OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Committee

Thursday 18 March 2021

Session 5

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 18 March 2021

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COVID-19 COMMITTEE
11th Meeting 2021, Session 5

CONVENER

*Donald Cameron (Highlands and Islands) (Con)

DEPUTY CONVENER

*Monica Lennon (Central Scotland) (Lab)

COMMITTEE MEMBERS

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

*attended

THE FOLLOWING ALSO PARTICIPATED:

Emma Harper (South Scotland) (SNP) (Committee Substitute)
Professor Jason Leitch (Scottish Government)
Dominic Munro (Scottish Government)
Michael Russell (Cabinet Secretary for the Constitution, Europe and External Affairs)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Committee

Thursday 18 March 2021

[The Convener opened the meeting in private at 09:12]

09:29

Meeting suspended until 10:30 and continued in public thereafter.

Subordinate Legislation

Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) (No 2) Regulations 2021 (SSI 2021/117)

The Convener (Donald Cameron): Good morning. I bring the meeting back into session.

This is the 11th meeting in 2021 of the COVID-19 Committee. This morning, the committee has already considered in private its legacy report under agenda item 1.

We have received apologies from Stuart McMillan MSP, who is attending another parliamentary committee meeting. I welcome to the meeting Emma Harper MSP, who is substituting for him. Emma, do you have any relevant interests to declare?

Emma Harper (South Scotland) (SNP): Yes. Thank you, convener, and good morning, everybody.

It is probably relevant to declare that I am a registered nurse and that I am currently part of NHS Dumfries and Galloway's Covid vaccination team.

The Convener: The next item on the agenda is subordinate legislation. We will take evidence from the Cabinet Secretary for the Constitution, Europe and External Affairs, Michael Russell; Professor Jason Leitch, the Scottish Government's national clinical director; and Dominic Munro, the Scottish Government's Covid-19 exit strategy director.

Members have the opportunity to take evidence on this week's statement from the First Minister on Covid-19. The committee will also consider Scottish statutory instrument 2021/117.

I welcome the cabinet secretary once again and invite him to make a brief opening statement.

The Cabinet Secretary for the Constitution, Europe and External Affairs (Michael Russell): Thank you for the opportunity to attend the meeting and to update the committee. I think that this is the 25th time that I have given evidence to the committee, and I think that it will be the last committee that I will give evidence to in the current session and, indeed, in my parliamentary career.

On Tuesday, the First Minister set out the details of our next steps out of lockdown. I make it clear that the delivery of those plans is dependent on continued progress in suppressing the virus and rolling out vaccines.

I can confirm that we expect to lift the current stay-at-home rule on 2 April and that we expect contact sports for 12 to 17-year-olds to resume from 5 April. We also expect more students to be allowed to return to on-campus learning and we plan to begin the phased reopening of non-essential retail then.

By the middle of April, supplies permitting, we will have offered first doses of the vaccine to all nine priority groups identified by the Joint Committee on Vaccination and Immunisation. Reaching that milestone will give us confidence to move all parts of Scotland that are currently in level 4 down to level 3. The island communities that are currently in level 3 can move to level 2 at that stage, but we intend to discuss that with those communities, as that has implications. Indeed, I have already received substantial representations on that matter—Beatrice Wishart will be in the same position.

We expect that the restrictions on journeys within mainland Scotland will be lifted entirely from 26 April, and we expect all remaining retail premises to reopen on 26 April, as well as all tourist accommodation, libraries, museums and galleries, indoor gyms for individual exercise, work in people's homes, and driving lessons to restart. We expect that the limit of attendance at weddings, funerals and associated receptions will be raised to 50 people from 26 April. From that date, six people from up to three households will be able to meet outdoors, and 12 to 17-year-olds will be able to meet outdoors, with up to six people from six households. The hospitality sector will also begin to reopen from that date, and people on the shielding list can return to work. Children and young people on the shielding list can return to school or nursery, and students on the shielding list can return to college or university.

From 17 May, indoor hospitality will continue the return to greater normality. Adult outdoor contact sports and indoor group exercises will resume, and cinemas, amusement arcades and bingo halls will reopen. We also hope that outdoor and indoor events will restart and that colleges and universities will turn to a more blended model of learning. Further face-to-face support will also resume, as will non-professional performance arts. We expect restrictions on outdoor social gatherings to ease further.

From that point, things become much less certain, but we have given an indication of what might be possible following 17 May. That is heavily dependent on the data, and final decisions will, of course, be taken nearer to the time.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) (No 2) Regulations 2021 (SSI 2021/117) are under consideration on today's agenda. The instrument amends the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 (SSI 2020/344) by making a few technical adjustments. It removes provisions concerning festive gatherings, as they have now served their purpose, and it adjusts the definition of "end of term household", so that the relevant provisions remain fit for purpose, now that term has begun. It also adjusts the definition of "professional sportsperson" and clarifies that only those persons and performers can access indoor fitness facilities, such as gyms.

SSI 2021/117 removes the requirement for child contact centres to close in level 4 areas. Guidance sets out when and how they can safely be used. It also eases restrictions on libraries to ensure that they can open for the purpose of providing free computer and internet access where an appointment has been booked.

SSI 2021/117 extends the expiry date under the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 (SSI 2020/344) and the Health Protection (Coronavirus, Restrictions) (Directions by Local Authorities) (Scotland) Regulations 2020 (SSI 2020/262) to 30 September 2021. It is clear that we are not yet in a position to allow the legislation to expire. It will be kept under regular review and will be relaxed or revoked when appropriate.

SSI 2021/117 was made on 4 March and came into force on 5 March. I hope that the committee has found that explanation helpful. I am of course happy to take questions, along with my colleagues Jason Leitch and Dominic Munro.

The Convener: Thank you very much, cabinet secretary. That is, as ever, very useful. We come now to questions. I remind members that we have approximately eight minutes each for questions, so it would be helpful if we could keep both questions and answers concise.

My first question is for Jason Leitch, the national clinical director. It concerns the news that vaccine supplies into the United Kingdom are facing a significant reduction from 29 March, due to international supply-chain issues. Will that affect the mid-April target to vaccinate all those in the JCVI priority groups in Scotland and what does it mean for the wider roll-out to the adult population?

