNP):** In June, the Scottish Government said that, for some groups of people who are at a clinically higher risk, including those with weaker immune systems, the level of protection that is offered by double vaccination is not yet conclusive, and that studies are on-going. As restrictions ease and infection rates remain high, my constituents are understandably anxious.

I ask the First Minister for an update on those studies and on what additional advice and support could be offered to such groups, including on concerns that they might have about returning to work or using public transport, for example.

**The First Minister:** I know that people who are clinically extremely vulnerable are concerned, and I do not imagine for a second that anything that I have said today will take away all of those concerns, because they are real-life concerns. However, I hope that I have given a very strong message that we will not abandon people in that category for the sake of the rest of us getting back to normality and—for example—being able to throw away our face coverings.

We are all experiencing the pandemic differently, but it is still the case that we are all in this together and we have to come through it together. Those who are clinically extremely vulnerable, including those who are immunocompromised, were prioritised for vaccination—I touched on that earlier. The JCVI has also advised that those in the households of adults who are severely immunosuppressed should be vaccinated. The interim JCVI advice recommends that any booster programme should begin in September, to maximise protection in those who are most vulnerable. It is recommended that those who are immunosuppressed be vaccinated in phase 1 of that programme. There is a variety of things that we need to do to build the confidence of people who are clinically extremely vulnerable or immunosuppressed that they, too, can get back a normal way of living, in the way that the rest of us hope to do.

**Sarah Boyack (Lothian) (Lab):** [*Inaudible.*]—on the NHS, with regard to the capacity for planned operations and the rise in delayed discharge levels. What additional care packages are being put in place so that people are supported and enabled to leave hospital? Are all patients now automatically tested for Covid before being discharged?

**The First Minister:** The testing position on discharge has not changed recently, so the situation remains as it has been.

Work continues to ensure that appropriate care packages are in place to minimise delayed discharge from hospital. It is also important that we properly support those who are waiting longer for treatment because of the backlog. A lot of work is under way to deal with the consequences of the pressure on the health service but also to reduce that pressure and to recover as quickly as possible. I will ask the Cabinet Secretary for Health and Social Care to write to Sarah Boyack with more detail on those issues.

**Emma Harper (South Scotland) (SNP):** Like Rona Mackay and Christine Grahame, I agree that this is an important issue. Has the Scottish Government assessed whether the divergence from Covid-19 restrictions in England, with the approach of the dangerously named “freedom day” on 19 July there, will create confusion about the Scottish Covid-19 rules and, therefore, barriers to their enforcement? Can the First Minister reaffirm that action will be taken to ensure that people in Scotland and those visiting from other parts of the UK, including to my South Scotland region, are aware of Scotland’s more responsible approach to easing Covid-19 restrictions?

**The First Minister:** My job and that of the Scottish Government is to ensure that people understand and, as far as is possible, comply with the restrictions, laws, advice and guidance that are in place in Scotland. That has been the case since day 1, and we will continue to take that very seriously. I will defend the right of different Governments to introduce rules as they see fit. I will not always agree with the actions of other Governments, but I defend their right to do what they think is right and my right to do likewise. We must manage any potential for confusion that arises, and we will continue to do that.

Across the UK, we are all in a challenging position at the moment. We are really hopeful because of the vaccination programme, but we are challenged, again, because of the delta variant. Scotland has been at the leading edge of that in the past few weeks, having, for the first two waves of the pandemic, been behind and below the UK curve. In this wave, we have been above and ahead of that, principally because of the early seeding of the delta variant in Glasgow. We are starting to see an improvement in that position in Scotland. Ten days ago, of the 10 hotspot local authorities in the UK—to use the shorthand language—five were in Scotland; as of today, I think that only one is in Scotland. That indicates the improving position in Scotland, but that position will continue to improve only if people continue to comply with all the guidance and restrictions that are being set out. Therefore, it is really important that people in Scotland are helped to understand what the restrictions are and that we

deal directly with any potential for confusion that arises.

**Gillian Mackay (Central Scotland) (Green):** I thank everyone who has been making a sterling effort during the pandemic.

Out-of-hours GP services have been particularly affected because workload pressures within in-hours general practice are impacting the availability of GPs who work in out-of-hours services. There are serious concerns among GPs about the ability of services to cope with demand, with patients who attend out-of-hours services being asked to wait for an appointment with their normal GP. What immediate additional support can be provided to out-of-hours general practice so that it does not buckle under the strain?

