



OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Recovery Committee

Thursday 9 September 2021

Session 6



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COVID-19 RECOVERY COMMITTEE

3rd Meeting 2021, 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:

Professor Jason Leitch (Scottish Government)

Michael Matheson (Cabinet Secretary for Net Zero, Energy and Transport)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

The David Livingstone Room (CR6)

Scottish Parliament

COVID-19 Recovery Committee

Thursday 9 September 2021

[The Convener opened the meeting at 10:30]

Decision on Taking Business in Private

The Convener (Siobhian Brown): Good morning and welcome to the third meeting of the COVID-19 Recovery Committee in 2021.

Under agenda item 1, do we agree to take item 4, which is consideration of evidence heard, in private?

Members *indicated agreement.*

Ministerial Statement and Subordinate Legislation

10:30

The Convener: We move on to item 2. We will take evidence from Michael Matheson, Cabinet Secretary for Net Zero, Energy and Transport, on the ministerial statement on Covid-19 and subordinate legislation. The cabinet secretary is joined by officials from the Scottish Government. Professor Jason Leitch is national clinical director, Penelope Cooper is director of Covid co-ordination and Graham Fisher is deputy director in the legal directorate. I welcome our witnesses, who are joining us remotely.

The committee will consider the following regulations that were laid over the summer.

**Health Protection (Coronavirus)
(International Travel) (Scotland)
Amendment (No 13) Regulations 2021
(SSI 2021/237)**

**Health Protection (Coronavirus)
(International Travel etc) (Miscellaneous
Amendments) (Scotland) (No 3)
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Amendments) (Scotland) (No 7)
Regulations 2021 (SSI 2021/278)**

**Health Protection (Coronavirus)
(International Travel) (Scotland)
Amendment (No 16) Regulations 2021
(SSI 2021/290)**

The Convener: Cabinet secretary, would you like to make any opening remarks before we move to questions?

The Cabinet Secretary for Net Zero, Energy and Transport (Michael Matheson): I am pleased to have the opportunity to appear before the COVID-19 Recovery Committee for the first time to discuss the international travel regulations. Since I was at the Health and Sport Committee in March, a lot has changed in both the overall state of the pandemic and the regulations on international travel. As well as giving evidence on the regulations that the committee is considering, I thought that it might be helpful to briefly say something about the context in which they are made.

The restrictions on international travel combine a mixture of devolved and reserved responsibilities and this is an area where effective four-nations working is essential. The regulations are made under the health protection powers in the Public Health etc (Scotland) Act 2008 and are therefore devolved, but some elements are reserved, including aspects of immigration, and aviation policy. Border Force, which is the main enforcement agency for the regulations, is part of the Home Office.

There is regular engagement and dialogue on policy at official level, and independent analysis and advice on the risk of travel from individual countries is provided by the joint biosecurity centre. The methodology that is used for the process is endorsed by the four United Kingdom chief medical officers. That leads through to a regular four-nations ministerial forum, which is the Covid operations committee, where decisions on alignment or divergence can be agreed and managed.

The system is designed to limit the importation of variants of concern and cases from high-risk countries while allowing us to reduce restrictions on travellers where it is safe to do so. The Scottish Government's first priority remains to limit the risk of the importation of high-risk variants of concern through international travel, especially variants with the potential to undermine the success of our vaccination programme. At the same time, we want to support a safe restart of international travel. That is in recognition of the fact that the

restrictions, although we consider them necessary and proportionate to the risk, have a significant impact on people's ability to see their family and loved ones overseas or to travel for work, study or holidays.

Members will be aware of the UK Government's global travel task force report, which was published in April. The final review milestone in that report is 1 October, and we are in discussions with the UK Government and the other devolved Administrations about future policy developments in the area.

The nature of the global pandemic means that international travel is not without risk, even for people who are fully vaccinated or who are going to a green-list country. Everyone should continue to think very carefully about whether they need to travel and should make sure that they know the rules that apply in the country that they are visiting and on their return to Scotland.

I hope that that overview is helpful. I am happy to respond to any questions that members might have.

The Convener: Thank you, cabinet secretary. We will turn to questions, and I will start by asking a few.

I welcome the recent implementation of the QR code for international travel, but what measures are in place for people who do not have access to the internet or a compatible mobile phone, or those who are digitally excluded?