Professor Jason Leitch (Scottish Government): Good morning, everybody. It feels like a bit of a moment to be at Mr Russell's final-ever parliamentary committee in his present role. This is a bit of a privilege. Thank you, Mr Russell, for the education that you have given me in how to be at these committees. I will endeavour to continue in that way, as I, unfortunately, do not get to leave.

The answer to your question, Mr Cameron, is that, in simple form, we do not believe, as of today, that supply-chain issues will affect the mid-April target or the end of July target. However, it is a significant reduction across the whole of the UK, and we will feel that proportionately, just as Northern Ireland, Wales and England will.

It is exactly how the system is meant to work: we check all the batches, and we have a massive global supply chain from the companies. We always said—you were fed up with us saying it—that everything was supply dependent. We have modelled this as much as we can, although we are still seeking clarity on the exact numbers. The Cabinet Secretary for Health and Sport will update the Parliament as soon as she can. Our present understanding is that we can still meet the mid-April target for offering everybody in the top nine groups a first dose of vaccine, and that we can still meet our end of July target for the whole adult population. However, that will inevitably mean that, after those top nine groups, we will just have to think about who comes next and when.

The Convener: How does that fit into the provision of second doses?

Professor Leitch: As of today, we do not anticipate that the second doses will be affected at all, because we can prioritise them. Just now, those are mainly Pfizer, because the Pfizer vaccine came first, if you recall. We got Pfizer first, we did care homes and the over-80s with Pfizer in the main—albeit not entirely—and we have Pfizer vaccine.

The other important thing to mention is that there is no suggestion from either company that the end-point number is any different. The issue concerns the lumpiness of the supply, not the total supply. It is not that we are suddenly not going to get 5 million doses; it is that the 5 million doses will come in in a slightly lumpier form than we expected.

We are as confident as we can be today. Of course, that could change, and we need to keep the modelling and all the data under daily review. We have teams of people doing that, even this morning, following yesterday's news in particular.

We are confident that second doses will not be affected in terms of the 12-week target.

The Convener: Thank you for those answers, which are very helpful. I move on to the new framework that was announced on Tuesday. From what the First Minister said, it appears that we are moving out of lockdown at a national pace. Does that mean that there is no scope for local easing of restrictions? The levels system appeared to work well and it allowed local circumstances to be taken into account.

Michael Russell: No, it does not mean that. It means that we are taking a step at a time. Clearly, there are local considerations, and local outbreaks would be taken very seriously. It would be possible to move backwards if there was a deterioration of the situation in one part of Scotland. That flexibility has remained, and indeed we will—I hope—renew those regulations today.

We require to think about the experience that we had last year and improve upon the system. We felt that it worked reasonably well, but it could always work better, and we are trying to ensure that it does. Some issues arise with islands. For example, there are islands in my Argyll and Bute constituency that are presently at level 3, but the mainland and a couple of larger islands are at level 4. How we manage that situation is a matter that we need very careful thought about. I have been engaged in that today, and others will be engaged in it over the next few days to try to get that right.

Broadly, the levels system will come back and we hope to be able to move as a nation, but there will be flexibility within that.

The Convener: My final question is more technical, and it is for the cabinet secretary. How will the Scottish Government operate secondary legislation during the pre-election period, given that some SSIs are time limited? Will there be any informal mechanism to update the Parliament or this committee on any relevant secondary legislation that is laid before dissolution on 4 May?

Michael Russell: I think that I have already made clear to you, convener—[*Inaudible*.] We will publish the next report on the Coronavirus Acts, which is due at the end of this month, on 14 April. We will be unable to lay it because the office of the clerk will be closed. We can, of course, deal with emergency secondary legislation, and we may have to do that.

I think that I said to the committee some weeks ago, and I am happy to confirm again today, that subject to the decisions of the Parliamentary Bureau—I am sure that it will consult you and the committee on the matter—I am happy to make myself available to the committee at any time should there be a need to do so, in relation to both secondary legislation and other developments. I am sure that the First Minister will make contributions on what the situation is during the period that I think we officially have to call the election recess, because the Parliament is not dissolving formally. Essentially, a dissolution is taking place, but with the flexibility to continue to operate if we need to.

I am very mindful that there needs to be scrutiny of the regulations and I am more than prepared to come before this committee or any other part of the Parliament to explain and talk about them.

The Convener: Thank you. We will move on to questions from the deputy convener, Monica Lennon.

Monica Lennon (Central Scotland) (Lab): SSI 2021/117 seeks to extend the principal regulations until the end of September. Why have a full business and regulatory impact assessment, a full equality impact assessment and a full fairer Scotland impact assessment not been carried out?

Michael Russell: It is because the intention of the regulations remains the same. We would carry out those assessments if we felt that the policy intention of the regulations had changed. I am happy to look at that again and speak to officials about it again, and if there is any view—and if you have any view—that the policy intention has changed, we will factor that in. However, what we are doing is essentially a technical move to make sure that we do not have a hiatus. I think that we would all agree that that would not be a good idea.

Monica Lennon: Perhaps there is scope for some further discussion on that.

I have only about seven minutes, so I would like to switch to the issue of vaccines. The convener has covered some ground in that regard already, but my question is more operational, so perhaps it is for Professor Leitch.

I will not go over the dozens of examples that have been sent to my inbox and that I have seen on social media, but there seems to be a situation in which people who have not been given appointments are advised by friends and colleagues to call the Covid contact centre and, when they do so—lo and behold—they get an appointment.

10:45

Just this morning, two of my constituents who live in Hamilton and are both 58 years old phoned up after being advised by a friend to do so and were given appointments for next week. That is great for them, but, does that mean that the system is working well? Is that the way that we would want it to work, with people just randomly

phoning up? Can you talk us through what is going on and perhaps say how we could improve on it?

Michael Russell: I will pass that to Jason Leitch, but it seems to me that you have said that, when people phone up, they get an appointment. I think that that is good news.

Professor Leitch: I would say that the only systematic challenge that we know of was in Lothian, which we discussed last week and resolved over Friday, Saturday and Sunday. The problem was that some letters did not go out. I imagine, although I cannot know for sure, that the two people in Lanarkshire who you mentioned will receive their letters prior to their appointments.