**The First Minister:** Out-of-hours services are a critical part of our primary care provision and are under pressure, as are all services. We are working with health boards to provide appropriate resources and support to help with pressure at all levels. I will ask the health secretary to write to Gillian Mackay with the details of what we are doing to help primary care general practices, including out-of-hours services. There is no doubt that the pressure relating to long Covid, which we heard about earlier, will be felt not necessarily in our hospitals or in our acute health service but in primary community services.

Gillian Mackay's point is well made. We will continue to provide appropriate support as best we can, and I will ensure that further detail is provided.

**Beatrice Wishart (Shetland Islands) (LD):** Children and young people have been hit hard by the need to repeatedly self-isolate. Many missed whole chunks of the previous school year and they will need every available teacher when term starts in a month's time. However, qualified teachers across Scotland are discovering that they will not have a job come August. No teacher should have to work under a zero-hours contract or be left unemployed. Will the First Minister commit to giving teachers the security that they need to do their job by introducing permanent funding for permanent positions for education recovery?

**The First Minister:** As Beatrice Wishart knows, we are providing councils with significant extra funding that is supporting the employment of a significant number of additional teachers. We will continue to talk to the Convention of Scottish Local Authorities about our ability to project forward and commit resources, which is restricted to some extent by the fact that much of our funding is dependent on decisions that are taken elsewhere. Therefore, we cannot always commit in advance, but we will continue to do what we can to enable local authorities, which are teachers' employers, to

provide permanent employment. I agree that we need as many teachers as possible in our schools right now, and that we want teachers to have security of employment. I will ask the education secretary to provide an update, in due course, on what more we can do to support that.

**Siobhian Brown (Ayr) (SNP):** Will the Scottish Government give assurances that the testing kits for people who have to do self-testing before travelling overseas from Scotland will be supplied by Scottish suppliers?

**The First Minister:** Travellers who return from green or amber list countries must use NHS tests, which can be booked through the booking portal for international travel. The NHS provides home test PCR kits. The cost of the kits is set by the UK Government and the process is managed through its contract with a travel management company, so our ability to reduce costs unilaterally is limited.

Currently, we are not using private test providers for international travellers who arrive in Scotland because of concerns about the speed and reliability of the flow of data from private companies. We have on-going discussions about whether that situation can be improved. At the moment, we think that the safest thing to do is to rely on NHS tests. I think that the Welsh Government was criticised for the same thing the other day, but I think that that is the right thing to do. We will continue to keep the position under review so that we make testing for people who need it as accessible as possible.

**Liam Kerr (North East Scotland) (Con):** This morning, I received yet another email from an overseas-based oil and gas worker. He feels trapped and says, "I don't think mentally I can go through another 10-day hotel quarantine".

Oil and gas workers are subject to the most rigorous Covid testing. They have often been double jabbed and often have not left their installation, yet they are forced to spend 10 days and three quarters of their wages in a hotel. Therefore, to give absolute clarity, will the changes that have been announced today let our energy workers isolate at home or keep them isolated while they keep our lights on?

**The First Minister:** Assuming that we move beyond level 0 in August, the changes that I have announced today will apply from then. As I said, we are separately considering whether there can be an earlier move to the system for particular groups of critical workers—that is under review. I will say again for clarity that only those returning to Scotland after being in a red-list country in the previous 10 days are required to enter managed isolation. If somebody is coming from an amber-list country, they must self-isolate at home instead, and that applies to offshore workers as well.

We need to continue to take proportionate action that helps to keep the country as safe as possible from new variants. We are currently dealing with the implications of a new and very fast-transmitting variant seeding into this country. I understand all the frustrations, but that underlines why we must take care to do everything that we can to prevent that from happening again.

**Rachael Hamilton (Etrick, Roxburgh and Berwickshire) (Con):** In Scotland, 200,000 planned operations have been cancelled or delayed as a result of the pandemic, and some patients lie waiting in agony for vital treatments and procedures. The First Minister will be aware that the Scottish Conservatives have repeatedly called for a fund that is managed by a dedicated team of clinicians to allow the NHS to bring treatment times under control. Will her Government commit to such a clinician-led fund? Furthermore, with reference to her statement on removing the blanket requirement for close contacts to self-isolate, when will the guidance be published and will NHS workers be prioritised to help to relieve the increasing strain on our hospitals?

**The First Minister:** We provide significant funding to help to deal with elective pressures on our NHS and to get the NHS back to working normally and dealing with the backlog. That funding is already being provided, and we will continue to support the NHS through financial and other means.

