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Scottish Parliament

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[The Presiding Officer opened the meeting at 14:00]

Covid-19

The Presiding Officer (Alison Johnstone):

Good afternoon, and welcome to this virtual meeting of the Scottish Parliament. The first item of business is a statement by Nicola Sturgeon on Covid-19. The First Minister will take questions at the end of her statement, so there should be no interventions or interruptions.

The First Minister (Nicola Sturgeon): Thank you, Presiding Officer. I wish you and everyone in Parliament and across the country a happy new year.

Today, I will report on the continuing rise in Covid cases and will outline our approach to managing this stage of the pandemic. As part of that, I will set out immediate changes to the requirements for self-isolation and testing. Although we are not proposing any additional measures at this stage, I will confirm that existing protections and guidance will remain in place for the coming week, pending further review.

Finally, given that omicron might not be the last new Covid variant that we will face, I will also signal some longer-term work to consider the adaptations that are necessary to enable us to deal more proportionately and sustainably with any future phases of the pandemic.

First, though, I will give today's statistics. Yesterday, 16,103 positive cases were reported, which is 26.9 per cent of all tests that were carried out. There are 1,223 people in hospital with Covid, which is 71 more than yesterday and 544 more than were in hospital at this time last week. Of them 42 are in intensive care, which is the same number as yesterday. Sadly, another five deaths have been reported, which takes the total number of deaths under the daily definition to 9,872. Once again, I send my condolences to everyone who is mourning a loved one.

The surge in cases, which is driven by the extremely infectious omicron variant, is continuing here in Scotland, across the United Kingdom and in many other countries around the world. In Scotland over the past week, the total number of new reported cases has increased by 87 per cent. Tomorrow's figures will almost certainly see us pass 1 million reported cases since the start of the pandemic.

However, the rapid and very widespread transmission of omicron is such that the daily recorded tally of cases—which has always been an underestimate of the true level of infection—now gives us an even less comprehensive indicator of how prevalent the virus is. The weekly survey that is published by the Office of National Statistics gives a better indication. It suggested, in the week to 23 December, that one in 40 people in Scotland had Covid. The results in the most recent ONS survey, which was published just a few minutes ago, suggest that, in the week to 31 December the proportion had risen to one in 20. The proportion of people with Covid is likely to be even higher than that now—a few days later—and I anticipate that we will see continued growth in the level of infection as work and school resume after the holiday period.

In short, Covid is significantly more widespread now than it has been at any stage in the pandemic so far, and will almost certainly become even more so in the days to come. That, of course, has extremely serious implications for the national health service and social care, but it also has a severe and increasing impact on the economy and on other critical services. That impact is primarily due to there being very high numbers of people being off work with Covid, but it is compounded by the wider requirements for self-isolation. As I said last week, we have been considering very carefully the risks and benefits of changes to self-isolation requirements. I will give an update on that shortly.

More generally, as I said a moment ago, we are not proposing any new protective measures today. However, because the virus is so prevalent, we consider it to be important that we continue to apply some brakes on transmission, particularly in settings that pose the highest risk.

Accordingly, I confirm that the restrictions on large gatherings and the requirements for distancing between groups in public indoor places, and for table service in hospitality venues that serve alcohol on the premises, will remain in force for now and, I expect, until 17 January.

In addition, although it is not a legal requirement, we continue to strongly advise the general public to limit contact with people from other households as far as possible, and to limit to a maximum of three the number of households in any indoor gathering that takes place.

After two long years of this pandemic, I know that asking people to cut all social interaction is not feasible, and that it would be damaging to people's mental health and wellbeing. However, limiting contacts insofar as we can, and thinking carefully about the interactions that matter most to us, are important just now. That helps to stem, at least to some extent, increases in transmission, so

it has a collective benefit and it helps to protect us as individuals. When at least one in 20 of us has the virus, as is now the case, the risk of getting it when we mix with others is significant. If we limit the occasions on which we mix, we reduce our risk of catching a virus that we know could have a nasty impact on our health.

Trying to stem transmission—at least to some degree—is also important for the NHS, which is under increasing pressure. On the upside, the evidence that omicron causes less severe illness than previous variants, at least among the under-60s, where the virus is most prevalent at the moment, appears to be strengthening. Indeed, the fact that the numbers in intensive care are so far remaining stable, while the numbers in hospital are rising quite sharply, might be indicative of that.

We know for certain that a booster jab provides strong protection against serious illness for people of all ages. However, notwithstanding the success of the booster programme and the apparently lower rate of hospitalisation from omicron, the sheer volume of people becoming infected means that more people with Covid are being admitted to hospital. There is also remaining uncertainty about the impact on hospital admissions if omicron continues to spread from younger age groups, in which the risk of falling seriously ill from Covid has always been lower, to those in older age groups.

As I reported last week, work is under way to better understand the detail behind the headline hospital numbers. I can advise Parliament that the first results from analysis to differentiate those who are in hospital because of Covid from those who are in hospital with Covid, but were admitted for different reasons, will be published on Friday. Work is also being done to assess whether the average length of hospital stay that results from omicron is any different from that which is associated with other variants.

In short, our understanding of the precise nature and extent of omicron's impact on hospitals and the wider health and social care system is still developing. However, it is beyond doubt that it is already having a considerable impact. The number of people in hospital with Covid has increased from 679 to 1,223 in the past week, which is a rise of 80 per cent. That is putting significant additional pressure on the NHS.

Indeed, the NHS is facing increased pressure on three fronts. First, it is dealing with non-Covid backlogs that have built up over the course of the pandemic. Secondly, many NHS staff are absent and self-isolating because they have Covid or are close contacts of people who have it. That means that the increasing pressure on the NHS is being managed by a depleted and ever more exhausted workforce. At this stage, we owe every one of them an enormous debt of gratitude. Thirdly, as

we keep saying, even with a lower rate of hospitalisation, the sheer volume of cases that is being caused by the much greater transmissibility of omicron will lead—is leading—to more patients with Covid ending up in hospital.

With reference to the analysis that will be published on Friday, and which I spoke about a moment ago, it is important to remember that even if Covid is not the primary reason for a person's admission to hospital, the fact that they have it means that enhanced infection control measures are necessary, which further constrains the capacity of the NHS and exacerbates the pressure on it.

We continue to support health boards and staff to manage that pressure, which includes working with councils to reduce delayed discharge and targeting additional capacity, where that is possible.

Work is, importantly, also under way to develop alternative patient pathways for people with Covid in order to enable them, where it is possible and appropriate, to remain at home with appropriate monitoring and advice rather than be admitted to hospital. That work will also help to identify, at an earlier stage, patients who are likely to benefit from new antiviral treatments.

Of course, we can all help the NHS by taking steps to reduce as much as possible transmission of the virus. Although abiding by current guidance and protections is vitally important at this stage, we know that measures that restrict our lives are not sustainable indefinitely. We also know that, with a variant that is as infectious as omicron, the kind of protections that are possible within our financial resources—while they are still very important—without causing greater harm in other ways, will not control transmission to the extent that they would have controlled transmission of other, less transmissible, variants. In the light of that, coupled with the facts that Covid will, unfortunately, not suddenly disappear and that omicron is unlikely to be the last new variant that we encounter, we need to continue to adapt our thinking about how to manage the virus and to become more resilient to it in the future.

At this stage, let me be clear that that does not, in my view, mean giving up on trying to control Covid completely; its impact on individual health and on our collective wellbeing is too significant for that. It means seeking ways of doing so that are more proportionate, more sustainable and less restrictive.

