OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Recovery Committee

Thursday 18 November 2021

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Thursday 18 November 2021

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COVID-19 RECOVERY COMMITTEE

11th 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:

Kirsty Cumming (Community Leisure UK)
Professor Jason Leitch (Scottish Government)
Barry McCulloch (Federation of Small Businesses Scotland)
Professor Irene Petersen (University College London)
Gavin Stevenson (Scottish Licensed Trade Association)
John Swinney (Deputy First Minister and Cabinet Secretary for Covid Recovery)
Leon Thompson (UKHospitality)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

The David Livingstone Room (CR6)

Scottish Parliament

COVID-19 Recovery Committee

Thursday 18 November 2021

[The Convener opened the meeting at 09:00]

Baseline Health Protection Measures

The Convener (Siobhian Brown): Good morning and welcome to the 11th meeting of the COVID-19 Recovery Committee in 2021. This morning we will continue our inquiry into baseline health protection measures, with a specific focus on how the measures are working in the hospitality, business and leisure sectors.

I welcome to the meeting Gavin Stevenson, from the Scottish Licensed Trade Association; Leon Thompson, executive director, Scotland, UKHospitality; Barry McCulloch, head of policy, Federation of Small Businesses Scotland; Kirsty Cumming, chief executive of Community Leisure UK; and Professor Irene Petersen, professor of epidemiology and health informatics at University College London. Thank you for giving us your time this morning.

This is the third of four planned evidence sessions on baseline health protection measures. The measures are the main tools that we are using to respond to Covid-19 and include ventilation, face coverings, social distancing and vaccination.

Each member will have approximately 12 minutes to speak to the panel and ask their questions. We are tight for time this morning and have a number of witnesses, so I ask you to please keep your responses as brief as possible. Do not feel that you have to answer every question. I apologise in advance: if time runs on too much, I may have to interrupt members or witnesses in the interests of brevity. I will begin by asking the first question.

As we move into winter and try to keep as many businesses open as possible, the committee has been looking at baseline health protection measures such as ventilation, on which the committee heard from experts on 4 November. I remember, Mr Stevenson, that when you appeared before the committee on 16 September 2021 you told us that, in general, large nightclubs already have good-quality ventilation systems in place. The Scottish Government has announced £25 million for businesses to improve ventilation and install CO_2 monitors to reduce transmission.

How well ventilated are premises in the leisure and hospitality sectors? How many businesses currently have CO_2 monitors? Are businesses considering their use?

I will go to Gavin Stevenson first.

Gavin Stevenson (Scottish Licensed Trade Association): We have not tracked the number of businesses that currently have CO_2 monitors, but we would be very happy to survey our members and come back to the committee with some more accurate information.

On the grants for ventilation, certainly £25 million is very welcome support for the sector, and I imagine that businesses are looking forward to the grant system opening next week. I note that individual grants are capped at £2,500 per application, which will certainly help with things such as additional vents or window openings but which will not be enough to cover the installation of substantial mechanical ventilation systems.

On the current state of ventilation across the sector, the larger premises, and the larger nightclubs in particular, tend to have very good mechanical ventilation, because that has always been required for customer safety. Smaller premises, which are perhaps in listed buildings, may have less ability to install large mechanical ventilation systems, but they will have a form of ventilation throughout the premises because that has always been a requirement for customer safety. Anything that can be done to improve ventilation will be welcomed by the sector.

The Convener: Thank you. I ask Leon Thompson from UKHospitality the same questions.

Leon Thompson (UKHospitality): Good morning. I am absolutely in line with Gavin Stevenson on this. At this point, it is not possible to give you a figure on how many businesses have CO_2 monitors, but I am happy to check that with my membership. I suggest that many more probably have them now than had them before. Ventilation has been a topic of discussion for a number of months—it was certainly discussed over the summer. Businesses have been getting ready for the winter and looking at the Government advice that has been made available on improved ventilation.

The ventilation grant scheme, which goes live and opens for applications next week, is very welcome, and businesses will make good use of it. The only caveat is that, given that we have been talking about the issue since the early part of the summer, it is disappointing that the scheme is only going live now, towards the end of November.

The ventilation that is in place varies from business to business, as Gavin Stevenson said. I

draw the committee's attention to the fact that hospitality businesses have made good use of outdoor space when they have been open and trading over the past few months. We would like that to continue.

The Convener: Thank you. I will bring in Kirsty Cumming from Community Leisure UK.

Kirsty Cumming (Community Leisure UK): Thank you. Like the previous two witnesses, we do not have a robust statistic for CO_2 monitors but, through conversations with our members, we know that the vast majority of them have such monitoring in place. We also know that the Scottish Government guidance on CO_2 monitoring has led to a number of spaces across public sector leisure and culture not being able to return to full capacity or reopen.

One of the main challenges for our membership is the range of venues and buildings that they operate in. They operate in a number of heritage buildings, older venues and smaller spaces, where ventilation is inevitably more difficult and would require substantial upgrading. Some spaces have not reopened at all yet because of that issue, and some are operating with reduced capacity.

The Scottish Government's announcement of a £25 million fund is very welcome, but it specifically excludes our members. None of our members is eligible for that fund, as arm's-length external organisations are excluded from it. However, even if the ALEO exclusion were removed, the rateable value criterion would exclude the vast majority of our members.

Digging into the detail of the funding, we can see that very small amounts are available for individual items, and it is very challenging for businesses in our sector to go through the logistics of applying for very small pots of funding. We also know that there is not a huge amount of funding available from other sources for ventilation, so where necessary, the cost is being picked up by our members themselves or with their local authority partners.

Enforcement of the ventilation guidance is another issue that comes through strongly from our members. There is clear guidance from the Scottish Government on ventilation and our members are fully compliant with that. However, there is a feeling that that is not the case across all venues in our sector or in other sectors, and that enforcement is leading to an unequal playing field.

The Convener: Thank you. That was very informative. I put the same questions to Barry McCulloch from the Federation of Small Businesses Scotland.

Barry McCulloch (Federation of Small Businesses Scotland): Thank you, convener, and good morning. I echo many of the comments that have already been made. The launch of the £25 million business ventilation fund next week is a significant development. There are clear market failures around the ability of the smallest businesses to make sure that they are properly ventilated during the winter months, given that they will not be able to do what they have done during the spring and summer seasons.

As Leon Thompson said, there has been a hiatus between the announcement of the fund in late September and the publication of the details this week. I offer three points by way of initial reaction. First, there is a lack of precision in who the fund is aimed at, given that there are more than 25 different types of businesses that could apply for a fund of £25 million. Secondly, there is a lack of clarity on how the application and appeals process will operate. As we have seen during the crisis, it is possible that there will be 32 different systems and 32 different appeals processes, which, as we know, can lead to businesses in one area receiving funds whereas the local authority in another area does not pay out. Finally, given the certification scheme, which we may go on to talk about, there is the potential for businesses to be disappointed as a result of the likely high demand for funding and the relatively small amounts available, with the cap set at £2,500 per eligible premises.

The Convener: Thank you. I move on to Murdo Fraser.

Murdo Fraser (Mid Scotland and Fife) (Con): Good morning, panel. I will start with Gavin Stevenson and ask about the announcement from the Scottish Government on Tuesday that it is considering extending the vaccination passport scheme, which could come in from 4 December, if I remember rightly—we will hear about that on Tuesday coming. What is your view on a possible extension and the impact that, were it to be introduced, that would have on businesses in your sector? What engagement have you had with Scottish Government ministers around the policy?

Gavin Stevenson: The five trade bodies in Scotland surveyed members last week to ascertain the economic impact of the current vaccination passports scheme, which has been little short of devastating for a substantial proportion of businesses. We have provided information to the committee about the financial damage that has been done so far. There has been a decrease in turnover of between 20 and 40 per cent between the month before vaccination passports were implemented and the month after their implementation. There is a direct correlation between the implementation of vaccination passports and a substantial, unsustainable decrease in trade. Therefore, any proposed

extension of the scheme is deeply unwelcome for the sector.

Of course, the problem is not particular to Scotland. We now have data from Wales, where a survey this week showed a substantial decrease in trade in the Welsh sector as well. There are similar reports internationally, excerpts of which we have provided to the committee, showing decreases in trade in France, Canada and elsewhere after similar schemes were implemented.

If the Scottish Government is determined to proceed with the roll-out of the scheme, it will be absolutely essential to have significant financial support in place for this winter, otherwise a substantial proportion of businesses will not survive.

Murdo Fraser: Thank you, Mr Stevenson. My second question was about the engagement that you have had with Scottish Government ministers on the issue.

Gavin Stevenson: The trade bodies requested a meeting with the First Minister some two months ago. We received an acknowledgement of the request but no meeting has been scheduled yet. Last week, we requested a meeting with the Deputy First Minister and were told that he was unavailable. We have a meeting scheduled with Mr McKee today, and we will see what the outcome of that meeting is.

Murdo Fraser: Thank you. I put the same questions to Mr McCullough.

Barry McCulloch: I agree with Gavin Stevenson's points. Notwithstanding the comments made by the Deputy First Minister about the possible expansion of the scheme, it is fair to say that the statement that was made in the chamber last week took many business owners by surprise. We and others have been monitoring the current scheme and the situation in Wales, but were surprised by the potentially large expansion to cover indoor hospitality and leisure settings that is under consideration. That led us, as it led colleagues, to conduct a snap poll. We contacted more than 600 members, and the poll revealed that 52 per cent of businesses across the economy were opposed to the move, which is a notable finding in itself.