In recent weeks, there have been problems with the recognition of vaccinations that took place outwith the Scottish national health service, such as where people had one vaccination in England and one in Scotland. I have a constituent who had two vaccinations in America, but those are not recognised by NHS Scotland when it comes to providing him with a vaccination certificate. What discussions has the Scottish Government had with the UK Government, the European Union or other countries regarding mutual recognition of vaccinations for vaccination passports for international travellers?

Michael Matheson: The issue of vaccination certification is being taken forward by my colleagues in the Scottish Government health directorate. The introduction of the QR code this year was intended to make things easier for people who travel internationally. Some countries recognise only QR codes, so the provision of the codes has helped to overcome that particular problem.

There remains the option of getting a paper copy of the vaccination certificate. People can request one through NHS Scotland. Those who do not have access to a mobile device to use a QR

code can have access to a paper version of their vaccination certificate. My understanding is that the certificate, which has a QR code on it, is printed off and the individual can then provide it to staff who are checking QR codes at the point when they enter a country. That is the principal way in which somebody who does not have access to a mobile device would do that.

I will bring in Professor Leitch on the recognition of vaccines but, before I do so, I will say that the approach that we have taken in Scotland and across the UK is to recognise vaccines that have been approved by the Food and Drug Administration in the United States and by the European Medicines Agency. We do that on the basis that the data on those vaccines is available to UK chief medical officers and to our regulatory bodies to allow them to assess it.

I do not know the specific details of the case relating to the individual who had vaccinations that are not recognised in the UK but, if you provide them to me, I am more than happy to ensure that health officials look into the issue and provide a detailed response.

Professor Leitch might be able to say a little more about the reasons why certain vaccines that are being used in other parts of the world are not recognised in our system. As I say, my understanding is that that is largely down to the ability to analyse the data associated with the vaccines.

Professor Jason Leitch (Scottish Government): Good morning—it is nice to see you all again.

Mr Matheson is absolutely correct that the way for the digitally excluded or those who are struggling with the internet to get a pass is to request one. You can do that through the hotline or you can get somebody to do it for you through the internet and they can print it off so that you can carry it with you for travel. The QR code is the crucial element of that, and you cannot get it any other way.

I am afraid that the second question is hugely complex—much more complex than it sounds. There are two layers to the problem. One is unrecognised vaccines. Traditionally, the UK uses the World Health Organization list of recognised vaccines. That is because, as Mr Matheson says, the WHO can analyse the data, and we can do so, too. That list changes all the time, but it is the list of recognised vaccines that we, across the four UK sets of clinicians, consider to have an adequate evidence base with regard to immunity.

The second layer, regardless of whether the vaccine is recognised, concerns the country in which you were vaccinated and, therefore, the record of that vaccination and its reliability.

Literally billions of vaccine doses are being given across the world in 200 countries, many of which have no record of your vaccination and do not give you evidence that you have had a vaccination, so the only evidence that you have been vaccinated is your word. That probably does not apply to your constituent. Where somebody has received a recognised vaccine in another country and has evidence of that, we are dealing with them on a case-by-case basis. They should contact the hotline. If you write to us, we will try to do that for you. This is a UK-wide challenge, and, increasingly, the UK will have bilateral arrangements with other countries. We already have that for parts of the EU, Canada—I think—and the US. That depends on those countries recognising our evidence and on us recognising their evidence. This is a hugely complex global problem that the WHO is helping us to resolve, but I am afraid that doing so takes time.

Murdo Fraser (Mid Scotland and Fife) (Con): Before I come to my substantial questions, I want to ask a process question. Cabinet secretary, it looks as though you are sitting in your ministerial office, which is a few feet away from our committee room. Is there any particular reason why you are not joining us in the committee room, which, from our point of view, would be a better venue and would enable us to have a more helpful exchange than we can have with you sitting in your office contributing via videolink?

Michael Matheson: I am happy to appear in person in future, if the committee would prefer me to. Like most people, during the present circumstances, I am trying to minimise the amount of time that I spend in different rooms meeting with different people, hence the reason why I am in my office today but, as I said, I am happy to come to the committee room in future.

Murdo Fraser: Thank you, cabinet secretary. I think that that would be helpful and is perhaps something that we can discuss with your officials separately.

