OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Recovery Committee

Thursday 26 May 2022

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

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COVID-19 RECOVERY COMMITTEE
15th Meeting 2022, Session 6

CONVENER

*Siobhian Brown (Ayr) (SNP)

DEPUTY CONVENER

*Murdo Fraser (Mid Scotland and Fife) (Con)

COMMITTEE MEMBERS

*Jim Fairlie (Perthshire South and Kinross-shire) (SNP)
*John Mason (Glasgow Shettleston) (SNP)
*Alex Rowley (Mid Scotland and Fife) (Lab)
*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Tracey Brown (Sense about Science)
Dr Dawn Holford (SciBeh)
Callum Hood (Center for Countering Digital Hate)
Ed Humpherson (Office for Statistics Regulation)
Will Moy (Full Fact)
Dr Nick Phin (Public Health Scotland)
Stefan Webster (Ofcom)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

The David Livingstone Room (CR6)

Scottish Parliament

COVID-19 Recovery Committee

Thursday 26 May 2022

[The Convener opened the meeting at 08:59]

Communication of Public Health Information Inquiry

The Convener (Siobhian Brown): Good morning and welcome to the 15th meeting in 2022 of the COVID-19 Recovery Committee. We will take evidence in our inquiry into the communication of Covid-19 public health information. We have two panels, and I welcome the witnesses in the first of those, who are appearing virtually: Callum Hood, head of research for the Center for Countering Digital Hate; Will Moy, chief executive of Full Fact; Dr Dawn Holford, senior research associate for SciBeh; and Tracey Brown OBE, director of Sense about Science. Thank you for giving us your time this morning.

This will be the first of the committee's evidence sessions in the inquiry; there will be a further session on 23 June, before we hear from the Minister for Public Health, Women's Health and Sport on 30 June.

Each member will have approximately 10 minutes to speak to the panel and ask their questions. If you would like to respond to an issue that is being discussed, please type R in the chat box and we will try to bring you in.

I invite the witnesses to introduce themselves.

Callum Hood (Center for Countering Digital Hate): Good morning. It is great to be invited to speak to you. CCDH is a US non-profit 501(c)(3) organisation that is based in Washington DC, and CCDH UK is a non-profit organisation that is based in the United Kingdom. We are an international organisation that looks at countering hate and disinformation by disrupting the online architecture that enables its growth. During the pandemic, we have done a lot of work on Covid and antivax.

Will Moy (Full Fact): I run the charity Full Fact. As we all know, bad information can ruin lives, damage people's health, promote hate and hurt democracy. Full Fact tries to understand where bad information comes from, provides fact checking for millions of people so that they can make up their own minds about key topics, and tries to understand how we can make systems changes in order to reduce the harm that is done by bad information.

Dr Dawn Holford (SciBeh): I am a co-ordinating leader of SciBeh, which is an independent initiative led by academic researchers. Over the past two years, SciBeh has been actively looking at the landscape of science and public health communication, at the challenges that that has faced during the pandemic, and at how we can better link up the scientific community to provide better evidence for policy making.

Tracey Brown (Sense about Science): I am the director of Sense about Science. We are a charity that promotes public interest in sound science and evidence. We work with communities all over the UK to make sense of science, and with researchers and policy makers to create an environment in which research is discussed matters openly and with an appreciation of uncertainty. We have 20 years of experience in helping people to navigate some of the most complex and controversial areas of evidence and policy making.

The Convener: Thank you. I will begin our questions. I ask the panel to define misinformation and disinformation, and to give examples that spread during the pandemic. I will start with Tracey Brown, because she highlights that in her report.

Tracey Brown: The report that you referred to is a scoping inquiry into how well the Government's evidence for Covid-19 decisions served society. Will Moy will probably be better at defining misinformation; it is something that people obtain through trying to make sense of the world. Disinformation is an active attempt to give people the wrong information.

I draw attention to a lack of information that there is in many cases. I find it rather strange that, in a way, the focus has been on looking at some of the more fringe discussions—about vaccination, for example—given that people were knocking at the door of the UK Government and the devolved Administrations to try to get more information. In many cases, they were not very well served on areas of risk or on an understanding of the magnitude of the effect of different interventions. That is another category, if you like: an information vacuum, into which other things get sucked and which tends to draw in both misinformation and disinformation.

Will Moy: The standard distinction between misinformation and disinformation is that misinformation is consumed and spread inadvertently, and disinformation is in some way deliberate. It is important to say that the same piece of content could be both misinformation and disinformation. False information can be deliberately seeded into public debate and then shared by people who are genuinely trying to help

their friends and family, and we could call that misinformation in that context.

Tracey Brown's point about paying attention to information quality more widely is helpful to think about. We talk about the unlikely journey of good information. I should say that I am grateful for this inquiry—I think that you are doing a very important task. We are all familiar, at this stage in the process, with the reverse Swiss cheese model of risk prevention, which is to say that it is all risk—that every set of protections has some holes in it and, in order to avoid risk, you have a whole series of layers of protection collectively to stop the holes from going all the way through the system.

Good information works differently. A lot of things have to go right in sequence for people to end up being well informed. First, we have to collect good data. Then, we have to do good analysis on it. Then, we have to communicate that analysis to people who can reach large audiences, and they have to understand it and communicate it effectively. Then, it has to be understood and used by people when making decisions in their own lives, in policy contexts or whatever. Every stage of that process can fail.

To talk about misinformation as just the content at the end of that long process can sometimes obscure the root causes of how misinformation and disinformation come to do harm to people's health.

The Convener: Thank you—that is very helpful.

During the height of the pandemic, when Covid was dominating the news and all Government business, was there information overload, and did people not keep up or not want to keep up? If that is the case, can too much information sometimes be unhelpful?

Tracey Brown: It is about the kind of information that people wanted. We found that there was an underestimation of the extent to which policies required people to make trade-offs in their lives against other risks and benefits, and they needed to think about that.

To give you an example, one of the people we spoke to was a bus driver in a rural area, who had to make a decision whether to let a teenager on the bus without a mask. They needed some sense of the order of magnitude of the risk in order to determine whether it was sufficient to leave a child standing on a lonely rural road with no pavement and not pick them up. People were making some significant decisions in their lives. They were not just deciding about what they were thinking while sat at home; lots of people were deciding whether their employees were safe, for example, or they were deciding whether to call health visitor services or child protection services to families in crisis. They were weighing the risks. In that respect, people had trouble getting at the thinking behind Government decision making and trying to understand the relationship with the evidence and so on.

There was a lot going on with things being found out. A huge stream of information was coming not just from people's own Governments and scientists but internationally. There was a 24/7 hunger for Covid newscasting around the world. People were watching what was going on with case rises in Germany, the USA, India and so on. People had a feeling of being overwhelmed with Covid stuff, while not necessarily having the enabling information that they needed to make decisions in their lives.

We found that there was quite a drop-off. In the early part of 2021, we ran a survey with NatCen Social Research on people's experience in the first six months of the pandemic. There was quite a drop-off in the numbers of people looking for information each day, but it was not that significant, interestingly. It dropped from somewhere up in the 90s—something like 93 per cent of people were looking for information on Government policies once a week or more—down to something like 76 per cent a year later. We had expected a bigger drop-off there. However, the numbers of people searching every single day or more than once a day really dropped. A sort of fatigue was apparent there.

The crucial thing is that people in many settings have told us that they were missing the key information that they needed to make good decisions.

Will Moy: I will build on what Tracey Brown said. I completely agree with that analysis. There was a huge appetite for reliable and trustworthy information. Full Fact saw more people coming to our work than ever before. We also saw the first year-on-year increase in the use of traditional media such as television for a very long time. At the same time, however, people were failing to get information that was directly useful to them. I will give the committee two examples of that.

Early on in the pandemic, we launched a service called "Ask Full Fact", which invited people to ask questions. We got more than 2,000 questions in a few weeks, 40 per cent of which were about what the guidance meant, with people asking how it applied to them and what they should do in a situation. Some of those were genuinely heartbreaking practical questions. For example, someone asked, "I have someone I care for who is on the other side of the border—am I allowed to go down there and help them get their medicine or not?" Those were practical and life-changing situations. That kind of demand was therefore there.

Another area where there was unmet demand for good information was in relation to certain particular groups and situations. One such group was people who were pregnant or trying to get pregnant, who were subject to constantly changing guidance and science, which became very confusing.

We ended up working with a charity called Pregnant Then Screwed, which advocates for the rights of people who are pregnant and against discrimination. We set up a WhatsApp helpline that people could text their questions to and, again, the appetite for that was huge. There was lots of guidance and so much information out there, but it had not spoken to people in that situation in a consistent way—that is, people who were starting families and particularly women who were pregnant and trying to make choices about, for example, getting the vaccine. The same applied to people who were breastfeeding or trying to get pregnant.

The Convener: I remember the hesitancy among ladies who were pregnant or trying to pregnant during that time of vaccinations.

Murdo Fraser (Mid Scotland and Fife) (Con): Good morning, panel. Over the past two years, all the parliamentarians here will have experienced constituents writing in to express their views, including saying that Covid is a hoax, that it is all a conspiracy by the Government and that vaccinations are there to try and control the population, and usually linking to articles in obscure corners of the internet to back up their argument. I will put this question to Dr Dawn Holford first, because it is covered a bit in the paper that she submitted. What is the motivation for those who are actively spreading disinformation on the internet, which people pick up on?

Dr Holford: That also relates to Callum Hood's work; we cite his work as well.

We see examples of people wanting to make political or personal gain from presenting disinformation. A lot of the people behind disinformation about fake cures—for example, those who say that Covid is not so bad and that you can cure it with turmeric or natural homeopathy—usually also want people to turn to them for help.

We also have evidence that there are international political actors who have an interest in sowing distrust in effective western vaccines. For example, it has been shown that the Sputnik V Twitter account was deliberately spreading disinformation about the side effects experienced from other vaccines.

We are facing co-ordinated campaigns that aim to mislead people. There may be a destabilisation motive, but there are also a lot of different motives for those actions.

Callum Hood: As Dawn Holford mentioned, there are some very influential individuals around the world whose motivation for disinformation is primarily financial. They typically come from the alternative health industry and have a product to sell, and they sell that product through what is sometimes called health or medical populism. They tell people that they cannot trust their doctor or the national health service—or whichever public health body there is in the country that they live in—and that they should trust them instead and that there is an easy solution, which is to purchase some sort of supplement or follow some sort of advice that they offer. We did a report called "Pandemic profiteers: the business of anti-vaxx" that looked at 12 such individuals with annual revenues of around $36 million. These are people such as Joseph Mercola, who is an alternative health entrepreneur who runs the most popular alternative health website in the world, and Andrew Wakefield, who we know well in the UK and who has turned his scepticism about vaccines into somewhat of a business in the US as well. That is disinformation.