There are no easy answers, but adapting to the on-going challenge of Covid is inescapable. The Scottish Government is therefore currently working on—and will publish over the next few weeks—a revised strategic framework that will set out more

fully how that process of adaptation can be managed, with a view to building greater resilience. We will seek views from across Parliament, as we develop that new framework in more detail. However, the changes that I am about to confirm to the requirements on self-isolation and testing are an early indication of a response that is already adapting.

Last week, I said that it was important to consider carefully changes to self-isolation rules. We wanted to ensure that such changes will be made only when, in the view of clinical advisers, their benefits outweigh their risks. I also want, as far as possible, to make changes in a coherent rather than piecemeal manner, given the importance of clear public understanding of what is required. As a result of that consideration, we are proposing two changes to the self-isolation rules and one change to the requirement for polymerase chain reaction testing. All the changes will take effect from midnight tonight.

The first change to self-isolation applies to people who test positive for Covid. Although the initial advice when someone tests positive will still be that they self-isolate for 10 days, now there will be an option to end isolation after seven days, as long as, first, they have no fever and, secondly, they record two negative lateral flow tests—one no earlier than day 6 after testing positive and another at least 24 hours after that.

The second change applies to close contacts of positive cases. That includes household contacts who are either under the age of 18 years and four months, or who are older than that and are fully vaccinated. Let me be clear that, by “fully vaccinated”, we mean having had first, second and booster, or third, doses. For close contacts in those categories, the requirement to self-isolate will end and be replaced by a requirement to take a lateral flow test every day for seven days. Obviously, if one of those tests is positive, self-isolation will be required. Anyone who is identified as a close contact and who is over 18 years and four months and is not fully vaccinated will still be asked to self-isolate for ten days and to take a PCR test.

Those changes are significant and are not completely without risk. However, at this stage of the pandemic, they strike an appropriate balance between the continuing importance of self-isolation in breaking chains of transmission and reducing the disruption that self-isolation causes in the economy and in critical services.

We are also proposing an important change to the advice on testing. Let me again be clear—that has been very carefully considered. Scotland and the UK as a whole have among the most extensive PCR testing systems in the world. However, with infection levels being as high as

they are, we must fully utilise all available testing capacity—for PCR and lateral flow tests—and we must ensure that isolation and advice happen as quickly as possible.

For people who have symptoms of Covid, the advice remains that they book a PCR test, even after a positive lateral flow test. The advice to everyone is to test regularly with lateral flow devices, especially before meeting others. However, from tomorrow, if your lateral flow test is positive, and if you do not have symptoms, you will no longer be required to take a PCR test to confirm the result. Instead, you must isolate immediately and must also report your result online so that test and protect can commence the contact-tracing process and give you advice as quickly as possible. You will also receive an online form that you must fill in—as would happen after a positive PCR test—to ensure that your contacts are notified. Other countries, including Canada, have already made that change. That has been made possible because lateral flow tests are now widely available and work well.

Also, and importantly, the test and protect system in Scotland can start contact tracing on the strength of a reported positive lateral flow result as well as after a positive PCR test. Crucially, at times of very high levels of infection, the risk of a false-positive lateral flow test result is very low indeed, at around just three in 10,000. Therefore, the safest thing to do at this stage is to treat a positive lateral flow test as confirmation of Covid, even if you have no symptoms. That will allow us to maximise testing capacity and to ensure a speedier start to the process of contact tracing and advice.

I will touch on a few more brief points. First, the situation continues to take its toll on everyone—especially on businesses. Last week, I confirmed the allocation of more than £200 million of the £375 million in business support that we are making available. Today, I confirm the allocation of a further £55 million. Up to £28 million will be allocated to taxi and private-hire drivers and operators; £19 million will support services such as beauticians and hairdressers; £5 million will be provided for sport; and there will be an additional £3 million for tourism. Local authorities are working to get money into bank accounts as quickly as possible.

Secondly, in the light of the widespread community transmission of omicron in the UK, discussions are taking place today between the four UK governments about possible changes to travel rules, including to the requirement for pre-departure testing. If those discussions result in proposed changes, we will inform Parliament as soon as possible.

My third point relates to education and the start of the new term. All secondary school children are being asked to take a lateral flow test on the night before, or morning of, their first day back, and thereafter to test twice a week and in advance of mixing socially with people from other households.

Likewise, university and college students should take a lateral flow test immediately before travelling from home to term-time accommodation, and thereafter should test twice a week and before socialising with people from other households. Staff in all educational and early years settings should take a lateral flow test just before starting back at work and should test in line with broader advice, after that.

Our priority is to keep schools open and to minimise further disruption to education. With community transmission high, the next few weeks will be challenging for pupils, staff and parents. Using lateral flow tests will help. So, too, will the changes to the isolation rules, and updated education guidance reflecting those changes will be issued shortly. We will also work with councils to ensure that the guidance that was issued before Christmas is followed in order to keep schools not only open, but as safe as possible.

My final update today is on vaccination. I am immensely grateful to everyone who is involved in delivering vaccines and to everyone who has been vaccinated. By the bells on hogmanay, around 3 million people—77 per cent of those who are eligible—had received their booster, or third, dose.

If you are not one of those people and are eligible, please come forward now. You can arrange an appointment online or go to a drop-in clinic. There is plenty of capacity; you can get details at NHS Inform or on your local health board's website. Getting a booster does not mean that you will not get Covid—although it will reduce the chance of that happening—but it will significantly enhance your protection against serious illness. It could literally save your life.

Now, 12 to 15-year-olds can go to drop-in centres to get their second dose. I encourage everyone in that age group to do so. If you are the parent or carer of someone in that age group, you can go with them to the vaccination centre.

The vaccination programme has been an outstanding success, but there are still many people who are eligible but not yet vaccinated. If you are one of them, please rectify that for your own sake and for the sake of us all. It is not too late and no one will judge you for not having done it before now; on the contrary, you will be welcomed with open arms.

This phase of the pandemic is possibly the most challenging that we have faced. The most infectious variant so far is creating a volume of

cases that, notwithstanding its possibly reduced severity, still has the potential to overwhelm us. Two years in, the kind of measures that have helped us to control transmission in past phases are becoming less tolerable and are causing more harm. Although it is not easy, we need to continually adapt our ways of managing the virus. We will do that but, in the meantime, we must continue to do what we know makes a difference.

First, get fully vaccinated as soon as you can. Please do it this week. The more of us who are boosted, the less severe the impact of omicron will be for each of us as individuals, if we get the virus, and for society as a whole.

Secondly, limit your contacts. Right now, with infection levels at 1 in 20 at least, every interaction that we have comes with a significant risk of catching the virus, so we should prioritise the contacts that matter most to us.

Thirdly, if you are meeting other people, test before you go—every time.

Finally, take all the other precautions that make a difference. Work from home whenever possible. As the new working year gets under way, I appeal again to employers to enable that. Wear a face covering on public transport, in shops and when moving about in hospitality settings, and make sure that the covering fully covers your mouth and nose. If you are meeting indoors, limit the number of households in your group to three at most and keep windows open. Follow all advice on hygiene.

I again record my thanks to everyone across the country who continues to do all that and to play their part in helping us through this latest very challenging phase of the pandemic.

I am, of course, happy to take questions.

The Presiding Officer: The First Minister will now take questions on the issues that were raised in her statement. I intend to allow around 55 minutes for questions. I would be grateful if members who wish to ask a question would type an R in the chat function.

Douglas Ross (Highlands and Islands) (Con): I welcome the changes to testing rules. They are sensible and proportionate changes that are similar to those that have been made in other parts of the United Kingdom.