There is a glaring inconsistency at the heart of almost every question that I am getting from Conservative members. They always ask me to go further and faster and to ease all restrictions or lift all restrictions, and at the same time they raise legitimate questions about what will be the exacerbated implications of doing so. The way to deal with pressure on our health service right now is to reduce Covid infections, which is why we must take a really careful path through the pandemic.

If we were to follow the advice of the Conservatives, I fear that we would see an even steeper rise in infections in the weeks to come, which would hold back or set back our ability to deal with waiting times and the backlog of treatment. It makes perfect sense for members such as Rachael Hamilton to keep putting pressure on us to get the backlog under control more quickly, and I will always listen to suggestions on that, but any credibility in that argument is holed below the waterline if it comes from the same people who are asking us to throw all caution to the wind and remove all Covid restrictions.

I have already addressed the point about self-isolation for NHS workers. That is under

consideration. As I said to the member who asked me about this earlier—forgive me; I cannot remember who it was, although Willie Rennie asked me about it previously—although it is perfectly legitimate to talk about reducing self-isolation requirements for health workers to help to keep the health service operating, a health worker who hears me talking about what might sound like reducing their protection against Covid might see that differently. We have to deal with those issues carefully and recognise that we are talking about people's health and their lives. We need to treat the issues seriously, which is what we are doing.

Covid-related absence in the NHS is at about 1.6 per cent right now, and some of that will be down to self-isolation. It is an important issue, but it is important that we discuss how we deal with it with healthcare workers.

**John Mason (Glasgow Shettleston) (SNP):** There has been a lot of discussion about the need for a third jab or booster, perhaps some time in the autumn, but many people in developing countries have not yet had access to any vaccine whatsoever. How do we get the balance right between protecting our population and caring for the rest of the world?

**The First Minister:** That will be an on-going challenge, but the balance will have to be found. What is true is that we will not be out of the pandemic until the whole world is out of it, which means getting everybody around the planet vaccinated as quickly as possible. Every Government's first responsibility, as its contribution to that, is to vaccinate its own population effectively. Its next responsibility is to play as big a role as it can in the effort to extend vaccination around the globe. We stand ready to do everything that we can, in that regard.

We have to follow advice about booster vaccinations. If boosters can elongate protection, it would make no sense to do what we are doing with our vaccination programme but then allow protection to wane.

However, we also need to ensure that we support other countries. After we reviewed our approach to international development once the pandemic had struck, we designated a portion of our international development fund to support for our partner countries' Covid responses. That support is helping to prepare healthcare systems in Malawi, Zambia and Rwanda for distribution of vaccines. We are playing our part, which we will continue to do.

**Pam Duncan-Glancy (Glasgow) (Lab):** After a year of little or no engagement, lots of disabled people and unpaid carers are, because of their underlying conditions, understandably scared about what will come next. Last week, some of

them wrote to the Scottish Government to raise serious concerns about the Government's approach to the next stage of the pandemic.

With that in mind, will the First Minister clarify whether an equalities impact assessment was carried out before publication of "Covid 19—Scotland's Strategic Framework Update"?

**The First Minister:** I will provide detail in writing about the impact assessments that were undertaken and the process that we went through. We have to go through various four-harms processes before we publish any strategic updates. As I said, I will provide detail in writing, because the matter is important.

The issue is one of the most important things in terms of where we are in dealing with the virus. The letter that Pam Duncan-Glancy referred to has had a material impact on my decisions, because it would be unconscionable to take an approach to the virus that, in effect, abandoned the people who are at most risk and who are most vulnerable to getting the virus, either because of their conditions or because of the treatments that they are on. Some people in those categories will not even be able to get vaccinated.

That is one of the reasons why we need to be cautious and not simply to lift all restrictions—much as the rest of us, with our double dose of vaccine, might think that that would be appropriate. If I have to wear a mask, distance myself from people and do other things for a bit longer to help people with disability to have the same return to normality as I want, I am prepared to do those things. That will be the position of the vast majority of people in the country.

I know that there are concerns, which we will carry on trying to address piece by piece as we go through the process, but the message that I have tried hard to convey today is that nobody with a disability, suppressed immune system or clinical vulnerability to the virus will be abandoned for the sake of getting the country overall back to a greater degree of normality. I cannot be more serious about our determination to ensure that that is not the case.

**Stephanie Callaghan (Uddingston and Bellshill) (SNP):** What steps have been taken to build public confidence in the increasingly important triage role that is performed by GP surgery reception staff, and to promote consistent standards across GP surgeries?