09:15

The story that we were most interested in, which we have been talking to Scottish Government officials about, was the reaction from the businesses that could be caught by the expanded scheme. It will surprise few to learn that opposition to an expanded scheme increased to 77 per cent, with hospitality and leisure businesses fearing that the scheme would lead to increased costs, reduced sales and a considerable increase in antisocial behaviour.

We have been talking to Scottish Government officials since the statement was made by the Deputy First Minister last week and putting forward the case for mitigating the impact on the smallest businesses.

Murdo Fraser: Thank you.

Kirsty Cumming: It has been interesting to hear from the previous two witnesses about experience in other sectors. My perspective is slightly different because we do not have vaccination passports in our sector at the moment. We have had a consultation and a few conversations with our members about what the possible expansion across public sector leisure and culture would mean. Our members have significant concerns about that.

There is a logistical challenge around how the scheme could be implemented. A lot of leisure centres have what we call easy access gates—that is, there is no reception desk. Additional staff would be required to check passports, against a backdrop of a recruitment crisis in the sector. We are already struggling to recruit more front-of-house staff in particular across leisure and culture.

There is also the angle that, against a backdrop of financial pressures, dealing with the scheme would be unaffordable, and there are concerns around pressure on staff, particularly in relation to mental wellbeing. There are already huge pressures on a number of staff across the country due to the recruitment crisis in the sector, staffing shortages, changed working patterns and the whole Covid landscape. There is concern that an extension of the scheme would be an additional pressure. There is also the risk of antisocial behaviour from those who are opposed to Covid passports.

One key concern that has been raised is the health risk. At the moment, our members are operating time-slot bookings to try to ensure that people are not gathering outside venues ahead of their activities. If we bring in Covid passports and a check-in process is required, there is a significant risk that that will lead to people queuing to get into venues, which does not happen at the moment, and that people will have to queue outside in the winter months.

There are also concerns relating to our members' customer base. A lot of people who use our members' facilities are older people and people with underlying or long-term health conditions. Covid passports will bring in another barrier to people being active, whether that is through queuing or through confusion over how to access Covid passports. Difficulties with accessing Covid passports are a risk for who are digitally

excluded, who would have to bring paper passports with them, and for those who have additional support needs, such as people who are living with dementia. Our members run a number of dementia-friendly activities and the scheme could be another barrier for them.

Covid passports are currently in place in settings that are different from those where our members operate. Most of our members' venues are open for up to 13 hours a day, seven days a week, which is quite different from some of the other settings where Covid passports are currently being used, and there are staffing issues that go alongside that.

The main concern is that, by bringing in another barrier, the scheme would deter people from being active and would have an impact on their wellbeing.

Murdo Fraser: Thank you.

Leon Thompson: I have the same thoughts as the other witnesses. The announcement of a possible expansion of the scheme has caused widespread alarm across hospitality. Hospitality businesses that are currently not in scope are very well aware of the impact that it is having on those that are in scope. Some businesses that are currently out of scope are experiencing some economic impacts as a result of the scheme in any case.

Staffing issues are a big concern for our sector. Checking passports as people arrive will be a major challenge. The timing of any expansion will be very difficult. Hospitality businesses are getting ready for what they hope will be a busy Christmas season. If the expansion of the scheme begins on 6 December, which is the date that has been given, that has the potential to be pretty disastrous for businesses. They may already have bookings in place that people may cancel, and other people may not make bookings, deciding instead to have celebrations at home rather than going out to a hospitality venue.

The idea of an expansion has caused alarm—quite rightly, given that, as Gavin Stevenson highlighted, the findings of our joint survey show that the current scheme is having a detrimental impact on business.

John Mason (Glasgow Shettleston) (SNP): I want to switch to Professor Petersen and the question of testing. I had a look at the paper that explains why lateral flow testing may be relatively better now, or better than it was thought to be, in comparison with polymerase chain reaction testing. However, the paper was quite complex. Will you briefly and in simple words explain for me where you have got to with that?

Professor Irene Petersen (University College London): Yes. I accept that it is not a simple paper, but it is a very important one, because there was a lot of doubt around lateral flow tests when they were first introduced earlier this year. One of the key problems was that the lateral flow test was compared directly with the PCR test without taking into account that they are two different types of test. Therefore, when studies were made, it was like comparing apples and oranges, and it appeared from many studies that the lateral flow test had a very low sensitivity. There were reports of a sensitivity of 40 per cent, for example.

That happened because the PCR test tests for genetic material. When a person has Covid, they have genetic material in their body for a long period after they have been infectious. When a sample of 1,000 people, for example, is taken, people may test positive in the PCR test, but probably more than half of them will not be infectious if they have no symptoms. On the other hand, the lateral flow test is a test of infection. It identifies the proteins from the virus, so it tests positive only in the period in which a person is infectious. The paper illustrates that.

When we make a direct comparison between lateral flow tests and PCR tests, it may appear that the lateral flow tests have a much lower sensitivity, but their sensitivity is much higher if we want to examine when people are infectious. We estimate that that is above 80 per cent and possibly close to 95 per cent.

John Mason: It sounds very encouraging that we can put more reliance on lateral flow tests. Can we go as far as saying that we should just forget about the PCR tests and rely purely on the lateral flow tests?

Professor Petersen: For a public health measure, I would say yes, but PCR tests have a very important function in sequencing for new variants, so there is still a place for PCR testing. However, I would not use PCR tests as a public health tool.

John Mason: Others may come back to you on that, but I appreciate that answer.

I want to switch to things that Mr Stevenson has said about vaccination passports, for example. Do you think that you have been slightly overstating your case, that there has been a certain amount of crying wolf, and that people are not taking you seriously because you use such strong language, such as the word "devastating"? That is my key question.

I have tried to get into a restaurant in Edinburgh on a Wednesday night, and it was absolutely full, and I have gone into a pub in Edinburgh on a Wednesday night, and I could not find a seat. In

Glasgow last Friday night, I was in a restaurant that was absolutely full. Parts of the hospitality and licensed trade sector seem to be doing absolutely fine. I went into a COP26 event the other week and showed my passport, and there was no problem; it was absolutely fine. It seems that, in France, a person can go into a cafe or a shop, show their passport, and there are no problems. Do you think that you are overstating your case?

Gavin Stevenson: The challenge that we have is that all the venues that you have just mentioned are currently not required to use vaccination passports. On being able to get a seat in a busy restaurant or a busy pub, those are largely venues that do not currently have to use vaccination passports, so there would be substantially less impact on them from the current implementation of vaccination passports. On the other hand, if you have read the survey results that we submitted, you will have found that all five of the Scottish trade bodies surveyed their members and that there was a very significant decrease in trade for those venues and premises.

You mentioned the roll-out in France. The National Federation of French Cinemas reported that it had lost 7 million ticket sales in a month due to the implementation of Covid passports. One of the French hospitality trade bodies reported that 80 per cent of bars and cafes and 60 per cent of restaurants saw their revenues drop by at least a fifth in the month after the implementation of vaccination passports. There have been similar outcomes when vaccination passports have been rolled out in Canada and New York City. Therefore, that is not a problem just in Scotland; that has been the experience elsewhere.

When barriers are put between customers and businesses with vaccination passports, that inevitably results in a substantial loss of trade. We have previously given evidence to the committee that businesses in our sector require a turnover of 90 per cent or so of normal levels to break even. It is clear that, when their turnover is reduced by 20, 25 or 40 per cent, there will be a devastating impact that will absolutely affect their viability.

John Mason: Thank you for that.

I will switch to Leon Thompson. The argument has been put previously that, if vaccination passports were used more widely, businesses and individuals would be more familiar with them, so they would become the norm. From what I have heard, that has been the case in France—one of my staff was there recently. Do you think that that would be the case? If a negative test was part of the system, would you be more comfortable with it?

Leon Thompson: On the point about vaccination passports being easier for people to use and they would accept them more if they were the norm, that is not what we are talking about. We are still talking about an expansion that targets hospitality; we are not talking about extending the scheme out to the rest of everyday life. The burden is being put on hospitality businesses. Hospitality businesses are continuing to prove their mettle in the face of a number of challenges, but they still reported a decline of at least 10 per cent in business in the last quarter compared with 2019. They are not in a strong position—they are still very fragile. Anything that comes in that potentially damages the move towards recovery is unwelcome.

09:30

Hospitality businesses have continued to deploy baseline measures and to go beyond those measures to keep staff and workers safe. They are currently running very safe venues, and no evidence has been provided so far by the Scottish Government that vaccination passports are making a difference to transmission rates or that an expansion will make the difference that is being sought for the months ahead.

The Convener: Professor Irene Petersen would like to respond to that point.

Professor Petersen: I will make a comment as a user of a Covid passport. This summer, I went on holiday to Denmark, where Covid passports were widely used, and not once did I find that there was a problem in getting into venues or in staff having trouble checking the Covid passport. At that time, my younger daughter was not fully vaccinated, so she had to have a test passport, but that worked out very well. All the venues that we visited welcomed the passport, because it gave the customers a feeling of being safer in the environment, with the chance of encountering somebody who had Covid being much lower in those venues.

I suggest that the committee take that into consideration when it evaluates the use of passports. I fully appreciate that there might be some cost, but it is not up to me comment on that.

John Mason: That is very helpful.

Brian Whittle (South Scotland) (Con): I will come to Kirsty Cumming first. Community leisure is a particular interest of mine. How do you feel that the leisure industry has managed to adapt through the pandemic? How has it fared? My experience is that it has been extremely good at delivering a safe environment.

Kirsty Cumming: Our members' adaptation has been phenomenal, whether that has been the pivot to digital, adapting the new safety measures, or the communications that they sent out to users

of facilities. We have seen really positive feedback from users of the culture and leisure facilities across our membership. Some of the feedback on reopening has been heart-warming, showing how much people value the opportunity to be active, engage in culture and socialise.