I also welcome the changes to self-isolation, which the Scottish Conservatives have been calling for since day 1. When they were introduced, we said that the policy was not sustainable. Every other part of the UK made the change but Scotland was left as an outlier. Why did it take so long to make the change here in Scotland?

The First Minister: I make no apology for considering such things very carefully. Until now, my clinical advice has been that it was possible that the risks of releasing people from self-isolation too early and, thereby, contributing to a greater increase in transmission, outweighed the benefits. That balance has now changed and, after careful consideration, we are making this judgment today.

None of those things is straightforward. I doubt that any Government anywhere is making such decisions lightly. They certainly should not be. Governments sometimes arrive at different judgments for good reasons. I will always be accountable for, and open to scrutiny on, the judgments that I make. I will continue to make judgments very carefully using the best possible clinical advice.

Although the changes that we are announcing today are proportionate at this stage in the pandemic—because they balance the benefits of isolation with the disruption that isolation causes—they are not without risk. That is why it is really important that we communicate them properly and that people understand not just the easing of some of the rules, but what we are asking people to do in place of that. That applies to the changes on self-isolation and on confirmatory PCR testing after an asymptomatic LFD positive result.

Douglas Ross and I have had exchanges on the matter in the past. I say this non-pejoratively: this is the stuff of scrutiny and democracy, but had I, in the past, followed Douglas Ross, we would have removed the requirement for face coverings prematurely and we would not have put in place some of the mitigations in schools that are now seen to be important. There have been differences—there will, no doubt, always be differences—but the trust that is placed in me and the responsibility that placed on me by the Scottish people means that my ministers and I have a duty to weigh things up carefully and, of course, to be accountable for the judgments at which we arrive.

Douglas Ross: The First Minister said that the reason why Scotland remained an outlier was the clinical advice that she received. Will she publish the clinical advice from last week that meant that that crucial change was not made, and the clinical advice that she has received this week, now that the change has been made?

She also talked about communicating properly. Yesterday, the Deputy First Minister and Cabinet Secretary for Covid Recovery—the man who sits in her Cabinet and is in charge of Covid recovery—claimed that virus rates are lower in Scotland than they are in England because of the actions that have been taken by the Scottish National Party. John Swinney was, however, using

data from before the introduction of the SNP's restrictions. The most recent data shows the opposite of what he claimed. Tackling the virus is not a competition, but John Swinney has tried to make it one. Why is the cabinet secretary who is responsible for Covid recovery using misleading data to make petty political points, instead of giving people the accurate information that they need?

The First Minister: I think that that is not the case at all. I will come on to the most recent data in a second.

First, I will deal with the “outlier” question. When the changes to self-isolation for indexed cases were first announced, they applied only to England, so for a time England was an outlier. I think that it was last week when Wales and Northern Ireland decided to introduce similar changes. We are doing likewise today.

At various times in the pandemic, we have sometimes come to different substantive views and sometimes to the same views but on different timescales. For example, on protection, right now Wales, Scotland and Northern Ireland are in similar positions, with restrictions on gatherings and with some of the restrictions and protective measures in hospitality. England is an outlier in that regard—not just in the UK but, arguably, in a European sense and a global sense.

We all have responsibilities to reach judgments that are based on clinical advice and to keep the public as safe as possible in this most challenging of situations. That is what I will always do, to the best of my ability.

On the impact of the protective measures that we have in place, it always has been and always will be very difficult—sometimes impossible—to prove causation between a measure and an outcome in virus rates. Common sense, however, tells us that if we did not, right now, have restrictions on large potential superspreader events, if we did not have measures in place to try to stem—at least to some extent—transmission in higher-risk settings such as hospitality, and if we were not advising the public and the public were not responding so magnificently well to advice to cut contacts, the high rates that we are seeing would likely get even higher, and the pressure on the NHS more significant. We are right to be applying brakes, notwithstanding the high levels of infection that we face.

I agree that it is not a competition. At times, Scotland has had lower levels of infection, and at other times, we have had higher levels. Right now, the levels of infection are lower here than they are in England, and are perhaps slightly lower than they are in Wales but not much lower than in

Northern Ireland. That is, however, likely to change.

Yesterday, the Deputy First Minister used the most up to date Office for National Statistics data. In my statement today, I cited data that I understand have been updated, while I have been speaking, by data that are a week more up to date. There will always be a lag in data, but data will still show that our one in 20 rate, although it is very high, is certainly still lower than the rate in England.

However, it is not a competition. We all have to take the decisions and to make the judgments that we think are best so that we can navigate the safest possible course through the pandemic. I will always seek to do that. I will be held accountable and I will be subjected to scrutiny, which is the nature of the job that I am privileged to do.

Douglas Ross: I am glad that that is the nature of the job that the First Minister is privileged to do. Therefore, I hope that, on this occasion, she will answer my question on clinical advice. According to her answer, the advice has obviously changed from last week, when self-isolation rules remained the same, to this week, when they have changed. Will she agree to publish that advice, because data is crucial?

John Swinney said that data from Public Health Scotland would be published today, but the First Minister said in her statement that it will be published on Friday. That is vital information on hospitalisations because of Covid and on hospitalisations because people are not vaccinated. That information is essential so that the public know why they are being asked to put up with restrictions on their lives. It makes it difficult for anyone to judge the Covid situation properly when the First Minister has information but the public do not. Will the First Minister confirm that Friday's update with that information will include all the facts and figures that we have been calling for and which the public need?

The First Minister: I am not sure that the update will contain everything that the Scottish Conservatives have been calling for. If we had done everything that they have been calling for over the past few months, we would probably be in a more difficult position than we are in now. I have referenced some of the policy issues.

We will continue to make the best judgments that we can make, and we will continue to publish as much data and evidence as possible, with the proviso that there must be confidence in the robustness of the data. We publish evidence papers, and we will continue, as far as is reasonable and appropriate, to publish the evidence and advice that underpin the decisions that we take. Ultimately, though, such decisions

involve the application of judgment. People elected me and my Government to take responsibility for weighing up all the factors, for making judgments and for being held accountable for them.

Last week, I thought that the benefits of changing the self-isolation rules did not outweigh the risks. Higher transmission rates and the bigger burden of self-isolation on the economy have now changed that judgment. We will continue to have to make such judgments on a range of issues in the weeks to come.

On the data that will be published on Friday, Public Health Scotland has been doing that work. It is important that that data is robust. The data will be the first results of the analysis and will show differentiation between people who are in hospital because of Covid—in other words, Covid is the reason for their admission—and those who are in hospital for another reason and have Covid; either they came in with it or they contracted it in hospital. That is important information to know, which is why we are doing the work carefully.

However, it is also important not to set too much store by that information. As I said in my statement, a person with Covid being in hospital for another reason does not take away the impact of Covid. The fact that they have Covid means that there must be special infection-control measures around that patient, including distancing and other measures. That further reduces capacity in the health service and increases the pressure. It is important that we understand all those things as our knowledge about omicron develops, but we should not kid ourselves that somebody with Covid being in hospital for another reason somehow takes away all the difficult impacts of their having Covid.

We will continue to publish evidence and data, but I will also continue to do the job that I am elected to do, which is to apply judgment to all that evidence and data, and to reach decisions that are motivated by my desire and responsibility to navigate the safest possible path through the pandemic.

Anas Sarwar (Glasgow) (Lab): I start by sending my condolences to all those who have lost a loved one. I also put on the record my gratitude to our vaccinators, our NHS and social care staff and all front-line workers who have continued to work to keep us safe over the Christmas and new year period.