The challenge, which is partly related to the question about supply that Mr Cameron asked, is that we have to match the supply as it comes in. We do not want to cancel appointments, so, inevitably, the appointments are at short notice. What happens is that, when someone phones up, their letter is already in the mail and the person answering the phone can look at a screen and say that the inquirer has an appointment for next Thursday. The letter will come in the days before the appointment—perhaps only two or three days before it.

The issue is a matter of supply. The health boards are doing their absolute best to give as much notice as they can. However, we do not want gaps—we do not want days when we have more appointments than we have vaccines. That means that some appointments will be made at short notice.

I ask people to be patient. They should not phone the helpline just because they have not received a letter. I am 52, so I could phone and ask when my appointment is. However, I will not do that. I will wait for notification of my appointment to come in the mail.

Monica Lennon: If someone made that phone call, is it likely that they would be given an appointment? That is what is happening. People are seeing friends on social media getting appointments that way—I saw that this morning.

What I am saying is that it seems that those who are better informed will make a phone call and get an appointment. Is that the way that it should be working?

Professor Leitch: That is not what is happening. People are phoning and they are being told of the appointment that they already have; a new appointment is not being made. They phone the helpline, the helpline says, “Yes, you have a scheduled appointment for next Thursday at 10 o’clock at Airdrie town hall,” or whatever, and then their letter arrives. They are not jumping the queue.

Monica Lennon: Just to be clear, the issue is about the speed of the letter reaching the individual’s letterbox.

Professor Leitch: That is my understanding. If you have other news and other stories, as my inbox has them, I am happy to get the vaccine teams to look into them specifically. The problem in Lothian was exactly as I have just described, and there are occasional problems around the rest of the country, as Royal Mail endeavours to help us as much as it can to get those letters out on time. However, inevitably, some people will get a letter today for an appointment on Monday, for example. We would much rather give more notice than that but, because of supply, we have to refrain from making the appointments until we are sure that we have a supply of vaccine, then send the letters telling people to come for their appointments.

Monica Lennon: Excellent. I have family members who are getting the vaccine on Saturday in East Kilbride, which is great news. Obviously, we want people to get their letters and their appointments.

I have a couple of questions arising from the First Minister’s announcement. Again, they might be for Professor Leitch. Although there was a lot of good news and clarity for some sectors, MSPs have been inundated with emails from certain quarters. Can you give us some clarity on parent and baby classes? When can they operate again, and under what terms? In particular, we seem to be getting quite a lot of queries about dance classes for children, particularly from anxious parents who have children who were due to be in competitions.

My final point is about retail. Baby clothes shops have been able to operate under click and collect, but I have had a few inquiries from local retailers who do not know whether they have to wait until 26 April or whether they can open on 5 April. They say that, previously, there has been an anomaly in that garden centres, which can sell baby clothes, could open but baby clothes shops could not. Could we get clarity on that, if not now, perhaps in writing later?

Michael Russell: Dominic Munro can probably address those points, because he has been involved in the details but, from memory—Dominic will either confirm this or contradict me—baby clothes shops can reopen in early April. Perhaps Dominic could answer that.

Dominic Munro (Scottish Government): I am happy to take up Ms Lennon’s offer to provide the information in writing, as there is quite a bit of detail on that. We plan to bring out more details on our levels framework in the next few days, so a lot of those questions will be answered with greater

clarity then. More retailers and click and collect services will be able to open from 5 April.

I suggest that we set out in writing the specific details on baby and parent classes and dance classes for children. That is partly because restrictions will be lifting at different times, depending on whether we are talking about 12 to 17-year-olds or children under that age group, and depending on whether activities are indoor or outdoor and so on.

Monica Lennon raises good questions but, if it is okay, we will set out the details in writing as soon as possible, and ideally today.

Monica Lennon: Thank you, Dominic—that would be helpful.

Beatrice Wishart (Shetland Islands) (LD): Cabinet secretary, in your opening remarks you mentioned island communities. People on mainland Scotland now have indicative dates for the easing of restrictions. Can you provide more information on the discussions and engagement that the First Minister said will now happen for our communities in the islands to establish how levels might be adjusted, as there is great uncertainty about that? The leader of Shetland Islands Council is today quoted in local media as saying that there is "no clarity" on the issue and, rather worryingly, indicates that there has been no communication with the Scottish Government since Christmas. Can you provide any more detail?

Michael Russell: I cannot comment on that, because I have no knowledge of it. However, I can say clearly that the intention that the First Minister announced should be warmly welcomed. Rather than our imposing a solution on the island communities, those communities should have the opportunity to participate and to make clear their views and what they wish to do.

I represent a lot of islands, as does Beatrice Wishart. She will know that there have been a lot of inquiries about the issue in the past 24 hours. It is important that local authorities and communities are involved along with community councils and other groups, and that the process takes place speedily so that there is a quick resolution and people understand what will happen. Broadly, the principles that apply should be clear. First, there should be a wide-ranging consultation and people should be able to say what they want. Secondly, the principle of equity should apply—people should be treated fairly. Thirdly, there should be no disadvantage for island communities.

That final point is very important in relation to travel. People want to see their families in other areas, and it would clearly be wrong if others in Scotland were able to do so but people on the islands could not. People also wish to be able to reopen hospitality and tourism businesses, and it would be unfair if they were not able to do so. However, there is the issue of the spread of Covid into island communities, which can be particularly difficult, as we have seen on a number of occasions during the pandemic. All those things need to be discussed and debated.

There is no intention not to be clear; there is an intention to try to get as many views and as much information as possible and to put those alongside the science and data and then come to a conclusion that benefits island communities, and that is what we are endeavouring to do.

Beatrice Wishart: It would be helpful to know whether there will be a speedy resolution to finding out how we proceed.

Professor Leitch, can you give an update on reports that the number of Covid cases are increasing on North Sea oil installations? My understanding is that most companies test employees before they head out to the rigs. It would be useful to have an understanding of the position.

Professor Leitch: I do not have anything specific on that, but I am happy to look into it. I get an outbreak management report once or twice a day, and there are occasional positive cases offshore, inevitably, because testing can catch only so many cases and people could be incubating the disease. However, in the round, the oil companies have been very good at managed isolation, and long before the four UK countries were doing it. They have carried out testing from the very beginning, often privately, and that is now more incorporated into our overall system. I have not received any specific intelligence that has worried me in the past couple of weeks, but if you have something specific, Ms Wishart, I am happy to look at it. If you do not, I will look at it anyway, just to ensure that we are not missing anything, but I have nothing new on that.