**The First Minister:** Pre-pandemic, a lot of work was done to increase understanding of, awareness of and confidence in the various roles that make up primary care. Traditionally, we think of primary care as being GPs, but a wide range of people make up our primary care system. We will continue to do that work.

As Stephanie Callaghan is no doubt aware, work has been on-going to promote the need for people, for their own benefit, to go to the best place when they need healthcare, and not always by default to go to accident and emergency departments. Confidence in triaging at GP and other primary care services is an important part of that. I will ask the Cabinet Secretary for Health and Social Care to write to Stephanie Callaghan with the detail of exactly what work is under way.

**Donald Cameron (Highlands and Islands) (Con):** Until today, Raigmore hospital in Inverness has been at code black status and has cancelled all non-elective surgery. That is partly because high numbers of staff are being required to self-isolate because of contact with Covid cases.

I have listened carefully to the First Minister's answers about what will now happen in relation to self-isolation for health workers. Will she outline what other measures are being explored to ensure that staffing levels in the health service do not continue to deteriorate?

**The First Minister:** We have a range of wellbeing support services for staff in our health service, who have gone way above and beyond the call of duty over the past 16 months. They always do, but they have done so especially during the pandemic, which is one of the reasons why we took the decision to give them the best single-year pay rise in the lifetime of the Parliament. The rise was 4 per cent—compared with the rather paltry 1 per cent that Mr Cameron's colleagues south of the border are offering to the NHS—to acknowledge the debt of gratitude that we owe them. We have also—this is symbolic, and I would not claim that it is any more than that—paid a £500 bonus, which other Governments across the UK have not done.

I come back to the central contradiction that is at the heart of the Conservative argument on the matter. The most important things that we can do to support the NHS are to get Covid cases lower than they are right now and to take a cautious path through the pandemic. That is why the calls that are repeatedly made by the Conservatives to throw caution to the wind and lift all restrictions are so utterly wrong-headed, but also run counter to the absolutely legitimate concerns that they raise about the pressure on our NHS. The calls that they are making, although I take them seriously anyway, would sound more serious if they were backed up by support for the sensible path that we seek to take through the pandemic.

**Gordon MacDonald (Edinburgh Pentlands) (SNP):** Long Covid has impacted on around 80,000 people in Scotland and on more than 1 million people in the UK. It is a condition that can cause debilitating respiratory, cardiological and neurological symptoms. What consideration does

the Scottish Government give to the risks of long Covid—in particular, its potential impact on young people—when making decisions about lifting restrictions?

**The First Minister:** That consideration has been a central part of our decision making in advance of today. We increasingly hear a line of argument—I understand the sentiments that drive it; I really do—that we should not be bothered about case numbers, because Covid is now mainly, but not exclusively, although much more than it was before, affecting younger people, and because younger people are far less likely to end up in hospital, to become seriously ill or to die.

Because the link between cases and serious acute illness has weakened, we are not as driven only by case numbers, as was the case previously. However, long Covid is one of the reasons why we cannot simply be unbothered—if that is the correct word, or if it is a word at all—about the level of cases, because we do not yet know the impact that Covid will have in the long term on some young people. Many people will have seen BBC Scotland's Lucy Adams's report yesterday about her experience of long Covid. It is horrific to think about and to listen to what it has done to people.

We have to be cautious, because every infection now could be a long Covid case in the future, which would cause misery for individuals and put huge pressure on our NHS. For how long, we do not yet know. That is another reason for care and caution.

Although it is frustrating for many of us, we must continue to take a very gradual route through the pandemic while, of course—as others have rightly said—continuing to develop, understand and build the services that will be needed to deal with the implications of long Covid.

**Foysoyl Choudhury (Lothian) (Lab):** As we have learned more about the virus, the importance of good ventilation has been repeatedly emphasised. What work has been done, in preparation for further easing of restrictions, to improve ventilation in public buildings and workplaces? Will the Government consider regulating and inspecting ventilation standards, which is being done in schools in New York City, for example, or will it consider imposing requirements for carbon dioxide levels as a measure of air quality to be publicly displayed in venues, including hospitality venues, as has recently been decided by the Belgian Government?

**The First Minister:** That is an excellent question. In terms of environmental mitigations that we can bring to bear against Covid, ventilation is one of the most important aspects that we must

think about. The short answer is yes; I have asked for work to be done to consider how we can much more radically improve ventilation in public buildings, and how we can make much more use of, for example, carbon dioxide monitoring as a proxy measure of air quality to give some assurance about whether a particular environment has the ventilation that is required to deal with Covid.