Adapting to the situation has been a journey, as I suppose that it has been for everyone. This morning, I dialled into the committee to attend virtually. Who would have thought that we would doing that a couple of years ago?

Our members have really run with it. There is an expectation that things will change permanently, and there is a learning process as to what those things will be. We are not expecting to go back exactly to how things were. Let us take library services as an example. There has been a huge uptake digitally. More people are accessing library services than ever before, and the digital availability of content has made it much more accessible to a lot of people. The services have been a lifeline through lockdown.

Brian Whittle: My experience is quite limited—the only thing that I really see is the athletics track. The organisers have adapted by opening a gate, we are checked in externally and we no longer go through the main building. It is like a Special Air Service operation—it is quite remarkable. What would be the impact on such leisure facilities, libraries—which you mentioned—and so on—if the Covid passport is expanded into those areas?

Kirsty Cumming: As I touched on previously, the real concern is that that would be an additional barrier. For those who really want to be active and who are very comfortable with the passport—that will be a lot of people—it would not necessarily impact hugely on their using the facilities.

If we look at the return rate across leisure as an example, we can see that it has been increasing since reopening, although it has plateaued somewhere between 60 and 70 per cent of pre-Covid levels across our membership. Indeed, the levels are fairly consistent at that 60 to 70 per cent mark across the sector and across the United Kingdom.

It is interesting to look at who has not returned to using facilities and why they have not returned. At the moment, we do not have any concrete or robust evidence about that. Anecdotally, a lot of the people not returning are those who have more health concerns, are perhaps more vulnerable, and are more anxious about returning to public spaces and taking part in group activity. There is a real risk of creating another barrier if we bring in Covid passports.

The messaging that goes out is also an issue. If there is a Covid passport for some venues, whether that is across leisure or culture, are those venues seen as being less safe? The subliminal messaging is that there is a real risk with those venues.

Brian Whittle: Thank you. I will follow-up Murdo Fraser's questioning about the expansion of the vaccination passport and what that might mean. I think that we all recognise that we must take measures to restrict Covid spreading. You are obviously against vaccination passports and their expansion. Barry McCulloch, what do you feel should happen? What are your alternative options to that?

Barry McCulloch: My position in this debate is to represent the views of FSB members, Mr Whittle. In that regard, my role is to put forward the evidence that we have collected from more than 600 members, which detailed their views on the introduction of the scheme and its impact.

Given where we are with the potential scope of the scheme, we are focused on how to minimise the burden on the smallest and lowest-risk settings. There is a variety of options in that regard. We are trying to portray the reality of how the scheme could function in neighbourhood cafes and country cafes, for example, and what that would be like. We are trying to explore, through the context of the business and regulatory impact assessment, the trade-off between the public health gain on the one hand and the economic impact on the other.

We have done that not to be alarming but to have a grounded evidence-based conversation about what the scheme could look like. Conversations will continue to take place between Government and trade bodies to try to arrive at that point. As I said at the start, FSB members have made their views very clear in the sectors that could fall within in the scope of the scheme and they would rather the scheme did not go ahead.

Brian Whittle: Gavin Stevenson, do you have anything to add to that?

Gavin Stevenson: The sector is very keen to work with Government to minimise any of the adverse impacts from Covid. Equally, it would be naive to believe that, if people are excluded from going into hospitality venues because they do not have a Covid passport or because they have not been double vaccinated, they will go home, put on their pyjamas and watch television.

In previous waves of the pandemic, we saw substantial increases in house parties and gatherings in unregulated settings, where significantly fewer baseline mitigations are enforced, there might be poorer ventilation and there would not be a regulated environment for people to gather in. It was widely reported that

Police Scotland broke up 44,000 house parties in the previous phase of the pandemic.

When about 90 per cent—the figure is in the high 80 per cent—of the adult population is double vaccinated, what are we trying to achieve by implementing vaccination passports across all hospitality? There is no evidence to suggest that the people who are excluded will not simply move to a less safe environment and continue mixing.

Brian Whittle: I will give Leon Thompson the opportunity to respond, if he has anything to add.

Leon Thompson: I will focus on what businesses are already doing to keep their customers and workforce safe, even beyond the baseline measures of making sure that people are wearing face coverings and getting customers to use the check-in app. Many businesses are still deploying a safety regime that goes beyond the baseline measures that came in beyond level 0. That includes cleaning measures, continuing with table service and often still having in place one-way systems. Also, there is increased distance between tables, which means that businesses can have fewer customers in at a time. They are also investing in ventilation—we have talked a little bit about that—and are keeping Perspex screens in place. Therefore, businesses are already taking a lot of action to keep their customers safe. There is no evidence that hospitality businesses have been responsible for significant spread of Covid.

Brian Whittle: I have a quick question around the timing. We are coming into a period when hospitality gets a fair proportion of their annual income and introducing more stringent controls during this time would have an impact on that. You need time to plan with staff, order supplies and work out rotas and so on. How quickly can you pivot under those circumstances?

Barry McCulloch: Businesses have shown throughout the crisis that, sometimes at the drop of a hat—with two or three days' notice, or sometimes a little bit more—they can quickly adapt and put in place measures in accordance with the regulations. Should it be that way? It absolutely should not, but I highlight the versatility and adaptability of business owners. That has been the way that they have kept going throughout the crisis and they will continue to act that way.

We want to see a period in which there is at least time to deliberate on the design of the scheme. If the debate about the scope is complete, the discussion has to move very quickly to how we do it, what it looks like and what the process is. Will we check passes at the door or inside? Perhaps, we will check passes at the booking or ordering stage. How will it work in businesses that have multiple services, such as a hotel with a restaurant or a farm with a cafe? The conversation has to accelerate quite rapidly, to give business owners time to plan.

As you mentioned, Mr Whittle, we are entering into a vital busy trading period and many FSB members will be looking to make as much money during this period, because January to February is relatively quieter. Whatever we decide, we have to take the business community with us and we have to co-design the process in whichever way we can to mitigate pressures on the smallest businesses.

Leon Thompson: I agree with Barry McCulloch's point. Businesses have shown themselves to be adept at doing whatever is required of them, and I am sure that they will do so again if they need to. Perhaps the biggest challenge is the timescale and how that will play out with the public. We found that, when the scheme as it exists currently was introduced, it took quite a long time for members of the public to get their QR codes sorted out and be in a position to start using them.

09:45

We had a grace period as well. It was indicated that that was for businesses, but I think that it was largely to allow the public to get used to vaccination passports. Given that we are moving into a critical time for hospitality businesses—that is, Christmas trade and so on—if the public is not ready, businesses will suffer.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): I thank the witnesses for attending. I have huge sympathy for the industry. I have worked in hospitality. I had a hospitality-style business, I have worked in the food and drink sector and I still have a lot of friends and colleagues who are in it. I have taken time to speak to a lot of them. On John Mason's point to Gavin Stevenson—I do not mean to pick on you—they are saying, "You know what, see if we've got to do it, we'll do it because we'll stay open." That is the biggest message that I have coming back to me.

If they have a concern, it is that they cannot get enough staff. You are saying that businesses must work at 90 per cent of capacity to break even and keep going. However, a lot of businesses are working at 70 to 75 per cent capacity already because they cannot get more staff. That is the biggest issue that I am getting back.

I will also pick up on Brian Whittle's point about how getting on top of the situation requires a community effort. We are very fortunate in this committee because we get evidence not just from medical and epidemiological experts, but from everywhere. I get that your interest is to look after your industry, but it is still a societal problem.

We know that vaccination passports were targeted at a particular age group to bring up their vaccination numbers and that that has worked to a certain extent. Therefore, I would be comfortable to see the vaccination passport extended, because it makes the messaging a lot easier. One of the things that we have explored in committee religiously is how the messaging has gone out. If people know that, between now and Christmas, they must have a vaccination passport, they will get it. In my view, if that drives up vaccination numbers, it is worth it, because your businesses will stay open. If we do not have passports and we go into another lockdown, everything will shut. Gavin Stevenson, I am happy to argue the point with you, so please come back to me.

Gavin Stevenson: There are a couple of issues in that. We have surveyed hundreds of premises across Scotland in the past week and asked them some of those specific questions. Some 72 per cent report that there has been a negative change in customer confidence and fewer advance bookings since the launch of vaccination passports, and only 2 per cent have reported a positive change. That is based on more than 200 responses from across the hospitality sector, and covers a broad range of membership bases of the five trade bodies. We can report back to the committee only what the members and the businesses in hospitality are telling us.

On your point about driving up vaccine take-up, I think that it is questionable whether there has been any significant change to the uptake trend in the 18 to 29 age group since the launch of vaccination passports. There was, of course, an uplift in second-dose vaccination during that time because there was a significant uplift in first-dose vaccination several months earlier and those people were due their second dose. However, if you look at first-dose vaccination rates for the vaccine hesitant or at those age groups who are resistant to vaccination, there does not appear to have been any substantial uplift in the trend rate from before and after vaccination passports were announced.

Finally, to comment on the Christmas topic, there is no time now for people to get vaccinated with two doses before Christmas. If somebody chose to get a first dose of a vaccine today, it would be 12 weeks from now until they were able to get their second dose and their vaccination passport after that. That takes us well past Christmas, so it does not seem likely that people will be motivated to go out today and get vaccinated if they have not already done so, purely to attend Christmas parties, or not this year's Christmas parties anyway.