Beatrice Wishart: That is comforting. I know that they have been working hard from the beginning to ensure that their employees were kept safe.

My final question is brief: will congregations be able to sing together by Easter?

Professor Leitch: No, they will not, I am afraid—much to very many people's disappointment.

Beatrice Wishart: Thank you for that clarity.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): I want to thank you, Mike, for all your hard work and service on behalf of the Parliament and the party over many years. I wanted to put my thanks on record.

As usual, following a change in regulations, I have been inundated with inquiries from local constituents, particularly from those in the hairdressers, barbers and beauty salon sectors. As you know, hairdressers and barbers can reopen on 5 April, but beauty salons are being held back until 26 April. Can you tell us a bit about your thinking on why we would differentiate between the two groups and have such a gap between the dates for reopening those two types of business?

Michael Russell: Thank you for your kind words.

Not everything can reopen at once. If we step back from it, we can see that there is a risk in reopening anything, because, clearly, transmission can start again. Therefore, if you are endeavouring to keep the virus suppressed and to suppress it further, you have to take a staged approach. There is huge keenness to see hairdressers and barbers reopen. I am very keen myself—I am grateful to my wife who has cut my hair twice, but I do not think that she wants to do it a third time. There is a desperate keenness for those businesses to reopen, and I am sure that people wish to go to beauty salons too, but, regrettably, not everything can happen at the same time. It is just as logical as that.

Willie Coffey: I am not speaking from personal experience, but I am told that the amount of time that a person may spend in close contact at the hairdresser is much greater than the amount of time that a person may spend in close contact in beauty and therapy salons. It seems to my constituents that we have perhaps got it the wrong way round. Is there a case to answer there, Jason?

Professor Leitch: Good morning, Mr Coffey. Mr Russell is right. It is not a matter of why we cannot have A and B—we can have only one. It is as simple as that. It is also more complex than that, of course, because we are trying to do 15 things and not have another 45 things. Therefore, the decision making is very simple, but it is complex. The decision makers have decided that barbers and hairdressers should go back three weeks earlier, and there is a batch of things reopening on 5 April and another batch, we hope, on 26 April. We need that three-week period in order to show what happens to the numbers. It is a matter of coverage and a matter of business support. All those things are addressed in the advice that goes to Cabinet, and then Cabinet makes those choices.

Beauty businesses are correct that they have good mitigation in place. It is not a reflection on their ability to manage as safely as they can, but nothing can open entirely safely. Everything involves risk: travel, gathering, the events themselves, travelling back and everything that goes on around anything that is open. Therefore, I am afraid that it is not as straightforward as the individual businesses putting mitigation in place, which the beauty therapy business has done.

11:00

Willie Coffey: Thank you. My last question, which is probably for you, Jason, is about testing. In yesterday's data, we reported 625 positive tests, and a 3 per cent positivity rate. That tells me that we tested about 20,800 people. I want to know about the changing pattern of who is being tested. Will you please give us a flavour of who is in the testing cohort now? Is it principally younger people, because older people have now been vaccinated? Do we still test people who have been vaccinated?

Professor Leitch: For polymerase chain reaction testing, which is at the top end of our testing regime and requires a laboratory, because it cannot be done in someone's house or a school, it takes around 24 hours to get the results back. PCR testing is still being driven by people with symptoms, or people whom test and protect tell to go and get tested. It seeks asymptomatic cases in a household, or in a set of contacts, depending on the circumstances of the original index case, which is usually a case with symptoms. The number of those tests has fallen proportionately, because we do not have as many people with symptoms. We still have too many, but we do not have as many as we had in January, when we had 2,000 cases a day, rather than 600 or 700 cases a day.

Some people do not like the way in which we calculate the positivity rate. There is a variety of ways to do it, but ours is a simple fraction: the number of tests divided by the number of positives. That gives us the rate. That will give you a rough idea of how we are using symptomatic testing and contact tracing testing. We are comfortable with how that is working, and the turnaround times for tracing contacts and testing are good.

The other big aspect, which is much newer, is the lateral flow testing, which is done in high-risk environments. It started in care homes, moved into schools and then moved into other workplaces. The testing strategy that was announced this week expands it further. Local authorities can call on both types of testing, should they require them according to the public health advice that they get from their local directors of public health.

The final crucial part of the testing strategy, which will not help us tomorrow, but will help going forward, is an expansion of the genomic testing ability. That is the very high end at which we can

find out which mutation or version of the virus an individual has. We have such testing across the UK at a high level, but we do not have much of it in Scotland yet. However, we will develop it in Scotland, so that we can manage some of it ourselves.

Willie Coffey: Finally, on the age profile, is it mostly younger age groups that are coming forward now, because older people have been vaccinated?

Professor Leitch: I would have to look at the actual numbers, but my understanding is that it is mainly working-age people who we are testing, and from whom we are getting the positives. It is people who are out and about a bit more, who are more likely to interact and therefore catch the virus.

The answer to your basic question whether we test people who have had a vaccine is yes. If somebody has symptoms, or test and protect calls and asks all the contacts to be tested, we absolutely test. The vaccine is not foolproof—some people will not be protected, and some will not be protected yet, due to the time that it takes for immunity to develop.

Willie Coffey: Thank you. Back to you, convener.

Mark Ruskell (Mid Scotland and Fife) (Green): I am thinking about the next two and a half months. We will have a bit of a gap in regular parliamentary scrutiny, although I appreciate that the cabinet secretary said again this morning that he would be prepared to come to the committee if needed during the recess, which is welcome. I am thinking about the issues that might emerge in the next two and a half months that you will have to—[*Inaudible*.] In the short time that I have, I will pick up on a couple of those issues in order to get your reflections.

One issue could be gaps in vaccine delivery. We are already seeing a bit of a divergence, with urban areas falling behind rural areas in Scotland, particularly the islands. There might well be a situation in which there is a lack of delivery, perhaps in low-income communities or black and minority ethnic communities. Currently, you do not have JCVI advice to guide you on that, so what would you do in that situation?

