



OFFICIAL REPORT
AITHISG OIFIGEIL

COVID-19 Recovery Committee

Thursday 23 December 2021

Session 6



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COVID-19 RECOVERY COMMITTEE

16th Meeting 2021, Session 6

CONVENER

*Siobhian Brown (Ayr) (SNP)

DEPUTY CONVENER

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

COMMITTEE MEMBERS

*Jim Fairlie (Perthshire South and Kinross-shire) (SNP)

*John Mason (Glasgow Shettleston) (SNP)

*Alex Rowley (Mid Scotland and Fife) (Lab)

*Brian Whittle (South Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Professor Jason Leitch (Scottish Government)

John Swinney (Deputy First Minister and Cabinet Secretary for Covid Recovery)

CLERK TO THE COMMITTEE

Sigrid Robinson

LOCATION

Virtual Meeting

Scottish Parliament

COVID-19 Recovery Committee

Thursday 23 December 2021

[The Convener opened the meeting at 09:00]

Ministerial Statement and Subordinate Legislation

Public Health (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No 13) Regulations 2021 (SSI 2021/470)

The Convener (Siobhian Brown): Good morning, and welcome to the 16th meeting in 2021 of the COVID-19 Recovery Committee. This is our last meeting before the recess.

We will take evidence on the latest ministerial statement and on subordinate legislation. I welcome to the meeting John Swinney, the Deputy First Minister and Cabinet Secretary for Covid Recovery; Professor Jason Leitch, the national clinical director; Amanda Gordon, the deputy director of local interventions, outbreak management; and Derek Grieve, the head of the operational vaccines division. Thank you for your attendance.

Deputy First Minister, would you like to make some remarks before we move to questions?

The Deputy First Minister and Cabinet Secretary for Covid Recovery (John Swinney): Yes. Thank you, convener. Good morning. I am grateful to the committee for the opportunity to discuss a number of matters, including updates to Parliament on Covid-19.

As the First Minister set out on Tuesday, omicron continues to spread rapidly across the country. We are now seeing the impacts of rising cases in staff absences across the economy. We do not yet know, conclusively, whether the proportion of omicron cases needing hospital care is lower, higher or the same as with delta, although there are early signs from the analysis that the University of Edinburgh has undertaken that lower levels of hospitalisation may be likely.

However, even if the proportion of cases needing hospital care is lower, a smaller proportion of a much larger number of infections will place a significant burden on the national health service. It is therefore critical that we continue to respond effectively and proportionately to mitigate the impacts of omicron.

Our vaccination programme is central to our response, and there has been a significant acceleration of the programme in the past week. I encourage everyone to book their booster appointment as soon as possible.

In addition to vaccination, other protective measures that it is necessary we undertake will help us to reduce the impact of omicron on our society and economy in the immediate term. We should all now be reducing our contacts with people in other households. If people are gathering with loved ones this weekend to celebrate Christmas, it is essential that we do all that we can to be as safe as possible. That includes keeping gatherings as small as family circumstances allow, ensuring that everyone takes a test before meeting, maintaining good hygiene and ventilating indoor spaces.

The First Minister set out on Tuesday that, after this weekend, we should all stay at home as much as possible and continue to limit our contacts. That includes minimising socialising over Hogmanay and new year. Staying at home and minimising contact outside our own households is critical in the period ahead. If we all follow that advice, we will help to limit the spread of infections.

In addition, the Scottish Government is introducing further proportionate protections that will primarily affect public events and hospitality. Those are necessary to help stem the increase in cases, safeguard health and protect the NHS, the emergency services and the economy while we complete and get the full effect of the booster programme.

First, from 26 December inclusive, for a period of three weeks, we intend to place limits on the size of the public events that can take place. That does not apply to private life events such as weddings. However, it will make sports matches, including football, effectively spectator free over the three-week period. It will also mean that large-scale Hogmanay celebrations will not proceed. The measures will reduce the risk of widespread transmission and will impact on emergency services needing to attend those events.

Secondly, during the same period, non-professional indoor contact sports for adults should not take place. Guidance will reflect that.

Finally, from 27 December inclusive, for a period of three weeks, we intend to introduce some further protections in hospitality settings and other indoor public places to reduce transmission risks. Those include table service in venues serving alcohol for consumption on the premises and 1m distancing between groups.

I want to highlight one further change to the proposals that were announced on Tuesday. Having engaged with the sector, we now propose

to require that nightclubs should not operate as such for this three-week period. Although it would be open to them to operate with distancing and table service—that option will remain—we consider that closure in regulations, combined with financial support, may reduce losses and help those businesses weather what we hope will be a short period until they are able to operate normally again. The change will be effected by a separate Scottish statutory instrument coming into force at the same time as the other measures, which my officials have shared with the committee this morning.

The Scottish Government is acutely aware of the financial implications for many businesses. The First Minister detailed additional support totalling £375 million that will be made available, including £100 million that was announced last week to support businesses that are directly impacted by omicron. An update will be provided on the breakdown and allocation of funding as soon as possible. Eligibility and guidance for the £66 million hospitality fund was published on the Scottish Government's website on Tuesday, and we expect further guidance for the remaining funds to be published shortly.

I look forward to answering any questions that the committee might have this morning.

The Convener: Thank you for the update. We will move to questions, and I will start. In the past week, there has been a 67.1 per cent increase in the number of lateral flow tests that have been distributed, which is probably because the general public is being cautious because of the new variant. However, I am slightly confused by the daily figures that are being published, which I would expect to be doubling every day. The number of positive cases peaked earlier in the week at just under 6,000, and yesterday it dropped to 2,434. Do you understand why the figures that are being reported are not what we predicted they would be at this stage?

John Swinney: I think that the sequence of data over the past two to three weeks has substantiated the rapid acceleration of cases, which has been driven by the omicron variant. There are problems with yesterday's data as a consequence of a data processing issue that Public Health Scotland is aware of and is handling. I have not seen the data for today, but I would expect it to take account of the fact that the data yesterday understated the number of positive cases in the system.

If you look at the sequence of data, you will see that there is not a precise relationship between the number of positive cases and the positivity proportion that is reported daily. It is not precise, because Public Health Scotland extracts people who have previously tested positive from the

positive cases. The positive cases number is, in essence, new positive cases. If somebody has already tested positive, that will be extracted from the system. The relationship between new cases and the positivity rate is not precise, but it is pretty close. In the data yesterday, those two numbers have no relationship.