Jim Fairlie: I dispute your point that there has not been an uptick in the number of people, particularly in the age group that you mentioned, getting vaccinated. The Deputy First Minister told us that he cannot give a definitive answer, but you also cannot prove a negative. I argue that the scheme has had the effect that we are trying to achieve.

Leon Thompson, what is your position?

Leon Thompson: I want to stay on the point about staffing, which is a major challenge for our sector. I highlight that one of the things that came out of the survey that we have shared is the extent of the abuse that has been heaped on staff working in hospitality over the past months. About 81 per cent of the businesses that responded to the survey said that levels of verbal abuse towards their staff had gone up in their hospitality venues. That has been driven largely by staff shortages and customer frustration.

I suggest that, if staff have to check vaccination certification, that is likely to lead to a rise in hostility towards staff, particularly from people turning up who do not have certification with them or cannot prove that they have been vaccinated. The pressure will fall on individual members of staff and businesses to turn away potential customers, which will increase conflict in hospitality settings.

We all understand our specific responsibilities to ensure that people are vaccinated and to take all necessary steps to keep people safe. As I said, hospitality businesses have been very good at doing that, and they will continue to play their part in that. There needs to be stronger messaging to the public about being vaccinated and the responsibilities that we each have as a member of Scottish society. If we can get that messaging right—hospitality businesses can play their part in getting that message out there, too—we will be able to get vaccination rates up without having to resort to an expansion of the Covid passport scheme.

Barry McCulloch: I want to build on those comments and to stress that almost all businesses will accept additional public health measures if that is the alternative to lockdown. That has emerged strongly from the discussions that we have been having with members since the announcement was made, but that does not mean that we should not fully scrutinise additional measures such as the expansion of the vaccination certification scheme, which is the work that we are doing here.

To be clear, we are not just talking about pubs and nightclubs, we are talking about the scheme capturing large parts of the everyday economy including cafes, restaurants, gyms, personal trainers and sport and entertainment venues such as crazy golf. The argument of such businesses throughout all this is simply about the economic

and public health trade-off. If there is a trade-off, a debate on that might be needed.

However, it is also important to talk about the timing and the process. We could have firmly evaluated the merits of the policy in the summer, but we are now designing and potentially implementing a scheme at breakneck speed ahead of our key trading period. The crisis has told us that such initiatives, which are often hovering in the background, cause a lot of uncertainty for business owners, even those who are not directly captured by them. It is about having honest, candid conversations with business owners while giving them the reassurance that they can trade their way out of the crisis.

Jim Fairlie: As I said, I genuinely have enormous sympathy with the sector, but I also have absolute confidence, knowing the sector as I do, that it will be able to pivot and to manage an extension of the scheme. My biggest concern is about businesses not being able to staff things properly and about the increase in VAT next year. That is a much bigger issue than the vaccination passport scheme being implemented.

Irene Petersen, how widely have you distributed your findings, and how well are they being received?

Professor Petersen: I apologise—my neighbour is having building work done. I will try to answer your question. Can you repeat it, please?

Jim Fairlie: Yes. How widely have you distributed your paper, and how well has it been received? Specifically, if it is accepted, is it usable as a public health measure?

Professor Petersen: The paper has been widely distributed in the media. On the day that it was published, it was on the front page of the BBC and Sky News websites. In general, there is now much more acceptance that lateral flow tests are much more sensitive than was originally thought. I do not know whether that answers your questions sufficiently.

Jim Fairlie: Will your paper lead to those tests being a more usable public health measure?

Professor Petersen: I certainly hope so. We wrote the paper because we were aware of all the negative publicity that the tests had at the beginning of the pandemic. When new tools are introduced, it often takes time before people accept them and understand how important they are. Lateral flow tests are one of the most important tools that we have to keep control of Covid—apart from the vaccines, of course. As you can see from the experience of Glasgow in the previous week, for example, such tests are a very helpful tool in giving people a rapid answer and in identifying people who are infectious.

Jim Fairlie: Excellent. Thank you.

Alex Rowley (Mid Scotland and Fife) (Lab): Good morning. On abuse of staff, when I phoned my general practice this week, there was an automated message making it clear that, if anybody continued to be abusive to staff, they would be removed from the practice. The level of abuse towards front-line staff is therefore not particular to only the hospitality industry. I suggest that the message that needs to go out is that, if people are abusive, they will not be welcome in pubs, restaurants or whatever it is in the first place.

Gavin Stevenson said that the Government is putting up a barrier between customers and businesses, but I would hardly call my having to pull up my certificate a barrier. That is the danger that I see from what I have heard this morning, so I want to move on from the negativity. By the way, the number of young people who have been vaccinated has gone up since the proof of vaccination scheme was introduced. The issue is that you cannot necessarily claim that that was a direct result of the scheme, but you are wrong to say that the number has not gone up.

We need to take the red herrings out of the equation and start talking about what needs to happen. On that note, is it your view and the view of the industry that it would be helpful if, as well as providing proof of vaccination, people could provide proof of a negative test? That is what happened yesterday in Northern Ireland, for example, where much more stringent measures than we have here so far are being introduced. Do you have a view on that? Would that add to the proof that someone is safe to go into such venues?

10:00

Gavin Stevenson: To clarify, we did not say that there had been no increase in first-dose vaccination in the 18 to 29 age group during the roll-out. We said that there had been no significant increase in the trend in first-dose vaccination during the roll-out. In the evidence packet that we sent to the committee, we provided the trend line, which uses Public Health Scotland's data on vaccination. If you can point me to a significant increase around the launch of vaccination certification, I would be grateful, because we certainly cannot see it, having looked for it.

On providing a negative test, there are two key issues relating to the barriers that have been put between businesses and their customers. First, a proportion of customers—it is a very small proportion overall, but it is much more focused on places such as nightclubs—will not be double vaccinated. Obviously, they cannot get a

vaccination passport, so they cannot get into premises. That is clearly a barrier. That barrier would certainly be removed if a customer could gain admission either by proving that they were doubled vaccinated or by proving that they had had a recent negative lateral flow test. A helpful and welcome addition to the scheme would be an option of providing a negative lateral flow test for customers who could not prove double vaccination. Does that clarify our position?

Alex Rowley: Yes, it does. Thank you.

Gavin Stevenson: Take-up of vaccination passports is also an issue. For a couple of weeks now, we have been asking for data from the Scottish Government on how many unique users in Scotland have taken up the offer of a vaccination passport. The Government has been unable to provide that information to us, albeit that it has noted that there have been a million and a half or so downloads of the app and some additional downloads of paper copies—but they might be, substantively, the same people who have the app. If only 30 per cent of the Scottish population have a vaccination passport, there will clearly be a barrier to the two thirds of people who have not yet managed to obtain a vaccination passport from the Government.

Alex Rowley: We are tight for time, so I ask other members of the panel, starting with Barry McCulloch, to concentrate specifically on the question of a proof of a negative test being added to the proof of vaccination certificate.

Barry McCulloch: Given that I have zero expertise on this issue, I will not contribute to this point and I will leave it to experts, such as Professor Petersen, to provide the committee with an informed view.

Alex Rowley: Would any other witnesses like to comment on that specific issue?

Professor Petersen: Yes, I think that the uptake of the Covid passport would be increased if it included a recent negative test—for example, one that was taken within the past 72 hours. Some people may decide to go and get the vaccination because it makes life a lot easier but you should also allow people to get entry if they can prove that they have a negative test. I am aware that that is part of the Danish Covid passport and also that they allow people who have recovered from a recent infection a Covid passport.

Kirsty Cumming: Like Barry McCulloch, I do not have a huge amount of expertise in this area, but it is worth mentioning the planning and prebooking of events. For example, with regard to the cultural side of our membership, people book tickets for things like theatre performances—pantomime is the topical one that comes up—months in advance of attending those events. There is a need to consider those who are not vaccinated for whatever reason but have already paid for tickets to events, and perhaps consideration could be given to using lateral flow testing as an alternative to a proof of vaccination status, in order to allow people entry.

Leon Thompson: Certainly, some of our members have reported that allowing a negative lateral flow test to be used as an alternative would help their businesses because they would be turning away fewer people than they are at the moment.

Alex Rowley: I spoke with theatres this week, and the point that Kirsty Cumming made about pantomimes came up.

Barry McCulloch, you do not have a view on the negative test but has the Federation of Small Businesses put forward any proposals for how the Government could support small businesses if this roll-out takes place?

Barry McCulloch: That is a key point. Going back to March 2020, the other side of the coin when it comes to the consecutive interventions in public health has been direct financial support. If we go down the path that has been suggested, the relationship between public health interventions and public financial support offered by the Scottish Government would have to be part of the equation. As previous witnesses have said, all the interventions have potentially dampened trade—evidence of that is coming through in discussions with members. There is a conversation to have about how you alleviate that impact, especially for those in the unlicensed trade who do not have door staff and who have very little experience of such schemes.

The point that we make to Government officials will always be about the practical operation of any scheme and how we get it right. The crisis has also shown us that we do not always get our interventions right at the first go and we constantly need to keep them under review. Maintaining openness to ideas while also providing support to businesses is a key element when we are talking about these measures.

The Convener: Thank you. I think that we all appreciate how challenging the situation is for the industry at the moment.

We have a little bit of time, so I will ask one more question. Looking at barriers for businesses at the moment, what are your views of the impact on leisure and hospitality, particularly in town and city centres and also in local communities, of the continuing shift to home working?

Leon Thompson: That is having an on-going impact. City centre hospitality businesses are particularly badly impacted by the working from

home message. It is very hard for them to move forward until there is reasonable footfall again during the week in the daytime. That also spills out into the evenings because, if people are not in offices and other workplaces, nobody is going out straight from work.