I want to ask a couple of follow-ups to the convener's questions. Constituents of mine who are travelling to France for family reasons are concerned that the QR code will not be available in time. I understand that it was made available as of Friday last week, but it would be helpful if you could confirm that. To the best of your knowledge, is it working well? Have there been any problems with it, or is it too early to say?

Michael Matheson: The QR codes were available from 3 September, which is last Friday. As far as I am aware, the system appears to be operating fairly well. I am not aware of any particular issues with it. With any new piece of technology, there is always the potential for

hiccups, but I am not aware of any particular problems having been identified to date.

Murdo Fraser: We know that such codes were available to residents in England and Wales much earlier. Is there any reason why it took the Scottish Government so long to introduce them?

Michael Matheson: I will ask Professor Leitch to deal with the question, because the health ministers lead on vaccination certification and he will have been involved in some of those discussions. He will be able to tell you a bit more about the internal process within the Scottish Government in relation to vaccination certification.

Professor Leitch: There was a technical digital problem. That is not a particularly helpful answer, but I can get you a more technical version. I think that it had something to do with the challenge of connecting the vaccination record with the community health index—CHI—number, which is the individual identification number for each citizen in Scotland who is registered with a general practitioner. That connection was technically more difficult than I am making it sound, so it took a few weeks.

In England, that connection was more straightforward. I do not know the underlying technical reason for the difference, but that is what we were waiting for. I should also put it on the record that, given when they thought they were going to be able to do it by, the people involved did it at a remarkable pace and faster than they thought they would have been able to.

There is a more technical answer lying underneath all that, but it is above my pay grade.

10:45

Murdo Fraser: I have just one more question for, I think, Professor Leitch, given that he is the expert on vaccinations.

The convener asked about the problems of those who have been vaccinated overseas, but another issue that lies closer to home relates to those who participated in early vaccine trials and who therefore did not get certification. In fact, my colleague Douglas Lumsden, who is a North East Scotland MSP, falls within that category, and last week he raised the issue with the First Minister, in the chamber. Has that issue now been resolved and are those who took part in vaccine trials able to get certification?

Professor Leitch: That has not been entirely resolved. My understanding is that it is in the process of being resolved on an individual basis. The numbers are not huge, but as these people were a fantastic resource to us, we—for lack of a better expression—owe it to them to resolve it.

They helped us to get to where we are, and I am 100 per cent behind resolving this.

I should point out that there are layers of technical difficulty to this. The vast majority of the population are in the same system, because they have been vaccinated in the same system, and their QR codes are available and connected to their GP records. All of that has been resolved, but there is this different category of people whose vaccinations have not been recorded in that system. That is the bit that we need to do. I think that some of those people have had things resolved, but it has to be done individually. As the numbers are not enormous, it is possible to do this in an administrative sense, and if Mr Lumsden's case has not been resolved, we can look into it. However, the situation itself is in the process of being resolved.

A likely technical challenge with that group is that we will need to monitor their immunity over time. It is a clinical challenge that relates to the rest of us and the question of when and if they get booster doses.

John Mason (Glasgow Shettleston) (SNP): The convener's line of questioning has got me thinking a bit. We have talked about people from here going overseas, but what about people who are coming here for the 26th United Nations climate change conference of the parties, or COP26? I assume that some of them will be in the complicated categories that Jason Leitch highlighted; they might have had a vaccination but have no certificate, for example, or they might be coming from, say, Russia and have had the Sputnik V vaccine, which I believe we have not approved. How will that work?

Michael Matheson: There have been discussions between the Scottish and UK Governments on plans for COP26, including the public health arrangements, and the CMOs have been involved in them. Those plans are advanced in their development, and the UK Government is expecting to announce them publicly in more detail next week and to set out the details of the arrangements for those delegates who are travelling from other countries and who have not been vaccinated or whose vaccine might not be recognised.

There have been on-going discussions between the UK Government and the United Nations on this matter, with the involvement of the Scottish Government and public health officials, and we are at the point of setting out bespoke arrangements for COP26 delegates. As I have said, my understanding is that the UK Government intends to set those out next week.

The UK Government has also made an offer to delegates intending to attend COP26 but who

have not had access to vaccinations to access the vaccination programme in their own country. That offer, which has been facilitated through the Foreign, Commonwealth and Development Office, has been taken up by a number of countries; I do not have the specific details of which countries have done so, but the UK Government will. As I said, it has offered to help delegates who are looking to attend the conference to get vaccinated in advance of travelling.