There was a problem with data processing yesterday, which I think will be rectified today and probably tomorrow. We will see the pattern of significant growth being reflected in the data. Perhaps my officials want to add to what I have said.

The Convener: Professor Leitch would like to come in.

Professor Jason Leitch (Scottish Government): Good morning, everybody. The Deputy First Minister is absolutely right. Today's figures will correct yesterday's number and will give a new number for today that will look more like what you would expect. The lesson here is to look not at individual days but at patterns. If you look at the seven-day rate, you will see that it is accelerating significantly.

The other thing to remind you of is that delta is falling and omicron is rising. What is doubling is the omicron element of the total, not the total. Once omicron becomes the only variant, the whole number will double at the omicron rate. Just now, we have significant remnants of the delta wave—it could be as many as 2,000 or 3,000 cases a day. The committee might remember that, a few weeks ago, that number was diminishing. It is not doubling; in fact, it is falling. However, the number of omicron cases, which is inside the figure of 6,000 cases, is doubling every three days. That is why it is awkward to look at a single day's data and make a judgment. We need to consider the data over a prolonged period.

Mr Swinney is absolutely right that, yesterday, there was an information technology problem. That problem affected only the reporting to us; it did not affect the reporting to individuals who required the news that their test was positive, and it did not affect test and protect. Those systems worked, but the final number that came to us was lower than it should have been. That will be corrected at 2 o'clock today.

The Convener: We all understand the importance of boosters, but 10 per cent of the population are still unvaccinated, and those people are often in our larger cities. A constituent of mine wrote to me recently after watching our meeting on vaccine hesitancy, which took place on 9 December. Angela, in Ayr, who is about the same age as me, said:

“Hi Siobhian,

I wanted to get in touch to let you know that I am just out of the hospital after contracting life threatening Covid-19. I was hospitalised for 9 weeks. I was blue lighted from Ayr, to Crosshouse and was in HDU and ICU with my oxygen level at 38%. I had been unwell for 4/5 days prior and was advised to self-isolate and drink plenty of water and take paracetamol.

Unfortunately, things progressed and I don't remember much apart from seeing my fiancé and the doctor, then in an ambulance ... Unfortunately, I had not been vaccinated, not because I was against it or anything. I had just landed a new job and missed my appointment as I had to go down south for training ... I sat and watched patients come and go from my hospital bed in HDU, they were a lot older than me, people in their 70s with COPD and Covid but had their vaccinations, and yes they may have been poorly and still required oxygen ... but they were going home after 2 weeks and I watched this happen week after week and felt like an idiot for not getting myself vaccinated. I nearly died, was touch and go a few times ... do not think this thing isn't real, it's very real and doesn't look as if it's going away anytime soon.

I have been left with Fibrosis and a cluster of clots in my lung, I have panic attacks and palpitations, my anxiety is through the roof, I have covid flashes ... I lost over 3 stone in 5 weeks and have lost most of my muscle mass in my legs and can't walk from livingroom to kitchen without having to sit down and catch my breath for a few minutes ... I can't stand for any length of time or go up stairs, I literally am having to train myself to walk again ... I could go on, but I won't.

I just don't want this to happen to anyone else, if anyone is hesitant about getting vaccinated then don't, because however rotten you may feel after getting your jag is nothing compared to nearly losing your life.”

How can we get that powerful message about the importance of getting vaccinated out to the general public, especially to the 10 per cent of people who still have not gone for their first jab?

John Swinney: The steps that you have taken today will help enormously in that respect. I hope that Angela is regaining her strength, although it is obvious that she has suffered severe health impacts as a consequence of contracting Covid. It is important that real-life examples are shared widely with the public. In our communication, we deploy a mixture of approaches, including highlighting the strength of clinical opinion. The chief medical officer, Professor Leitch, who is our national clinical director, and other clinicians strongly articulate the issues and the rationale for individuals seeking vaccination. However, there is also a place for the testimony of individuals who have had the absolutely horrendous experience that the convener has recounted on behalf of her constituent. It is important that those messages are shared.

It is clear that the logistics in accessing the vaccination programme have been well thought through. The programme has been an enormous undertaking and has delivered very significant results. One of the reasons for those results is that

the programme has been delivered in local communities, maximising local access. However, as Derek Grieve and his team are doing, we must constantly revisit the practicalities and logistics of making it possible and plausible for people to access the programme.

09:15

At the heart of the example that the convener cited was the fact that Angela was unable to take up her appointment because a work commitment intervened. No individual in the country should feel that they will get anything other than a warm welcome from vaccination centres if they turn up even to get a first dose. People are turning up to get first doses as we speak, so we are constantly eroding the number of people who have not yet started their vaccination journey. I hope that the example that the convener has cited will help in that respect.

Murdo Fraser (Mid Scotland and Fife) (Con): I will touch on a couple of different issues. I will start by picking up on what the cabinet secretary said in his introductory comments about the latest study, from the University of Edinburgh and the University of Strathclyde, on the impact of omicron. There is a lot of media coverage on a similar study from Imperial College London that comes to much the same conclusion, which is that omicron seems to result in a much lower level of hospitalisation than delta does. I appreciate that the studies are based on very limited data in a short space of time. Nevertheless, it is very encouraging news. However, there must be a risk that, after seeing those headlines, members of the public will start to relax and let their guard down, which could have serious consequences.

I am interested in the cabinet secretary's view on that. Specifically, how will the new studies that are emerging feed into decision making in the coming week about new restrictions that might be introduced after the Christmas period?

John Swinney: That is a very important question. We have to proceed with enormous care when considering such issues. Last night, and again on the radio this morning, I listened to Professor Aziz Sheikh, who is the principal author of the University of Edinburgh study. Although Mr Fraser is absolutely correct in saying that the study indicates that, at this early stage, omicron might result in a lower proportion of cases resulting in hospitalisation, Professor Sheikh pressed the point that ministers and other clinicians have made, which is that, even if a lower proportion of cases result in hospitalisation, if that lower proportion is of a much larger number of cases—which is apparent with the omicron variant, because it is spreading like wildfire

through the country—that will put serious pressures on the national health service.