We have talked about Christmas. The situation has an impact on Christmas too, as there will be fewer staff parties, work get-togethers and so on. Members are reporting that they have very few bookings for work-related Christmas events. They are hoping that they might see a bounce in those numbers, particularly around the unofficial Christmas parties. However, at the moment there is not a good picture coming from city centre hospitality venues and businesses.

Barry McCulloch: It is impossible to have this discussion about the health and wellbeing of our city centres and our town centres without linking it to where we were before the crisis. Many local places are still struggling with the crisis of 2008 and other crises going back as far as the late 1980s and the start of 1990s. We have seen that there is a balance in our membership between those who have been directly affected by the loss of commuter traffic and commuter events, such as city-centre leisure hospitality businesses, and businesses that have found benefits and efficiencies in working from home.

The Scottish Government's town centre review, which I took part in for FSB, tried to find the balance between increasing the economic benefits for local neighbourhoods where there are lots of small businesses that have done pretty well because the spend is not taking place in the city centres—it has been taking place elsewhere, albeit much of that has been online—and those trying to provide targeted measures to our city centre businesses who are really struggling. What we are seeing on top of that, to complicate matters, is a real structural shift in the economy, with increased digitisation and mass transport habits changing with how people get to work or go to work.

I think that at this point—this is also coming through from the evidence that we and others are seeing—it is difficult to disentangle the impact of the pandemic from the impact of those other structural shifts, particularly for independent retailers. You did not ask about community retailers, but we have considerable concerns about them, particularly those in places such as Edinburgh and Glasgow who rely not just on local people using their facilities and services but also rely enormously on foreign travellers coming to the country and spending money. How all of those issues go together and create uncertainty concerns us.

As we move forward through the pandemic, the Scottish Government and others will need to channel quite substantial sums of money into our city centres and towns to allow them to regenerate and regroup, given the pandemic's impact.

Gavin Stevenson: I completely agree with the previous comments from colleagues. There has been a substantial impact on hospitality businesses from the decrease in footfall in town and city centres as a result of home working. It is just another of the impacts that the sector is having to deal with at the moment on top of other barriers to trade and impacts that no doubt will continue for some time to come.

Kirsty Cumming: I suppose it is slightly different in the leisure area. A lot of leisure sports centres are not traditionally in town centres. However, we have certainly seen an impact on usage patterns. People who traditionally commute use leisure facilities before or after work or use facilities in a different geographical area to where they live, so there has certainly been an impact from that perspective.

The other impact that we have seen comes from the reduced footfall in town centres, as previous speakers mentioned. The footfall for museums and galleries and other cultural attractions has been significantly down. We could not draw any conclusions on whether that is a result of home working, of people not wanting to go into city centres or of the general landscape, but, anecdotally, we know that there is significant reduced footfall for these venues.

The Convener: Do members have any other questions for our witnesses today?

Jim Fairlie: I have one brief question. Professor Petersen said businesses should allow the use of lateral flow tests or a proof of a negative test. My only concern about that is how do you stop people cheating?

Professor Petersen: That is a good question. At the moment, the system in the UK is that people self-test. You could continue with that or you could decide to have test centres operating for that purpose. You could have a two-pronged approach, whereby people could continue to test at home but, if they wanted proof of a negative lateral flow test, they would have to go to a test centre to have it performed. Alternatively, you could say that you will trust people and let them submit a photograph of the lateral flow test for approval. There are different options to choose from.

The Convener: Thank you. I thank all the witnesses for their evidence and for giving us their time. If witnesses would like to raise any further evidence with the committee, they can do so in

writing. The clerks will be happy to liaise with you about how to do that.

10:16

Meeting suspended.

10:25

On resuming—

Ministerial Statements and Subordinate Legislation

Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 6) Regulations 2021 (SSI 2021/382)

Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No 3) Regulations 2021 (SSI 2021/384)

The Coronavirus Act 2020 (Early Expiry of Provisions) (Scotland) Regulations 2021 [Draft]

The Convener: Under agenda item 2, the committee will take evidence from the Scottish Government on the latest ministerial statements on Covid-19 and on subordinate legislation. I welcome to the meeting our witnesses: John Swinney, Deputy First Minister and Cabinet Secretary for Covid Recovery; and, from the Scottish Government, Professor Jason Leitch, national clinical director; Dominic Munro, director, Covid-19 exit strategy; and Elizabeth Sadler, deputy director, Covid-ready society division.

Thank you for your attendance and for your letter providing further information on vaccination certification monitoring information following your last appearance at the committee, as well as the letter that we received yesterday about long Covid and children. Deputy First Minister, would you like to make any remarks before we move to questions?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Thank you, convener. I want to make some opening remarks to the committee and I am grateful for the opportunity to discuss a number of matters, including updates to the Parliament this week and last week on Covid-19.

I set out in the recent ministerial statements to Parliament that we continue to face a very serious position in relation to the management of the pandemic. Cases are at a very high level, having increased by 10 per cent in the past seven days. The national health service is under sustained pressure and we can see from a range of European countries—of which we are one—the gravity of the on-going situation that we face. We continue to make good progress with the vaccination programme and the roll-out is continuing at considerable pace. The rigorous measures put in place to try to reduce the risk of

Covid transmission at the 26th United Nations climate change conference of the parties—COP26—including the requirement for daily testing, seem to have been effective.

As the First Minister set out on Tuesday, we have reached the latest three-weekly review point for the remaining Covid regulations. As announced, the Cabinet agreed to keep the current regulations in place with no immediate changes, although we discussed the possibility of future changes to the Covid certification scheme.

As the First Minister outlined, based on current and projected vaccination uptake rates, we are assessing over the next few days whether we should amend the current certification scheme by considering its scope and the role of lateral flow tests within it. No decisions have been taken yet, but the settings that could come under the scheme are indoor cinemas, theatres and some hospitality settings. We would, of course, retain exemptions for those under 18, those who cannot be vaccinated or tested for medical reasons, people on clinical trials and those who work at events or in venues subject to the scheme. Exceptions would also be retained for worship, weddings, funerals and related gatherings. We intend to take a final decision next Tuesday in the light of the most up-to-date data. In the meantime, we will publish an evidence paper tomorrow and we are consulting businesses on the practicalities of implementation, should changes be made.

Certification continues to play a role in helping us to increase vaccination uptake, reduce the risk of transmission of coronavirus, alleviate pressure on our health and care services and allow higher-risk settings to continue to operate, as an alternative to restrictive measures such as capacity limits, early closing times or closure.

An updated strategic framework was published on Tuesday. We updated it so that we are as prepared as we can be to manage foreseeable pressures as well as the real risk of increasing Covid-19 cases as we enter winter. Our strategic intent remains appropriate in guiding our response to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future.

I am very happy to answer the committee's questions.

The Convener: Thank you very much, Deputy First Minister. I will turn to questions, of which I have two. The first one is very brief. I know that all members have been inundated with emails about a campaign, so I would like to have clarity from the Scottish Government. Is the Scottish Government planning to implement vaccination passports for children?

John Swinney: No.

10:30

The Convener: Have you had the chance to consider the evidence that we heard last week about the role of ventilation in high-risk medical settings such as dentistry? We heard about the significant backlog of 4 million appointments that were lost due to the pandemic, and it is clear that ventilation has a big role to play in recovering those lost appointments. The British Dental Association told us that dentists need to use fallow time between patients to make their settings safe. The fallow time needed between appointments can be as short as 10 minutes with good high-speed suction equipment, but it can sometimes be as long as 50 minutes, for which there is not time available. The BDA estimated that the current funding to improve the ventilation works out at around £1,500 per surgery but, in its experience, upgrading ventilation can sometimes cost between £15,000 and £20,000. Will the Scottish Government give further consideration to that?

John Swinney: Yes. There are some real challenges here. I will bring in Professor Leitch, whose professional training is in this area.

There are some real issues about the potential for spread of the virus, given the procedures that have been followed within dental practices. Dental practices have adapted formidably to the challenges that they face but, even with that adaptation, there are still real pressures regarding accessing dental services because of the amount of time that is required to be left between appointments for the type of hygiene process to which you refer.

We will continue to engage with the BDA and with relevant interested parties on this question, because the role of ventilation is significant and there may well be further practical steps that we can take to assist. A lot of practices have very sophisticated processes and equipment available to them. The dental surgeries that I attend nowadays are certainly in marked contrast to those that I attended in the past. There have been very significant enhancements, but there is a necessity for us to ensure that we work with the sector to boost the practical support that is available, in addition to the financial support that we have already made available to support ventilation improvements.

I do not know whether Professor Leitch wants to add anything.

Professor Jason Leitch (Scottish Government): You have covered it well, Deputy First Minister. It is an excellent question. Dentistry is just about the hardest piece of the health service to make Covid safe, because of the aerosols that we generate when we drill. It is as simple as that—that is the blunt truth. The other

elements of dentistry are not any more high risk than other close-contact out-patient services, such as physiotherapy or other things that you would do with the head and neck. It is the aerosols that are generated in the air from water and drilling that are the problem.

That was not fully understood two years ago, because it could not be. As we have moved on and the world has gathered evidence, Scotland has been leading the way. There is an evidence-based paper from Dundee university, led by a colleague of mine, which gets updated all the time, and that has gone to all the chief dental officers in the world to help them to adapt in the way that Scotland has adapted. We will have to continue to adapt and adapt again.

The key is not just ventilation but the type of drills that are used. You can change the suction so that it takes place at the drill tip rather than in the room. There are lots of technological things that we can do, then it is a matter of educating the dental teams about how that works.