There are also issues that healthcare workers will raise, as we come to understand more about airborne transmission, in relation to whether we should continue to develop approaches to appropriate personal protective equipment, for example.

Ventilation and the implications of airborne transmission are, increasingly, key parts of our decision making. I will keep Parliament updated on our work on ventilation. Of all the very good questions that I have been asked today, that is possibly one of the most important in relation to how we can do what everybody wants, which is to learn to live with the virus in the longer term.

**Audrey Nicoll (Aberdeen South and North Kincardine) (SNP):** One of my constituents recently participated in clinical trials for the Novavax vaccine. As the vaccine has not yet been approved, participants in the trials are uncertain about obtaining a vaccine certificate and unsure about their protection from Covid-19. Given the uncertainty that they face, can the First Minister provide an assurance that the Scottish Government will do all that it can to ensure that clarity is provided to them on vaccine certificates and their protection against Covid-19?

**The First Minister:** Again, that is a really important issue. I am happy to give that assurance in general terms. Before I give a bit more detail, I want to say how grateful I am to everybody who has volunteered for vaccine trials in Scotland. Every one of them has made a tremendous contribution in helping us to tackle the pandemic and offering us a way out of it through vaccination.

We are determined to make sure that volunteers who have participated in the Novavax trials are not disadvantaged in any way. Work is on-going to ensure that their vaccine status is correctly shown on NHS systems, so that that can be relied on.

We are working to support the opening of travel when it is safe to do so, and with other UK nations and the WHO to agree on any potential Covid certification requirements for international travel.

We have previously touched on the ethical considerations that we must bear in mind. As of yet, we have no plans to make vaccine certification a requirement of access to services more generally. It is important that we think through all the issues properly, but I gave the

assurance that we will continue to do everything that we can to make sure that those who have participated in the Novavax trials are not disadvantaged.

**Alexander Burnett (Aberdeenshire West) (Con):** Further to my colleague Liam Kerr's question about the impact of quarantine on oil and gas workers, a fully vaccinated constituent of mine has returned from Qatar, which is a red-list country. They have been forced to quarantine in a hotel that has clearly not been deep cleaned and they are concerned about their risk of contracting Covid.

I will spare sharing with the First Minister the photos that I was shown of the disgusting state of the hotel room and the toilet facilities. What measures are being taken to ensure that such facilities are deep cleaned? What discussions has the First Minister had with the hotel industry to set an acceptable standard?

**The First Minister:** Again, that is an important issue. I would be grateful if the details of that case could be shared with me. The hotel quarantine contract is overseen and managed by the UK Government. If I get the details, I will pass them on, to make sure that the concerns are taken seriously. We in the Scottish Government will of course do everything that we can to ensure that the standard in hotels that are being used for that purpose is not just acceptable but as high as we would expect it to be.

**Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP):** Even with a move to level 0, some businesses' restrictions will remain in place. It is essential that businesses that are impacted by restrictions continue to be provided with the support that they require. Therefore, it is of some concern that the UK Government continues to press ahead with plans to scale back the furlough scheme in the months ahead. Can the First Minister provide an update on the Scottish Government's latest engagements with the UK Government regarding the planned changes to the furlough scheme? Will she continue to press for business support to be made available for as long as restrictions are required?

**The First Minister:** Obviously, that is a vital part of how we support businesses for as long as they require to work under restrictions. Although we make regular, constant, frequent representations to the UK Government—publicly and privately—about the continuation of furlough, it appears to be adamant about bringing furlough to an end, which is a matter of serious concern. One—although not the only—concern about a divergence between the levels of restrictions that are in place in England and the other UK nations is whether the lifting of all restrictions in England leads to the lifting of all support for Wales, Scotland and

Northern Ireland, when all three of us are choosing to go at a slower pace. It is one thing for the UK Government to say that it respects the rights of the Scottish, Welsh and Northern Irish Governments to take our own decisions, but if the UK Government holds the cards with regard to financial support and does not provide the financial support that is appropriate to the decisions that we take, it undermines our ability to fight the virus. Therefore, particularly over the next period, it is really important that the UK Government listens and provides furlough in each of the nations for as long as it is required, in line with the decisions that each nation is taking.

**The Presiding Officer:** We still have several questions, which I would be very pleased to get through, so I ask for succinct questions and responses.

**Paul O'Kane (West Scotland) (Lab):** On 2 July, "STV News" covered the story of Brian, who works in test and protect. He described his working environment as "toxic" and said that staff are being "overwhelmed" by the demands of increasing infection rates and that

"morale is at an all-time low."