When Professor Sheikh was asked what steps we should take in the light of his study, he said that we should roll out the booster vaccination programme and limit our social interaction, and that is precisely what the Scottish Government is doing. We are rolling out the booster vaccination programme, and we are encouraging people—in some cases, we are requiring people—to reduce their social interaction. That appears to me to be the proportionate and prudent approach to take at this stage.

Mr Fraser asked how the studies should affect decision making in due course. The Government will look with care at such studies and consider how they affect, as I have rehearsed with the committee on a number of occasions, the judgment on the proportionate steps that we should take to deal with the significance of omicron. The dilemma that ministers face is that, if we do not take early enough action to suppress the circulation of the virus within our society, we will find that we have a problem that is too big to arrest, that we are too late and that our health service is overwhelmed.

The ministers in the Scottish Government have consistently taken the attitude and view that we need to intervene early to take preventative action and avoid the situation running away from us. Obviously, we have to make a careful judgment about how long the restrictions that we have set out, which come into effect on 26 and 27 December, need to be in place to ensure that we are taking sufficient action to suppress this variant of the virus.

Lastly, ministers are always cognisant of the need to take proportionate decisions in relation to the state of the pandemic, and this study will be one factor to be added into that judgment.

Murdo Fraser: Thank you for that very comprehensive answer, Mr Swinney. I am sure that other committee colleagues will want to pursue some of those issues.

In view of the time that is available, I am keen to ask you a question on another matter: business support. This week, there have been announcements from the Scottish Government on support for the hospitality sector, which I know will be welcomed by businesses that have been hard-hit by cancellations. However, I seek clarity on the other business sectors that you are proposing to help. When will we hear more about what will be available for them?

John Swinney: There is a wider question with regard to business support. The global total that is available to us is £375 million, £200 million of which has come from Scottish Government funds

and £175 million from the United Kingdom Government. The Cabinet Secretary for Finance and the Economy has approved some initial allocations that have been made to hospitality; she is currently considering these questions and early announcements will be made as soon as possible. A great deal of dialogue is going on with individual sectors to ensure that judgments are as best informed as they can be.

In short, dialogue is under way, and decisions will be announced at the earliest opportunity. I cannot be specific about a timescale at this stage, but the finance secretary will update the Parliament accordingly.

Murdo Fraser: Perhaps I will ask you one follow-up question on that, Mr Swinney. I have been approached by a number of accommodation providers and people who run guest houses and bed and breakfasts who do not qualify for support under the heading of hospitality but whose businesses have nevertheless suffered a major impact from cancellations. Concerts, football matches and, indeed, Hogmanay events have all been cancelled, and the people who had been coming here to attend them have been cancelling their trips, too, with the sector in question taking a major hit as a result. Are accommodation providers in the mix as one of the sectors that might be eligible for assistance?

John Swinney: The finance secretary is engaging in dialogue with various sectors on this question and, as I said in my previous answer, she will make announcements in due course. All that I can give you is the candid reflection that we will not be able to support everybody who has been affected by the restrictions that have had to be put in place. We have taken significant steps using our own resources to ensure that we have been able to put some funding in place, and the Government has explicitly said that it would help us enormously if the UK Government would put in place a targeted extension of the furlough scheme, because of the challenges that we face. That has not been forthcoming so far. I welcome the funding support that has come from the UK Government, but we would be in a better position to respond to the situation if we had access to a broader range of options, including furlough. Had that been available, the resources at our disposal—our own resources—could have been deployed to tackle other challenges and priorities. As I have said, the finance secretary will make announcements on this in due course.

Murdo Fraser: I have one final question, just for clarity. Along with many others, I am sure, I have businesses contacting me every day looking for clarity. Can you give us any indication of when we might get confirmation from the finance secretary?

John Swinney: The issues are being actively considered just now. The finance secretary will update the Parliament and the wider public at the earliest possible opportunity.

Murdo Fraser: Okay—thank you.

Alex Rowley (Mid Scotland and Fife) (Lab): What is the Government's current thinking on self-isolation? I note that, in England, a shorter period of self-isolation with two lateral flow tests has been introduced.

John Swinney: That issue has to be treated with significant care. At the core of the challenge that we face in relation to Covid in general, but especially omicron, is the need to break the chains of transmission. That is critical. It is nothing new—it has been the consistent challenge throughout Covid—and self-isolation is a critical element in that process. It is especially critical in relation to omicron, because of the degree of transmissibility of omicron. That puts added emphasis on ensuring that our self-isolation arrangements are appropriate.

It follows from that that, if we do not apply the right self-isolation approach, we run the risk of enabling people who may still be able to transmit the virus to be released from self-isolation, which defeats its purpose. Therefore, fine judgment has to be applied on that question. There is obviously a lot of anxiety—in the business community, for example—about the availability of key workers. We have exemptions for critical workers in the arrangements that are in place. That process is managed very efficiently and carefully in Government to ensure that, where it can be justified, individuals can be released from self-isolation to make a contribution to the—*[Inaudible.]*—in our society. The exemption exists, so some of that business anxiety is addressed by measures that we have in place.

The Government is considering the issues that are raised by the change in the policy approach that has been adopted by the UK Government, but we will consider the issues that I raised at the beginning of my answer carefully in that process. Professor Leitch might want to add a clinical perspective.

Professor Leitch: Thanks, Deputy First Minister—you have covered it very well. This is all about risk and the moment in the pandemic. The decision makers have to choose, based on the clinical advice, where they draw that particular line.

Let us remember what was announced in England yesterday. It was not a blanket seven days for everybody. People have to be fully vaccinated, they have to take a test on day 6 and 24 hours later on day 7, both of which have to be negative, and they have to be symptom free. It is

not a blanket release on day 7; it is quite a limited release.

However, it does make a difference to other harms—economic and social harms—because it will allow some people to go home for Christmas who were not expecting to do so. We are looking at it very carefully. We spoke to the Cabinet Secretary for Health and Social Care about it yesterday. We will give our advice, which is based on the science, and Mr Yousaf, Mr Swinney and others will make the final decision.

Alex Rowley: I think that we will come back to that question. If there are exemptions in place, it would be useful to have some detail on how that works. I saw a press release from Jackie Baillie last night making the point that it is about the pressure on our key front-line services—health and social care, in particular. Any updates on that would be appreciated.