Michael Russell: Jason Leitch should answer that question, as he deals with vaccination issues.

Professor Leitch: In general terms, my unelected colleagues and I would be very comfortable updating whoever asks us, whether they are in the media or the Parliament or that is done simply through the convener or the clerks writing to us with questions. I will be fully available for factual public health advice during the pre-election period. That will not change, and I expect my answers to members today to be the same as those that I will be able to give two or three weeks or eight weeks from now, wherever we are. We are available to Mr Cameron, you and others during that process. That will, of course, have to be managed, but the public health advice is not going away.

We have to think carefully about how public health advice is given to you and all your colleagues, because you are important transmitters of that information to your constituents, and to the public at large. We are thinking about how we do that.

The specifics of your question are absolutely right. The JCVI has said something about that. It has said that we should prioritise by age, but we should ensure that we have a programme that reaches groups that do not naturally come towards the health service—although it does not quite put it like that. That is exactly what we have. Third sector, national health service and social care partnerships are reaching out to our homeless and BME communities with trusted voices. All of that will continue. If we see large percentage drops in some communities, we can adapt to go to where they are.

As we reach the end of groups 1 to 9, we will have to make sure that we have given people as much opportunity as we can to come forward, whether they are Gypsy Travellers or in tightly dense urban populations, for example. We will do that.

There will, of course, be variation. It is somewhat easier with big batches to do Shetland all at once or to do more in Shetland than in Sauchiehall Street. I anticipate that the variations will smooth out over time but, equally, I am happy to come back here and discuss that.

Mark Ruskell: Okay. I recognise that some data show that the vaccine is resulting in a reduction in transmission, particularly among healthcare workers. Could that help to change the vaccine strategy and to refocus it on particular occupations in which transmission is a factor?

Professor Leitch: That is a terrific study. It is brand new, and it is the first of its kind. For the benefit of those who are watching, that assessment of 300,000 healthcare workers suggests that, if someone lives with a vaccinated healthcare worker, they are 30 per cent less likely to be infected and that, if someone lives with a vaccinated healthcare worker who has had two doses of the vaccine, they are 54 per cent less likely to be infected. The study is one of the first in the world to prove that transmission is reduced. However, it is early days, and that is one study of

Covid vaccination and transmission of only two, I think, in the global literature.

The joint committee will, of course, look at that. Its present advice—I think that this advice will stay in place while we are going fast—is to go through the age groups as quickly as we can. As I have said to Mr Ruskell before, I think that that might change with a booster version of the vaccine in the autumn or the winter. Different choices may be made when we have millions of doses available and we can make different judgments. However, for now, the best way to save lives and stop hospitalisations is to work our way through the age groups.

Mark Ruskell: Okay. Thanks for that.

Another key point will be what happens after 26 April if there is a resumption of travel within the UK and a resumption of international travel. How prepared are you to prevent new strains of the virus and variants of concern from coming into this country, or from coming into England and other parts of the UK and then spreading to Scotland? What conversation will there be with the aviation industry in the next couple of months should we get to the point at which international travel is opening up again?

Michael Russell: The First Minister has been very clear and I want to be very clear that we do not anticipate international travel opening up within that timescale. It is clear that we will be determined to continue to have a policy that prevents new variants from entering or enables us, if they do enter, to deal with them very quickly.

The issue of international travel will require to be resolved. It is not resolved yet. Non-essential international travel will not be on the agenda for a considerable time, and I think that we all have to accept that.

Mark Ruskell: Okay. My final question is about testing. There was a statement by the Minister for Public Health and Sport, Mairi Gougeon, yesterday. I asked whether there is a case for the roll-out of asymptomatic testing capacity for particular occupations and workplaces that we could say are at high risk because there have been outbreaks in them. I am thinking of beyond the food production facilities, the care homes and the schools that are already receiving that testing. The answer was that that is really for health boards to work out.

Will you explain a bit more about how that will roll out? There are workplaces in my region that are not covered by the current policy on asymptomatic testing but are still seeing outbreaks. Potentially high-risk workplaces are not getting that testing capacity, and it is not clear how that will evolve in the next couple of months.

Michael Russell: Jason Leitch should address that.

Professor Leitch: There are three levels. First, there is the national decision about high-risk workplaces. With national public health advice from Public Health Scotland and the national incident management team, we have chosen to say that we will do asymptomatic testing in schools, universities and colleges, and food production warehouses, for example. Some decisions are national ones, and we could add to that list. If we saw a pattern of national outbreaks in specific types of workplace—for example, call centres or civil service offices—we could add to that national programme. We are comfortable with what we have just now, but that can change, of course; it has changed before.

The second level is local authority and local NHS advice. In Mark Ruskell's constituency, that might concern the Coupar Angus chicken factory, or it might concern a call centre in North Lanarkshire. We could move asymptomatic and/or symptomatic testing—PCR testing—in to help with that outbreak. If there was a theme in an area, the public health leaders there could call on that testing to help at very short notice.

Right at the end, at the very local level, individual workplaces might ask for help, and they can absolutely do that. There are routes through public health workers and environmental health workers who can access testing. We have capacity to help them whenever they need help.

Mark Ruskell: Does that apply to any workplace?

The Convener: I am sorry to abbreviate that questioning, but we have to move on now.

John Mason (Glasgow Shettleston) (SNP): We have been told that there are increasing numbers of cases in some local authority areas. The South Ayrshire Council area has been mentioned. Is there any thinking as to why that is happening? Obviously, schools have gone back fairly recently, and there have been cases of large gatherings. Is there any connection between those?

Michael Russell: Jason Leitch should address that.

Professor Leitch: I am just bringing up the numbers.

South Ayrshire has had the largest increase in the past seven days. In the latest data that I have, it has 122 cases per 100,000. It is closely followed by Renfrewshire, whose figure has gone up by 49 in the past seven days.

I should balance that with the fact that, in most places, the number of cases has come down and

they look at least stable, if not falling. For instance, the figure for Clackmannanshire, which we have spoken about a number of times in the committee, has come down to 56 in the past seven days from well over 100. At that level of prevalence, it is possible to get the numbers down quite quickly if we can get control of the last few cases in the environment.