John Mason: One of my main concerns is ensuring that delegates from poorer countries are not going to be disadvantaged, as they are less likely to have had the vaccine, and I seek your reassurance that every effort will be made to treat every delegate fairly and that those from richer countries do not have an advantage in that respect.

Michael Matheson: I do not have direct control over that; as I said, the UK Government, as the host nation, does. However, my understanding is that its vaccination offer was made specifically to address the risk of those who are due to travel from poorer nations and who have no access to their own vaccination programme by getting them that access in advance of their travelling. That was what it was targeted at, but, as I said, I do not know the full details of which countries have taken up the offer, as the programme is being run by the UK Government as host nation.

John Mason: On a more general point, I think that there are three main vaccines that are being used in this country. Are we clear whether, as has been claimed by some people, they have no impact, some impact or different impacts on transmission of the virus? On a more international level, do some of the vaccines that people coming from overseas might have had affect whether they transmit the virus when they come here?

Michael Matheson: Before I bring in Professor Leitch to address the clinical question of the vaccines, I would point out that a couple of European countries have made use of vaccines that have not been approved by the European Medicines Agency, and that has caused some issues in the European Union. However, as I said, Professor Leitch is probably better placed to advise you on the clinical aspects of the vaccines that are not on the World Health Organization's list or which have not been approved by the European Medicines Agency or our own authorities.

Professor Leitch: A broad range of public health advisers, including me and my colleagues, meet weekly on the specific issue of COP26 with the fundamental aim of making the conference as safe as possible, from vaccination through to the provision of alcohol gel at the Scottish Event Campus and everything in between.

All blue zone delegates—in other words, the inner set of negotiators, which is a huge number of people—will be offered vaccination in their own countries before they travel. If they cannot get it there, we will give it to them here. Of course, that is not quite as reliable, given the longer time that is required. The vaccine has arrived in countries. It is difficult to know how it is being distributed and used and what is happening with it—that is a matter for the UK Government—but we have done everything that we can to vaccinate blue zone delegates. There is also the green zone, as well as the world leaders zone, which is a separate entity that will contain entourages and 100 or more global leaders, all of whom will, we hope, already be in bubbles and vaccinated. It is an enormously complex endeavour that we are involved in.

As for your technical question about vaccines, we know that the three vaccines that we have reduce transmission, even of the delta variant. It is therefore not true to say that they do not help with regard to transmission; unfortunately, they do not help as much as they helped with the delta variant's predecessors. The original virus now feels easy to deal with. The alpha variant might be a little bit more difficult, but delta changed the game, and the vaccines are not as good at stopping its transmission.

Common sense, though, suggests that if the vaccines reduce symptoms, someone—in, say, the room that you are in now—who had the virus but did not have serious symptoms would be less likely to cough and splutter. Reducing the disease process reduces aerosol transmission. However, it does not take it to zero; you can still transmit the virus, even if you are vaccinated, so we have to be cautious. Because 30 per cent of people do not know that they have the virus, we have the other restrictions, such as ensuring that people keep their distance and washing hands and surfaces.

On the second part of your question, the issue of unrecognised vaccines is hugely difficult to deal with, because we just do not have the data. They are being used in countries that do not keep the data as we do, and there is more risk in that respect. The vaccines might well be as good, but the problem is that that information is invisible to us. When the regulators look and try to answer the examination question whether this or that vaccine is doing this or that, they have to say, "We simply don't know." It is not a negative—it is just that we do not know.

Brian Whittle (South Scotland) (Con): I want to ask about the longer-term prospects for international travel and the travel industry. We recognise that tackling Covid is very much a moving feast and that we have to be fairly reactive in our approach, but obviously the travel industry is struggling and is hugely impacted.

Unfortunately, that moving feast and the reactive way in which we have to approach Covid do not work well for businesses, which need an indication of a route map to allow a degree of essential business planning. I think that everyone would recognise that vague definitions of objectives and indicators are frustrating business planning, so I want to ask some basic questions. What is the definition of a risk-based reopening of international travel?