I turn to a couple of other quick points. Following her announcement, the First Minister was asked a question by Jackie Dunbar that came up a lot the previous time that we had restrictions. It was about supporting employees who believe that they should be working from home—and who were working from home last time—and encouraging employers to make that possible.

09:30

In her answer, the First Minister mentioned trade unions—for employees who are trade union members—but she also highlighted the work of Scottish Hazards, which has been excellent throughout the pandemic. I have sent quite a number of people who were looking for advice and support its way. Will the Deputy First Minister ensure that organisations such as Scottish Hazards continue to be funded to be able to meet the increased demand that is placed on them?

John Swinney: I certainly welcome the contribution that Scottish Hazards and other organisations, as well as trade unions, have made to the process. As Mr Rowley will know, the Government has placed an obligation on business to take account of the requirements that the Government has placed on it to observe the guidance that the Government publishes, and that guidance could not be clearer that, where individuals can work from home, they should work from home. That is part of reducing the social interaction that is taking place in society. If we reduce social interaction—there is reasonable evidence that that is happening—we will contribute to breaking the chains of transmission. I am not familiar with any issues with the funding of Scottish Hazards, but I will look at that, because it makes an important contribution.

If I may, convener, I will return to my previous answer to Mr Rowley. If it would be helpful, I would be happy to write to the committee about the details of the exemption process. There are some wider exemptions from the self-isolation obligations that can be pursued, although, as Professor Leitch said in response to Mr Rowley, they are not exemptions without obligations. There are quite onerous requirements on individuals. However, there are exemptions and, ultimately, organisations can make representations to ministers. I have personally approved a number of exemptions for individual companies, which, without those exemptions, would not be able to provide critical services in the community. Ministers are responding to such requests from companies very swiftly. I will write to the committee on that.

Professor Leitch: I have not seen Ms Baillie's press release, Mr Rowley, but I can confirm that there is a blanket test and release system for all health and social care workers. That is not without risk and it is not without obligation, but health and social care workers who live in a household with someone who has tested positive can be released following a negative polymerase chain reaction test. There are then further obligations about caution and everything else that they have to fulfil, as well as the critical national infrastructure system that the Deputy First Minister has just outlined.

The Convener: I will bring you back in, Mr Rowley, but, first, it would be helpful to have clarification on self-isolation before we finalise the bill report. Will that be available to the committee before 13 January?

John Swinney: Do you mean with regard to any change to the self-isolation position?

The Convener: Yes.

John Swinney: We will endeavour to do that, convener. I cannot give a commitment on that, but I have heard you and the Government will reflect on that. If we can offer clarity within that timescale, we will offer it.

Alex Rowley: That information would be useful. I am grateful to Mr Swinney for agreeing to check Scottish Hazards' funding.

I want to make a couple of points about vaccination. In one European country, there is talk of compulsory vaccination. I am certain that none of us would advocate that. However, do we need to do more, given the evidence that we took a few weeks ago? For example, representatives of the Polish community made the point that, back in Poland, there is a reluctance to take up vaccination; indeed, I think that it is one of the countries that are considering compulsory vaccination. Do we need to focus more specifically

on those communities and areas that have much lower take-up rates? Does the Government have any plans to do that? One suggestion was that the Government could work with those communities and include people from them in the vaccination teams. Could you comment on that?

Up until the latest variant came along, we thought that we were doing really well and were making brilliant progress, and that it was all a question of looking to the recovery. However, we have seen how quickly a new variant of the virus can completely throw us off kilter, set us back and do real damage.

When nobody is safe until everyone is safe, people have continually asked over the past year what influence the Scottish Government has and what influence it could bring to bear to encourage the UK Government to encourage Governments all over the world to get the vaccine roll-out happening. It is clear that we could do everything that we are doing now and everyone could make all the sacrifices that they are making, but that a new variant could emerge in some country where there is no vaccination, and that would put us back to square 1. Although it is absolutely in our interests to encourage vaccine roll-out, I am not sure how much influence we have, as a devolved Administration, in that regard.

John Swinney: Those are two very important questions. On the first one, which was about the hesitancy that there is in some communities, a great deal of work has been done to tailor communication with those communities, with trusted voices speaking about the vaccination programme in those communities.

Mr Rowley raised the example of the Polish community. We are very grateful to representatives of the Catholic Church who have been very active in promoting the message on the importance of vaccination. That message has been relayed strongly and powerfully by the Catholic community in Scotland and has reached members of the Polish community. I would be absolutely staggered if there were not members of the Polish community who are actively involved in the vaccination programme, because members of the Polish community are very valued and significant members of the community that I represent, and are very much involved in the delivery of public services in our communities.

Various other steps have been taken to increase take-up in the black and minority ethnic communities, with trusted voices again being involved in that communication.

Having said all that, I have to accept that we must continue to do more to reach the levels of trust and confidence that will enable people to take up vaccination. To go back to the convener's

example of her constituent Angela, the consequences of not so doing can be acute and very dangerous. Therefore, the Government will constantly revisit the importance of ensuring that we get the messages for such communities correct. We are very grateful to the trusted voices in those communities who have worked with us on that messaging, and I give the committee the assurance that we will continue to do that.

On Mr Rowley's second question—which, again, is a very important one—he is fundamentally correct. We live in a global society. We must remember that, when omicron first reared its head, it did so in a province of South Africa. The travel patterns of the world are such that it did not take long before a case emerged in Hong Kong. Cases then emerged in Scotland and in the rest of the United Kingdom. That is the world that we live in nowadays. A hundred years ago, a major excursion for people in Coupar Angus—which is near where I live—would have been to go to Blairgowrie, which is a grand total of 5 miles away. The world has changed immeasurably since then and, as a consequence, the ability of viruses to spread is colossal, unless we get a comprehensive vaccination solution in place that provides much greater protection for all of us.

The Scottish Government has made such representations to the United Kingdom Government, and we will continue to do so, so that the UK plays an important and influential role in the international discussions about vaccine equity and makes a contribution to that process. Mr Rowley is fundamentally correct—we can have as effective a booster programme as we like, but we remain vulnerable to the development of a new variant, which could undermine the strong efforts that we are making to keep our population safe.

John Mason (Glasgow Shettleston) (SNP): I start in the realm of sport. I was on Twitter last night, which may or may not have been a good idea. However, some useful points came up, one of which was around why the figures of 500 for outdoor events and 200 for indoor events have been chosen, and why those are such blanket restrictions.