I have no specific intelligence about South Ayrshire. More is open. Schools and early learning are open and adults are gathering, and we expect more transmission as a result of more things being open. There will not be one reason; the reason will be all of that together. We have no intelligence that says, for example, that mass gatherings last weekend or the weekend before have led specifically to outbreaks in Lanarkshire. As we have said this week, we have a few positive test and protect cases involving people who were at mass gatherings, but we have nothing specific about large-scale outbreaks as a result of those activities.

11:15

John Mason: This question might be more for Mike Russell. Where are we going with mass gatherings? We are due to have a Rangers v Celtic game this weekend. We understand that the frequency of subway services will be increased, because more people are expected to be travelling because of the football, but that goes directly against all the advice. Will the game go ahead? How can we control the crowds?

Michael Russell: I think that that is a matter for Humza Yousaf rather than for me to comment on. He has made it clear that the football clubs have been taking the necessary action to make sure that people do not break the law, and the police have made it clear that breaking the law will be cracked down on.

That is where we are at the moment, but the matter is one that Humza Yousaf will have to address over the next period; I do not think that I am in a position to do so. However, I will try to ensure that he clarifies the position for Mr Mason.

It is absolutely clear that mass gatherings should not take place. The regulations still say that people should stay at home. That is the situation that we are in. We will move away from that in early April, when people will be allowed to move about a bit more, but if the instruction is, “Don’t leave home,” by definition, we cannot have a mass gathering. It remains the law that such a gathering cannot take place.

I do not know whether Dominic Munro wants to say anything about that.

Dominic Munro: No, I have nothing further to add. The situation is exactly as Mr Russell has said it is.

John Mason: Thank you very much.

I turn to a completely different subject. It has been suggested that the amount of genome sequencing that is done is being increased considerably—I think that a figure of 1,000 genomic tests a day has been mentioned. It has also been suggested that we could, as Iceland does, do such testing on almost every person who tested positive for Covid, as that would help us to know whether cases were coming in from other countries or were spreading within Scotland. That is not an area that I know a huge amount about. Maybe Professor Leitch could explain what is happening in that regard.

Professor Leitch: I can say a couple of things about that. Across the UK as a whole, the present genome sequencing level is 25,000 a week. The UK has a coalition of higher education institutes that do those genomic tests on behalf of all four countries. If we can get prevalence down to 25,000 cases a week, we can test them all genomically. It is just a case of getting the numbers down.

This week, the Scottish Government announced that we are going to build capacity to allow Scotland to do 1,000 of those genomic tests a day. We cannot build genomic sequencing capacity tomorrow—getting that up and running is a medium-term challenge. It is not just a case of having the right machine; we also need to have trained staff and resources to keep it going. It is quite a complex laboratory exercise.

We should remember that genomic testing is in addition to the yes/no PCR test and that it takes much longer. The PCR test takes 24 hours, whereas the genomic testing can take several days on top of that. Therefore, it does not necessarily help us in deciding what to do when we are presented with a positive case. That is why we use other intelligence on matters such as where the person travelled from and what they did. That is how we decide whether to do enhanced contact tracing, whole household isolation and all the other things that we have grown used to.

At the moment, we do extra stuff for people who have come from high-risk countries such as Brazil and South Africa, even if they have come via other places. We do enhanced contact tracing—in other words, we contact trace contacts of contacts, and we do the genomic testing on that sample. The genomic testing is an extra layer of protection for us as we come out the other end of the current situation.

It is important to remember that the average vaccination rate in Europe is 7 per cent and that

France's target for the beginning of July is 10 per cent. The world is not vaccinating at our pace; almost nobody is vaccinating at our pace. Therefore, we will have to be extremely careful, even if we get the incidence of Covid low, about what we do with people who travel in.

John Mason: That is very helpful. Thank you.

Maurice Corry (West Scotland) (Con): First, I wish the cabinet secretary well in his retirement. No doubt we will bump into each other on the Kyles of Bute, around Colintraive, or wherever it may be in Argyll and Bute. Happy retirement; I hope that you enjoy it. I thank you for your input and all the work that you have done on Covid during the pandemic. We appreciate it.

I want to follow up Beatrice Wishart's question. What contact does the Scottish Government have with ship owners and ship management companies based in Scotland on their undertaking regular testing of their ships' crews?

Michael Russell: Thank you for your kind wishes.

I will have to get information on what discussions have taken place with ship owners and ship crews. I am not sighted on that presently, so we will get you the information from the people who are having those conversations.

Maurice Corry: Thank you, cabinet secretary.

My second question is for Professor Leitch. Are you happy with the speed at which Scotland will be opening up and the strategy behind that, as announced by the First Minister on Tuesday?

Professor Leitch: I am. It is a set of choices—let us not pretend that it is anything other than that. In response to earlier questions, Mr Russell described the attempt to bring the whole of the mainland down to level 3. I agree that the benefit of that is that the travel restrictions can be removed, because it would not be quite so important from a public health perspective to keep everyone in their own local authority area. If you make more reductions on a regional basis, you end up needing travel restrictions.

There is not an easy or risk-free path. The path that has been set out appears to me to get the correct balance between risk and prevalence. The red line for Gregor Smith, the chief nurse and me is that we have to be able to review and look at the data on an on-going basis. I realise how frustrating that is for everyone and how difficult it is not to have absolute clarity if you own a gift shop, a pub or a soft play centre, but that clarity is impossible to give if you do not let us review the data.

Maurice Corry: That is fair enough. I understand that, and I will accept that response.

My final question is for Dominic Munro. What difficult issues have you been addressing with the hospitality sector to assist it in relation to your work on the exit strategy?

Dominic Munro: That is a good question, Mr Corry. There has been regular engagement with the hospitality sector not by me directly, but by colleagues who work in the part of the Scottish Government that deals with hospitality. We have been considering factors such as opening times, how best to mitigate transmission risks in premises and so on. At present, we have set out in our plan our best judgement on how to safely reopen the hospitality sector at the appropriate stages of our exit strategy.

Alongside that—this goes for every sector—it is incumbent on premises to have all the necessary mitigations and to take other public health measures that we have discussed with them to prevent the spread of transmission when they reopen.