Michael Matheson: The primary purpose of the restrictions on international travel is to reduce the risk of importing the virus and variants of concern. We receive advice on that through the four CMOs across the UK, who consider evidence from the joint biosecurity centre. The centre assesses the risk of the virus in countries around the world based on the available data, and tracks variants of concern. The four CMOs in the UK have signed off a methodology that provides a risk matrix for different countries on the risk of importing the virus and variants of concern. That matrix then informs the decision-making process on countries that are viewed as being a higher risk and those that are a lower risk, and the traffic light system, from red to amber to green. Countries are RAG rated on the basis of the risk assessment that is carried out by the joint biosecurity centre using the evidence that it has gathered on the risk of importation of the virus and variants of concern.

The principal issue and risk around variants of concern is the danger that they can escape our vaccination programme. For example, there were particular concerns around the beta variant, which I think originated in South Africa, and its ability potentially to escape the immune or antibody response that we had from our vaccination programme in the UK and so disrupt that programme.

The risk-based approach is informed by the methodology that was developed by the joint biosecurity centre and approved by the four CMOs. That informs the decision making on the RAG rating and traffic light system for international travel.

Brian Whittle: Businesses are very good at adapting—we have seen that ability to adapt over the past 18 months—and they are desperate to know how they can adapt to meet the safety standards that you have alluded to. I ask this follow-up question on behalf of the industry: what does safe international travel look like?

Michael Matheson: I am sorry, but are you asking what safe international travel looks like without the existing restrictions in place?

Brian Whittle: No. I will put it another way. Businesses are looking for a way to work around the issues that Covid brings, and they are looking

to the Government to give them an indication of the direction of travel. I am thinking about the long term. Where do you expect the travel industry to go and where will it be when safe travel starts? When can businesses start to open up more, for want of a better expression?

11:00

Michael Matheson: The first thing to say is that nobody wants these international travel restrictions in place for any longer than is necessary. We want to bring them to an end as soon as it is safe to do so. Our traffic light system, which is operating across the UK, was proposed by people in the travel industry as a more effective approach and a means for opening up international travel to green-list countries, rather than a one-size-fits-all approach that does not allow any international travel. The system was designed to open up international travel, which it has achieved to some extent.

Going forward, we will see a greater focus on the importance of vaccination. That is being considered by the global task force, which is being taken forward at UK level. With the other UK nations, we are engaged in that work of looking at the options for the future. That will have a particular focus on the need for individuals to be vaccinated and to have certification of that. It will also consider what changes might be made to the traffic light system, and there will then be discussions at a four-nations level about the most appropriate route, based on the clinical advice that we receive and the advice from the joint biosecurity centre. On the timeline, the final milestone for the UK global task force report is 1 October. The work is to help inform what future changes could look like. I cannot tell you exactly what those will be, because we have not yet had those or the outcome of that process.

Be assured: nobody wants international travel restrictions for any longer than is necessary. However, the future will involve a significant focus on the need for vaccination—[*Inaudible.*]

Brian Whittle: My final question, which I have been trying to get to, perhaps through a rather strangled route, is about the fact that it is a global problem—not a problem for only Scotland or even just the UK. Where are we on interacting with other nations around the world and the interoperability or compatibility of our approach with other approaches? What practical steps are the Scottish and UK Governments taking to work around the world to address the problem? Where are we in that process?

Michael Matheson: The principal process for considering those issues and the options for going forward is through the work of the global task

force, which is looking at what is happening in other parts of the world and the approaches that are being taken, including within the EU. That will inform our approach. Different countries will take different approaches to how they want to restrict international travel, based on the advice and information that they receive from their clinical advisers and those assessing the risk of international travel. That is the approach of the Scottish and UK Governments, and discussions that we are having at UK level are very much informed by the clinical advice and by thinking about how we can help to address some of the sector's concerns about the need to open up international travel while minimising the risk of importation of variants of concern.

I have no doubt that, if I were appearing before the committee and we had removed all international travel restrictions and we were facing challenges as a result of having imported variants of concern, people would be asking, "Why did you remove those restrictions?" We need to ensure that we take the process forward in a safe, managed manner, so that we do not expose ourselves to variants of concern, which could undermine our existing successful vaccination programme.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): I thank the panellists very much for coming to the meeting.

For the understanding of people who are watching this, we are talking about international travel—that is what the session is based on—and a lot of the regulations that we are speaking about are retrospective. The convener and I, as new members, were not here when many of the regulations were put in place, so my questions are retrospective, too. One question in particular is aimed more at Jason Leitch than it is at the cabinet secretary.