I welcome the change that has been made to the self-isolation period. It will be a relief to the public services and businesses that were feeling the impact.

I also welcome the broadening of financial support to businesses associated with hospitality,

particularly the events, taxi, and beauty industries. Issues have been raised about the speed of distribution and the risk of businesses going bust and people losing jobs, so will the First Minister commit to speedier distribution of the funds?

We all agree that we must confront and challenge online disinformation that undermines public health. However, that is not helped by the Government providing unclear or partial information. There is clearly a difference between being in hospital or intensive care with Covid and being in hospital or intensive care because of Covid, especially if there is an outbreak in a hospital.

The First Minister is surely basing her decisions partly on that information. If she is not, why not? If she is, she must have seen that data and she should share it now. Can the First Minister commit to making that data available as a matter of urgency, so that we can maintain public confidence in the decisions that are being taken and why they are being taken?

The First Minister: On the first point, councils are responsible for distributing the money that we have made available, and I know how hard they are working to get it out the door and into the bank accounts of businesses as quickly as possible. Businesses, particularly in the hospitality trade, are being contacted this week, and I know that councils are doing that at speed and that that process will continue.

On the second part of Anas Sarwar's question, I have not seen the data on omicron. Previously, such data on variants has been published by Public Health Scotland, but I have not seen the data on omicron yet. As I said in my statement, the first results of that analysis will be published on Friday, as soon as Public Health Scotland considers that it is in a sufficiently robust state.

Lastly, Anas Sarwar raised a point that I covered in my statement and in my answer to Douglas Ross. Yes, there is a difference between somebody being in hospital because of Covid and being in hospital for another reason and having Covid. However, we should not overstate that difference, because even if the reason for someone who has Covid being admitted to hospital is something other than Covid, the protective infection-control measures that apply to someone who is in hospital because of Covid will have to be applied to them. The impact on the individual might or might not be different—if someone has another condition, having Covid could exacerbate or complicate it—but the impacts on the hospital and on the national health service more widely are not as different as people try to suggest. A bed that is occupied by somebody with Covid has infection-control measures around it whether that person is in because of Covid or with

Covid. We must understand the difference but, for goodness' sake, let us not overstate its importance in terms of the impact of those admissions on the national health service.

Anas Sarwar: I am not sure whether the First Minister is deliberately confusing the issue. No one is questioning whether having a patient with Covid has an impact on a hospital's capacity. However, it has an impact on people's thinking about how dangerous the variant is to them, their life and their loved ones. The level of hospitalisations and the level of infection of people who are in intensive care because of the Covid outbreak are significant and important, because that is how people measure how they need to restrict their lives, which has an impact on businesses. That data is important and people have been asking for it for weeks, ever since omicron broke out. There is an urgent need to release it so that we can maintain public confidence in the restrictions.

I repeat the public health advice. The vaccine works and I ask everyone to go and get their vaccination if they have not had their first, second or booster doses. There is no embarrassment about doing it. People should go ahead and book an appointment or visit a drop-in clinic. They should also follow the restrictions, take lateral flow tests and go for PCR tests if they are eligible to do so.

Another issue that I raised last week was testing capacity; I note the new arrangements on testing. However, for key workers and the wider population, issues remain around PCR capacity and supply of lateral flow device tests. Across Scotland, key workers in our NHS and beyond are reporting having to wait days for PCR test results, despite promises of a fast-track service for front-line workers. A number of staff have been in touch with me to tell me about being delayed in going back to work for days as a result of problems with capacity.

Given the new protocols on testing, can the First Minister confirm that LFD supply and distribution issues have been resolved, and can she clarify who is now eligible for a PCR test? For example, if someone is symptomatic after an LFD test, should they go for a PCR test? Will new guidance be published on PCR test eligibility, and will the newly freed-up capacity be prioritised for front-line NHS and social care workers?

The First Minister: I will take those issues in turn. They are all important issues, Presiding Officer, so I hope that you will forgive me for taking time to provide substantive answers.

I return to the issue of the distinction between people who are in hospital with Covid and those who are in hospital because of Covid. Anas

Sarwar's points are not unimportant, and I am not suggesting that they are. However, with regard to his question about severity, I also ask him not to oversimplify things.

As I said in my statement, all the evidence that we have so far, including evidence from intensive care admissions in Scotland, which are not rising at the rate that hospital admissions are rising, suggests that the impact on individuals of omicron is less severe than that of previous variants. We do not know for sure whether that is an inherent effect because omicron is a milder version of the virus, or whether it is because of the effects of vaccination, but all the evidence points to that.

We need to make two caveats, the first of which is that, so far, the evidence is largely based on circulation of omicron within younger populations, which throughout the pandemic have been less likely—although not completely unlikely—to fall seriously ill. We need to continue to monitor that if, as is happening now, the spread moves from younger populations to older age groups.

The second caveat is to do with volume. Even if the rate of hospitalisation and, therefore, the severity is much less, the sheer volume of cases will add up to—indeed, it is already doing so—significant pressure on the NHS. That is not abstract or academic in terms of people's health. If the hospitals are so full of Covid cases that they cannot treat other conditions including heart disease in the way that they want to, that has an impact on people's health. Even if not all the people who are in hospital are there because of Covid, that does not mean that we should be complacent in any way, or for any reason, about the mounting pressure on our hospitals.

I hope that that is clear. I recognise the points that have been made, but I appeal to Opposition leaders not to oversimplify the issues, because I do not think that that helps anyone.

I turn to testing. With community transmission as high as it is at the moment, there will, periodically, be pressure on the testing system. We are working on a four-nations basis, because most of our testing capacity comes through the four-nations system, although we also have considerable NHS Scotland testing capacity. We work daily to resolve issues and to flex the capacity as far as possible.

Right now, there is no shortage of LFD tests in Scotland, and we are monitoring their supply very carefully. The situation as regards issues that were being experienced with turnaround times has improved and turnaround times have again become much shorter. There is the essential workers route to prioritise PCR testing. In addition, the sectoral exemption process is available to NHS workers and key workers in other sectors.

Lastly, we will ensure that there is guidance on the latest testing advice. I think that I made this point clear in my statement, but if I did not, let me repeat it. If you have symptoms of Covid, even if you have taken an LFD test that has produced a positive result, the advice is that you should still book a PCR test. It is only if you have no symptoms and your LFD test is positive that there is no need to take a PCR test. That is not just because we are trying to maximise testing capacity, but given the levels of transmission at the moment, it is a pretty safe assumption that someone in that position is positive because the false positive rate is so low. Working on the basis of a positive LFD test allows the contact tracing process to kick in as quickly as possible.

We still want, for a variety of reasons, people who have symptoms to take a PCR test and to allow us to assess patients who are most likely to benefit from there being more antiviral treatment, as we get it.

Alex Cole-Hamilton (Edinburgh Western) (LD): At the start of the pandemic, the Government carried Opposition party support for public health measures by providing us with almost real-time information about the advance of the virus. That meant that we were all signed up to the precautionary principle of making decisions that hinge on data rather than dates.

However, that transparency has ebbed away after six weeks of omicron in Scotland. We will learn who is in hospital specifically because of omicron severity only on Friday, despite the fact that some of the details have already made their way into the national press. If the First Minister is still leading the public health response to Covid on the basis of data and not dates, does she recognise the importance of being more transparent with the information that she has if she is to bring us with her?