I think that the 50-minute fallow time is now a thing of the past, but fallow time is not. In fallow time you can allow the dust to settle and then clean the dust off things before you see the next patient—that is why you have that fallow time. Rather than dust being in the air, you give it time to fall on to the surfaces and you can then clean it away. That is what that is about and ventilation is one of the solutions.

It might be helpful if you had oral evidence from the chief dental officer, but even a letter from them would fill in some of those gaps for you. I should reiterate what the Deputy First Minister said. The teams, who are quite close to me—I go out for dinner with them; they are my pals—have worked hard to make things as safe and as fast as they can.

The Convener: Thank you. I appreciate your comments.

Murdo Fraser: I want to ask a couple of questions that have come up in evidence that we have heard today. The first came from our committee adviser, Professor Peter Donnelly, who told us, when we were in our private session, that there has been a 20 per cent rise in excess deaths compared to what we would normally expect at this time of year and that that cannot be explained by an increase in the Covid rates. He said that it is an issue that needs urgent consideration. In his view, the rise is down to pathologies and diseases that are going undetected and untreated, including later stage cancers, for example. Do you agree that that is a serious issue? If so, what is being done to try to better understand why it is happening and address it?

John Swinney: I think that it is a serious issue and it relates directly to some of the difficult judgments that the Government has made in reconciling the challenges of dealing with Covid with the wider challenges that dealing with Covid presents to the rest of society.

The four harms framework was developed in summer 2020 and was an explicit recognition of the very legitimate issue that Mr Fraser raises. There is the direct health harm of Covid, which I acknowledge was the central focus of Government decision-making between February and March 2020 and the summer of 2020 when we adopted the four harms framework, and then there are the other three harms, which are non-Covid health harm, economic harm and social harm.

The framework was a recognition by the Government that we could not just deal with Covid alone. We had to make sure that other factors and conditions were being addressed. A whole programme of activity has been in place to ensure that there has been as little interruption as possible to the routine services that would perhaps identify some of the conditions to which Mr Fraser refers and to ensure the recovery of health services to enable those conditions to be addressed.

However, the points that Professor Donnelly raises merit further investigation and analysis, which the Government is doing and will continue to do, to ensure that we have the proper and correct balance between measures to tackle Covid and measures to tackle the wider health harms that members of the public will face.

That dilemma gets to the heart of the overall picture and influences some of the decisions that we make about of what do we, as a whole society, have to do to tackle the issues that are thrown up by Covid. It is a serious issue and the Government is looking at it with care.

Professor Leitch: Professor Donnelly makes an excellent point. Anybody who asserts that they know what the explanation is is probably wrong. We do not know yet what it is but there are three categories: Covid, care that has been postponed by health services around the world and care that has been postponed because people did not come forward for whatever reason—they might have been scared of Covid, scared of bothering us or scared of whatever it might be.

Scotland participates in an excellent website called EuroMOMO, which is where we measure excess mortality for the continent. It is a continental problem that is at about those numbers—10, 15, 20 per cent—in all major European economies. We will not truly understand what that the explanation is until those people are through the system and we have actual diagnoses

and outcomes. Some of it will be undiagnosed or late-diagnosed cancer for sure. Some of it will be Covid; some of it will be respiratory disease on top of a respiratory disease that already existed. It is a consequence of a global pandemic.

I fear that the rise will also be happening in countries where we do not know what is happening because we do not have the Covid rates or the other disease monitoring that we have across Europe. However, it is a phenomenon that we absolutely have to tackle. My colleagues in the health service are dealing with the consequences of it every day.

Murdo Fraser: Thank you. Those are very helpful answers. I know that my colleague Jim Fairlie will pursue the issue in due course and I am sure that the committee will want to return to it because it is so significant.

I have a separate question about vaccination passports and the consideration that the Scottish Government is giving to extending the scheme. I will not get into rehearsing all the arguments for and against; we have debated them before and we will debate them again. However, the specific issue of extending the vaccination passport scheme to other hospitality groups or, for example, theatres has come up in evidence today.

We know that people will have made bookings for Christmas parties, office lunches and, as it is panto season, family trips to the theatre, as my family has done. People tend to book those things well ahead. If such premises are brought under the remit of the vaccination passport system and people have not been vaccinated at this point, there will not be time for them to get vaccinated prior to Christmas. They will then presumably look to cancel their bookings and get their money back. That will be a significant challenge for theatre operators and the hospitality trade.

Does the Scottish Government recognise that challenge and, if it goes down that route, does it recognise that those businesses will legitimately look for substantial financial compensation to make up for that loss of income?

John Swinney: I recognise the issue, which is one of the practical points that we are considering as we address the potential expansion and extension of the scheme. Those are legitimate points to consider.

I will try to put the issue in context. We have, in general, very high levels of vaccination in the country and the position is that the overwhelming majority of the population is double vaccinated—as I said earlier, children would be exempt. In the case of the panto season, for example, children would not be covered. However, there are age groups, particularly the 18 to 29 age group, in which there is a lower level of vaccination compared with older age groups. As we go higher up the age groups, there are very high levels of vaccination.

Because of those high levels of vaccination, I do not think that the number of cases in which people might be affected substantiates the severity or the volume of cases implied in the question. Undoubtedly, some people would be affected, but because of the high vaccination rates I do not think that the problem would merit Mr Fraser's characterisation of its size.

I am satisfied that access to the vaccination certificate is straightforward. The system is working well. People are able to download their vaccination certificates. There are occasional cases where people's data is not correct. I have furnished the committee with more detail on that point, which Mr Fraser and I exchanged comments about the last time I was at committee. In among 10 million or so vaccinations, there are issues with about 7,000 that are currently outstanding and being resolved, which is a very small proportion. It matters to those 7,000 people, but it is a small proportion.

Those are all issues that we are considering as part of the practicalities that are involved.

Murdo Fraser: I am still getting communications from constituents—I am sure that you are too—who are unable to get vaccination certification via the app. They are people who either were part of a trial and the app is not able to provide that certification, or who were vaccinated in other jurisdictions, perhaps overseas. Again, the app does not permit them to produce that certification. They are concerned that, if the vaccination passport scheme is rolled out further, it will put them at a disadvantage. What is being done to make sure that people in those categories can get the certification that they need?

John Swinney: I want to separate the two categories. The circumstances of people in vaccine trials should be addressed by the measures that we have taken. If there are people who still do not have that, I will happily engage with MSPs or individuals to try to resolve those issues. Their circumstances should be clear because of the arrangements that we have put in place.

There are examples of people who have been vaccinated in other jurisdictions and I am seeing a number of such cases in my constituency and more widely.

10:45

Individuals should seek the assistance of the helpline to resolve those issues. We are working through all those cases to enable a solution to be

in place for some individuals. There will be some issues around some vaccines that are not Medicines and Healthcare products Regulatory Agency approved, which is slightly more challenging, but I would expect that to be at the extreme end of the spectrum. Those issues are more challenging to resolve but nonetheless we will endeavour to resolve them.

The Convener: Before we move on to Alex Rowley, I remind members and witnesses that we are a bit short of time. Please stick to about eight minutes for questions and answers. Thank you.

Alex Rowley: I will pick up from where Murdo Fraser left off. I have been surprised by the number of people contacting my office who had vaccinations while they were working abroad. Also, I talked to a lady the other day who has been told, sadly, that she cannot get the vaccine for medical reasons. She feels that this is probably her last Christmas and she wants to go out to places. Those are cases in which proof of a negative test would change the situation for people. I saw yesterday that Northern Ireland has agreed a much wider roll-out of the proof of vaccination certificate than the Government here has agreed to, and has included in it, as most of Europe has, proof of a negative test, which is what I want to come on to.

Although I did not hear you on the radio yesterday, I have been told that you seemed to suggest that both a negative test and a vaccination certificate would be required if there were a further roll-out. What is the Government's thinking around this? What evidence is the Government looking at including for a negative test?

John Swinney: First, Mr Rowley put to me the circumstances of the lady who for medical reasons cannot obtain a vaccination. She should be able to obtain certification to demonstrate that that is the case. There should be no impediment to that lady being able to access documentation that would allow her to operate as if she had vaccination certification.

On the wider question that Mr Rowley put to me, the point that I was making on the radio yesterday morning is that there is a spectrum of public health interventions that we can undertake for vaccination certification and other evidence. At one end of the spectrum you have what I would call the belt and braces approach, which would be vaccination certification and a lateral flow test. That would demonstrate that people had been double vaccinated and also had undertaken an LFT, which would provide assurance that at that moment they were not infectious because, as we know, one can be double vaccinated and contract the coronavirus. That is the belt and braces end of the spectrum.

At the other end of the spectrum is the LFT-only option. The point that I was trying to get across is that there is a range of choices on that spectrum that could be considered. Among them is vaccination certification or the alternative of LFT evidence. Northern Ireland has applied a third option, which is demonstration of recent infection—appropriate recognition of having had coronavirus and, therefore, having antibodies.

There is a range of options and the Government is considering them, as I have confirmed to the committee before.

Alex Rowley: I hope that Mr Swinney accepts that this is not the normal way to make legislation. The Parliament regularly agrees to Scottish statutory instruments that are already in force. That is not ideal, but I for one have said that party politics and trying to score political points should be put to one side. We are in a crisis and everyone should be behind the Government in trying to make progress, but the quid pro quo for that is complete transparency of thinking. If you propose, next Tuesday, to extend the vaccination certification scheme without including in it what every other European country and our colleagues in Northern Ireland and Wales have, you will need to explain that. We need transparency. While we are making laws in a way that is not the norm and is not fully transparent, we need to better understand the Government's thinking. It is not good enough to say that you will make a decision next Tuesday and announce it then.