Where are we in relation to seafarers and oil workers? I ask about them separately, because there seem to be different regulations, depending on when they come back. I have constituents who are oil workers who are asking particularly about going to the North Sea. They go to the Norwegian sector—to an environment that is among the safest in the world—and they are tested before they go out, when they arrive and before they come back. However, they were still required to self-isolate for 10 days. Is that still the case? If it is, why?

What is the position with seafarers? I understand that, given that they come back from multiple parts of the world, the situation for them might be slightly more tricky, but will you give us an update on their position?

I will have another couple of questions after those questions have been answered.

Michael Matheson: Oil and gas workers working in the Norwegian sector of the North Sea need to comply with the RAG ratings—with what they should do on the basis of whether they have come from a red list country, an amber list country or a green list country. If they are travelling from Scotland to Norway and are based here, the regulations would be those that apply in Norway. When a person is returning to Scotland directly from Norway, what would happen would be based on where Norway is in the RAG ratings.

Individuals who are working in the oil and gas sector may come to Scotland for only a very short period of time in order to go back to the North Sea. We used to have a system in which they were required to get a test package for a test on day 2 and day 8, but that was changed back in August, following discussions with the oil and gas sector to ensure that it was carrying out regular testing of its staff. As a result, people who are in Scotland for only a day or two before they return to the North Sea no longer have to purchase a test package. Those amendments were made specifically to address concerns that the oil and gas sector had, and they followed discussions with the industry on its providing us with assurance on its testing arrangements for individuals who work in the sector.

Similarly, if seafarers are returning from a red list country, they are required to comply with the RAG rating and to go to managed quarantine facilities. If they are returning from an amber list country or a green list country, our restrictions for those will apply.

The approach that has been taken since the introduction of the traffic light system has significantly changed some of the early issues that we had for oil and gas workers and seafarers. However, there are restrictions that remain in place for both groups of workers if they are returning from a red list country, for reasons that are related to the risk assessment that was carried out by the joint biosecurity centre.

Jim Fairlie: Okay. Thank you.

My second question is about St Johnstone Football Club, which travelled to Turkey, played a game and came home. I have constituents who have properties in Turkey and want to go over to them to deal with issues. They have said that elite sportspeople can travel, but they cannot. Is there a way for people to travel safely to Turkey, which is on the red list? Why was it okay for St Johnstone to go there? I am not saying that St Johnstone should not have gone there, but the complaint from constituents is that there is hypocrisy. Can you give us details about why that was the case?

Michael Matheson: It would be fair to say that St Johnstone put in a fine performance when the team went to Turkey, even if the end result was not the one that we were all looking for.

I will bring in Professor Jason Leitch, because he is involved in a lot of the discussions with elite sports organisations, but before I do, I point out that the principal difference is that UEFA has imposed quite strict controls for clubs, such as St Johnstone, that participate in UEFA competitions. In effect, bubbles are created for the players and those who support them, and there is a testing regime associated with that. Part of the reason why we are able to give clubs such as St Johnstone an exemption is to do with the bubble that international bodies such as UEFA specify for the clubs and sportspeople who take part in such events. On that basis, we are able to provide them with an exemption.

Jason Leitch spends a considerable amount of time in discussions with international sports bodies and our domestic sports bodies about such matters, and he will be able to say more about the type of arrangements that they have in place. The issue is to do with the bubble that is created for participants in the events, and the nature of their travel to and from those events, which is very different from the arrangements for an individual who is travelling on their own to go on holiday or for business to a country that is on the red list.

I will let Jason Leitch say a bit more about the restrictions for international events.

Professor Leitch: Mr Matheson's summary is correct. There are elite sporting exemptions that are tried and tested—for golf events, for formula 1 races and for some football games, for example. St Johnstone did not fly domestically and the players did not leave their bubble or their compound—they flew in, played their game and flew out. Therefore, the position of such teams is entirely different from that of an individual, when it comes to travel arrangements. An individual might fly domestically and will have to get through the airport and everything else to get on the plane, and they might use public transport at either end. That is an entirely different concept.

However, because Turkey is a red list country, St Johnstone had to ask for permission. We looked at all the details of the trip, including the arrangements for the Turkish team to come here, which included there being no away fans, testing in both directions, strong encouragement of vaccination, if possible, and private travel in a bubble.