My second question is specifically about PCR testing. Information that was published by the Government at lunch time, in answer to my request last week, has revealed that PCR testing capacity has decreased quite significantly from what it was last year, to a little over 50,000 tests a day. Does the First Minister recognise that that will have resulted in health workers waiting, in some cases, days for a negative result?

The First Minister: The reason why I am not sharing the data on people who are in hospital because of Covid versus people who are in hospital with Covid is not that I am not being transparent. It is because I do not have that data yet, because Public Health Scotland is doing careful work to make sure that the data, when it is published, is robust and reliable.

Public Health Scotland previously published data on that aspect, with regard to previous variants of the virus, and it is doing that work again. We are not trying to hide data; we want to make sure that the data is reliable and that what we publish is data that people can have confidence in. It will be published on Friday, because that is when Public Health Scotland considers that it will reach that state. There is no point in publishing data that is not reliable, because that does not help anybody.

Beyond that, I will continue to be as open and transparent as possible about data and evidence. As I said, however, ultimately the data and the evidence do not make the decisions—they inform the decisions. The decisions have to be taken by those of us who are elected to carry that responsibility, and that involves the application of judgment. That is what I am elected to do and it is what I am held accountable for.

We will be as open and transparent as we have been all along about the data and the evidence that underpins it, but I make no apology for wanting the data to be as robust as possible.

On the other issue, I do not accept the member's characterisation of testing capacity. As of today, Scotland's allocated share in the UK's testing network is about 50,000 tests a day. Over and above that, we have NHS Scotland's capacity of around 32,000 a day. Testing is fluctuating; it always fluctuates, for a variety of reasons. For example, if there is equipment failure in one of the labs, it will be down while equipment is repaired. Right now, one of the reasons for fluctuation is staff absences due to Covid and self-isolation in our laboratory network—as is the case in so many other parts of society. That is another reason why the changes that I am announcing today are—at the moment, I think—appropriate.

We continue to work daily with UK Government colleagues to maximise testing capacity. However, we need to see testing capacity in terms of not just PCR testing—important as that is—but of utilising fully the capacity for LFD testing, which is what lies behind the testing change that I have announced today.

The Presiding Officer: Understandably, there is a great deal of interest from members in putting questions to the First Minister. I would be grateful for more succinct questions and responses. It is my intention to allow the session to continue beyond the scheduled time in order to take as many questions as possible.

Gillian Martin (Aberdeenshire East) (SNP): I noted in the First Minister's statement that adjustments to the isolation advice have been made. I am certain that people are respectful of advice that is given based on the science, and I

trust that the science is behind the Government's decision, so I will not ask the First Minister to go over again the clinical basis for the adjustments, because she has been more than comprehensive today.

However, the First Minister has said that fully vaccinated close contacts of people who have tested positive but who themselves have a full week's worth of negative lateral flow results will not have to isolate beyond seven days. In my area, people have told me that they are sometimes finding it challenging to get hold of enough lateral flow tests, particularly when they have large families. Can the First Minister say what has been done to ensure that supply is available in every area so that everyone can play their part in protecting others by testing at home?

The First Minister: Let me just be clear that the change for fully vaccinated close contacts, including household contacts, is that the requirement to self-isolate at all will be replaced by daily lateral flow tests for seven days. As long as, on each day, your lateral flow result is negative, you do not have to isolate, but on any day that your lateral flow result is positive, you have to start isolation. Again, we have considered that carefully, and we think that the benefits outweigh the risks. None of this is risk free, of course, but we think that overall that is a proportionate change, at this stage.

The change means that the supply of lateral flow devices, which has always been important, is even more important. We are working through all the various routes—with UK colleagues, and with colleagues in the community pharmacy network and in local testing centres—to make sure that there is a good supply of LFDs. There is no shortage at the moment. Procurement is on-going to ensure that supplies continue to be topped up. Right now, people can mail order LFDs and they can get them from local pharmacies or local testing centres, and a number of councils are making lateral flow devices available in other places as well. There is also workplace testing for key workers; businesses that are part of that know how to access the devices.

Sandesh Gulhane (Glasgow) (Con): The Scottish people are struggling under the restrictions that are in place, some of which have been in place for a long time. We all appreciate that Covid necessitates some restrictions. What information does the Scottish Government base its decisions on? We do not know. To help the people better understand that, and to provide transparency, will the First Minister commit to publishing weekly, ahead of any announcements, all the data on which the Cabinet bases its decisions?

The First Minister: We have published acres of data and evidence and will continue to do so. I return to my point that data and evidence do not make decisions; they inform decisions.

I know that the member is a clinician. I would hazard a guess that he is in a minority of clinicians who do not think that protective measures are required. Scotland, Wales, Northern Ireland and many countries across Europe and the world are all in a similar position of having proportionate but necessary protections to try to stem, even to some extent, the rise in cases. There is a rationale behind that. We know, given the greater transmissibility and infectiousness of omicron, that large-scale events have the potential to quickly become superspreading events. That is why we have, regrettably, placed a temporary restriction on large events. We know that the hospitality environment, where people come together in places that are often poorly ventilated and with alcohol lowering their inhibitions, also raises the risk of transmission, particularly of a more transmissible variant.

That is the rationale for the particular targeted measures that we have in place. We know from the evidence that face coverings are perhaps more helpful than many other measures in reducing transmission. I would expect someone who is clinically qualified to understand that better than most people. All the targeted measures that are now in place are in place in many other countries. They all flow from our understanding of how a virus spreads and in particular, given its greater transmissibility, the risk that is presented by the spread of omicron.

Jackie Baillie (Dumbarton) (Lab): Contrary to what the First Minister said earlier, the Deputy First Minister did cite ONS data to justify his argument about how much better we are doing in Scotland because of the restrictions here. The data that he used covered the period up to 23 December, which was before restrictions were introduced and was when the rules were largely the same in Scotland as in England. Analysis by the *Financial Times* showed that the seven-day rolling average of cases up to 3 January had Scotland with a higher percentage of case numbers than England. ONS figures that have been published today show largely the same level of infection in Scotland as in England, other than in London.

I absolutely agree with the First Minister that this is not a competition. Would she agree with me that it is essential that ministers do not spin statistics or create misinformation that could weaken public confidence?

The First Minister: I do not think that anyone is seeking to do that. This is not a competition. However, because I have been asked about those

matters, I will lay out the facts again. The Deputy First Minister cited ONS statistics yesterday. I did not say that he did not do that. What I said was that he had cited the most up-to-date ONS statistics—the ones that he cited were, until 2 o'clock today, the most up-to-date figures. We have further data today. I have already cited that, so I will not go into detail again.

I urge significant caution with the seven-day rolling average of cases up to 3 January in any part of the UK. Because of the disruption to reporting over the Christmas and new year holiday period and the different pattern of testing that we know happens during a holiday period, I would treat those figures with significant caution. As I said, we also know that the numbers of daily reported cases in all countries are significant underestimates of the true prevalence of the virus.

If Jackie Baillie wants to make this point and get an assessment of Scotland's overall performance to date—although that might change next week or next month—she can go on to the UK Government Covid dashboard to see for herself that, overall, throughout the pandemic to date, levels of infection in Scotland have been lower than they have been in all other parts of the UK. They are certainly lower than those in England and Wales; I cannot recall whether that is the case for Northern Ireland. Does that say that we have managed our way through the pandemic perfectly? It absolutely does not, but it does suggest that the balance of the judgments that we have taken, which we sometimes get more right than we do on other occasions, has led us to that position.