09:15

The issue of misinformation relates to the previous question about information overload. Ordinary people were trying to make sense of the situation and the big information gaps, which is what we all experienced. There was a lot of anxiety about how dangerous Covid was, when vaccines would be available and how safe those would be, and how people could avoid getting Covid. Therefore, a great deal of the spread of misinformation was the result of people's attempts to grapple with those anxieties and uncertainties. As I think Will Moy mentioned, the misinformation was often informed by the disinformation that was spread by more organised and determined individuals, such as those I just referred to.

Murdo Fraser: My second question follows on from that comment. There was one group of people who basically said, "Covid is a hoax—don't believe it," and there was another group of people who took a slightly more rational view, which was, "We accept that Covid is a problem, but we're nervous about being vaccinated because these vaccines have only just been invented and we don't know what the long-term consequences will be." Earlier, the convener mentioned pregnant women's concerns about taking the vaccine. Therefore, were the public health messages across the UK sufficient to reassure people who were concerned about vaccinations? To what extent were those messages undermined by misinformation on the internet and elsewhere?

Will Moy: That is a big question, and I am interested in other witnesses' responses. What we can say—these numbers are from memory but they are probably accurate—is that, in September 2020, before a vaccine was available, only about 60 per cent of people were sure that they would take it. Therefore, a significant chunk of the population was not sure about taking a vaccine. Months later, many of those uncertain people had chosen to have the vaccine and, by now, nine out of 10 people in the UK have voted with their arms and had at least one dose of the vaccine. Therefore, whenever we talk about people who have ultimately chosen not to have the vaccine, it is important to remember that the vast majority of people have made the choice to have it.

We found that the clearer and more consistent public health messaging is, the more effective it is. At times, it took time to get that clarity. However, there were groups of people who were less well served by the general messaging and who had good, rational reasons to be hesitant. Often, it is possible to portray people who are hesitant about getting a vaccine as unreasonable. It is always important to understand people's good reasons for being hesitant. In that case, particularly early on, black people were less likely to get the vaccine. There is a long history of medicine not being appropriately tested with black people. Compared with the situation for white people, there are good grounds for less trust in the medical system by black people, and that played out.

There are communities that are just less well connected with public health authorities and the health system. There were difficulties in bridging the gaps. Huge efforts were made to find the right people in the right communities to talk to people and establish genuine dialogue, which paid off over time. However, there was always a group of people who would go for the vaccine straight away who basically just needed to be told when and where to get it; there was always a group of people who needed to be told when, where and, "Here's a decent reason to believe that it's safe"; and then there was a group of people who needed much more dialogue. In nine out of 10 cases, we got there eventually.

Ultimately, Full Fact's point of view is that whether you choose to have the vaccine is entirely up to you. It is not our job to persuade you to do anything; it is our job to ensure that you have the best information possible to make up your own mind. However, from the point of view of the vaccine roll-out as opposed to other aspects of public health intervention, it is worth remembering that much more than nine out of 10 would be a pretty amazing result.

Murdo Fraser: Everybody else wants in so I ask you all to be quite brief.

Tracey Brown: When drawing conclusions about how much people consumed dodgy information, it is worth noting that we locked lots of people up indoors with only their social media to enable them to stay in contact with each other, so I doubt that that period is representative. A lot of people who contacted us became exhausted with all that stuff as well. They began to spot patterns in the way that people were trying to manipulate them into believing their alternative version of events.

It is also worth noting that, in the countries of the UK, people largely trust state institutions for information. We do not have the kinds of problems that there were in South Africa or the USA, where people went to their preachers, for example. There was a lot of online preaching that was far more problematic than anything that we faced in the UK.

I agree with what Will Moy said on the vaccine. I was a bit shocked by the 60 per cent figure. No decent scientist should sign up to a vaccine that they have not seen the statistics for. In a way, none of us should really have said yes to it. However, people got vaccinated to an amazing degree and very quickly without a great deal of effort for the most part.

I will highlight two points that I would love the committee to highlight. First, the Medicines and Healthcare products Regulatory Agency really missed an opportunity. There was too much speaking at people and not with them. We could have heard much about what the criteria were for making the judgment about the vaccine before it was assessed. The MHRA could have taken people with it on that journey. Regulators have a job to do to explain what questions they ask so that, as a society, we all become part of asking them. Then, when the answers come, it would not feel as though they are backfilling the explanation of how rigorous the questioning was. That would have been good.

I have not bottomed this out myself, but we are also hearing from specialists in public health—particularly people who are veterans of HIV in the UK—that their experience of building relationships with communities was underused. There was a centralised approach to vaccine information and only latterly was it appreciated how much community trust building needs to go on, particularly with communities such as those to which Will Moy referred. The approach to HIV was a huge success in the UK. In Scotland in particular, it was really good at getting people to be frank about their drug use or their sexual habits. Those relationships were solid and we perhaps did not make as much use of them early on as we should have done.

Murdo Fraser: I invite Callum Hood to comment and ask him to be fairly brief because we are running out of time.

Callum Hood: People with anxieties about vaccines often turned to social media to have those anxieties answered. Unfortunately, due to the prevalence of misinformation and disinformation, their anxieties or questions would be answered with complete falsehoods.

In my research on these topics, it was striking how often searching for information about the latest conspiracy theory or piece of misinformation was more likely to surface more of that misinformation than reliable answers. It was a case of black and white gov.uk pages somewhere down the Google rankings versus all-singing, all-dancing marketing campaigns by the sort of professional misinformation spreaders that I have talked about. There are some lessons to be learned about thinking of simple and effective ways of ensuring that the best information is presented to people who seek answers to their anxieties at the top of the Google search rankings or is easily accessible on social media in an engaging format.

Dr Holford: Some excellent points have been made. I would add two things. First, public health information—[*Inaudible*.]—by ways that make it easy for people to follow them. I go back to the vaccine roll-out as an example. In Scotland, letters were sent to people with the dates and times of appointments, and all they had to do was show up. That highlights ease of access in getting the vaccine. It was perhaps not done quite so well in England, where there was a booking system, which would have left out a lot of people who had problems dealing with online bookings. That is perhaps when the doubts feed in: is it really so important if it is that hard to do?

The second thing that I want to mention is about understanding misinformation, where it really stems from and where it is targeted. New myths always spring up, but they tend to cluster around recurrent themes. We have done some research on that, and we can see that those themes tap into the logical characteristics of the audience that they are trying to reach. Some are focused on stoking fear; some invoke pushback against perceived restrictions; some push conspiracist theories; and others specifically target religious beliefs.

Thinking about the roots of the misinformation, we must understand why it is so compelling to people. It speaks to what they are worried about—and they could be worried for different reasons.

The Convener: While it is helpful to get examples, witnesses should avoid naming individuals, please.

Alex Rowley is next.

Alex Rowley (Mid Scotland and Fife) (Lab): I will begin with Dr Dawn Holford. In your submission, you say:

> "There is considerable collective and diverse expertise among researchers that could support Government in communicating science and public health messages based on evidence-informed principles. However, there is a lack of infrastructure to help with rapid consolidation of this expertise"

to enable that to happen. Could you expand on what you mean by "a lack of infrastructure", please?

Dr Holford: Yes. As SciBeh has seen, a lot of research scientists, distributed around the UK and around the world, work specifically in public health communications, and there are certain principles about matching public health information with behavioural support that will enable people to follow the instructions given. We know the best way to present risks using fact boxes, say, and we can help people to understand and weigh up the trade-offs. In a lot of countries, that was not consistently applied in public health communications. Some of the problems are to do with the difficulty of reaching the scientists who have the knowledge because of how they are distributed.

When we talk about "infrastructure", we are asking what sort of tools, incentive structures and channels we could have to crowdsource that collective expertise. When we do that, we can see the level of scientific consensus on how a public message could be developed. It is about how we can connect scientists who may be working on a specific question that policy makers wish to address and have them respond within the given timeframe to put the message out there.

Alex Rowley: As we look back over the Covid period, what are the key lessons for Government? What should or could Government do better?

Secondly, in comparing communication in Scotland with that in the rest of the UK, I think that, in Scotland, the First Minister had a press conference near enough every day, and she was communicating a message. Generally, that was well received. That was less so for the UK Government, but the press-release briefs of the UK Government were much more informative. Dr Whitty and Jonathan Van-Tam had never been heard of before, but they are now household names—and they are very informative.

What could Government do better? How did it perform, and what are the lessons?

09:30

Tracey Brown: That is a really big question. I would draw attention to the fact that there was conflict within the approach taken by Government.

If we are talking about the relationship between the information that was given out and communication with people, there was conflict between what we have characterised as an authoritarian approach and an authoritative approach. With an authoritarian approach, you tell people "hands, face, space", and that they can only go out for a walk once a day and have to lock their door, and you hope that they will police one another with regard to those things. There is not much reasoning with people about why those things are being emphasised.

The authoritative approach was favoured by Chris Whitty. That could be seen in the way that he presented information with the full intention behind what was being asked. There is a behavioural science argument behind that, which came out of SciBeh. It asks whether it is better just to give people simple messages that they can police, or to lay out the evidence, the unknowns, where the gaps are and so on, saying, "This is our best guess."

The Government's performance showed that, initially, you can get across the very simple set of rules, but as information changes as you learn more, and as the situation changes, you have to change those rules. Then it becomes a complete mess of outdated information. For example, the Scientific Advisory Group for Emergencies was advising the Government to change "hands, face, space" to an emphasis on better ventilation for months before any change happened. You may have noticed that, to this day, we still get wipe-downs on trains and so on—one wonders who is directing that.

We have had raised with us conflicts that appeared in Scotland between lots of different bodies—particularly professional bodies—giving advice that was no longer in keeping with what the Government was saying. There was confusion, and I think that the only way through that would have been to take the authoritative approach. I think that the general feeling is that that would have been better. It can also be said that, if you take the authoritarian approach and just emphasise rules, when people see the rules being broken or when the rules are no longer relevant, that profoundly undermines the Government's authority. That is one important tension.

There are quite a number of other areas where Government could have taken people on the journey of understanding where the gaps were. I would draw a distinction between Scotland and the UK Government, in that the First Minister of Scotland is probably closer to departments, and there was not such a feeling coming from Scottish decision making of a sidelining of expertise; if anything, there was much greater involvement of departmental expertise.

What happened in the UK Government was huge centralisation in No 10. For the first part of the pandemic and certainly until the end of 2020—or November 2020, when things changed again—everything was being done by press release. I think that more than 60 per cent of policies were announced that way, which meant that they did not go through the usual policy-making process, and therefore policy documents were not available. Ninety per cent of the policies that were announced in the early stages of the pandemic had no link whatsoever to any evidence base—there was nothing of what you would normally expect. Departments were sidelined, and departments are where expertise sits about stakeholders and how measures might affect communities, so a lot of opportunity to feed back in and test policies was probably missed. I do not think that that applied quite so much to Scotland.