This week, I have met test and protect staff, who told me that, at the start of their work, they felt pride as key workers, but that they now feel nothing but stress. Test and protect is stretched to breaking point, and staff need better support. Therefore, will the First Minister agree to support those staff through additional resource? Crucially, what can the Government do to support the mental health and wellbeing of those key workers?

**The First Minister:** We are supporting and will continue to support staff who work in test and protect. It is a stressful job when case numbers are high, and I do not want, in any way, to minimise the level of stress and impact on the morale of the test and protect workforce when case numbers have been as high and rising as they have been in recent weeks. Again, my gratitude to them is very real.

The health secretary engages with test and protect and I will ask him again to consider the points that have been made to see what more we can do to provide support for those who are working in that front-line service. I mentioned earlier the wellbeing support that is available for NHS staff more widely, and we will make sure that that is also considered in the light of the pressure on test and protect.

The Government has particular responsibilities to test and protect but, as citizens, the most important thing that we can all do to support our front-line workers right now is continue to behave in a way that gets the virus levels down.

**Jackie Dunbar (Aberdeen Donside) (SNP):** Now that health services are resuming, how can we ensure that those who have been shielding have the confidence to attend their appointments and that they are receiving the appropriate advice before attending?

**The First Minister:** I mentioned earlier that the chief medical officer will soon write to those on the high-risk list to provide more advice about the move to level 0 and what that means for people who have been shielding. However, the main part of my answer is more general. We all have a role to play in making sure that, as we go back to normal, those who are at the highest clinical risk from the virus feel confident to go for medical appointments, as well as to the shops and places that the rest of us want to go. That will mean the rest of us being prepared to comply with some baseline mitigations, such as face coverings, for a bit longer than we might want to, in order to provide that sense of assurance.

We have come through lots of different phases of the pandemic. At points, it has been about collective endeavour, and I think that this is another one of those times. Although, as individuals, we might be really frustrated with certain restrictions, we are doing it not so much for ourselves but for each other. That sense of collective endeavour and solidarity with those who are most clinically vulnerable is needed now, perhaps more than ever.

**Craig Hoy (South Scotland) (Con):** Speaking after National Records of Scotland was forced to release data on Covid deaths in care homes, the First Minister said that the agency

“operates in these kinds of decisions independently of ministers”.

However, last week, we found out that former cabinet secretary Fiona Hyslop intervened with NRS in February to delay the release of the same data until after the election. That meant that families of care home residents who, tragically, died were left in the dark for months longer than should have been the case. Does the First Minister stick by her claim that no political pressure was applied to the NRS with regard to the release of that data, or did she, as she has previously put it, take her eye off the ball again?

**The First Minister:** Yes, I stand by that. The release of information such as that and the timing of the release are matters for National Records of Scotland. It does not operate under political pressure, and I do not accept Craig Hoy's characterisation of what happened. At the time, the cabinet secretary was taking steps to ensure that the correct engagement with the care home sector happened before the release of information, in order that it did not come as a surprise to, for

example, bereaved families—it was to ensure that there was proper engagement, in line with guidance. The timing of the release and the fact of the release were matters for NRS.

**Stuart McMillan (Greenock and Inverclyde) (SNP):** In response to Paul McLennan earlier, the First Minister referred to the review of progress and the work done with the care sector on the guidance in the “Open with Care” document. Given that 90 per cent of the care sector is following the “Open with Care” proposals, what assurances can the First Minister provide to my Greenock and Inverclyde constituents who have contacted me about the care homes that are in the other 10 per cent, which are still restricting the number of visits that residents can receive, that those care homes will be supported to ensure that they improve their approach to visits?

**The First Minister:** We will continue to engage with the care home sector and, where necessary, with individual care homes about how more older people can have access to the contact and activities that are so important to their wellbeing. I am happy to ask the health secretary to look at particular cases where care homes are not offering those. I am sure that, in the homes where those are not being offered, that will be for good reasons, but we will continue that engagement. We want people to have as normal engagement with their loved ones and as normal access to activities as possible.

**Patrick Harvie (Glasgow) (Green):** The First Minister tells us, once again, that she is advising against non-essential overseas travel, but the problem is not just that there is not a differentiated approach to what overseas travel is allowed. By removing the requirement for isolation in relation to overseas travel, the First Minister is not only running a direct risk with regard to transmission but likely to be inducing additional demand for the very overseas travel that she is advising against. Given that vaccination does not block all transmission or all serious illness, is it not clear that that approach runs the additional risk of continued high case numbers, while our domestic tourism industry would love to see the benefit of more people taking their holidays at home? Why are we not taking a more coherent approach to international travel?