However, I am not complacent about that. We face a really difficult period ahead of us. That is why my responsibility is to apply my judgment—that is my job—to the data and evidence in order to take the decisions that are likely to get us through this situation as safely as possible. If those decisions accord with decisions elsewhere in the UK, that is all good and well, but if they do not, that will be for a good reason, which it is then my responsibility to set out for people and allow them to decide on.

Sandesh Gulhane: On a point of order, Presiding Officer. I seek your clarification about the fact that the First Minister completely misrepresented my position. At no point have I ever been against all restrictions. At no point have I ever done the things that I was accused of. That was absolutely not my question.

The Presiding Officer: That is not a point of order but, obviously, your comment has been recorded. I move on to Jim Fairlie, who will be followed by Oliver Mundell.

Jim Fairlie (Perthshire South and Kinross-shire) (SNP): Thank you, Presiding Officer, and a very happy new year to you and—[*Inaudible.*]

Although the support for the hospitality sector is very welcome, will the First Minister outline how it will be targeted? Will particular attention be paid to locally owned and family-run businesses, as opposed to multinational chains?

The First Minister: It is important that the support is targeted. As I covered last week, there is a generic element to our hospitality support, but we are also looking at how we target other sectors in a more tailored way. Overall, we are providing, I think, £113 million to support hospitality and leisure sectors that are impacted by the latest public health measures. Local and family-owned businesses absolutely must receive that support.

All eligible hospitality businesses that previously got support through the strategic framework business fund will receive a top-up payment and will be contacted directly by the local authority. That work is already under way. Such businesses do not have to make a new application. Hospitality premises with a rateable value of up to and including £51,000 will receive a grant of £4,500, and those with a rateable value of £51,000.01 or above will receive a grant of £6,800.

Oliver Mundell (Dumfriesshire) (Con): Last year, we saw educational attainment figures that, even in the context of the pandemic, made a mockery of Nicola Sturgeon's promise that education would be her top priority. We simply cannot afford any more unavoidable disruption to learning.

How many additional non-classroom-committed teachers can be called on to cover lessons? What additional resources are being made available to keep our schools open? Can the First Minister confirm that every pupil in Scotland now has access to an electronic device to support remote learning in the event that they are required to self-isolate?

The First Minister: I think that Oliver Mundell meant to ask me about ensuring that there was no disruption due to avoidable reasons, not "unavoidable" reasons.

I do not want any further disruption to children's education, because of the impact that it has on attainment, not just in Scotland but, as any reasonable person knows, in all parts of the UK and in countries across the world. That is why we are determined to keep schools open.

We have already provided additional resources, so there are already additional teachers in our schools, and there are plans to recruit more teachers as a result of those resources. We have done what we said that we would do when it

comes to electronic devices for pupils—starting, of course, with those who are in the most deprived circumstances.

On the situation more widely, as, I am sure, Oliver Mundell is aware, guidance was issued to schools before Christmas, which addressed some of the things that they could do to make their environments as safe as possible. It provided advice on, for example, minimising, where practicable, contact through groupings indoors and tightening restrictions on school visitors, and it gave updated advice on ventilation and CO₂ monitoring, as well as on asymptomatic testing.

On staffing, I am sure that Oliver Mundell is aware that the Scottish Negotiating Committee for Teachers has previously agreed a number of contingencies for flexible staff resourcing in order to maintain continuity in education, such as the ability, if necessary, to combine classes in stages, to increase class contact time or to relocate staff temporarily.

Those arrangements are already in place, and our funding for additional teachers has already resulted in there being more than 2,000 extra teachers in our schools than was the case before the start of the pandemic. The ratio of pupils to teachers is now at its lowest level since 2009, partly because of that additional recruitment.

Clare Adamson (Motherwell and Wishaw) (SNP): The First Minister has alluded to the huge challenges from omicron that countries across the globe face. In December, the Prime Minister of France, Jean Castex, described omicron as "spreading at lightning speed" when he introduced restrictions on citizens from outwith the European Union travelling to or through France. Post-Brexit, the UK is a third country in EU terms. What are the implications of that for Scotland, particularly for our exporters?

The First Minister: That is an important issue to raise. It is for individual countries to determine what requirements travellers need to meet for entry into their territory, so it is for the French authorities to decide whether and when to follow, for example, Germany and reopen access to UK nationals. There is no doubt that post-Brexit arrangements have been a factor in the French decision to temporarily prevent UK nationals from transiting France to homes or destinations elsewhere in the EU. That is one of the many damaging consequences of the UK no longer being a member of the EU, and it is one of the long list of reasons why I regret that decision, and I think that many people across Scotland regret it, too.

Gillian Mackay (Central Scotland) (Green): Eleven local authority areas returned to school today and school staff, pupils and parents are

understandably anxious about what effects the omicron surge will have. Many teachers will be opening windows to ensure adequate ventilation, but with temperatures close to freezing, that creates other problems. Will the First Minister consider deploying some of the money that is currently allocated to economic support to instead assist local councils to purchase air filtration units for classrooms that require them?

The First Minister: We will continue to consider suggestions such as that. We have a separate fund available to help businesses with ventilation, so we will certainly look at the scope of that and the eligibility for it. As Gillian Mackay knows, we have provided councils with additional funding for CO₂ monitoring. Councils should already be acting on the outcomes of that to make improvements to ventilation, including through the use of air filtration systems, where that is necessary. We understand the impacts on councils, so we will continue to talk to them about what support we can provide.

I also acknowledge how anxious a time this is for young people who are going back to school, and for teachers, other school staff and parents. This is not the position that any of us wanted to be in. For reasons that we all understand, keeping young people in school with as normal a school experience as possible is really important, but that requires steps and mitigations to be taken to keep schools safe, or as safe as possible in the situation that we face. That also makes it important that those in the 12 to 15-year-old age group who are eligible for a second dose of vaccination come forward to take that up. We will continue to pay close attention to future advice from the Joint Committee on Vaccination and Immunisation on extending vaccination to other groups of young people.

Willie Coffey (Kilmarnock and Irvine Valley) (SNP): The First Minister will be aware that, in every constituency, a high number of businesses such as salons and barbers are experiencing a lack of footfall due to the necessary precautions. Many of those businesses have significant staff absences, too.

Given that the Barnett formula means that Scotland gains access to its own financial resources only if the UK Government decides that England needs financial help, what indication has the Scottish Government had from the UK Government that it will extend support to those businesses that can remain open but whose trade has been drastically affected? Will we continue to have to support those sectors with our own resources, as has just been announced by the First Minister?

The First Minister: We have no indication further to what was announced by the Chancellor

of the Exchequer before Christmas of any additional support being in the pipeline from the UK Government for businesses in England, which would then flow to businesses elsewhere in the UK. My views on the constraints of the funding arrangements in general and, in particular, for the situation that we face right now are well known, and Willie Coffey has articulated them again. We are providing as much support as we can from within our own resources. It is right that we do that, but there are limitations to it.

Some of the businesses that Willie Coffey referred to—barbers and hairdressing salons, for example—will benefit from the allocation that I spoke about earlier. Although it will not fully compensate such businesses, I hope that it will go some way to easing the pressure that they are dealing with.

Donald Cameron (Highlands and Islands) (Con): Of the 1,223 people in Scotland who are in hospital with Covid today, approximately how many have not been vaccinated?

The First Minister: I do not have that information to hand. I will check with Public Health Scotland to see whether we can get that information and, if so, I will ensure that it is published.

What we know beyond any doubt is that being fully vaccinated with a booster or third dose of the vaccine significantly reduces the likelihood of becoming seriously ill. I will check the information that we have, and how up to date it is, on the vaccination status of the people who are currently in hospital with Covid.