Alex Rowley: Thank you. Callum Hood, do you have any comments on that?

Callum Hood: My organisation specialises in social media, so I will make three quick points on what were perhaps gaps in social media. The first, which I referred to previously, is that I think the Government probably could have done a better job of servicing their best-possible answers to various circulating questions, anxieties or conspiracy theories and making sure that those answers were as accessible as possible. The public often seemed to be a little bit behind on that.

The second point is about using a variety of messages. As you said, the approach successfully made people such as Jonathan Van-Tam a household name and a source of central authority on some of the questions that people had. It was less good at using all the available resources. The NHS is spread throughout the country, and lots of different communities and types of people are involved in it, so there were lots of potential messengers. We could have selected a wider variety of messengers to deliver good information to people—messengers who looked and sounded like them and were closer to them in their local communities.

The third point is that the Government has to tackle the social media companies. Those companies did quite a bad job during the pandemic. One of the basic measures that we used was how much Covid or vaccine misinformation they took down when it was reported to them. The last time that we audited that, we found that they had failed to act on 88 per cent of the content that was reported to them. The UK Online Safety Bill is currently making progress, but Government needs to find ways to put a bit more pressure on the social media companies to do a better job of tackling that issue, because we

are likely to face similar public health crises in the years ahead.

Dr Holford: I would like to clarify some points around making things simple for people. We do not necessarily mean making messages simple and authoritarian; we simply mean that we need to support the messages with ways in which it would be easy for people to do the things that are best for their health.

I very much agree with Tracey Brown's point that we cannot present false certainty around information, especially in a crisis, because that information will change with new evidence—we have to accept that. It may be counterintuitive, but we need to learn that sometimes we have to acknowledge the uncertainty. The research shows that it is not necessary to avoid presenting uncertainty in the information or evidence that is currently available. People are receptive if we are able to explain what it is that we know and do not know, and why that is going to change quickly. That could also be a way to signpost to people that they need to stay updated, and to let them know where the trusted information sources are that they should go to for the latest updates.

In addition, I reiterate the point about action on using more trusted resources. Research has shown that public trust in scientists has increased, which could mean that the Government could do more on having the right platforms to connect all those people—the scientists, the healthcare professionals and people working in the NHS—with communities, and provide them with guidance and training to deal with misinformation that might come out of those communities.

I do some work with healthcare workers, and we hear that sometimes they do not know how to address misinformation because they do not know what the right answer is themselves. In one case that came to me last year, a nurse said, "My patients are saying that their insurance will be invalidated if they get the vaccine", and she could not say, hand on heart, that that was not the case. In the future, the Government could improve on having an up-to-date resource for healthcare professionals so that they can give their patients the information from a source that patients trust.

Will Moy: I have three points to raise around preparation, audience fragmentation and good information. The first thing to say about the pandemic is that it was number 1 on the UK national risk register. Everybody who thought about it knew that it was going to happen, and yet we were unprepared for the communication challenge that came with it. In retrospect, I really regret Full Fact's small part in that.

Providing good information in a crisis requires a whole-of-society response. It requires Government to work with the media, internet companies, civil society organisations such as Full Fact and the others before the committee today, academics and so on. We had not had a dress rehearsal or practice to think about what that might look like, and that was a bad miss. We should go through the national risk register and game out what it would take to be prepared.

One of the lessons that Full Fact has learned from the situation has involved working with representatives from the United Kingdom and Canadian Governments, internet companies and civil society organisations around the world to create a framework for information incidents. It sets out, in an open and transparent way, how we would identify that an information incident is happening, what kind of responses might be called for, how serious it is and how effectively that information incident is being responded to. I think that it would be well worth it for the Scottish Government to look at that framework and have a dialogue about how it might apply, in preparation for future emergencies, because every emergency nowadays comes with information risks attached to it. That is the first point: we could have been prepared, and we should have been.

The second point concerns audience fragmentation. Every source of information in the world that is growing—social media, Netflix or whatever—supplies different experiences to different users. Every source of information that is shrinking provides the same experience to all its users—traditional newspapers, television, radio and so on. That means that it is easier and cheaper to reach small numbers of people than it has ever been and harder and more expensive to get the same message to everybody. That is a profound challenge for public authorities, which are essentially used to thinking that if they can get on the "Today" programme, the front pages of the newspapers, BBC Scotland or whatever, they have got their message out there. That is just not true any more.

Fragmented audiences create opportunities for causing confusion and for people to be in different information environments and to be misled. Public authorities have to work harder to get good information out in this new environment. I do not think that we have yet adjusted to that reality of audience fragmentation.

Thirdly, I talked about the unlikely journey of good information—starting from doing the research and the analysis and, ultimately, communicating it. To think about this problem well, we need to think about every stage of that journey.

Alex Rowley: Okay—thank you. Tracey Brown, you wanted to come back in. Could you be brief?

Tracey Brown: I will be very brief. Parliaments also need to look at this. You are our way of scrutinising Government. Parliament is where the power to scrutinise Government lies. Parliaments also need to be able to scramble quickly to adapt. Obviously, the pandemic presented some practical problems for you in relation to meeting. We have just run evidence week in Holyrood—we do the same in the UK Parliament—and another question that needs to be addressed is how well equipped you are to question Government in relation to some of these really complex areas, and whether you have the resources that you need to do that.

Alex Rowley: Thank you very much.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): Thanks very much to the panel for turning up. I have to say that when I started reading all this, I thought of a band in the 1980s that I loved called The Jam. One of the lines in their song, "Going Underground", is:

"You choose your leaders and place your trust".

That, to me, is probably the most fundamental thing. If we do not trust those who are leading us—if we do not trust their leadership—none of the other nuances that we talk about will matter. I could be completely wrong in saying that, and I would be interested to hear your views, but we have a bit of a dichotomy. First, we need that trust, but we have science working at pace trying to keep up with something that we do not understand; we have a public message going out trying to get people to change their entire way of life; and, at the same time, we have leaders saying, "Bear with us, because we don't quite know what we're doing yet."

Given what we have just been through, how do we pull all that together and make it fit? We know that another emergency will come, so, very simply, how do we do that?

Tracey Brown: People were very tolerant at the start of the pandemic. We interviewed people from many walks of life. We talked to the unions about their experience, and people who were not very supportive of the UK Government, for example, but showed a great deal of empathy for the position that politicians found themselves in. Opposition parties were very restrained in their criticisms and they were very supportive. The media was very restrained in the early days and similarly supportive and empathetic in relation to the unknowns and the difficulty of making those decisions.

People showed an enormous amount of tolerance for the situation and for the uncertainty around it. The idea that the public always need certainty is just not well founded. Dawn Holford made the point that people trust information when it has caveats around it as much as anything else.

The survey work showed that people's trust in science was pretty rock solid throughout, and, in fact, people's trust in medical science went up. That is quite an important base to start from. There is a lot of opportunity to have that discussion about the fact that we do not know things—that we are making decisions in the absence of perfect knowledge. We are doing research because we do not know things. That is important, too.

Perhaps there is a bigger issue here to get across to the world at large, which is the fact that we do not always have to know everything. We can have operational knowledge—we can make decisions based on just the knowledge that we need right now, rather than—

09:45

Jim Fairlie: Let me stop you there for a wee second. I am going to go back to what you and Will Moy said earlier. When we have an information gap, that is when other stuff can seep in. There is a time gap too. We have information and we tell people that we are working on it and that they should stop living and stay at home to let us work it out. In the meantime, someone else comes along and feeds in other, damaging, information.

Tracey Brown: There are two different things here. You are describing what might be called a motive gap, which is when people want to know the Government's reasoning but are unable to do so. For example, the UK Government was pointing to SAGE but, if you read the SAGE minutes—once you finally could—you could not get from those to the decision, so people thought, "Hang on—there must have been an economic calculation in there somewhere."

The policy and economic advice were not published; only the science advice was published. There was a real lack of transparency elsewhere. People could not see clearly what the motive or the chain of reasoning was behind why decisions, particularly those that seemed to have quite adverse effects on them, were made.

There is a difference between that approach and saying that we do not yet know how long vaccine efficacy will last or that we do not yet know how much transmission there is outdoors. That kind of information gap is not the same as one that results in people not knowing what the decisions have been based on. The problems lie in that second gap, which is one that people are less tolerant of.

Does that answer your question?

Jim Fairlie: It does. Will Moy, do you want to come in?

Will Moy: I could not agree more about the importance of trust and therefore of the trustworthiness of our leaders. We think that that boils down to three simple principles. First, you should get your facts right; secondly, you should give the sources for what you say so that people can judge that for themselves; and, thirdly, you should correct the record when you make mistakes. By and large, you will earn trust if you do that. As Tracey Brown said, people gave our political leaders the benefit of the doubt in that situation, whatever trust or mistrust they might have felt in other contexts. People were willing to give our leaders a run at the situation. It was important that they lived up to that.

I think that we started to see a risk when certain public health responses became politicised. I am thinking of mask wearing in particular. In some places, it started to feel as if one political tribe saw that as a symbol of membership and another political tribe saw it as a symbol of giving into excessive public health restrictions. When we move from a pragmatic conversation about how to deal with uncertain facts to a more tribal conversation, we get into a bad place.

The UK has been relatively lucky compared to the horribly polarised political situation in the USA, where even vaccination has had some of those problems.

The way that we do politics has an effect on how we respond to situations like that. That includes the willingness to work in nonpartisan ways and to take the heat out of situations. That sort of leadership, and the culture of public life, matters when we end up in an emergency.

Brian Whittle (South Scotland) (Con): I thank the panel members for their time this morning.

As soon as information was put into the public domain, it seemed that other experts suddenly sprang up trying to say exactly the opposite. We seemed to collect a deluge of data. How far are we able to collate that data and communicate that in the public domain in a way that can easily be consumed? A lot of data was put on to websites such as the FACTS or NHS Inform websites, but I am not sure how many people actually visited those websites. Were Governments behind the curve in their ability to combat misinformation? Will Moy, could you answer that?

Will Moy: Tracey Brown has evidence about that too.

The experience was mixed. On the one hand, we had some data collation, such as the Covid dashboard, that was used by millions of people as a regular source of information. Those were world-class examples of data publication. On the other hand, the Government did not know how much personal protective equipment we had and where we had it. The Government did not know how many people were living in care homes—not what their health status was, but literally how many people were living in care homes. That frightening data vacuum around social care almost certainly cost lives.

The starting point for having good data and presenting it to the public is collecting it in the first place. One of the lessons to take from the situation is the need to look at data gaps in our public life and to start to fill them. The well-known problem that we did not know what was going on in social care suddenly became a life-threatening problem that could have been avoided.

We must think about the whole journey. There are great examples of compiling good data in ways that the public can understand. The skills and mechanisms exist, but you have to join all the dots in that unlikely journey of good information to make that happen. In too many places, something was missing somewhere along the line.