Jim Fairlie: Thank you very much. That was pretty much the answer that we gave to my constituents. I am glad that you have confirmed the position.

The final issue that I want to ask about is seasonal agricultural workers. What are the current restrictions on seasonal agricultural workers who come into the country? Are those restrictions adequate?

Michael Matheson: I might bring in Penelope Cooper or Graham Fisher to address that.

The restrictions that apply to seasonal agricultural workers are that they are required to self-isolate, and employers who bring in such workers must provide accommodation in which they can do that. If the workers come in from an amber list country, they will have to isolate for 10 days and will have to be tested on day 2 and day 8 if they are unvaccinated. If they are vaccinated, they will be tested only on day 2. There is a requirement on employers who bring in such workers to provide accommodation for them in which to self-isolate. Local health boards and local public health officials will then be responsible for managing the situation, along with the company that has brought them in to work on a seasonal basis, and for making sure that they comply with the regulations.

That can involve spot checks to make sure that people are self-isolating if that is what they are meant to do. Alongside that, we have a testing regime in place so that, if anyone becomes unwell, they have access to testing. They can be tested and, if necessary, further self-isolation can be required for them and individuals with whom they reside.

11:15

There are fairly tight restrictions around those people coming in on flights. For example, some of them have dedicated transport to take them to their accommodation, and arrangements are in place for them to self-isolate there in order to minimise the risk of importation of the virus and its being spread locally. I do not know whether officials want to say more on that, but the package was designed to help to support the sector at a key point in the year. It was agreed with public health advisers as being proportionate and appropriate in order to manage the risk of importation of the virus.

Alex Rowley (Mid Scotland and Fife) (Lab): We need to minimise the risk, and the steps that are being taken to do so are correct, but we spoke recently to public health experts who said that if a variant emerges anywhere in the world, it is almost certainly, short of them locking down their borders, going to get into other countries.

That being the case, I suppose that my question is about whether we are giving people a false sense of security. Should we be demanding collective action around the world because we

need to prevent variants from emerging, and is the way to do that to vaccinate everyone around the world? What is your view on that?

Michael Matheson: I will answer that in two parts. First, no system will be able to prevent all variants, or variants of concern, from entering the country. What we can do is minimise the risk of that happening. The purpose behind a managed quarantine system is that, when an individual tests positive, the case is prioritised for genomic sequencing, which allows us to identify quickly whether they have a variant of concern. The process acts to minimise the risk.

You are right to say that no system, other than stopping international travel altogether, can avoid all the risk. However, it is about taking a proportionate approach to try to minimise the risk. We believe that the system that we have in place is a proportionate response to try to minimise the potential risk and to identify variants of concern as quickly as possible when they enter the country.

The RAG ratings system—the process that is gone through by the joint biosecurity centre— involves looking at data in different countries to identify where variants of concern may be circulating. Where they are circulating and there is community transmission, the likelihood is that the country will find itself higher up the RAG ratings and in the red category because it presents a potential risk to us. The response is a proportionate one that helps to minimise the risk, but I accept that unless we stop all forms of international travel, we are not going to be able to stop variants completely.

Your second point is absolutely right. While the virus continues to circulate not just here in Scotland and the UK but in other parts of the world, the risk of new variants developing remains high, and it remains even greater in countries where vaccination levels or access to vaccination have remained low. From my and the Scottish Government's perspective, the outcome that we want is to make sure that countries around the world have fair access to vaccines in order to reduce the risk to individuals in those countries and to reduce the potential risk of new variants of concern emerging.

There is no point in looking at the situation with the perspective of "As long as we're all right here, Jack, everything's fine." The way to deal with it is on a global basis. It is essential that all countries play their part in trying to make sure that countries across the world have access to vaccines and a vaccination programme, in order to make sure that we minimise not only the risk to those countries but the possibility of the emergence of new variants of concern.

Alex Rowley: Brian Whittle spoke about opening up international travel. In your role as cabinet secretary, is there a balancing act between people wanting the situation to go back to how it was before and the Government's policy on climate? A lot of people would ask why on earth we would want to go back to how it was pre-Covid.

Michael Matheson: Do you mean in relation to aviation and climate change?

Alex Rowley: Yes.

Michael Matheson: The principal restrictions that we have in place are based on public health needs, rather than on environmental needs. The restrictions on international travel were put in place to minimise the risk of variants of concern, as I mentioned.