Martin Whitfield (South Scotland) (Lab): The First Minister's call for increased testing in schools is the exact same approach that the Government has taken at each stage. However, the result has been a steady testing rate of pupils in schools of below 5 per cent. Labour has written to the Government with a raft of suggestions, including the provision of mobile testing units in schools and the making available of mass testing at certain primary and secondary schools. When will the Government create the culture of testing in schools that is needed to understand the spread of the virus and to help our schools to stay open and safe?

The First Minister: There already is mass access to lateral flow testing for secondary school pupils and staff in education settings. It is a question of encouraging people to make use of that, and we all have a part to play in that. We cannot force people to use testing, but we can strongly encourage it. As we have been dealing with the omicron surge over the past few weeks, there has been a significant increase across the population in the uptake of lateral flow testing. I

certainly hope that that will be reflected in the approach to school testing as the new term begins.

We will always continue to do everything that we can to encourage people and to inform them of the importance of testing and the benefits to them and the wider population of taking full advantage of it.

Elena Whitham (Carrick, Cumnock and Doon Valley) (SNP): Recognising the important role that our health and social care partnerships play in delivering critical and essential care package services and the pressures that they are currently operating under, with limited staffing and a build-up in demand, and noting that the exemplar partnership of East Ayrshire—I am still an East Ayrshire councillor—is struggling and looking at a range of temporary alternatives while recruitment is on-going to bring in additional staff to support the increase in demand, what support can the Scottish Government provide to assist health and social care partnerships at this critical time?

The First Minister: Elena Whitham is right to cite East Ayrshire as an exemplar partnership; it does really good work. However, like all partnerships at the moment, it is under significant and increasing pressure, which is likely to remain the case for the foreseeable future as we continue to navigate our way through the latest phase of the pandemic.

We have already allocated significant funding to all health and social care partnerships to support them through the winter. That includes, for example, £40 million for interim care for people who are leaving hospital, £20 million to enhance multidisciplinary working and a further £15 million to recruit additional health support workers, which is on top of more than £60 million to enhance care at home capacity and funding to increase the hourly rate of pay in order to make those jobs more attractive.

We continue to work really closely with councils and health and social care partnerships to collectively navigate our way through the current situation, but it is not easy now and it will not be easy in the weeks to come for the NHS or social care.

That brings me back to my central point: difficult though it is, if we can all follow the guidance and abide by the protections that are in place right now, we will help to some extent to stem transmission and ease the pressure—even if just by a bit.

Sue Webber (Lothian) (Con): Will the First Minister apologise to my colleague Dr Sandesh Gulhane for her blatant misrepresentation of his position?

The First Minister: No—I do not think that I have any need to do that. I did not and do not intend to misrepresent anybody. As I heard it, Dr Gulhane suggested that the restrictions and protective measures that have been in place for some time lacked evidence. I said and I say again that I thought that the reasons for those targeted interventions are so obvious—particularly to someone who is clinically qualified—that all other countries in the UK, apart from England, and many other countries across the world are implementing similar measures.

I heard what Dr Gulhane said to me as being indicative of him not agreeing with those protective measures. If that is not what he intended to say, I accept that and the position that he has put on the record, but I repeat that I presume that he, of all people, understands the rationale and the evidence base for the targeted measures that are in place in Scotland.

Neil Gray (Airdrie and Shotts) (SNP): As children, including my two-year-old daughters, return to nursery and other childcare settings this week, will the First Minister advise what support is being made available to private nurseries that are, like other sectors, struggling with staffing issues related to Covid? What is the current guidance for testing under-fives, because some childcare settings appear to be requesting proof of negative PCR tests for attendance?

The First Minister: We continue to do all that we can to support education settings, including early years settings, that are experiencing reduced staffing levels, because we know that this is a difficult and stressful time. The changes to self-isolation that I have announced today will help with that and will help the early years and childcare sectors, as well as other sectors. The changes mean that the sectoral exemption process that came into effect before Christmas is no longer required.

In relation to the second part of the question, and to be clear, I say that children who are under the age of five are required to get a test when they have Covid symptoms. We encourage but do not require children under five years who are identified as close contacts to be tested. I hope that that distinction is clear.

Pam Duncan-Glancy (Glasgow) (Lab): Unpaid carers are absolutely broken. Many of them have not had a break for nearly two years, and now health boards are asking them to step in to help with delayed discharges. What new action will the Government take to support unpaid carers? Given that carers still have a key role to play in the response, will the Government guarantee that the carers allowance supplement will be doubled again this year?

The First Minister: We will continue to do everything that we can do to support unpaid carers with the carers allowance supplement. Scotland is the only part of the UK that has a carers allowance supplement and I am personally committed to maximising it. We have doubled it during the pandemic and we will continue to maximise support through it.

Everybody is struggling with the impact of the pandemic, but there is no doubt that some of the most difficult toll is being paid by unpaid carers, who already have a difficult set of challenges to deal with daily. With the additional financial support, some of the changes that I have announced today will reduce pressure on the formal social care service. I hope that that will help. I also hope that reducing the overall pressure on the NHS will help unpaid carers to avoid some of the possible additional pressure that might otherwise fall on them.

In a series of difficult and concerning aspects of what we are dealing with right now, that is one of the most difficult and concerning. I cannot magic away the impact of the virus, but everything that we are doing is about trying to reduce the burdens as much as possible. We will continue to make sure that unpaid carers are not ignored in that wider consideration.

Siobhian Brown (Ayr) (SNP): I have recently been contacted by a constituent who is concerned about the social care that his mother receives. Due to Covid and staff absences, services have been cut so that time slots for care can no longer be given. Given the new omicron variant and the increased staff absences that are crippling many sectors—including the NHS and rail, bus and ferry services—what engagement has the Scottish Government had with local authorities on combating absences across the care sector that are due to Covid?

The First Minister: Following on from my answer to Pam Duncan-Glancy, in which I talked about how worrying the additional pressure on unpaid carers is, I say that the Government is also extremely concerned about the impacts of Covid and staff absences because of Covid on social care packages. Those impacts include reduction in the support that is available and unavailability of time slots. Of the many things that concern me about the current situation, those aspects are right up there at the top of the list. What we have announced today on self-isolation will help, but we need to get Covid rates down in order to reduce that pressure overall and to allow services to return to something that is more like normal as quickly as possible.

We engage with local authorities on an on-going basis, individually and collectively through the Convention of Scottish Local Authorities. The

Deputy First Minister and the cabinet secretaries for local government and health are meeting the Convention of Scottish Local Authorities this afternoon to discuss collectively what more we can do to address the particular challenges around unpaid care and social care more generally.

Jamie Halcro Johnston (Highlands and Islands) (Con): More than £100 million of the business support that was announced by the Scottish Government is still to be allocated. While it sits in the Government's bank account in Edinburgh, that money is clearly not supporting Scotland. Can the First Minister tell us when her Government will allocate that money and when it will start hitting the bank accounts of businesses across Scotland that need it?

The First Minister: The majority of the money has been allocated and work is under way to get it into bank accounts as soon as possible. I have covered all that today. However, we continue to consult sectors that perhaps have not had support before, or which need more targeted support, about how we can best use the remainder of the money. We will do that as quickly as possible.

It is worth saying, just for the record, that in the part of the UK where Jamie Halcro Johnson's party is in charge, such funding is not available to the extent that it is available in Scotland. We want to consult properly in order to target the money as well as we can at those who need it most, and we want to get it into bank accounts as quickly as possible. However, it is money that, were it not for the actions of the Scottish Government, would not be available at all.