Brian Whittle: Does anyone else want to come in on that question before I add a supplementary?

The Convener: I think Tracey Brown wants to come in. We also have Dawn Holford back; we lost her earlier.

Tracey Brown: A survey by NatCen Social Research asking people where they got information and how they experienced Government sources had a really astonishing result. It found that 35 per cent of respondents said that they visited what was then the Public Health England—now the UK Health Security Agency—data dashboard. That is absolutely astonishing because we would not normally expect 35 per cent of people to have any relationship whatsoever with Government websites. I expected numbers around 1 or 2 per cent. I was really astonished by that.

On social media, a cadre of people sprang up—actuaries and real honest broker-type commentators—who guided people towards a lot of those sources. You are right to have some scepticism about the Government putting up an information page. People did not spontaneously find their way towards those. I am not sure what kind of architecture is needed, but the GOV.UK website clearly needs a huge revamp. SAGE and others have told us that they were suddenly struck by the problem of having to share, in the here and now and in real time, a lot of information that they would normally publish after a crisis. The GOV.UK website is not set up to do that.

The data dashboard and the website of the Office for National Statistics are two success stories that should be looked at. We should also look at the pathways that took people to those.

We can look at that the other way around. Will Hoy talked about that. Lots of holes have been shown. You have Ed Humpherson on your next panel and that might be a question for him. There are many things that we just do not seem to know. When we had flight bans, we did not know how many people were construction workers who work abroad for a week and come back at weekends to see their families and who could not cope with that sort of additional cost and burden. We did not know what the impact of a lot of the things that were imposed upon people was.

Many different groups, including chains of charity shops and others, told us that there was no way of feeding that information in. They were really struggling. A lot of them got together to try to pool information to give to the Government but they could not find out how to feed that in. You are probably aware that the night time industries really struggled with that.

It was not all about the need for economic help. Some people wanted to give the Government information about their sector, their clients or the people who used their services. That is something to be looked at. I do not know whether a stop check is what is needed but perhaps a mechanism for people to input information should be established in all areas of Government policy making, because there are a lot of big data gatherers in society now, so it cannot only be the job of Government.

Brian Whittle: I agree. My mantra has always been that we do not have an IT system that can collate and gather the data and give us the output that we need. Dr Holford wants to come in.

Dr Holford: I will address the point about experts speaking out once information is out there, and there being an information overload. There has been a real gap in not being able to consolidate the consensus of experts around any particular topic. We know that showing the consensus level in any scientific information as it builds is quite convincing for people—even though the path is still developing, they see where it is going.

That could be done better, which would tackle what we have said in our written submission about the infrastructure. At the moment, we do not know what that is going to look like, but having individual scientists speak out on Twitter can be powerful in providing guidance on what the evidence is and explaining it to people.

However, there is also a danger when individual scientists are debunking disinformation or fact checking. Because there is a political nature to some of that disinformation, their act of fact checking can lead others to perceive that they are being political, which basic fact checking should not be. That is one danger of individual experts all commenting on social media or individual channels.

Brian Whittle: Briefly, Callum Hood has something to say.

Callum Hood: Presenting lots of data and making it accessible on its own does not solve problems of misinformation. Indeed, data often becomes the subject of a battle in that regard.

The best example that I can give is from the US. The vaccine adverse event reporting system records any incidents that take place after a vaccination. That was a demand of the anti-vaccine movement, many decades ago. However, it is now used by antivaxxers to highlight any incident that takes place after a vaccination—whether injury, sickness or whatever—and claim that it was caused by that vaccination. Data as a whole, including when it is analysed by experts, shows that the vaccines are very safe, but the data is exploited by bad actors to spread misinformation. A comms battle takes place over the data, even once it is out there, transparent and public. We need to be mindful of that.

Brian Whittle: Thank you. I could spend all day talking about data, its collection and how we utilise it.

For me, one of the difficulties with what happened, certainly within the UK, including in Scotland, was that we used the phrase “follow the science” a lot, without explaining what that means. Of course, the science changed and evolved as we began to understand more. How did Governments respond to that change, how were we able to communicate it, and did that compound the difficulty that we had in maintaining a line of communication?

Callum Hood: As Tracey Brown and others have said, the public have shown themselves to be capable of assessing the complexities around that and accepting uncertainties around the evidence and our theories about, for example, how dangerous Covid is, when we are going to get a vaccine, what things are going to look like and how many vaccines they have to take. Many members of the public can understand that uncertainties apply and that things are difficult and complex. The challenge is in communicating those uncertainties and trying to fill information gaps, even if those can be filled only by giving the public a balance of probabilities. We know that many people stand ready on social media to fill those gaps with their own definite and concrete answers if we do not get there first and do that effectively.

Brian Whittle: Will Moy, I saw you nod your head. Would you like to add something?

Will Moy: Tracey Brown will have interesting things to say about following the science, but the other side is that much of the management of the pandemic was about making trade-offs between public health and the economy. There is no science for that, and that was obscured a lot in the political communication.

It was also obscured in the data gathering. We had much clearer data about what was going on with people's health and the health system than what was going on with people's livelihoods and the economic system. We need to think about a public health emergency as being more than just a public health emergency, and the policy making as being about more than just the preservation of life. We perhaps did not do a very good job of being open with that decision making so, over time, perhaps there was room for distrust to come in.

10:00

Brian Whittle: Tracey Brown, I assume that you would like to come in on the "follow the science" comment.

Tracey Brown: Yes. It is worth noting that the UK Government has campaigned—[*Inaudible*.]—Brexit campaign for a leadership—[*Inaudible*.]. Initially, with following the science, there was some self-talk going on there, saying, "This isn't like that, is it? We need to do something else here."

However, it seemed that—a lot of people pointed to this when we spoke to different communities—no one was in charge later on. If you asked scientists what the basis was for a policy, they would say, "It is not my decision. We just give the advice." If you asked the Government, it would say, "We are following the science." No one seemed to be responsible for the decision making, which became problematic.

How well the science was followed is another question, and a much bigger one than we can deal with today. However, I want to pick up the point about the science and the economics, and I understand what Will Moy is getting at with his comment. People have said that we have had too much dominance of the outputs of epidemiological models, but what actually happened was that we were not using them very well. For example, the SAGE modellers were more than capable of incorporating closing schools into their models in order to consider how we could seek to optimise the impact on case numbers by doing the least amount of damage to children's education, but they were never asked that question.

The questions as put became narrowly focused on reducing cases and hospitalisations instead of using the tools that were there to bring scientific scenario mapping and so on into policy. The questions were very limited in what they did. As we said before, the Treasury did not publish any of its modelling, which must have incorporated some epidemiological material; it tells us that it did, but whether it did is another question. I cannot see it.

This is quite important. The science that goes into policy only responds to the policy questions that are put. SAGE was not busy going off and investigating other questions; it had questions put to it by the Cabinet Office. We need to look at whether those questions made good enough use of the tools that were needed to look at those kinds of trade-offs.

John Mason (Glasgow Shettleston) (SNP): I was intrigued by one or two of the practical examples that were mentioned earlier. I will start with Tracey Brown and the concept of the bus driver having to decide whether to leave a teenager on the road because they did not have a mask on. I am interested in unpicking that example. Maybe the bus driver—maybe all bus drivers and all of us—should have better understood how efficient masks were, what the ventilation was like on the bus, how busy the bus was, how far the journey was and all those sorts of factors, but that is probably a bit much to expect the bus driver to assess there and then. Should his company have given him better direction? Should the Government have given the bus company a clearer picture of how much flexibility it had? What went wrong there and what could we have done better?

Tracey Brown: The same sort of dilemmas were posed to us by people who were trying to develop guidance for their organisations. There are two elements to this. First, there was not enough information to enable people to put the measures into context. I will give you a couple of other examples. If a teenage girl will not take a Covid test, do you allow her foster placement to break because that is the rule now? Should a teacher yell at the kids who are coming in from break to keep 2m apart, or to put their masks on? Is one of those things 10 times better than the other, or are they equal?

I will give another example: 2m distancing. At 1.8m, people could keep a family crisis centre open—they could manage the space and they could do that. Was 1.8m that much worse than 2m? Did that cross a transmission threshold? It is not that people wanted to see reams of data, but they did want some analysis to sit behind it, or something that put it into a context for them and enabled them to weigh up the degree of severity of a risk and the degree of effectiveness of the measures that they were being asked to take, so that they could make decisions.

That is one area that needs to be considered.

John Mason: Should every individual bus driver, teacher or family centre be making such decisions? Was the system too rigid?

Tracey Brown: No. There is a lack of appreciation in Government about how many such decisions were being prompted by the measures, which sounded very simple on the face of it—"Mask up", for example—but without thinking through what they might mean in different settings. As I have said before, more involvement by Government departments and local and community outreach from government is one way to be more attuned to that, but there was no such appreciation. If there had been, the kind of information that people could use more effectively would have been forthcoming.

Clearly, however, there was a responsibility on the part of groups: local health visiting services and people at the head of organisations who were making the recommendations. That brings us to the other issue, which is discretion. We can of course consider the bus driver example and say, "Just use your common sense." However, in a situation where rules are being put across as potential public order offences, it is really not clear to people whether they have that discretion. Sometimes Governments seem to be saying, "Here's the rule. Do with it what you will"; other times, they say, "Here's the rule. There's a £10,000 fine if you break it." It moved, according to whether we were closing down or opening up.

Lots of people said to us that they just did not know whether the responsibility was theirs and whether, in their sector, small business owners, for instance, should be developing their own recommendations—or whether they might end up telling their members to break the law. It was not clear what was guidance and what was not. People were missing the ability to see what the policy was aiming for and therefore to see how they could achieve that in their sector without doing harm to people. That is where there was the biggest deficit in what people needed.

People like bus drivers make good on-the-spot decisions. People's discretion is often fantastic. The police made a lot of sensible decisions—even though we hear a lot about the bad ones that they made. There was not the equipment for people to make such decisions, either individually or at sector level.

John Mason: Thanks for that.

Will Moy, your example involved pregnant or potentially pregnant women and the varying advice, which kept changing. I want to explore that example a bit. As I understand it, when the vaccines first came out they had not been tested on pregnant women. It was said that, logically, pregnant women would not be getting the vaccine to start with. That put a question into people's minds that perhaps it was dangerous for pregnant women. Perhaps you can respond on this, too, Dr Holford—on this point about acknowledging uncertainty and avoiding false certainty. In a sense, that did happen with pregnancy—people acknowledged the uncertainty—but that in itself created a problem, did it not?

Will Moy: Yes—I think that that is fair to say. There is a difference between saying, out of an abundance of caution, and although we have no reason to believe that there is a risk, "Hold off a bit for the time being," and then running some special tests in order to give people the best possible advice, and saying, "Here's the vaccine. Pregnant women: don't take it." The public health messaging was much closer to the second of those.