For the larger clubs, such as Rangers, Celtic, Aberdeen, Hibs and Hearts, it does not really matter too much whether the figure is 500 or 1,000—in effect, it is nothing—but for some of the smaller clubs, such as Clyde and Airdrie, the jump from 500 to 1,000 is a big one. If the limit was 1,000, they could have their whole crowd in, whereas with a limit of 500 it will have to be very limited. Those who know their football stadiums will know that Airdrie and Clyde's stadiums are quite modern and spread out, so you could easily get 1,000 people in. Albion Rovers, on the other hand, can hardly get 500 into its ground. Why are

the figures 500 for outdoor events and 200 for indoor events, with no variation depending on the size of the stadium?

John Swinney: The key point here is that we must take decisions that are based on effective judgments. Let us take the model that Mr Mason has put to me of a variation that would reflect stadium size and facilities. If we had multiple options for outdoor venues, we would lose clarity of message. The rather blunt message—I make no apology for it being so blunt—is that we need, quite simply, to reduce the degree to which people are interacting. A maximum of 500 for outdoor events sends a clear signal to people in this country that we must reduce such interaction. A limit of a crowd of 500 at a Rangers game, when it would normally be in the order of 50,000, makes a clear, significant point that we have to reduce dramatically the level of social interaction if we want to interrupt the circulation of omicron. There is a simple clarity that is necessary in that respect.

The second point is that we must make judgments that will be effective in practically stopping or reducing the circulation of the virus. That is about recognising that there will be limitations on the degree to which venues can accommodate individuals, because of the necessity of having practical arrangements in place to stop the circulation of the virus. That is the reasoning for it.

As for the specific numbers, there is no perfect science here. I go back to my first point, which is that we must take clear and understandable decisions that are set in the context of the policy choices that we make, which are about reducing people's social interaction.

John Mason: Previously, we had no crowds at all at sports events, including football. I am not arguing for that, but I wonder why, by that logic, you do not stop crowds altogether.

09:45

John Swinney: That would be an option, but the Government is trying to be as pragmatic as we can be about the implications of our decisions. Nobody wants to take such decisions—I take no pleasure at all in taking them—but we are trying to strike a balance that enables people, to some extent, to continue to enjoy particular events, albeit with very limited crowds in attendance, while at the same time taking the effective action that is necessary to suppress circulation of the virus. The Government is trying to arrive at that balanced judgment.

John Mason: Thank you. I accept that.

Still on the sports theme, I have a question about compensation. Murdo Fraser pressed you

on that issue, and you were clear that decisions will be made fairly soon and that we will get an announcement. Can you say that you do not rule out providing support for sports organisations such as Glasgow Rocks basketball team in my constituency? I had bought tickets for next Wednesday, but there will now not be any crowd at all for that match. That puts Glasgow Rocks in a particularly difficult position, because it is competing with English teams that are allowed to have large crowds.

Sports organisations such as Glasgow Rocks, the carnival in Glasgow and taxi drivers, for example, are all losing out because of their links to events. Are they at least in the running for getting some compensation?

John Swinney: I appreciate the committee's desire for clarity on that point, but I do not think that I can add much to what I said to Mr Fraser. The Government is considering a range of options. The Cabinet Secretary for Finance and the Economy is giving the matter her attention at the moment. Beyond the decisions that have been announced already, it would be inappropriate for me to start defining which areas should or should not be looked at.

I hear the points that Mr Mason makes. I know that the finance secretary will be receiving representations from a broad range of sectors that have been affected. I reiterate the point that I made to Mr Fraser: it will be impossible for us to support every sector that is affected by the latest changes. That is why we have asked the United Kingdom Government to engage substantively in putting in place a set of measures that will be sufficient to support those sectors. I reiterate that call today.

John Mason: I will move on to a different area. I saw in media coverage that the UK is buying two different kinds of drug for treating Covid—I do not know what they are. Where are we with that? Are the drugs and treatments still being developed? Some people ask me why they should bother getting the vaccine if they can get a drug later on. I tend to say that prevention is better than cure, but that is perhaps a slightly simplistic answer. Can you give an update on where we are with drugs and treatments? That might be a question for Professor Leitch.

A friend of mine with long Covid said that, when they got their jag, they felt that their condition improved. That is just anecdotal, but is there any evidence for that?

John Swinney: I will bring in Professor Leitch on some of the details of the question. I encourage Mr Mason to continue to give the advice that prevention is better than cure. That is absolutely solid advice. Prevention, by getting the vaccine, is

much better than someone hoping that they can be rescued by a cure.

We know that vaccination is very effective at reducing the severity of the virus. That has been true up until now with delta, and the booster is crucial in that process in relation to omicron, because some of the earlier vaccinations are now not as robust as they were. Prevention is absolutely central to the advice that we should be issuing, and Mr Mason is absolutely correct to maintain that position.

There are two drug treatments available. If my memory serves me right, one of them is at the test pilot stage—Professor Leitch will give us the proper terminology for that. Coming back to the prevention versus cure point, it is important to stress that prevention is available to a large proportion of our population—as we speak, to varying degrees, all over-12s have access to a vaccination programme. In the short term, a drug will be available to only a very small proportion of the population, particularly if that is part of a pilot exercise. I would not have people holding out hope at an early stage for a drug intervention—taking part in the vaccination programme is a much more effective intervention for individuals to make. However, I invite Professor Leitch to add to my comments.

Professor Leitch: It is good news, Mr Mason, but let us put it in perspective. As time passes, it is becoming increasingly apparent that the principal risk in serious outcomes from Covid is to do with your immunity, either your baseline immunity because you have had a transplant or have some other immunosuppression disease, or because you are unvaccinated, or are very elderly, which is when your immune system begins to fail. We are discovering that a lot of the risk factors that we thought early on might cause severe disease are proving to be not that big a deal.

It is the combination of age and immunity that is causing certain people to suffer. Therefore, if vaccination does not protect you as much because, for instance, you are 94, or you have had a heart transplant, the drugs are really useful. They have been developed at breakneck speed, and they are safe and good. We have procured them on a UK basis—there has been excellent co-operation across the four UK countries.