We have maintained significant dialogue with the sector over the period, and we understand how difficult it has been for the sector as a whole. Fundamentally, the challenge that we grapple with is that coronavirus spreads when households come together in settings, and that is essentially what hospitality settings do—they bring people together. As Jason Leitch has mentioned, there are always difficult choices about how to balance risk on the one hand and try to minimise broader harms on the other. In this case, that is the broader economic harm to the hospitality sector.

Maurice Corry: That is fine. Thank you very much.

The Convener: We turn next to Annabelle Ewing.

Annabelle Ewing (Cowdenbeath) (SNP): I, too, thank Mike Russell for his outstanding public service and his dedication to improving the lives of people in Scotland. I know that he has a further contribution to make, but perhaps in a different role.

We have discussed the issue of international travel in some detail this morning. Given the advice that is in place in Scotland, what leads the UK Prime Minister to propose the date of 17 May for lifting restrictions on international travel? What information does he have that we do not? Is it likely that the vaccine supply shortage that we have discussed this morning will have an impact on the UK Government's timetable?

Michael Russell: Thank you for your kind words.

I could not and would not put myself in the position of postulating what leads the Prime Minister to say anything—I would not go there. I

can only speak to the Scottish Government's policy, and the Scottish Government is clear that non-essential overseas travel is not on the agenda at present. It cannot be on the agenda given the risks and dangers that that would introduce.

As Jason Leitch made clear in a previous answer, if vaccination is one of the major routes out of the situation and there is a lower level of vaccination in other places, that becomes an additional issue, over and above that of the variants that can be imported. In those circumstances, at this stage we are not talking about putting non-essential international travel back on the agenda.

What the UK Government talks about is a matter for the UK Government, but it is not our position. As the situation unfolds, I would be surprised if that were not also a view that gained credence elsewhere.

Annabelle Ewing: Given that Covid is on the rise again in continental Europe and given the vaccination statistics in many countries, I do not know where everyone is supposed to be travelling to on 17 May, but we shall wait and see.

Over the past few days there have been many interviews with frustrated business owners in the hospitality sector. One issue that is frequently prayed in aid is that people say that their premises are not the cause of any transmission of Covid and that hospitality is much safer than going to the supermarket and so on. Can Professor Leitch clarify matters from a scientific perspective? I find it frustrating when listening to these interviews that we are not really getting to the bottom of the science.

Professor Leitch: On one level, the science is straightforward and, on another level, it is frustratingly challenging. The virus moves from person to person when people meet. It does not matter if people meet in a house, a restaurant or a supermarket—that meeting gives the virus opportunity. The virus requires time as well as opportunity: the longer people are together, the easier it is for the virus to travel between people. The less ventilation there is, the easier it is for the virus. That is why being indoors is worse than being outdoors and so on. There is not a single sector in the country that believes that transmission happens in its sector. If I were in charge of the sector, and trying to maintain its businesses and economy, I would almost certainly be on the television saying exactly the same thing.

The challenge for us as public health advisers—and even more challenging for decision makers—is to try to open each sector as safely as possible. That is partly down to their mitigations, which I have no reason to believe are not robust and helpful, but it is also about sequencing. As Mr Russell said right at the beginning, we simply cannot have everything at this level of incidence. We have to make choices.

We can see those choices being made around the world. Italy is reclosing cafes, restaurants and tourism, having reopened them. We have been through that once and we do not want to go through it again if we can possibly avoid it. Therefore, the approach is about sequencing that opening—with business support; that is not my job, but people should not be penalised for having to close their businesses—and then monitoring the data over time to see what happens. I do not blame any industry for asking for earlier opening—not in any way, as long as they do it politely, which most of them do. However, neither should people blame me for the public health advice that we are giving to try to protect the whole population, not just their individual industry.

11:30

Annabelle Ewing: I absolutely agree 100 per cent with your last comment. Everybody understands the frustration. If you are trying to run a business in that sector, you are obviously going through hard times at the moment. Equally, however, we all want to get out the other end of this, so we have to find a way through it.

I have one last brief question. We have talked a bit about the booster jag this morning, and I would like some brief clarification about it. I understand that it can be done along with the annual flu vaccination—is that correct? Further, when we say autumn in this context, does that really mean November, December and January? I know that, for the civil service, autumn starts at a different time than it does for the rest of us.

Professor Leitch: It would be for Mr Munro to answer when autumn begins in civil service terms, not for me.

In short, we do not know what any booster vaccine will entail. Among the smart immunologists, the mainstream view appears to be that, in light of new variants and in light of the length of time that immunity appears to last, we will need a booster vaccine at some point in the next 12 months. For some people, that may well be able to be delivered along with the flu vaccine, but we will have to do trials to ensure that we can give those two vaccines at the same time. Some drug companies might even combine the vaccines into one vial, which will make it much more logistically straightforward for us. However, that requires scientific trials to make sure that we can do that. We also have to make sure that it is possible to combine vaccines from different companies—for example, if you have had AstraZeneca, can you then have Moderna, or if

you have had Johnson & Johnson, can you then have Pfizer? That is probably the case, but we need to do the trials to make certain of that.

My best bet would be that, leading into winter 2021, we will probably be on some form of booster vaccination programme, maybe just for the vulnerable but maybe for the whole population.

Annabelle Ewing: That concludes my questions, right on time.

The Convener: Our final set of questions comes from Emma Harper.

Emma Harper: This session has been interesting so far. I have a couple of questions about personal protective equipment and the review of that. In the past year, we have learned a lot about how the virus is transmitted. Originally, we were worried about droplet infection and, obviously, it seems that aerosolising is a concern now, but there does not seem to be an international consensus on what aerosol-generating procedures are. I am also interested in activities that involve aerosolisation, such as singing, coughing, breathing and even close-proximity working in care homes and care at home and acute care settings. My concern is that surgical masks might not be the most effective way of protecting people who are caring for those who are Covid positive or symptomatic. I would be interested to hear what work is being done to review personal protective equipment such as FFP3 masks so that the wearers continue to be protected.

Michael Russell: I know that the chief nursing officer has been engaged in that issue, and I will ask Jason Leitch to update us on that, as I am sure that he can.

Professor Leitch: I cannot update you as well as and as intelligently as the chief nursing officer could, so it may well be that, when this committee reconvenes in the next parliamentary session and we are still in some version of this situation, it will want to hear from her then. However, I can ask her to write to the committee specifically on that issue.