John Swinney: First, I think Mr Rowley puts to me a completely reasonable point. I do not dispute it. In response, however, I say that these issues are all being aired by the Government—we set some of this out way back in September. We first aired the possibility of vaccination certification way back, probably in April I think. We have aired the evidence. We have aired some of the options. I am here today to engage in that conversation.

As a minister having to wrestle with this situation, I am grateful to the Parliament, which has been very pragmatic about the legislative approach that we have to take to deal with a situation that is changing around us. Frankly, the Government could not bring forward the necessary legislation in the fashion that we would all like, with the normal processes of scrutiny, but we are trying to be as open as possible, to air the issues and respond to issues raised by members, either in the format of this discussion here in the committee or in the statements that are made by the First Minister, myself or the health secretary in the updates that we have made in recent weeks and in wider debate. I assure Mr Rowley that we will also provide an update to the evidence base to inform a wider audience about the issues that are

preying on the Government's mind and that we are wrestling with as we come to these conclusions.

Alex Rowley: Thank you. Finally, there is an article in *The Guardian* this morning by the health editor, Andrew Gregory. The headline is

"Mask-wearing cuts Covid incidence by 53%, says global study".

The article says that

"Results from more than 30 studies from around the world were analysed in detail, showing a statistically significant 53% reduction in the incidence of Covid with mask wearing and a 25% reduction with physical distancing."

I have raised the matter before, but I am concerned. This week, I have been in a number of shops where particularly the younger generation, young parents and so on, were not wearing masks or face coverings. In one shop, there were tannoy announcements every so often saying that people should wear masks. If this piece in *The Guardian* today is right about the evidence showing that mask wearing is having such an impact on enabling us to live with this virus, then the Government needs to look at enforcement. There is no point in introducing further baseline measures when one of the strongest measures is not being enforced. You have said that the Cabinet has discussed this, but where are we at? Are you satisfied with the levels of enforcement or should you be looking at other steps to ensure that the wearing of face coverings in shops and so on is enforced?

John Swinney: I saw the material to which Mr Rowley refers. It is a very substantial academic paper, published in the *British Medical Journal* and it was the subject of media reporting this morning. It looks at a range of surveys and research exercises that have been undertaken internationally that prove in a compelling way the merits and value of face coverings being an obstacle to the spreading of the virus, as well as physical distancing.

I am glad that the Government took the decision to ensure that we maintain the position on face coverings that we have. I think Mr Rowley puts a fair challenge to me about whether or not that is being applied. The research evidence that we have gathered demonstrates a declining level of compliance with those routine measures, but what these studies show in a compelling way is that routine, habitual elements of protection would help us to avoid having to do other things. The disciplined use of face coverings would help us formidably in the challenge to avoid the other restrictions that we all want to avoid. What follows from that is the question whether we need to take a more stringent approach that puts much greater regulatory force into those arguments. That is obviously part of the agenda that the Government is considering.

When we looked at the issues in Cabinet last week, we could have decided to relax even the restrictions that we have in place—the requirements about face coverings. We did not do that. The advice that I gave to Cabinet was that the assessment of the current state of the pandemic merited no relaxation of the measures. We agreed to come back next week to consider whether we need to extend them further and the points that Mr Rowley makes are issues that we will consider.

Jim Fairlie: Murdo Fraser spoke earlier about the evidence that we took this morning about the 20 per cent excess deaths that we have now. That is talking in a generic way about what is happening nationally but I want to talk about one person.

I have a constituent who is a number of years younger than I am. She is a mother of four. She has cancer, has had one operation and has been through chemotherapy. Last week, she was taken to Ninewells hospital and prepped for surgery. She went in the day before and at 9 o'clock the following morning, her operation was cancelled because there was no intensive care unit bed. She contacted me in some distress because she is fearful for her life. She has been told that she needs this operation and if she does not get it, she is not going to make it, so you can understand the concern of her family and everybody else. We need to sometimes remember that that is what it is about. It is about those individuals.

We were told this morning that ICU beds are blocked for longer by people who are in with Covid. We have also been told that all the people who are in ICU are people who are unjagged and have not had the vaccination. I know that we are doing all the things that we are doing, but what can we do now to get my constituent a bed?

John Swinney: The circumstances that Mr Fairlie recounts are deeply regrettable, but I am afraid that the burdens that are being wrestled with in the national health service make such examples a possible consequence of the pressures that we are facing in the health service. The health service is under enormous pressure at every level. There are urgent questions in Parliament fairly regularly about the pressures on particular health board facilities because of the pressures on the health service. If there are individuals who require intensive care support, we have to be satisfied that capacity is available for them, whether they are coming into hospital for a pre-planned operation, as in the case of Mr Fairlie's constituent, or whether there has been an immediate emergency and somebody requires intensive care support that

could not have been predicted. We have to plan for those two circumstances.

ICU occupancy on 17 November—yesterday—was 73, which was down from 79 a week before. That will be spread across the country. The overall position on hospital occupancy is slightly better than it was a week ago. The solution to this challenge is to try to reduce the burden that Covid is placing on the national health service. That is the solution for Mr Fairlie's constituent, which is why the Government is taking the measures that it is to tackle the wider challenges of Covid.

11:00

I will ask Professor Leitch to comment on the point about occupancy, or length of occupancy, in ICU beds for Covid. There will be some variation in the length of stay of Covid patients in hospital, depending on, for simplicity's sake, age and the wider health context of those individuals. Fundamentally, however, the challenge that we face is about reconciling the need to deal with the impact of Covid with the need to address the other health conditions that members of the public will face, which is the point that Murdo Fraser put to me at the start of this session.

Professor Leitch: The first thing for me to do, Mr Fairlie, is to express my sympathy for that family's situation. I am certain that my colleagues in NHS Tayside will do everything that they can to correct that and I imagine that they are doing that today and tomorrow. If the situation is not resolved, please feel free to get in touch and we will see what we can do.

I will add some context to what the Deputy First Minister has begun to set out. There are 277 people in intensive care today in Scotland, and that figure is for all diseases. Our baseline intensive care capacity was about 200 before Covid arrived. We did not have 277 beds before Covid. Now we have 277 people in beds in intensive care units, fully staffed with doctors, nurses and care teams. Covid has changed the game globally. It is a new disease and we have not taken anything away—no disease has disappeared. Therefore, we have had to adapt very quickly, whether in Austria or Scotland, and the intensive care teams have had to change the way their buildings work and their staffing works. They have had to change everything, and that has led to exactly the same answer that I gave to Mr Fraser earlier. There is a backlog of people who have had conventional care that has carried on and there is a backlog of people who have been scared to come forward.

I will make two further comments. The beds are not blocked by people in intensive care. People are being treated in intensive care and they are in the right beds. We do not put them there for no reason.

Jim Fairlie: Yes, I accept that.

Professor Leitch: We let them out of intensive care as quickly as we can because it is not a good place to be for them or their families. We want them out and there will be beds downstream for them to move to, because demand for intensive care is so high that we need them.

Ironically, the length of stay increasing is something to celebrate because—forgive the shorthand—the patients are not dying as quickly. We have learned so much about this disease that we can save lives better, and that is one of the reasons why the death rate is so much lower now than it was in the first and second waves. Intensive care teams now have more drugs and ammunition at their disposal to keep people alive, but that means that they stay longer and they survive. That is fantastic, but there is a consequence, which is that they are in bed for longer. Presently, about 16 Covid cases have been in intensive care for longer than a month. There is every likelihood that they will have a good outcome—not all of them, but some of them—and that means that that bed is full for over a month and not available for a stroke patient or a cancer patient during that time. That is to be celebrated, however, because we are able to keep those people alive and they will walk out of hospital subsequently.

It is a very complex system of clinicians, drugs, patients and families, but at its core it is about your constituent. It is about that lady and her family and we need to make it as good as we can make it for her and for everybody else this system touches.

Jim Fairlie: I confirm that I have written to the chief executive of NHS Tayside, and if her next date is cancelled, I will be on the phone.

I want to ask about at-home boosters. We are being inundated with people who cannot get out and who require a booster jag. They are coming up to seven, eight or nine months since their second jag, but there seems to be a disconnect between general practice surgeries and the healthcare system when it comes to putting the two together. We are getting cases where people are not even on the system. There is something wrong somewhere. Would it be possible to find out what the problem is, so that those elderly patients can get back out into society?

John Swinney: This varies to some extent around the country, but health boards have looked at the scale of the challenge that is involved in rolling out the booster vaccination programme and the performance has been quite extraordinary. Yesterday, more than 65,000 vaccinations were undertaken in Scotland, and that is now a pretty

routine daily figure between flu and the booster jag. There is a range of different models, involving larger centres, smaller facilities in smaller communities and also distribution at very local levels to individual homes or care homes and those who cannot access other centres. That programme is being pursued and rolled out. I assure you that everybody who needs to be covered will be covered by that programme. It may take slightly longer to get around a volume of home visits at the same time as we are taking forward large-volume distribution of the vaccine, but I am certainly very happy to explore what additional steps can be taken to address the issue that Mr Fairlie raises to ensure that individuals are receiving the vaccine when they are required to.

Jim Fairlie: Can I ask another very quick question?

The Convener: I am sorry, but we do not have time. We might come back to you.

Brian Whittle: I am minded that this committee is called the COVID-19 Recovery Committee. We are trying to look ahead at how we get out of this crisis, so I want to return to the statistic that Murdo Fraser raised, which was that there have been 20 per cent more deaths than expected that are now no longer explained by Covid. I want to ask about the impact that that will have down the line. The example that I want to use is musculoskeletal conditions and chronic pain. We know that, for example, having a knee or hip replacement significantly improves the health and wellbeing of an individual and negates the need for continued medical attention for that issue. Deterioration in mental health and so on and increased mortality rates are associated with not treating those kinds of condition.