We will use the drugs for those who need them. However, Mr Swinney is absolutely right: the drugs are on the periphery of the population response to the Covid-19 pandemic. The population response remains vaccination, home testing and following the guidance. If you end up in hospital, particularly if you are immunocompromised, the antivirals will absolutely be part of your treatment going forward. More will come—drug companies all over the world are working on it, because it is crucial.

Traditionally, antivirals have not been very good—unlike antibiotics, which have revolutionised medicine over the past 100 years. Antivirals are very difficult to make, and to make work. The drugs that are available are considerably better, and we are encouraged by early results, but they are intended for a particular portion of the sick, principally the immunocompromised, who progress from medium disease to serious disease and death.

John Mason: I have one final, brief question. There have been media reports that the number of lateral flow tests being used is increasing, which is good news, but there has also been coverage that the use of check-in apps and test and protect is decreasing. I have noticed that in Parliament—people are meant to check in at the coffee bar, but I do not think that many are doing so. Is the check-in side of things still important?

John Swinney: It is absolutely vital. We reiterated that in the First Minister's statement on Tuesday. We have also reiterated that in the obligations that we are placing on businesses and venues to ensure that the check-in arrangements are visible and complied with, and that businesses "have regard to" the measure. The whole check-in arrangement is absolutely crucial to enabling us to interrupt the transmission of the virus.

It is encouraging news that more lateral flow tests are being used. It is such a straightforward process and it is so crucial in giving people information—I know of numerous cases where people have stumbled across the fact that they are Covid positive by doing regular lateral flow tests. They had absolutely no symptoms whatsoever and then got a positive test result. As a consequence of undertaking that lateral flow test, they were able to change their behaviour and actions. That is a significant strengthening of our ability to resist the challenges that we face.

Brian Whittle (South Scotland) (Con): This committee is called the Covid-19 Recovery Committee, but week after week, as events overtake us, we struggle to get to the idea of recovery. I am going to try again to look ahead and ask what recovery looks like. We seem to be in a loop: at the very start, we were in lockdown, then along came vaccination and then along came the booster and now we are back into restrictions again. Are we now considering that this might be an indefinite cycle?

I remember asking Professor Leitch a couple of months ago when he thought that we would get back to some kind of normality and, back then—this is no criticism of him—he thought that it would happen in the spring for the United Kingdom and that it would take up to five years for the world. We now know that that is not the case. What does

recovery from the virus look like? Are we just going to have to live with it indefinitely?

Professor Leitch: It is a great question, Mr Whittle. The World Health Organization has given a series of press conferences this week and the tone has changed.

There was a previous question about global vaccination and global response. Not to be flippant, but it has never been a case of, "One bound and you're free." Traditionally, pandemics last a long time. Each pandemic is unique. This one comes at a moment in time—as Mr Swinney has already described—when travel is more available but so is global science. There are differences between this pandemic and the one in 1918 in relation to the availability of vaccination, drugs and so on.

I still have hope that spring will look very different to winter across the UK and western Europe and that—depending on what happens to the virus, which is the key unknown—we might then go into 2022 in a more open way.

If I can take you back four weeks, Scotland was open—everything was open. We were still wearing face coverings, we were still testing, and we were vaccinating but everything was open and society was returning to normal. Like many people in the country, I had been out for dinner more than I had in the previous two years, I had theatre tickets booked, and so on.

The fourth globally transmissible variant has now won the race and it is in almost half of the world's countries. What happens next is crucial. Omicron is not the end; there will be more variants. If omicron is a little bit less severe, will sigma or mu or whatever they decide to call the next variant be less severe again? If that trend continues—and the optimistic virologists think that it might—2022 will look very different to 2021.

However, that is a global problem, not a Scottish problem and we have to bear in mind, as the WHO said yesterday, that you cannot boost your way out of a global pandemic. You have to vaccinate the world and you have to continue protections around the world until we reach that point. Then the virus will do its thing and we will manage our response, depending on what we get.

John Swinney: Professor Leitch has given the clinical and epidemiological underpinnings of this, but let me give the policy perspective as well, because Mr Whittle is absolutely correct in having the aspiration to be able to secure a recovery from Covid.

10:00

After consultation in the summer, the Government proceeded to formulate the Covid

recovery strategy, which was published on 5 October. It is the subject of implementation, so despite the challenges that we face with omicron, various steps since 5 October have been taken to implement that strategy. As colleagues will know, we have focused on ensuring that we tackle the inequalities that became more severe during Covid—although they existed before it—and principally on eradicating child poverty.

The joint programme board that is leading the implementation of the recovery strategy, which is jointly chaired by the president of the Convention of Scottish Local Authorities and by me, has now met. It has formulated its approach to developing and delivering the programme, and that will now become an on-going theme. Therefore, notwithstanding the fact that we have had this three-week aberration during which we have had to focus on omicron, and that restrictions are obviously going to be with us for a few weeks to come, I assure Mr Whittle that on-going, sustained activity is under way to implement the Covid recovery strategy. Even while we continue to deal with a pandemic that has a different character—because Professor Leitch is absolutely right that just a few weeks ago, Scotland was open; we were wearing face coverings and watching what we were doing, and there is nothing wrong with that, but certain measures have had to be put in place—steps have also been taken to implement the Covid recovery strategy.

Brian Whittle: That is really helpful. Given that I am a cup-half-full kind of guy, I am very hopeful that we will go through the next few months and get to a much better place. However, as you both have highlighted, this variant is of a different character, and there is nothing to guarantee that this will not happen again in the future. A couple of questions pop out from that.

The first one is around finance. There has been debate around finance, Mr Swinney, and I do not want to get into that. My concern here is that, if we continue on this cycle, if I can call it that, it is an inevitability that finance is going to become more and more restricted, which will give us fewer and fewer options for how we respond to another variant as we go on. How are we modelling that? How is the Scottish Government working with others to model globally how we are going to deal with that?

John Swinney: That gets to the nub of the challenges that exist around public finances. Mr Whittle will appreciate that I am not being partisan in my comments here, but am simply reflecting reality. If the Scottish Government wants to allocate money to compensate businesses for the implications of Covid restrictions, we have to take that money from somewhere else that it is currently allocated to in the Scottish budget. We

have to shift that money around, and we have taken the decision that we will shift about £200 million into the purposes of supporting funding in relation to the restrictions in the forthcoming period.