The role that aviation can play in helping to tackle climate change is important. The aviation industry has started to address that, but it still has a lot to do in helping to reduce the impact that aviation has on our climate. We are doing some work at Scottish Government level to support the industry in that. There is no doubt in my mind that we want to reduce the impact that aviation has on our climate, but I do not think that the way to do that is through public health regulations, which are specifically to manage risk from the pandemic.

Will people's behaviour change in the future? Will folk choose to stay at home more for their holidays? I suppose that the answer to that is unknown. We do not know yet whether there will be significant change in people's domestic and international travel patterns. Will more people choose to make use of trains rather than domestic aviation? Again, there is a lot of uncertainty around that. Research has been carried out into it, but it is difficult to know whether some of the behaviour changes that we have seen will be sustained. Globally, will people's travel behaviour change so that there is less international travel for leisure? That is a bit of an unknown. I suspect that there will be some changes, but their scale and nature are not yet clear, and it is not known whether they will be permanent.

Alex Rowley: Do you have regular contact with the UK Government in your work on those issues? Are both Governments working closely together? Are you satisfied and happy with the relationship?

Michael Matheson: There is close engagement. Our officials are engaged almost daily on some of the issues. Would I say to you that the relationship across the four nations on dealing with some of the issues is satisfactory? My answer to that is no. There have been times when the UK Government has indicated to us a desire to change things at very short notice without meaningful dialogue with not just the Scottish Government but our counterparts in Northern

Ireland and Wales. That has led to a difficult situation in trying to address some of the issues and concerns that we have about the very sudden changes that it intends to make.

By and large, the system works okay, but I would not say that it is a good system. There has been a tendency at times for the UK Government to seek to make changes at very short notice, without engagement with the other devolved nations. That issue has been raised with it regularly.

Has that adequately been addressed yet? No, it has not. I know that the Deputy First Minister has raised the matter with Michael Gove on many occasions, but despite assurances, ministerial meetings have continued to be called at extremely short notice—sometimes quite literally with only hours' notice that there is to be a meeting to discuss, for example, issues around international travel.

I have tried to make the system work, as best I can. Sometimes, that means dropping things, with perhaps only an hour's notice, to take part in meetings to engage with UK ministers on changes that they have decided to introduce without giving us forewarning. A lot of work needs to be done to ensure that we have a relationship that takes into account the distinctive role that the devolved nations have in those policy areas, and to ensure that any planned changes allow them an opportunity to consider those matters in detail and to provide feedback before final decisions are made on changes to, for example, international travel regulations.

The Convener: I am conscious of the time; I know that the cabinet secretary has to be in the chamber shortly, so that concludes the debate.

Item 3 on our agenda is consideration of the motions on the made affirmative instruments that we have considered. Cabinet secretary, do you want to make any further remarks on the instruments before you move the motions?

Michael Matheson: I have no further comments to make.

The Convener: Are members content for motions S6M-00699, S6M-00697, S6M-00696, S6M-00698, S6M-00727, S6M-00726, S6M-00903, S6M-00833 and S6M-00976 to be moved en bloc?

Members indicated agreement.

Motions moved

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel) (Scotland) Amendment (No. 13) Regulations 2021 (SSI 2021/237) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 3) Regulations 2021 (SSI 2021/254) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel) (Scotland) Amendment (No. 14) Regulations 2021 (SSI 2021/256) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 4) Regulations 2021 (SSI 2021/261) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 5) Regulations 2021 (SSI 2021/264) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 6) Regulations 2021 (SSI 2021/265) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel) (Scotland) Amendment (No. 15) Regulations 2021 (SSI 2021/275) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 7) Regulations 2021 (SSI 2021/278) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel) (Scotland) Amendment (No. 16) Regulations 2021 (SSI 2021/290) be approved.—[*Michael Matheson*]

Motions agreed to.

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

That concludes our consideration of the item and our time with the cabinet secretary. I thank the cabinet secretary and his officials for their attendance this morning.

The committee's next meeting will be on 16 September, when we will take evidence from the Deputy First Minister and Cabinet Secretary for Covid Recovery on ministerial statements on Covid-19, the Coronavirus (Extension and Expiry) (Scotland) Act 2021 reports to the Scottish Parliament, and subordinate legislation.

That concludes the public part of our meeting.

11:29

Meeting continued in private until 11:36.

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