We have heard about cancer as well. Peter Donnelly said this morning that we are not collecting data on things such as cancer stage shift when it is first being diagnosed, and some diseases are being underinvestigated and undertreated. I completely understand that there is a balancing act here for the Government in focusing on Covid as opposed to other conditions, but there is pressure on the health service. Are we storing up future pressures on our health service and creating another crisis that will inevitably come down the track?

John Swinney: I want to helpfully engage with Mr Whittle's question, but I want to push back on one bit of the terminology that was used. Mr Whittle suggested that the Government was focusing on Covid rather than on other health conditions. I reject that as a characterisation of what the Government is doing. The Government is trying—and this relates to my answer to Mr Fraser earlier—to wrestle with all the health challenges that we face as a country. Some of them are about Covid and some of them are about other factors. I accepted in my answer to Mr Fraser that some of the other conditions that have always been with us, are still with us and will be with us tomorrow are attracting less attention and capacity in the health service because the health service is also having to deal with Covid. That is my pushback on the characterisation. We are trying to deal with everything, but Covid presents an extra volume of activity. Professor Leitch's response to Mr Fairlie about ICU in a sense makes that point. We had 200 ICU beds before Covid. We now have 270, but 70-odd are occupied by Covid patients. We have expanded the capacity of the health service beyond what we would normally have, but all the extra capacity has been taken up by Covid.

I think that underlying Mr Whittle's question is a fair and reasonable observation, which is that the longer what one might call routine procedures, such as a knee replacement or a hip replacement, are delayed for an individual, the greater is their recovery from the weaknesses and challenges that they may be facing now. For somebody who is finding it difficult to be mobile because they need a new hip, it will become more acute and more challenging the longer they have to wait for a hip replacement. Obviously, if they have a hip replacement—I know, because my father has had a hip replacement—the difference in mobility pre and post is colossal. My father has had years and years of extra ability to scoot about, which has been good for him in every respect. That is the fundamental problem, but we do not have an easy answer to it because Covid has to be addressed and other cases have to be addressed. Then you will have examples such as the case of Mr Fairlie's constituent, which are life threatening; we have to make sure that they have priority over some other conditions that are enormously painful for individuals but are not immediately life threatening.

Brian Whittle: Given that you have pushed back, cabinet secretary, you will not be surprised that I am going to push back against you. Peter Donnelly has raised the issue of there being 20 per cent more deaths than expected, which is unexplained. That is concerning. I am looking at statistics that say that the number of patients who are waiting to be seen for eight key diagnostic tests is 30 per cent higher than the 12-month average back in 2019-20. I totally recognise the need for the Government to balance, but I am starting to question whether we are getting that balance right. As Peter Donnelly said, diseases are being underinvestigated and undertreated and the data is not being collected. Is there potential for the Government to start collecting more data on that, because there is a crisis coming down the road at some point?

John Swinney: I would have thought that the collection of data is appropriate, but I will take that

point away and take further advice from health officials. Professor Leitch might want to add to my comments, but I will look at that. I would have thought that the data gives us information. For example, we will know from existing data the number of patients who are considered to require particular treatments. We will know how many patients are waiting for hip replacements, for example, and who have been referred through the system. We will know how long they have been waiting and how much longer they are waiting than they would have waited pre-Covid. Such data will exist, but I will explore the points that Mr Whittle raises with me.

Mr Whittle and I are in agreement that the question is fundamentally about balance. It is about how much of the resource of the health service is required not just to support people with Covid but to do other things associated with it. To vaccinate 65,000 people every day, we need trained clinical staff to be not in hospitals but in places such as village halls. We need them to transfer to do that because vaccination is an important bulwark against the virus. However, if clinical staff are delivering vaccinations, they are not delivering other kinds of healthcare that we might want them to deliver in another setting.

We are trying to maximise the available resources to ensure that all health conditions are adequately met and addressed, but I have to accept that that places increased strain on existing health services and the way in which they operate. The consequences are that patients may well have to wait longer for treatment.

11:15

Professor Leitch: If Professor Donnelly wants specific data, I will do my best to get it for him. We know each other relatively well. I am not sure which gap he specifically refers to. If it is initial diagnosis cancer stage data, you cannot get that until you see the patient; they cannot be on the waiting list. There is not a cancer waiting list. Cancer is not mentioned in the letter for most people who are referred for it. Patients come with pain or with lumps and bumps, so you cannot know. We get the subsequent diagnostic data and outcome data only as the disease and the treatment progress. That data is available. It is a slightly more research version of the data. We know who is waiting. We know, in some senses, what disease they have—it might be a sore hip or a sore knee—but in many cases we do not know what is wrong with them and they are waiting for a diagnosis. However, I am happy to look for what data Professor Donnelly wants.

I might be more forceful than Mr Swinney, which is unusual. I am not sure what activity you want me to stop. If you think the balance is wrong, I would have to stop something. I come to this committee and you tell me to accelerate vaccines, do more testing and treat the backlog. There has to be a balance somewhere. I have just spent three days in the Western Isles and have seen astonishing healthcare in quite difficult environments, such as vaccinations in the back of hotels, a mobile testing unit in a car park and the hospital still doing absolutely everything it can to provide healthcare to the population. We have a new disease. We are having to manage that new disease and all the old diseases.

Brian Whittle: To clarify, Peter Donnelly is asking for data on cancer stage shift.

The Convener: I am sorry, but we have to move on.

John Mason: I have three questions. We had a useful email from the British Society for Immunology with some figures in it. One is that someone who has been vaccinated is 32 times less likely to die than someone who has not been vaccinated. Another is that the two doses of vaccine give between 92 and 96 per cent protection against hospitalisation. Those are quite strong figures. Do we recognise them?

Professor Leitch: Yes.

John Mason: That is good. That is one question done.

Secondly, if we roll out vaccination certificates further, as well as the issue of whether people have had the jags, there is the issue of people not having access to the certificates. For example, I have what I think is the largest bingo place in the UK in my constituency and it has said that 40 per cent of bingo customers do not have access to smartphone technology. Would it be possible to send a paper copy of everyone's vaccination certificate to them?

John Swinney: For vast numbers of the population, that would be, frankly, a waste of resources, because they have access to smartphone technology. A paper copy of a vaccination certificate is only a phone call away for individuals—literally a phone call away—and they will have it sent in the post. I am confident about the systems. We had a notional 14-day turnaround time for paper certificates, but they have generally been arriving in two to three days. The capacity is there to deliver certificates in paper form to those who require that.

John Mason: Thirdly, we heard evidence earlier from Professor Petersen that we could put more reliance on the lateral flow tests than we have been doing. What is your thinking on that?

John Swinney: I listened with care to Professor Petersen's evidence, which I found very interesting. The evidence that we rely on is that

the lateral flow test is more than 80 per cent effective at detecting any level of Covid-19 infection and likely to be more than 90 per cent effective at detecting the most infectious people at the point of testing. There is strong and high reliability in lateral flow testing, which is why we encourage people to use those tests regularly. That introduces an element of opportunity for individuals to assess, before they go into wider settings, whether they are potential carriers of the virus and are putting others in danger of contracting it. A strong evidence base supports the use of lateral flow devices. The primary purpose of the Covid vaccination certificate scheme has been to boost vaccine uptake. The use of lateral flow testing has a wider application, and it is one of the material issues that we are considering.

John Mason: Until now, we have put a lot more emphasis or trust in the polymerase chain reaction tests. Do Professor Petersen's studies bring the two types of test more into balance?

John Swinney: I thought that Professor Petersen's answer to you on that question explained why there is a necessity for both. The lateral flow test is a routine and regular safety-first type of assessment. The PCR test enables us to be absolutely certain and to draw out clinical data to provide us with information on the development of the virus. We know that to be significant from the issues with which we are wrestling with the delta variant, which has had a profound impact on the prevalence of the virus in Scotland.

John Mason: Thank you.

The Convener: That concludes our consideration of this agenda item. I thank the Deputy First Minister and his officials for their evidence.

The third agenda item is consideration of the motions on the made affirmative instruments and the draft affirmative instrument that we considered during the previous agenda item. Deputy First Minister, would you like to make any further remarks on the SSIs before we take the motion?

John Swinney: I am in your hands, convener. I am happy to give an explanation of what is before the committee if that is helpful, but I do not want to hold the committee back.

The Convener: Thank you. Would any member like an explanation? Is everybody happy for the motions to be moved en bloc?

Members *indicated agreement.*

The Convener: I invite the Deputy First Minister to move en bloc motions S6M-01688, S6M-01885, S6M-01886 and S6M-01918.

Motions moved,

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 5) Regulations 2021 (SSI 2021/359) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 6) Regulations 2021 (SSI 2021/382) be approved.

That the COVID-19 Recovery Committee recommends that the Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No 3) Regulations 2021 (SSI 2021/384) be approved.

That the COVID-19 Recovery Committee recommends that the Coronavirus Act 2020 (Early Expiry of Provisions) (Scotland) Regulations 2021 [draft] be approved.—[*John Swinney*]

Motions agreed to.

The Convener: The committee will publish a report to the Parliament setting out our decision on the statutory instruments in due course. That concludes this agenda item and our time with the Deputy First Minister. I thank him and his supporting officials for their attendance.

The committee's next meeting will be on 25 November, when we will continue to take evidence on baseline health protection measures. That concludes the public part of our meeting.

11:24

Meeting continued in private until 11:34.

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