That naturally plants a seed of doubt in reasonable people's minds. We are talking about a time and a situation where everybody is more health conscious than at almost any other time of life: everyone wants to protect their child.

There is then a series of specific questions. For instance, can the vaccine cross the placenta into the fetus, and what effect would that have on the fetus? There was a lot of uncertainty about that. There were good scientific reasons to think that various answers were true. However, that all needed unpacking. The issue is not just about, "Should I have the vaccine?" but, "What effect will this have on my child?", and then there are lots of practical questions, such as, "When in pregnancy can I have the vaccine?" and "Should I have a second dose if I've already had a booster?"

Tracey Brown's point about community engagement is crucial here. It would have been good to have somebody, somewhere in the system, whose job is just to think about a particular demographic group, such as young or youngish people who might be having children, and ensure that we have thought a policy through from their point of view, and to have somebody else whose job is to think about it from the point of view of schools and so on. It is not obvious that that conversation was happening. I wonder whether there is a lesson in that about stakeholder engagement and two-way dialogue.

John Mason: I have one final issue to raise. Last week, people from the Royal Society of Edinburgh was giving evidence at an informal session, and they were quite keen on the idea of some kind of independent fact-checking service. Maybe that is what some of you feel that you are doing—people can check with you. Is that something that we should be looking at?

Will Moy: Full Fact is the UK's independent fact-checking service and we absolutely believe

that there should be a fact-checking service for Scotland specifically. I am hugely disappointed that I cannot come here and talk to you about specific examples from Scotland, how the Scottish institutions performed, and so on. Although some of our staff are based in Scotland, the value of having a Full Fact Scotland, for example, which would be based in Scotland, dealing with the Scottish Parliament, the Scottish Government and Scottish institutions and players, is something that we really believe in and have tried to explore with funders before. We are very open to working with the Parliament to try to develop a fact-checking service in Scotland, of Scotland, for Scotland.

It is really important to stress that fact-checking is not just about publishing fact checks. It is about being a first responder to misinformation; it is about helping other institutions to understand the role that they can play in reducing the harm that misinformation does by engaging with that full pipeline of good information and having conversations such as these ones, which can help to ensure informed and improved public debate.

John Mason: Thanks very much. We are beginning to run out of time, I think, but Mr Hood, do you want to come in next?

Callum Hood: Just very briefly, CCDH is not primarily a fact-checking organisation but we are part of an ecosystem of organisations that look at the problems of misinformation and disinformation, and the work of people such as Will Moy at Full Fact is really important. It is really useful to us to have, as he says, a first responder that is able to check some of the most prevalent misinformation and disinformation narratives out there and it helps us to do our work, holding platforms to account on their role in the spread of misinformation and disinformation. Fundamentally, therefore, such a service seems like a good idea to me.

John Mason: Thanks. Tracey Brown?

Tracey Brown: I am not going to repeat what has been said but, related to this, one of the recommendations in our "What Counts? A scoping inquiry into how well the government's evidence for Covid-19 decisions served society" report is that there should be a publicly responsive trials unit. It needs to be scoped out as to whether there needs to be one in each of the Governments of the UK but the idea is that people could, as things are unfolding around them, say, "This is raising questions; does the Government have answers for this?". Also, MPs and MSPs could do that.

We need the opportunity to be able to ask, do we have the information available and are we gathering it? Sometimes we cannot just respond to misinformation because we do not know—we have not got the stuff at our fingertips. We need to be running more trials. If someone is alleging that masks are causing harm, or that ventilation does not work, we need to be running trials as those things are rolled out.

John Mason: That is great. Thanks very much.

The Convener: I thank all the witnesses for their evidence and for giving us their time. If you would like to raise any further evidence with the committee, you can do so in writing, and the clerks will be happy to liaise with you about how to do that.

I will briefly suspend the meeting to allow for a changeover of witnesses.

10:14

Meeting suspended.

10:19

On resuming—

The Convener: I welcome our second panel: Dr Nick Phin, who is organisational lead for strategic engagement and policy at Public Health Scotland; Stefan Webster, who is regulatory affairs manager at Ofcom; and Ed Humpherson, who is director general for regulation at the Office for Statistics Regulation. I thank you all for giving us your time.

As I explained to the previous panel of witnesses, today's meeting is the committee's first evidence session in our inquiry. There will be a further session on 23 June, before we hear from the Minister for Public Health, Women's Health and Sport on 30 June.

Each member will have approximately 10 minutes to speak to the witnesses and ask questions. I invite the witnesses to introduce themselves briefly, starting with Stefan Webster.

Stefan Webster (Ofcom): I lead on Ofcom's work around broadcasting and online content in Scotland. There are three areas of Ofcom's work that I suspect will be of particular interest to the committee's inquiry. One is our role in enforcing standards across TV and radio, in particular with regard to how they adequately protect audiences from harm and offence; that was obviously heightened during the pandemic. Secondly, we have a duty to promote media literacy around the UK, which is about how citizens are digitally engaged and are smart and savvy online, and how platforms design themselves to ensure that they are accessible to as many people as possible. Thirdly, Ofcom has been named as the UK online safety regulator in the UK Government's Online Safety Bill, which is currently making its way through the UK Parliament.

Dr Nick Phin (Public Health Scotland): Good morning. I am currently director of public health

science and medical director at Public Health Scotland. For the past 20 years, I have been involved in communicable disease control at both local and national level. I moved to Colindale in London to work with the Health Protection Agency in 2007, and I ran the pandemic flu office for a number of years. I was one of the incident directors during the 2009 pandemic, and I have subsequently been involved in a number of major incidents of infectious disease throughout the life of HPA and Public Health England.

Latterly, I was the director of the centre for communicable disease control in London. We then had a reorganisation, and I was deputy director for the infectious disease service. At the start of the pandemic, I was one of the two incident directors for Public Health England. I moved to Public Health Scotland in January 2021 to take up my current post, and I have been involved in leading the PHS Covid response since then, so I have seen both sides.

Ed Humpherson (Office for Statistics Regulation): I am head of the Office for Statistics Regulation. We ensure that statistics serve the public good, and we do that by setting the standards that any Government department or agency anywhere in the UK must follow when they collect, present and communicate statistics and data. That is done through a statutory code of practice, which has three principles: trustworthiness, quality and value.

We step in either where statistics are not available, so there are gaps, or where they are presented inappropriately. In the context of debates on misinformation, which we are talking about today, our role is quite focused: it is about the public's right to access high-quality official statistics and data. That is what the OSR is here to safeguard and preserve.

The Convener: That is great—thank you. We turn to questions; I will ask the first one. Stefan Webster, with regard to enforcing standards, has misinformation increased during the pandemic or has it always been there?

Stefan Webster: Unfortunately, we do not have a huge amount of data on that. When we were expected to become the UK's online safety regulator, we commissioned some research, in 2019, to look at the harms that were prevalent online. Back then, we found that misinformation was up there as the third most cited source of harm. We would have liked to continue that research—it would have been an interesting trend set going into the pandemic, but we were not able to carry out comparable research, given that we have been unable to do face-to-face interviews and so on since then. We do not have reliable trend data since before the pandemic.

People cited coming across misinformation most often in the early stages of the pandemic. That levelled out over the following two years, albeit that there were still issues. The issues that we saw were different as time went on, as well. There was an interesting trend within the pandemic, but I do not quite have the evidence base to say how it has changed between the pre-pandemic period and now.

Dr Phin: No.

The Convener: That is interesting. I remember that, in the beginning of the pandemic—probably going back to March 2020—there was a lot of social media content about what Italy was going through. Then, all of a sudden, it just disappeared and you could not get any information from that either.

Does anyone else want to respond to the question?

Dr Phin: I have had responsibility for vaccination in England and, now, Scotland. We tend to see a lot of people with strong views one way or the other on vaccines and those people tend to broadcast their strong views using social media. If you compare the number of social media sites that promote vaccination with the number where the view is against it, the result is staggering: it is about one to 100. I am paraphrasing because the number is constantly changing, but suffice it to say that there are many more sites promoting messages against vaccination than there are promoting it.

Since the measles, mumps and rubella vaccine scare back in the late 1990s or early 2000s, we have been struggling against that. There were people who almost saw the evidence from Wakefield as a banner or rallying call. As a consequence, it has been an uphill struggle to put forward the facts. The way that the matter has been approached has by and large been to stick to the facts, not directly confront people and, over time, provide evidence that people can see. However, I have seen a lot of anti-vaccination messages around for a number of years.

Ed Humpherson: I do not have any more evidence than Stefan Webster. However, I have a perception that I will share, which is that the pandemic concentrated our attention on one issue on which misinformation was particularly rife. That is more plausible than saying that there was a sudden surge in the volume of misinformation. It was more that everybody, not only in our society but around the world, was looking at one issue and that that not only highlighted all the data and statistics but shone a light on the extent of misinformation.

The Convener: Dr Phin, what has been done in Public Health Scotland to evaluate public health communication throughout the pandemic?

Dr Phin: It is important to state that, when the pandemic started, Public Health Scotland's role was mainly advisory. It provided the information and data. The Scottish Government took control of communication, which was the role that many Governments took on, to try to ensure a consistent, single version of the truth. That is incredibly helpful when you are trying to provide factual information.

Throughout the pandemic, we have conducted a number of surveys. I am happy to give the committee links and the reports that demonstrate that. Those surveys tried to identify the effectiveness of the message and identify communities in which it was problematic. We have used the data on, for example, vaccine uptake and the number of cases to focus in on those communities, which are usually in areas of deprivation where there are minority groups.

The task is to provide information that is culturally and linguistically sensitive and work through community leaders, which happened as the pandemic evolved. Initially, there was information sharing. Then, it was appreciated that working with leaders in a community—sometimes faith leaders—and giving them the information was a key way of providing information to certain communities. They were respected individuals who spoke with authority and to whom people would listen rather than some of the standard means of communication. We had information that there were problems with the blind and with the deaf, so we tried to provide appropriate material to address that. Again, I am happy to provide some examples if the committee would like that.

10:30

The Convener: That is helpful. I remind people not to name individuals during the evidence session.

Murdo Fraser: Good morning. I will follow up the convener's questions to Dr Phin. I am interested to hear that your perspective has changed because you were working south of the border and moved north during the pandemic, so you have a double interest.

With regard to how effective the public health campaigns were, I remember that there was quite an effective slogan from the UK health department—"Hands. Face. Space". I do not know whether that was your brainchild—no. However, in Scotland, we had FACTS. I am yet to find anybody who could tell me what "FACTS" stood for. Can you help me out? Can you remember what "FACTS" stands for?

Dr Phin: I have to say that I was south of the border at the time, and I am afraid that I cannot. [*Laughter*.] However, in answer to your question, communications were very much centrally led. We would provide the advice, and the "Hands. Face. Space" slogan was developed by the Cabinet Office and the Department of Health and Social Care. We provided the facts, and they then tried to make it into something memorable.