That will be uncomfortable—believe you me, it is uncomfortable for us to wrestle with that. We do it because we are in a fixed-budget environment now. The UK Government is able to borrow. It can borrow in the money markets, it can expand the money that it has available and it can redeploy that. That is why we are saying to the UK Government, “Look, in an endeavour to meet the challenges of today, let us allocate money that we can pay back over a period a number of years”. The UK Government has responded with a billion pounds of funding, which is not on the scale that I think would be commensurate with the challenges that we face.

We have to take decisions in the short term, to try to support individuals and organisations when they face these challenges. That is what the Scottish Government has opted to do within our fixed budget, and it is what I would urge the United Kingdom Government to do given the flexibilities that are available to it.

Brian Whittle: I appreciate what you say Mr Swinney, but I am more concerned about the squeeze on global finances. What happens if another omicron comes along? That could squeeze us to a point where the global response would be limited. That is what I was trying to get at.

John Swinney: That brings us back to the questions that Mr Rowley asked earlier in the meeting. This is a global pandemic. We can do a lot here, and we will, but the solutions lie around the globe. We need global resilience. If we want the interconnected world that we have, and if we want to be able to move people and goods around the world, there must be global resilience to enable that.

The sorts of global vaccination programmes that Mr Rowley spoke about are important in providing that resilience so that we can be confident that the barriers that we have set up are sufficiently robust to protect us from a variant that might emerge from a jurisdiction on the other side of the planet and be with us in a matter of days. That is what has happened. A variant emerged in one part of the world and spread like wildfire.

Brian Whittle: The second part of my question is about what happens if the current cycle continues. We are all weary of dealing with the pandemic. We have already mentioned the behavioural response to restrictions. One of my colleagues talked about the use of check-in apps for track and trace. There are reports that those

are being used less. I do not know whether you are aware of it, but there are reports of fans at a football match before the event restrictions were put in place chanting about refusing to have a booster.

We are concerned about disaffection and non-compliance, especially among the young. Do you recognise that? How do we combat that and ensure that a high level of compliance is maintained as we become more weary?

John Swinney: There is a mixed picture. I recognise John Mason's earlier point about some of the check-in procedures not being followed as assiduously as they were. I hear and see anecdotal evidence of people not wearing face coverings where they should be doing so. I spend none of my time in the retail environment—I do not get near the shops very often—but I hear anecdotal reports about the challenges for staff in ensuring that those are applied.

That said, since the First Minister asked people a week past Tuesday to reduce their social interactions because of omicron, people have generally done that. There is pretty tangible evidence of that being the case. That has manifested itself in significant implications for the hospitality sector because lots of people have decided not to go out for the Christmas lunch that they thought they would be going out for or not to go out for an event. I acknowledge that that has had implications for others and for businesses, but people have taken those decisions. The evidence about the increase in the utilisation of lateral flow tests is also very encouraging.

There is a mixed picture. We should be optimistic that members of the public recognise the seriousness of the situation that we face and are responding accordingly.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): Like Mr Whittle, I always consider the Covid recovery element of our committee's work. I hope that my glass is half full as well. However, I want to look at some of the financial implications of where we are now. Can you give us a breakdown of how we have got to the total of £375 million? On social media and in conversations, figures are bounced about all over the place—"Oh, yeah, but that didn't matter because of this," or, "Oh, yeah, but then that money came in." Can you give the committee a brief outline of how we have got to a total fund of £375 million?

John Swinney: I can, convener. In essence, the United Kingdom Government has made three announcements on Covid funding in the recent period. The first announcement was to confirm that the Scottish Government would receive £220 million in consequential funding from the UK

Government. That was not a new allocation; it was confirmation of allocations that we expected. It was not complete, because we had expected to receive £265 million. Therefore, the sum of £220 million was confirmed out of an expected £265 million, which left us £45 million short. Last weekend—it must have been last weekend—the UK Government confirmed that it was adding £220 million to that. Therefore, when you deduct the figure of £45 million from that second allocation of £220 million, you end up with £175 million of what I would call unanticipated funding to the Scottish Government for Covid purposes.

We have allocated that to the fund that I have talked about. Then, in two individual tranches, from within our resources, the Scottish Government has identified two blocks of £100 million that we are allocating to business support. We are also allocating £100 million to boost the funding that is available for the self-isolation support grant, given the demand for that grant.

Therefore, there is £375 million available for business support—£200 million from the Scottish Government's fixed budget and £175 million from the UK Government—and we have added an extra £100 million to the self-isolation support grant.

Jim Fairlie: Thank you.

Over the past two weeks, I have had cause to be driving through two cities. Particularly in the west end of Glasgow, if you start to look for it, you see that the number of hospitality businesses affected is stark. My guess is that the total sum of £375 million is a drop in the ocean compared with what would be needed to give any kind of compensation to the multitude of businesses across the country in this prime money-taking season. Does the Scottish Government know how much it would take to properly support those businesses over the next three weeks, to stop any of them going to the wall?

John Swinney: That is a very difficult question to answer, because there is a huge number of variables. The first is a question of sustainability and survivability. The purpose of our interventions so far has, in essence, been to help businesses to get through to the other side of Covid. Therefore, at the various stages of the pandemic, there have been periods in which businesses have been closed, periods in which they have been restricted and periods in which they have been able to trade fully. During those different periods, different financial support has been in place, to the extent that, when businesses have been able to operate fully, no financial support has been available because they have been able to trade in the marketplace as we would expect. The question of survivability will vary from business to business, depending on the trading environment.

The second point is that some businesses will still be able to operate to some extent during this period, and they have been able to do so over recent weeks, albeit that they might not have been able to realise the revenues that they might have hoped for in this period. There is a difference between what one might have hoped for and what one needs to get to the other side of this period. For those reasons, it is difficult for the Government to come to a definitive conclusion on that estimate.

10:15

However, I assure Mr Fairlie that the Scottish Government has gone through an exercise of looking in a very challenging way at the amount of money that we can make available to help people in this context. That exercise has involved us considering the remaining public expenditure between now and the end of the financial year. Members of the committee will be familiar with the point that a large proportion of the Government's expenditure, once it is set in a budget, is very firmly committed. We have a health service to run, which is the largest single element of the Scottish Government's budget—it is of the order of 40 per cent of the budget. A large part of the budget is locked into the running of the health service, and a large part of the budget is locked into the running of other public services—schools, care facilities and a variety of other items.