**The First Minister:** First, our domestic tourism industry has had a torrid time over the course of the pandemic, but, in more positive news, it is seeing healthy demand over the summer months, which is encouraging. I encourage people who want and are able to take a break to do that at home in Scotland and to support the tourism industry and local businesses the length and breadth of the country.



With every decision that I take, some people will say that I am going too far and some people will say that I am not going far enough. That is fine, because, I am the one, along with my colleagues, who has to come to balanced judgments. We need systems in place for essential travel, and people who are separated from their families will, in some circumstances, see contact with them as essential travel. We need systems in place that allow that to happen as safely as possible and in as proportionate a way as possible.

That is what the risk-categorised system of red, amber and green is intended to do. We take a precautionary approach to the categorisation of countries, and we move countries back up the scale as and when we consider it necessary to do so. Nothing is absolutely safe in this context, but vaccination along with PCR tests on the second day after arrival are deemed to be a proportionate alternative to self-isolation for people who are double vaccinated. That approach helps to strike a balance, although it is not a perfect balance, and we will continue to keep it under review.

In the meantime, my advice to people is that if they do not have to go overseas right now, they should not go. They might not know what the situation will be when they get there, because the situation overseas, in Europe and in other parts of the world, is volatile. For example, in the past couple of days, we have seen the restrictions in the Netherlands that were lifted at the end of June being reimposed. Someone might have booked a trip to the Netherlands thinking that they were going to a restriction-free country, and suddenly found that they were not. The situation is uncertain with regard to the destination, and also in terms of what a person might inadvertently and unwittingly bring back with them.

We will continue to try to get the right balance with the right level of proportionality. The one thing of which I am certain is that we will not keep everybody happy, but that is the nature of such things.

**Gillian Martin (Aberdeenshire East) (SNP):** As restrictions lift, the likelihood of people having contact with someone who has been asked to self-isolate will increase.

Paul O’Kane has already alluded to some capacity issues with test and protect in his area. Will the First Minister give more detail of the preparations that are being made to ensure that test and protect is able to cope with the predicted increase in demand?

**The First Minister:** I actually hope that the demand on test and protect will reduce over the coming weeks. As case numbers have plateaued and started to fall, so should the pressure on test and protect. There is a direct relationship between

the levels of infection and the level of pressure on test and protect. The most important thing that we can do to reduce the pressure is to get case numbers down. Thankfully, it looks as though we are on that trend right now.

In summary, we have increased resources in terms of staffing in test and protect through the national contact tracing centre, and we have supported test and protect to make appropriate modifications to its approach to contact tracing. If it has not already been done, I will ask the health secretary to put in the Scottish Parliament information centre a full explanation of the exact measures that we have taken to support test and protect, and what we will do in the future should case numbers start to rise again, which I hope will not happen.

**Maurice Golden (North East Scotland) (Con):** Following comments from the national clinical director, Aberdeen Football Club was hoping to safely welcome 8,000 fans to Pittodrie when the Premiership season kicks off. However, the First Minister has set a limit of 2,000 irrespective of the size of the outdoor venue. Will she take into account the size of football stadia when setting future limits, and will sports clubs be able to apply to routinely stage larger events?

**The First Minister:** Two thousand is the standard limit for venues to operate without permission. There is a process to apply to stage larger events, which takes account of whether the right mitigations can be in place to make a larger event as safe as possible, and one of the factors is the size of the venue or stadium.

The situation is difficult for people who want to watch their football team or go to other leisure events, but we have to proceed safely and appropriately. Right now, there are countries across Europe that are stopping all large-scale events again—unless I am remembering wrongly, I think that the Netherlands is in that category. We do not want to get to that position, but we are more likely to do so if we take the brakes off too quickly and allow the situation to spiral out of control.

**Jim Fairlie (Perthshire South and Kinross-shire) (SNP):** I am sure that we all appreciate the scale of the data management task that is involved in the vaccination roll-out. We give credit and praise to those in the NHS and everybody else in public service, but we also need to take our hats off to the group of people involved in data management, because their job must be phenomenal.

I am certain that the First Minister will recognise, as I do, the frustration that is felt when things go wrong. There can be lengthy queues for the helpline and delays in tracing records and getting

them delivered. In some cases, such delays mean that it is simply too late. Will the First Minister examine what more can be done to minimise errors and fast-track the correction of vaccination records for constituents with urgent cases?