Murdo Fraser: Yes. I am sorry—that was a rather unfair question on FACTS. The point that I was trying to make is that it was designed to be a simple message but, in fact, it ended up being unduly complex. I will follow up on the convener's question: is work being done to understand how effective that sort of message was? Did it cut through to the public? Was it easily understood?

Dr Phin: The other thing that I want to say is that Scotland does not work on its own—we work as part of the UK—so we contribute to the Scientific Advisory Group for Emergencies, or SAGE. We also have an input to the scientific pandemic insights group on behaviours, or SPI-B. We look very much to those committees and groups to advise on the best approach that we can recommend. A number of evaluations have been carried out. I do not have them to hand, but I am happy to provide the committee with those at a later date.

Murdo Fraser: Thanks. With the previous witnesses, my colleague Alex Rowley touched on the issue of how messages are communicated. We saw regular briefings on television, particularly in the early part of the campaign. Have you made any evaluation of who were the best communicators of those messages? We saw politicians—Boris Johnson and Nicola Sturgeon—giving the messages, and we saw people such as Jason Leitch and, down south, Chris Whitty giving them. Did people take the messages better from politicians or from medical professionals?

Dr Phin: I do not know of any specific evaluation that has been done during the pandemic, but I am aware that work has been done with the public about who they trust. Consistently, doctors and medical professionals have rated very highly, with a trust rating of 70 or 80 per cent, I think. Politicians tend to be in the lower half of the curve.

Murdo Fraser: That is very diplomatically put.

Ed Humpherson: Dr Phin is referring to the Ipsos MORI veracity index, and those are indeed the findings.

Murdo Fraser: I would like to bring in Stefan Webster to speak about Ofcom's perspective. Throughout the pandemic, there were stages when Scotland and the rest of the UK were doing things at different times and the rules were

changing. Therefore, people would watch the 6 o'clock news and hear a message from Chris Whitty or the UK Government saying one thing and then watch the Scottish news and hear something different from Nicola Sturgeon or Jason Leitch. Is there any evidence that that caused confusion for the public? Was that identified as a problem?

Stefan Webster: I am not sure whether any specific research went into that. Regarding the mediums that were used, I can see that there was logic behind using television as a way to reach a mass audience quickly. Throughout the pandemic, we asked people where they were getting their news about Covid-19 from, and three quarters of the online population in Scotland were using the BBC initially. The second most cited source was other traditional broadcasters, such as STV, Channel 4 and Sky News, followed by social media and official sources. There will be differences between age groups within that.

There were huge audiences for the news shows that you mentioned. "Reporting Scotland" and "STV News at Six" both had record viewing shares throughout 2020 and into 2021. The BBC's decision to carry briefings was a good way to get messages across, and the use of commercial advertising was another way to do that. There was clearly logic in doing that, albeit there is typically an older audience for TV. We watched a lot of television in Scotland across the year in 2020: more people watched television in Scotland than in any other UK nation.

Murdo Fraser: Just for clarity, does Ofcom have any role in policing what is on the internet? Do you have any locus in that?

Stefan Webster: Not at the moment. You will be aware that the UK Government has an Online Safety Bill—I think that its committee stage has now begun at the House of Commons. That will give us a role in holding social media platforms to account in how they protect their audiences from a range of harms. That is very much a live issue.

Alex Rowley: Good morning. A member of the previous panel talked about us as a country being unprepared on communications. Lots of planning went into different emergencies. There was criticism that we were unprepared for Covid because we were more prepared for a flu-like disease. That witness said, however, that we were unprepared on communications. Do you agree with that? If so, what is it that we need to learn, and what do we need to be better prepared for?

Stefan Webster: I go back to what I said previously. We are very lucky in this country. We heard earlier about some places abroad where trust is not so high in traditional media sources. We have trusted, accurate, impartial news in Scotland. It is well regarded and highly viewed, so using that as a medium to get messages across makes sense—albeit that that gets a particular audience, and there are challenges with fragmentation that mean that we need to use other sources, too. I am not sure how well that is understood when it comes to reaching younger and underserved audiences, as Dr Phin mentioned earlier.

Ed Humpherson: Looking at where we have ended up with the presentation and communication of statistics, and as evidenced more broadly, we have a fantastic mechanism called the daily dashboard, which is now in place. It has had more than 45 million hits in Scotland. It is very helpful, and allows people to drill down to local level. There is a clarity of definition around what is meant by a case, by hospitalisation or by a death—unfortunately. There is an understanding about the need to focus on excess deaths, and your committee has indeed been discussing that. More broadly, there are now mechanisms for getting the science advice that Government receives into SAGE, as Nick Phin mentioned, and getting it promptly into the public domain.

All those things that I have just mentioned—bits of infrastructure, definition, technology and data collection—have been developed in an iterative way through the pandemic. One lesson to learn is that those things should be kept in mothballs because, even if we do not need them on a daily basis right now, they are the infrastructure that helps with the rapid, efficient and—I think—effective communication of statistics and data to the public.

All of which is to say that none of those things was in a game plan on 1 March 2020.

Dr Phin: It is an interesting question. The question probably is, prepared for what? The first severe acute respiratory syndrome-related incident was back at the turn of the century when we saw—as it was at the time—SARS-CoV, or SARS-associated coronavirus. That disease suddenly raised people's awareness of the pandemic potential; the previous pandemic had been back in 1969 in the form of an influenza pandemic. Although it raised the profile, however, there were relatively few cases from that pandemic at global level and it was controlled within a reasonable period of time.

We then saw the emergence of H5N1, which was an avian flu. That suddenly rekindled the prospect of us seeing a pandemic potentially similar to the 2018, 1890, 1958 or 1969 pandemic, which were all flu related. The theme at that time was therefore flu.

I was part of the World Health Organization advisory committee looking at pandemic planning,

and everyone recognised communication as a key issue. We had recognised that since the 2009 pandemic; in fact, one of WHO's themes is crisis communication.

The pandemic flu plans that were developed by the UK in 2011 had a strong emphasis on communication. I also know that the UK Government was prepared for the 2009 pandemic; it had bought stocks of paper that were stored in a warehouse so that, when it was decided appropriate, a letter could be sent to every single household in the UK letting them know what was happening and providing them with information. A lot of thought had therefore been given to communication being ready; paper was stockpiled and drafts were being written. However, in this particular instance, it was not the expected scenario.

Over the past eight years, the thinking has changed, in that it moved away from a pandemic. That change suddenly opened up thinking to other issues. Then, in 2018, WHO brought in the notion of disease X as a communicable disease with the potential for a pandemic. Given the time that it takes for some of those things to develop and evolve, it was unfortunate that, in 2019, we saw the emergence of SARS. Taking the disease X approach, which had a very strong emphasis on crisis communication, could potentially have put us in a better state. The timing was therefore unfortunate. Everything was focused around a flu pandemic, which was thought most likely, and communications were formulated around that as well.

Nonetheless, a lot of thought had gone into what would be needed for communicating, and we were able to activate that reasonably quickly. Ordering several hundred tonnes of paper is no mean feat. Thinking strategically to ensure that it was stockpiled was therefore part of the thinking.

Alex Rowley: I will ask Stefan Webster a brief question. Television was the main form of communication, and the success of that was seen in the uptake of the vaccine, despite all the misinformation on social media. However, was there a balance? The First Minister did a press conference near enough every day, and the viewing figures show that the majority of people very much wanted to hear what was happening. However, there were people who said that there was political bias, and the odd bod went to the BBC and tried to create problems. In a crisis in which we need to communicate and politicians are communicating, but other politicians say that they are getting an unfair advantage, where does that leave you? How did you deal with that, and how do you deal with it?

10:45

Stefan Webster: We did deal with that. Obviously, people expressed their views to the BBC about its coverage of the briefings, and those views made their way to us, as well.

Throughout the pandemic, the main area of the broadcasting code that we focused on was that on protecting people from harm and offence. There was a different issue in relation to the Scottish Government's briefings; that was a due impartiality question.

Typically, we have a BBC-first approach to dealing with complaints, which is unique for the broadcasters that we regulate. That means that we would expect the BBC to investigate and give its own view on whether it has breached the broadcasting code on those grounds before Ofcom would look at the complaint. That happened. The issue came to us, and we looked at a number of Scottish Government briefings over a period of time and decided not to investigate them, as we felt that there was sufficient challenge.

Due impartiality does not mean that the same amount of time needs to be given to one view and the other; rather, it is about context. In the example briefings that we assessed, we felt that sufficient context and challenge were presented to the Scottish Government, including through the questions from journalists that came at the end of many of those briefings. The BBC also changed its approach at some point and introduced other expert views and occasionally also Opposition politicians to give additional views and context to what people had heard in the update. In our view, the BBC therefore upheld its requirement to report with due impartiality throughout the pandemic.

John Mason: I will follow on from that line of thinking around contentious issues and debates on social media. Vaccines are an obvious contentious issue, although I think that the majority of people were for them, so let us take the issue of masks instead. That is maybe a bit more of a grey area. People have said that some masks are useful and some are not, that no masks are useful, or that masks are very useful. How do you expect the broadcasters to deal with that? Should they give time to the anti-vax and anti-mask people as well?

Stefan Webster: Freedom of expression is really important when it comes to broadcasters. There is also the distinction between the regulated TV and radio sector and social media.

Broadcasters are rightly free to discuss any issue that they wish to discuss. They can challenge conventional wisdom. In a public health crisis in which a lot of restrictions were put on us, it was only right that they questioned things and the

decisions that were being made. However, if they are going to do that, they have to do so in a way that provides context, does not undermine public health information and, ultimately, protects audiences from harm. We made that very clear to broadcasters by issuing guidance early on in the pandemic. There is a success story from TV and radio in that, of all the thousands of hours in which they covered Covid-19 from March 2020, we found only eight programmes that were in breach of the broadcasting code for not sufficiently doing that, and those were minority interest channels that were probably not high reaching. Nonetheless, they did not provide the level of protection that we expect a broadcaster to provide.

It is a very different story on social media, which is not a regulated sector, and there are not the same kind of requirements for it.

John Mason: You said that broadcasters have to broadcast in a way that

"does not undermine public health information".

However, the advice changed as we went along. In relation to masks, for example, some people claimed that they would harm us, because we would keep all our bugs and get more of them—or that kind of thing. What is the balance there? Perhaps the public health information has been wrong. What will happen then?

Stefan Webster: The context is important. It is fine to challenge and question things, but it is about making clear where the evidence is. If there is evidence and official information, the full range of information should be made clear to audiences, and broadcasters should, ultimately, go back to what the evidence says is reliable.

John Mason: Okay. Thanks.