The degree of manoeuvrability and flexibility that exists within a fixed budget is very limited. Therefore, the £200 million for business support and the £100 million for self-isolation support that the Government has found will cause us discomfort. The Cabinet Secretary for Finance and the Economy has considered that and she is managing that at the present moment.

Jim Fairlie: That segues perfectly into my next question. When I ran a business, I always wanted to know what was coming down the line. You might not be in a position to answer this question now, but the Scottish Government has found £200 million from a fixed budget, so who is going to lose out?

John Swinney: That is about us managing the public finances to minimise negative outcomes for individuals. We will have to consider the timing of programmes and the times at which we authorise and approve financial commitments so as to get as much flexibility as possible.

There are always underspends in a financial year. In a fixed budget, there have to be underspends, or we run the risk of breaching the budget ceiling. The Scottish Government has never breached its budget ceiling, and 16 years of unqualified opinions from the Auditor General are a demonstration of our financial competence. You

have to run an underspend if you want to deliver an unqualified audit opinion.

There will therefore be underspends, and we must ensure that those underspends happen in order to deal with the expenditure that we are facing.

Jim Fairlie: But it is safe to conclude that there are going to be some difficult decisions further down the line.

John Swinney: There are.

Jim Fairlie: I will change subject slightly. Last week, I mentioned that my father had gone into hospital with Covid. I can very happily say that he is now out of hospital, although he is still considerably debilitated with delirium. My dad had a heart issue. He had a double jag, but he missed his booster. When he was in hospital, he was given the viral drug, and he was told that that would save his life. It has done, but it has not left him without problems. I make that point just to highlight the points that were being made earlier in the meeting about getting the message out about individual circumstances. My father not being able to get a care package was mentioned last week on the BBC. We have now managed to get him out through other means, and he is making a recovery, but there were seven weeks when we did not know whether he was going to live, and he is now left with issues that we will still have to work through. That point needs to be made.

Do I have time for one more question, convener?

The Convener: Just a quick one.

Jim Fairlie: Message confusion slightly concerns me. If we have home working, as Alex Rowley was talking about, should it be a legal requirement, and should there be consequences for employers who are not allowing people to work from home?

John Swinney: First, convener, I am pleased to hear that Mr Fairlie senior is making a recovery. He is a man for whom I have the greatest respect and regard. I have known him for a very large part of my life. I wish him well and am glad to hear that he is home.

In relation to Mr Fairlie's second point, I would have to consider things carefully, but my initial reaction is that the ability to exercise such powers strikes me as being outwith the competence of the Scottish Government, because, in essence, it would involve us in intervening in areas of policy on corporate activities over which we do not have competence.

However, the Scottish Government has given to businesses the clearest possible signals, encouragement and motivation to enable staff to

work from home. That is for two reasons. First, the more people work from home, the more we reduce social interaction and the ability of the virus to spread. Secondly, it enables us to ensure the continued operation of business models, albeit in a different format, that sustain the on-going performance of the Scottish economy. We have tried to maintain a working environment, albeit that it is different from the fashion in which many of us have worked in the past, that will sustain economic activity in our society as effectively and sustainably as possible.

Alex Rowley: My question is probably for Professor Leitch. The booster gives us the protection that we need, as has been shown. However, I cannot help but note that Israel has now introduced a fourth jab; I think that it is a second booster. Is such a thing permanently under review? What progress is being made in considering whether, and when, people who are more vulnerable may need another booster? As we go into the new year, will we need more vaccinations next year?

Professor Leitch: Israel has authorised, rather than implemented clinically, a fourth dose. That authorisation has been for the vulnerable—the elderly and those who are immunosuppressed. It has not yet pressed the button on that.

It is about timing. Israel was first. It did all the Pfizer trials and is therefore ahead of the rest of the world—just before Chile and just before the United Kingdom—in the sequence of who got vaccine first. We absolutely keep that under review; the WHO does that on behalf of the world, and the UK does it on behalf of all of us, to see what will be required.

It is difficult to predict entirely, because it looks as though the immunity dimmer switch gets turned up quite well by the booster dose. Of course, some people—the immunosuppressed—got three primary doses and then a booster, so some people in Scotland are on their fourth dose. That dimmer switch has to stay up. As soon as it begins to fade, we will know about that from trials. The Joint Committee on Vaccination and Immunisation will then make decisions and give advice about what to do next.

I would not be at all surprised if, in spring or summer next year, we are again vaccinating the vulnerable. I simply do not know whether we will need to vaccinate the whole population again as soon as that; it may be a little bit later. Most of the smart money is probably on first doing the vulnerable and then doing the rest of the population again. That might then be an annual occurrence, or it might be even more frequent than that. The joint committee will decide that based on the trials.

Alex Rowley: Thank you.

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

Item 2 is consideration of the motion on the made affirmative instrument that was considered during the previous item. Deputy First Minister, do you have any further remarks on the SSI before we take the motion?

John Swinney: I will say a few words about it, for the record. Following a four-nations review of the international travel regulations, this instrument removed from the red list at 4 am on Wednesday 15 December the 11 countries that had been added temporarily. The rapid growth of omicron around the world meant that it was appropriate to do so at that point.

In addition, technical amendments were made to allow children travelling to Scotland who are aged 11 and under to leave self-isolation if their accompanying adult's day 2 test comes back negative. That does not change the position in which the adult's test is positive; in that case, children must remain in isolation. If one adult in the travelling group or family tests positive and another tests negative, the domestic isolation guidance applies; household contacts of any person who tests positive are asked to isolate for 10 days.

If a child under the age of 11 arrives unaccompanied, they are no longer required to self-isolate.

Motion moved,

That the COVID-19 Recovery Committee recommends that the Public Health (Coronavirus) (International Travel and Operator Liability) (Scotland) Amendment (No. 13) Regulations 2021 (SSI 2021/470) be approved.—[*John Swinney*]

Motion agreed to.

The Convener: In due course, the committee will publish a report to the Parliament setting out our decision on the statutory instrument.

That concludes our consideration of this item and our time with the Deputy First Minister. I thank him and his supporting officials for their attendance.

I wish everyone a very merry Christmas. Keep safe, and look out for each other.

10:26

Meeting continued in private until 10:35.

This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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