The summary answer is that the four chief nurses across the UK hold the ring for us on this question. They have individual, in-country processes with experts—infection control experts, those who are in the front line, the unions and so on—and there is a UK-based version that does that on behalf of all of us. The issue is kept under constant review. We have changed the PPE instructions and guidance a few times during the pandemic. We have just made an adjustment inside healthcare environments to increase the use of face coverings, but we have not adjusted the brand or the level of face covering, because the evidence suggests that that is not necessary. We keep that under constant review and, if that changes, we will change our advice.

The only other thing that I would add is something that Ms Harper knows from the job. An FFP3 mask is a horrible thing to wear. It is not comfortable and wearing it for long periods is very uncomfortable. That is not a reason not to give it to people, but it is why we use it in places where aerosol-generating procedures are a particular risk, such as dental practices and intensive care units, where we deliberately use aerosol-generating procedures to give people healthcare. We try to keep it to a minimum in other places.

Your first point, which was about the definition of aerosol-generating procedures, is also a good point. It is kept under review by the Medicines and Healthcare products Regulatory Agency and the National Institute for Health and Care Excellence. In Scotland, we developed a definition for dentistry that has gone around the world to all the chief dental officers and has been used to give safety advice to dental practices and dental schools in particular.

Quite a lot of work has been done on some things that are right on the edge of aerosol generating, such as food tubes for those who are in additional support needs schools and so on. There is a mechanism for keeping all that under review, and all those lines lead to the chief nurse, who advises the Government.

Emma Harper: It has been suggested to me that we should be looking at aerosol-generating activities in daily living, such as close-proximity care for somebody who may be symptomatic—you are not actually doing a procedure on them such as intubating them or making them cough like a physiotherapist would when doing chest physio. Would consideration be given to looking at activities such as close-proximity personal care?

Professor Leitch: Yes. That is why there are also layers of protection in that conversation. There are two categories. There is the close personal care that you described, and that could be hairdressing or it could be social care provision in a house or in a care home, which is, of course, a house for many. In that situation, PPE, hand washing, ventilation and all the general mitigations that are in place are all helpful in keeping the virus to a minimum. You need to work hard to get the virus to infect you in that kind of environment, so you can protect yourself to a great extent.

The second category is, if you will forgive the shorthand, the more social elements of the interactions that we would have while talking to our families, singing in a choir, singing in a church or wherever else. That is a separate category and again it needs general mitigations and, over time, as incidence falls, that will become much safer.

The current risk is a factor of the number of people who have the virus. If we get the number of people who have the virus down, we can begin to reduce those kind of distancing protective measures for the general population.

Emma Harper: I have a final question. Professor Leitch talked about ventilation, which has gained more importance. I am thinking about ventilation and air filtration. Work on ventilation has been done by Eric Feigl-Ding in America. Could we also be doing more work on that?

Professor Leitch: Again, the chief nurse and others at what we call ARHAI—antimicrobial resistance and healthcare associated infection—Scotland, which is chaired by Professor Jacqui Reilly, look at many elements of that. I do not know about the specific piece of work that you mentioned, but she might well know about it.

We know that ventilation simply moves the droplets away so that they do not settle and infect you. It also prevents surfaces from getting quite so covered by the infectious agents.

Air filtration is a little bit more controversial. There are quite a lot of offers on the market that do not do what they suggest, but that does not mean that we should not use air exchange. We use it in operating theatres all the time, and there are places in which it might be more helpful. The secret in a classroom, or a restaurant or a nursery is to open the windows and just let the air move.

The Convener: I believe that Mark Ruskell has a supplementary question.

Mark Ruskell: It is just a quick question on the back of what Jason Leitch said earlier about workplace testing. I think that you said that any workplace could request asymptomatic testing. I just wanted you to clarify that. If I was running a hospitality business, for example, and I wanted to get asymptomatic tests for staff, could I request that right now, or is there a particular set of conditions to fulfil before I could get access to it?

Professor Leitch: You could request it, but the decision-making process would be slightly more than just making it available on demand. There would have to be a reason for it. Every clinical test has to have a function. It might well be something that the local public health or environmental health people could do for you, but you would have to understand its limitations. You have to understand what it does, what it does not do, and what it certainly does not do to the mitigations that you would have to have in place in your workplace, for staff and so on. There are also ethical reasons around forcing people to have the tests.

However, if someone thinks that there is a reason for someone to think that they should have asymptomatic testing in the workplace, their local public health team will be delighted to talk to them about it.

The Convener: That concludes our consideration of this agenda item. I thank the cabinet secretary, Professor Leitch and Mr Munro for their evidence.

Item 3 is consideration of the motion on the subordinate legislation on which we have just taken evidence. Cabinet secretary, would you like to make any further remarks on the statutory instrument before we take the motion?

Michael Russell: No.

The Convener: I invite the cabinet secretary to move motion S5M-24303.

Motion moved,

That the COVID-19 Committee recommends that the Health Protection (Coronavirus) (Restrictions and Requirements) (Miscellaneous Amendments) (Scotland) (No. 2) Regulations 2021 (SSI 2021/117) be approved.—[*Michael Russell*]

Motion agreed to.

The Convener: The committee will, in due course, publish a report to the Parliament, setting out our decision on the statutory instrument considered at this meeting.

That concludes our consideration of this agenda item and our business for this meeting. However, as this is our final committee meeting before the election campaign recess, I would like to express our thanks to a number of people.

First, I thank Mr Russell and Professor Leitch for the constructive way in which they have engaged with the committee and for making themselves available every week to give evidence, as well as promptly following up queries that have been raised at the meetings. That has been greatly appreciated, and I wish the cabinet secretary well in his retirement from being a member of the Scottish Parliament.

In addition, the committee thanks our advisers, Professor Linda Bauld and Dr Helen Stagg, who have provided the committee with weekly briefings. Their expert advice has been invaluable in supporting the committee's scrutiny work.

I also take this opportunity to express the committee's gratitude to all our support staff in the Parliament, especially our clerks and researchers, whose help has been much appreciated.

Finally, I thank my colleagues, committee members past and present, for all their contributions to the COVID-19 Committee's work.

Meeting closed at 11:43.

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