Dr Phin, when you were answering the convener's questions, I got the impression—correct me if I am wrong—that you were basically saying that the job of Public Health Scotland is to present the facts, not really to counter the misinformation, and simply to hope that the facts will eventually win out.

Dr Phin: I do not think that it is a matter of hope; I think that that is what experience has shown. That approach was taken with the MMR scare back in 2000. Basically, it was felt that engagement raises the profile of the issue. Invariably, there is a risk of gathering in more people who support the notion that there is a potential problem with the vaccine. The experience involved not engaging directly with those individuals but continuing to promote—through evidence and research, where possible—the message that vaccination was really important, using any opportunity that we had.

We would do that through our web page, where information was contained, However, that approach depends on people visiting that web page. One of the commentators in the previous session mentioned that 35 per cent of people were looking at the UK Government's website. That is an extremely high percentage for something that is often considered to be rather dry and difficult to use.

The approach was not to engage directly, but to continue to provide good and reliable evidence from a trusted source. That trust is really important.

John Mason: Would you expect other people, such as politicians, to counter the misinformation, or do you think that none of us should do that?

Dr Phin: No. I would hope that politicians would counter that. Certainly, we did briefings and information was provided. The chief medical officer briefed and provided information. I do not think that there was a concerted effort to engage politicians and use them as a force. Maybe we should consider doing so in the future, but I am not aware that that was a deliberate policy or objective.

Ed Humpherson: It is very important to be timely and effective in responding to misinformation, but there is an art to doing that. One thing that we have learned through our work with official statistics is to avoid overly repeating the thing that we think is wrong, because doing so gives it more oxygen. A much better approach is to reassert what we know to be right.

I will give a concrete example. A couple of months ago, in a Parliament 400 miles or so south of here, an MP asked me a question about a figure that I regard as grossly misleading. I said that I refused to repeat that number back to him, because I disliked it so much. I then said three or four times what the correct number was. That was important because, if I repeated the number, I would just be giving it more attention and oxygen. It is much better to re-emphasise the appropriate interpretation—the correct figure—than to retread the way through the misleading figure. Does that make sense?

John Mason: It does, but it leads me on to one or two further questions. Is it part of your role—or that of your office or your colleagues—to tick off or challenge organisations that misuse statistics or data, or that come up with false ones?

Ed Humpherson: Yes, but that is subject to fairly clear conditions. We want the public to have confidence in the statistics and data that are produced by the Scottish Government, the UK Government, all the departments and so on. The main way in which there could be a lack of confidence is through the figures not being good,

because they lack quality or are not relevant to people. That is where most of our work takes place—upstream of the things that we have been talking about today. It is to do with the collection of data, the methodology, and what questions the data seek to answer.

One risk factor that is a subject for today is the possibility that the presentation of the statistics is directly misleading in relation to what the underlying statistics say, or creates the risk of others reaching misleading interpretations. In such circumstances, we step in. We have done that repeatedly during the pandemic, usually by addressing to the relevant Government department a public statement from me or one of my colleagues.

John Mason: How does that work? Do you have a relationship with Ofcom or with the BBC?

Ed Humpherson: We certainly have a relationship with Ofcom. We meet it periodically and exchange cases. We say what we have been looking at and how we are reading it, and ask whether it reads it in the same way. Even though Stefan Webster and his colleagues have a different locus of responsibility, in looking at broadcasters, the underlying judgment space is quite similar—what we are forming judgments on, what evidence we are drawing on, and what criteria we are using. There is a very healthy professional exchange with Ofcom, as there is with the Advertising Standards Authority, which undertakes a similar role in its context of advertising.

John Mason: Okay. I come to my final question. Last week, the Royal Society of Edinburgh suggested to us that it would like there to be an independent fact-checking service. Would that just duplicate what you are doing, or might it be useful?

Ed Humpherson: It would be tremendously useful and a fantastic complement. When we work on how the UK Government has collected or presented statistics and data, we have a good alliance, particularly with Full Fact, from which you heard earlier, but also with a range of other fact-checking organisations that look at facts and information that circulate at the UK media level. That is great. They are first responders, to use the very nice phrase that we heard earlier, and they sometimes bring our attention to things about which we will say to a Government department that there may be an issue.

We do all the same activities for Scotland. We have a team that is based here, and we are just as active here. Members can see from our website how many things we have done that involve Scotland. However, we do not have the counterpart of the first responders—that broader civil society ecosystem—to form an alliance with. I would say that that would enhance the effectiveness of our work, but who really cares about that? It would enhance the quality of public discourse in Scotland for the Scottish people and would therefore enable statistics to better serve the public good. That is a long-winded way of saying that I very strongly support that suggestion.

Brian Whittle: Good morning to the panel. It is good to see you in person.

I will start with Mr Humpherson. I have long talked about the need to create systems that are not just a collection of data. Our ability to collaborate, communicate and use the data in the most effective way is not where it should be, not just in Scotland but in the rest of the UK. The pandemic has highlighted to a great degree that we need to do better. Where are we with that? What lessons have we learned? What actions have been taken to increase our background information technology system, which allows a colossal amount of data to be gathered and collated?

Ed Humpherson: In our remarks so far, we—I, at least—have focused a lot on the data that were collected, presented and used. However, just as important are the gaps—what was not available—and how to address those.

We saw in Scotland three salient and significantly worrying gaps. One was in the data on social care, which covers not just care homes but all recipients of social care, whether they are in a care home setting or in a domiciliary context, at home. The second gap was in what was going on in the primary care sector—for example, people presenting to general practitioners—as opposed to the core national health service system. The third gap was in statistics and data on ethnicity in particular, to understand different impacts on different communities.

The first two of those gaps in particular speak to a pattern of public service delivery that tends to focus more on the collection of operational data for the delivery of the acute end of the NHS, on which there is an awful lot of focus, including tremendous attention to waiting lists, resources and so on; there is much less focus on the things that are going on out in the community. Since time immemorial, Audit Scotland reports have highlighted that imbalance between the acute sector and the community, primary and social care sectors.

There was a time—2017 or 2018—when only we were saying such things. We would do reports and firmly—perhaps aggressively—say that that was a problem that needed to be fixed. The good news is that there is now much more widespread recognition of the things that I have just mentioned

within the NHS and Public Health Scotland, which is doing good work on social care in particular. We need to get on and fix those gaps and ensure that the data are collected, that they are usable and accessible, and that they are explained. I would not say that the job is done, but at least it has been started.

11:00

Brian Whittle: I want to follow that up with you, Dr Phin—it would be remiss of me not to, given that you represent Public Health Scotland, which was mentioned specifically in an evidence session that we held last week. We took evidence in private and one of the professors, who is a Government adviser, told us was that it was so hard—indeed, almost impossible—to get data from Public Health Scotland that they stopped asking for it.

I am not in attack mode, so I do not want you to be in defence mode. I am raising this because we need to look back and learn, and look forward to how we deliver better services and communications. Given what we were told, what is Public Health Scotland doing to improve access to data and find a better solution?

Dr Phin: Without being defensive, I do not recognise that. We have been working with various organisations, such as Health Data Research UK, which is trying to develop research networks and improve access to research data. We have used various resources and donated money to improve infrastructure that allows data linkage, which is one of the key factors in drawing together all the disparate information systems, so that we can try to use them to answer some key questions.

There was a system, which was a joint initiative between Public Health Scotland and some of the Scottish universities, called EAVE II. Forgive me: it actually has two names. It was first called the early pandemic evaluation and enhanced surveillance of Covid-19 project, and then became the early estimation of vaccine and antiviral effectiveness project—EAVE II. The project was born out of the 2009 pandemic and was activated at the beginning of the Covid pandemic. Essentially, it tried to bring together data systems and provide researchers with access to data in secure environments, which is key, to allow them to do their research.

Obviously, we get requests for data that we have to reject because they would breach patient confidentiality or are considered unethical. There may be a variety of reasons for rejecting requests, but we have another system called the electronic data research and innovation service—eDRIS—which works with the research community to try to channel researchers in a way that means that the research is done to a high standard.

That is one of the reasons why I do not recognise the point that Brian Whittle raised. We have systems in place to facilitate access to research. There are blocks on research, but we are gradually overcoming those that relate to systems. However, we have to recognise the need for confidentiality and a patient's right to privacy, and we cannot give unfettered access to all the information that we have. In places such as China and Russia, there are systems that can tell you what the citizen does. I am not suggesting that we go down that route—there are issues around patient confidentiality that we have to respect.

Getting access to primary care data has been an issue in Scotland and England. In Scotland, researchers have had to ask each practitioner for permission to access the data; there are a fairly large number of practices, so that is quite time consuming. In England, a regulation was passed and the information had to be shared.

There are slightly different approaches, but we definitely want to work with researchers. We have co-published many pieces of research with academia and researchers, and much of our work is based on having the research in order to develop good evidence and guidance.

Brian Whittle: It would be really interesting to get the two of you together, as two significant players in this area, to understand where the disconnect is.

I have one further small question, following on from my colleague John Mason's question, about how television and radio put information across as the science evolves. Early in the pandemic, Jason Leitch and Nicola Sturgeon said that the evidence for masks was not there. Of course, as the science evolved, the evidence for masks was there. Early on, those working in the public health environment would be saying that we should be careful what we say to people, but things can completely change. Are you susceptible to a certain amount of criticism, especially around free speech, if you prevent people from saying something that becomes the reality a wee bit later on?

Stefan Webster: In that particular example, context is key, although I cannot remember the specific discussions around it. Accepting that the situation is fast moving and that things are changing, that is the context that you would be looking to provide to the audience.

If I may also respond on the points that have been made around data, we all agree about the importance of good data and evidence-based decision making—that is something that we do at Ofcom, too. As important as having good data is having the skills to interpret it and to understand

what is going on. There is a skills gap, and that is where media literacy comes in.

In the adult population online across the UK, 6 per cent of people believe everything they see. Around a third of people do not question truthfulness, or they do not know things and just take them as read. Returning to Mr Mason's point around fact-checking sites, there is clearly value in having them, and indeed we linked to them throughout the pandemic. However, if people do not have the skills to understand what those sites are saying—or even to get online and get to them—they will have limited impact.

Jim Fairlie: I refer to my original question to the previous panel. SciBeh's evidence states:

"The key challenges of communicating public health messages during the pandemic relate to maintaining public knowledge of and trust in quickly changing information and combating misinformation."

It goes on to say:

"Underpinning the evidence and recommendations in this statement is the critical role of public trust in institutions during a crisis. It is important to bear in mind how to tackle any challenges while maintaining public trust in health authorities and governments."

Trust, quality and value are the things that are highlighted. I therefore come back to the point that I made earlier: none of what we are talking about matters if the public do not trust what they are getting. This is now becoming politicised. Right at the start of the pandemic it was not; there were no political arguments about it. However, it is now politicised: we might sit in the chamber or in this committee, and it gets political.