**The First Minister:** I will ask the relevant officials what more can be done to ensure that the system operates as smoothly as possible. The paper-based system that is in place provides people with a record of their vaccination status, if they need that for international travel. When I last looked—which was earlier today or yesterday—the average time for providing that information was about three days. Obviously, in some cases, it might be longer, and we will continue to work to reduce that time as much as possible.

As I indicated in response to an earlier question, we are working to put in place a digital Covid status certificate system, which will include not only vaccination information but testing data. It will take time to implement that system, but the work is under way.

**The Presiding Officer:** Four remaining members wish to ask questions of the First Minister, and I am minded to take those questions.

**Edward Mountain (Highlands and Islands) (Con):** What work has the Scottish Government undertaken with health boards on reducing the pressure on our centralised hospitals and unacceptable excessive waiting times by fully utilising our community hospitals, some of which have recently been mothballed, to help in the treatment and care of elective surgery cases?

**The First Minister:** We work with health boards on an on-going basis to support them in dealing with the variety of demands on their services. We look to use all appropriate facilities and services. As Edward Mountain knows, the health secretary is working through the NHS recovery plan, which looks at how we will recover the position on elective surgeries. That will mean building new, permanent elective capacity as well as tactically using existing capacity. I will ask the health secretary to provide more detail on that.

The new centre for sustainable delivery in the NHS is looking at how we provide healthcare more efficiently, more effectively and with patient care and benefit at its heart—not just in relation to the immediate pressures of Covid but more generally.

I go back to the fundamental point that I have made to several members. It would be wrong for any member not to be concerned about pressure on our health service right now. We all hear those concerns from constituents, and I am acutely aware of them, as First Minister. However, it is not consistent to be concerned about pressure on our health service while arguing for a faster opening-

up from Covid restrictions. I ask people to bear that in mind.

**Bill Kidd (Glasgow Anniesland) (SNP):** What is the Scottish Government's response to the removal of social distancing signage on passenger seats on First Bus services in Glasgow? That is causing concern and alarm to elderly and vulnerable passengers, as it seems premature and unnecessary.

**The First Minister:** I will ask Government officials to raise that with First Bus. It is important that people are still advised about physical distancing. This is not particularly relevant for now, but the matter has also been raised with me by constituents, so I will no doubt be raising it with First Bus in my capacity as a constituency MSP, as I am sure Bill Kidd is doing.

**Stephen Kerr (Central Scotland) (Con):** Freedom of religion and belief is a fundamental human right and an essential and sustaining component in the lives of many Scots. I welcome the change to indoor physical distancing requirements, but will the First Minister confirm that it is now permissible for worshippers to remove face coverings when they are seated, standing in place or kneeling in prayer?

**The First Minister:** I will come back to Stephen Kerr with the specific answer on the exact legal position, so that I do not inadvertently get it wrong. My advice to people who are in places where other people are around is to wear face coverings as much as possible, because they provide protection. However, I want to ensure that I get the precise detail on the legal point correct for the member.

**Rhoda Grant (Highlands and Islands) (Lab):** The ferries to the Western Isles and the Argyll islands are at one third of capacity. Coupled with the constant breakdowns, that is preventing people from travelling, which is causing personal and economic hardship. The First Minister has talked about short-notice spaces and turn-up-and-go places on ferries, but I have yet to find anyone who has been able to access those. People have contacted me saying that they tried to access them but were told that no such accommodation exists. One additional ferry really will not cut it. Therefore, will the First Minister look at how capacity can be substantially increased safely while ensuring that the mitigations that should be in place are in place for local people?

**The First Minister:** I will not repeat everything that I said in response to Alasdair Allan, but that answer is obviously on the record. Through Transport Scotland, we are talking to ferry operators about how we can get a better balance between safety measures and maximising capacity. That is important. As I said, for visitors to

our islands, the situation can be frustrating, but for those who live on islands it is much more than frustrating. However, we have to have safety uppermost in our minds. If we did not do that and if we took measures that the crew on our ferries considered would put them at risk, Rhoda Grant and others would rightly raise concerns about that. Those are the difficult and often inescapable consequences of what we are all having to deal with. We are trying to find the best balances that we can.

If Rhoda Grant writes to me or the Minister for Transport on the issue of short-notice capacity, we can get CalMac to give more details about the provisions that are in place. I understand the difficulty, and there is a real focus on trying to alleviate the situation as much as possible, but, obviously, the safety of crew and passengers has to be a key consideration.

**The Presiding Officer:** That concludes the First Minister's statement.

*Meeting closed at 16:07.*



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