We currently have a breach of trust in the UK Government because of the Prime Minister. I am genuinely not trying to make this political, but we are not out of the pandemic—there are still things happening and there could still be another variant—so, given the situation that we are in, how do we regain the level of trust that we had at the start of the pandemic? Everything else that we are talking about is utterly irrelevant if the public do not trust what we are telling them.

Ed Humpherson: I have been racking my brains to think of a way of answering by quoting a Jam lyric—I am sorry if I do not come up with one. Anybody who has been listening only to the second part of this meeting will be thinking, "What is he talking about?" I will see what I can do.

We start by thinking about what it is that supports public confidence in statistics and data. However, I think that the answers that we come to have a broader reach and could provide some answers to the bigger questions that you are asking. Those are not really my responsibility, but we are not shy about saying, "Actually there's something quite good going on here. We think it could have broader elements."

Therefore, what have we learned? We have learned that it is no good just putting the numbers out. If you do that—we use the phrase "dump the numbers out"—you run into the problem of confusing people as well as some of the literacy issues that Stefan Webster mentioned. You also create the risk that other people can then tell their stories when you are not there to rebut them with the correct interpretation. Finally, you lose any benefit of making available definitions and what, in statistics, we call metadata—information about the way that the data are compiled—so that other people can pick up the data, use them and create useful insights. During the pandemic, there were a lot of armchair epidemiologists interpreting the data.

Therefore, what do you need to do other than just dump the data out? You need to make the data accessible and downloadable. You also need to be very clear on the interpretation that the professional statisticians are putting on it—what they think it means and what they think it does not mean. There are examples of where that was not done—where we were not clear about what it did not mean—which led to subsequent episodes of misinformation. You also need to pay attention to what we call quality—you pay attention to the strengths and limitations of the data—and value, which is about engaging with an audience, understanding what it wants to know and how your statistics and data serve that.

If you pay attention to trustworthiness—by committing to openness and transparency—as well as to explaining quality and the conversation around value engagement, you get the kinds of results that we got from the excellent Public Health Scotland dashboard, which commanded public confidence. Tracey Brown's figures for the number of people who visit Government websites and the ONS website are entirely relevant to Scotland as well.

Therefore, on the TQV—trustworthiness, quality and value—model, those principles of openness and transparency, explanation and engagement are really powerful beyond the communication of data and statistics. For health information and policy choices those are really good guides. In answer to your question what we can do, I would say that you should pay attention to the TQV model.

Jim Fairlie: Tracey Brown said that the science that fed into the policy was restricted by the questions that politicians asked of scientists. This might be a question for Dr Phin. With regard to the whole trust issue, if I were a conspiracy theorist, hearing that would make me ask, "Are the politicians only asking the questions that they want

the answers to?" Is it factually correct that scientists answer only the questions that politicians put to them and in the way that politicians put them?

Dr Phin: No. We try to give a rounded, objective assessment of the situation. Clearly, there are policy issues for which specific information is wanted, and we try to provide as rounded and objective evidence as we can. Once people have that information, they might choose to interpret it differently. We see that with the media a lot. They will take a statement and project it one way or another, sometimes to capture people's attention and get them to read or buy the newspaper. It is tricky. Particularly with statistics, we have always tried to ensure that statements are rigorous and robust. If there are errors, we will admit that and change them as quickly as we can. We do that with the information that we have. If we find something that needs to be corrected in our material, we will correct it as soon as we can, which is usually within 24 hours of identifying it.

The issue of trust is really interesting because, once you lose it, it is incredibly difficult to get it back. I put a lot of effort into that**,** and I will not get myself into a position where we are saying things that are counter to what I know to be right or that are wrong. We will provide objective information, but, ultimately, we have no control over how that is used or interpreted. The media are a very good example of that.

Jim Fairlie: That takes me straight on to a question for you, Stefan. My question relates to how the messages were put out and how the media were used. In this country, television is trusted, but print media not so much. That applies on both sides: there are certain papers that I will not buy and there will be folk who go the other way. Is public ownership important for people to be able to trust the information that they get from television?

11:15

Stefan Webster: Public ownership as in what?

Jim Fairlie: Public ownership of the media.

Stefan Webster: You are right to point out that our broadcasting is hugely trusted. When we ask audiences what the most important value of public service media is, they tell us that it is accurate and impartial news. That is what they want to see from their broadcasters. The distinction between broadcasters and newspapers is that broadcast news is a high-reach and highly trusted platform. Newspaper sales have been on a downward trajectory for many years, as has TV viewing, although to a lesser extent.

No one thing will stop misinformation, but the best counterweight to it is accurate and impartial news. We have that in this country with our broadcasting and we see that with the way that audiences flock to it at moments of huge importance. We saw that at the start of the pandemic and even this year: when the invasion of Ukraine began, interest in news across our public service broadcasters went up as well. We have accurate and impartial news and we should look to maintain it in our public service broadcasting sector.

The Convener: Dr Phin, given all your experience and your background, did you ever envisage the scale of Covid-19 that hit us in March 2020?

Dr Phin: No. We were preparing for the pandemic, but we put in place measures that we thought would be reasonably effective in trying to control the spread. There was a large stockpile of personal protective equipment. The planning was based on flu and, therefore, was for 12 weeks, which is what we would expect and what we had seen with consecutive pandemics—they are rapidly escalating incidents and then they tail off.

There were antiviral and antibiotic stockpiles and equipment was stockpiled. It was all ready to be used in the event of a pandemic. We had telephone lines set up. There were call centres. There was an antiviral distribution system. There was a lot in place.

I did not expect anything like what happened. It seemed to be almost like a domino effect. Once one country locked down, every other country seemed to feel that it had to do the same. It is worth noting that other countries put an enormous amount of pressure on Sweden, which did not lock down, to do the same. Lockdown was never an anticipated response to a pandemic. We talked about potentially closing schools. Various scenarios were portrayed, but whole-country lockdown was not one of the responses that was envisaged. In that sense, it was a surprise.

Over a number of years, public health agencies have struggled because of successive reductions in resources. People think that infectious disease is not so much of an issue now. One way in which we had to change our thinking was that, in the early stages, we had to think big and think bold so that we could make a difference at that stage. That was quite a challenge, given the mindset that a number of us had adopted over a number of years.

One of the lessons that have come out of the pandemic is that we need to think about future investment and preparedness for a number of agencies to be able to communicate in order to get the data to provide the analysis to inform policy.

The Convener: I will bring in Brian Whittle, but we are very short of time.

Brian Whittle: I will be very quick.

Dr Phin, what impact did SARS and avian flu have on our thinking? I think that it was suspected that there could be 50,000 deaths from avian flu in the UK, but it turned out to be something like 464. Did that stat influence the way in which we approached this particular pandemic?

Dr Phin: The avian flu was H5N1. What you describe happened because an outbreak was identified in south-east Asia. Everyone thought that it could be the start of another pandemic because historically most pandemics have originated in the far east: south-east Asia or eastern parts of Russia. H5N1, which emerged around 2004, certainly raised the profile of pandemic flu thinking.

In 2009, we had H1N1, often called swine flu. Yes, the initial predictions envisaged a mortality rate of 1 per cent, but as we got into it, that rapidly dropped to something like 0.01 per cent, and the number of deaths that we saw in the UK and globally were not what was anticipated. That is quite important to bear in mind, because to some extent it was at the back of people's minds with Covid. They were saying, "Do we declare this to be a major emergency? Based on what happened in 2009, how confident are we?" There was a lot of hesitancy around declaring an emergency.

The Convener: We have just a couple more minutes left. I will bring in Ed Humpherson and then Jim Fairlie.

Ed Humpherson: I am not going to say that I predicted the pandemic or anything like that, as that would be completely false. However, one element did not surprise me. I used to give presentations to senior Government officials across the UK and my pitch was, "Don't think of your statistics and data as being an elite sport. It is for you, as policymakers, to come up with wise policies that enable you to run your countries well. Think of them as a public asset; they are collected from people and society, and they reflect what society is like."

I developed what I hope was quite an emotional pitch about how important statistics were to civic life, and I always saw the eyes glaze over—I think that my audience imagined that I was inhabiting some kind of fantasy land where the population was interested in statistics and looking at them every day, and using them to guide their choices. As it turned out, I was not living in a fantasy land, and that is exactly what we saw in the pandemic.

I was not surprised by that—the reason why we were saying that was because, in our work on engaging with particular people on particular issues, we could see a latent thirst for the insight that statistics and data, not just from experts but from the population in general, can provide. That element of the pandemic did not surprise me.

Jim Fairlie: I promise that I will be very quick, convener. My question is for Dr Phin. As a sheep farmer, I can say that our experience with foot-and-mouth meant that, this time around, everything shut—it stopped moving. If we have another pandemic coming, what would your advice be?

Dr Phin: If we had another pandemic, we would have to understand exactly what we were dealing with in order to give people—

Jim Fairlie: Let us assume that it is a pandemic where we do not know the outcomes or how many people it is going to kill. If we go back to that same scenario, what would your advice be on day 1?

Dr Phin: You are making the assumption that we would know what kind of pandemic we were dealing with, or indeed that it was a pandemic. Making the call that there is a pandemic is determined by the World Health Organization, and that involves gathering data over a number of weeks in order to do so.

To go back to Covid, the first indications were an unusual flu in China. We saw the genetic data that was published by China in mid-January, and we used that to say, "This is similar to SARS-CoV"—severe acute respiratory syndrome coronavirus, which was the original SARS.

From first principles, therefore, we would try to use that information to say, "It spreads in this way, and these are the effects and the potential implications." That would then guide the activities that we would advise. At that point, when SARS-CoV-2 was emerging, a decision was taken to watch and wait to see what was happening in China. You may recall that back in January 2020, China put the whole of Wuhan—40 million or 50 million people—into complete lockdown. The view was that that should restrict the outbreak to China. Based on past experience, there was a hesitancy about saying, "This is a pandemic—let us take the appropriate actions."

Of course, pandemics do not just suddenly appear—there are always the first few cases. It is about being prepared to put in place measures at borders, start to gear up what we are doing for early detection and thinking through what the policy implications might be, based on our best understanding of the organism that we are dealing with. This time around, flu was the assumption; it turned out to be something slightly different, with slightly different characteristics. For example, it spread while people were asymptomatic or without symptoms, which was not factored in for a flu pandemic, because flu is infectious when

someone is symptomatic. Understanding the organism would be key to the measures that would be taken.

The Convener: Thank you—I am very conscious that we are five minutes over. I thank all the witnesses for their evidence and for giving us their time. If anyone would like to highlight any further evidence to the committee, they can do so in writing; the clerks will be happy to liaise on that.

The committee's next meeting will be on 9 June, when we will consider the Coronavirus (Recovery and Reform) (Scotland) Bill at stage 2.

That concludes the public part of our meeting.

11:25

Meeting continued in private until 11:30.

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

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