Paul O'Kane (West Scotland) (Lab): Constituents in Inverclyde who have family members who are living in care homes have contacted me to express their deep concerns about the return to a strict no-visitors policy, which I understand has been implemented on the advice of local public health teams, due to some staff awaiting PCR results. That is contrary to the current guidance, which states that one visitor should be allowed during a controlled outbreak. Indeed, Donald Macaskill, the chief executive of Scottish Care, has expressed concern that there is inconsistency on visiting rules because public health teams and incident management teams have varying interpretations of managed, or controlled, outbreaks.

Will the First Minister clarify the guidance on care home visiting and ask Public Health Scotland to communicate it clearly to local teams to ensure that people who are living in care homes can have regular visitors, as is their right?

The First Minister: First, let me say that I inadvertently misquoted Donald Macaskill last week, when the line between, I think, Willie Rennie

and I broke up a bit. I have apologised to him privately for that and take this opportunity to do it publicly, as well. I will take care not to do that inadvertently again today.

Paul O’Kane has raised legitimate concerns about, first, the need for safe visiting to continue in the interests of the mental health and welfare of care home residents and families, and, secondly, about the need to ensure that visiting is safe and that we are taking all necessary precautions. Of course, some of what I have announced today on self-isolation rules and testing will have an impact on care homes, so I will arrange for updated guidance to be published, either by Public Health Scotland or the Scottish Government, so that there is clarity about the rules and changes that result from what I have said today.

The final point that I will make is that we are determined to keep visiting possible and happening in care homes, for the reasons that everybody understands, but we must make sure that we are taking appropriate precautions. We are seeing an increasing number of outbreaks in care homes, which reflects the increase in community transmission, so appropriate precautions are necessary to ensure that we keep people in care homes as safe as possible.

Joe FitzPatrick (Dundee City West) (SNP): The requirement to limit attendance at indoor spectator sports to 200 people is significantly impacting on revenue from ticket sales for sports including ice hockey, netball and basketball. That includes the Dundee Stars, which is a professional ice hockey club in my constituency. Can the First Minister provide further details, particularly in relation to timescales, on how the £500 million that she announced today will support such professional sports clubs?

The First Minister: The fact that we have allocated £500 million today is an indication that we know the impact that the restrictions on large gatherings and spectator sports are having on the profitability and no doubt, at some point, the viability of sports and sports clubs. We are working as quickly as possible with sportscotland and with ice hockey and basketball clubs, and with football, rugby and horse racing to determine fully the financial impact that the current measures are having. Following that, we will get the money to clubs as quickly as possible.

As I said last week, some sports will be able to recoup losses as events start to be rescheduled in, I hope, the not-too-distant future. For other sports, that will be more difficult, so we need to ensure that we get the money to where it is needed most. That work will be taken forward at pace—*[Interruption.]*

The Presiding Officer: I am sorry—there was an interruption, First Minister.

I believe that we are content to move on to the next question.

Tess White (North East Scotland) (Con): Three things that the First Minister said earlier resonated: publishing evidence, the application of judgment and—*[Inaudible.]* Of the £168 million of business support that the Scottish Government announced on 29 December, how much has been allocated to north-east businesses? When will the money get to businesses that really need it in order to survive?

The First Minister: As I have said on several occasions, local authorities are, as we speak, doing that work. I will be corrected if I get this figure wrong but, from memory, I think that about 14,000 hospitality businesses will be contacted this week so that grants can be paid without the need for further applications. In due course, we will be able to break down allocation of the money by area, so the answer to the question that has been asked will be available. The work is being done quickly; councils are working hard on the issue, which is what everybody would expect.

I will repeat a point that I made a moment ago. It is really important that we get the money out to businesses, but that money is not available elsewhere in the UK. The Scottish Government has, unlike the UK Government, decided to dig into our own funding and to make really difficult decisions in order to provide support. Yes—it takes time, through the administrative processes, for the money to get into bank accounts, but such money will never get into the bank accounts of businesses in other parts of the UK, because it is not available.

Michelle Thomson (Falkirk East) (SNP): Successive waves of Covid variants have presented different challenges, many of which we have covered today. Further variants may well arise, and I note that the Scottish Government now plans to publish a strategic framework in the next few weeks. Can the First Minister give any further detail on what might be contained in the framework? What research and preparations beyond the immediate priorities are being put in place now?

The First Minister: That is a good question, which relates to one of the most important issues that we will grapple with over the next few weeks. In the light of what we have experienced so far with different variants, we have taken steps to better understand and detect these things earlier. For example, we have made investments in waste-water sampling and genomic sequencing. Those are really important resilience steps to take so that we are better equipped and prepared to, I

hope, pick up new variants more quickly and try to contain and suppress them.

We are two years into a pandemic and, partly because of the financial constraints that devolved Governments work within and, more generally, because of the harm that restrictions do, we cannot go on managing the virus by using restrictions only. To be fair, I point out that we have not been doing that for some time. Increasingly, we must find different ways of managing the virus. I am not of the “Just let it rip” mentality—we must try to control and manage it, but we need to find more proportionate and sustainable ways of doing that. That is not easy, but it is essential. That is the work that we are doing now.

We do not know whether this will be true of future variants, but it is certainly the case that the kind of measures that would have suppressed earlier variants—difficult though they were—will not do that to the same extent with omicron because it is so much more transmissible. Using restrictions or protective measures is becoming less tolerable and less affordable and is doing more harm. It might also be less effective with omicron because of its greater transmissibility.

The changes that we have announced today are about different judgments of risk and benefit and must be applied across different areas of society. I say in particular to businesses, who often and understandably call on me and on the Government to let us live with Covid, that they will need to continue putting in place the adaptations that enable us to do that.

That is the kind of work that we are doing now. We will give more detail about exactly what that means in practice as we get to the conclusion of the work that I spoke about earlier.

Maurice Golden (North East Scotland) (Con): The First Minister suggested that restrictions on large gatherings will remain in place until at least 17 January. That is perilously close to Scotland’s hosting of the six nations rugby games in February. Those games could be a big boost to struggling hospitality businesses, but businesses need clarity. Can fans go ahead and book tickets? Can venues order stock and plan shifts?

The First Minister: I have wished for many things during the pandemic. One of those is a crystal ball that would let me see into the future with certainty. I am not saying that to be in any way facetious. It is difficult, particularly at this stage of a wave of the virus, to be certain about the future. That is why we must monitor things closely.

Throughout the pandemic, we have had good discussions with the Scottish Rugby Union about matches at Murrayfield. The SRU has been

constructive in working with us to enable games to go ahead. I know how important clarity is for those who cater for big sporting events, not least for matches at Murrayfield. That is very much in our minds as we take decisions.

I hope that the current restrictions will not have to go beyond 17 January. We all, including me, want to be able to cheer Scotland on at Murrayfield in the six nations, but I will not do anybody any good if I try to give certainty before we are able to do that. We will continue to use data and evidence to reach judgments that will give clarity and certainty as quickly as possible. I firmly hope that the matches will go ahead and will do so in front of crowds of supporters.

Stuart McMillan (Greenock and Inverclyde) (SNP): [*Inaudible.*]—working interlinked fire alarms. [*Inaudible.*]—make. However, with the increasing number of people having to self-isolate—[*Inaudible.*]—what flexibility can the First Minister provide to those households where—[*Inaudible.*]—might not be able to enter another home at this time?

The Presiding Officer: Mr McMillan, there may have been some interruption to your broadcast. I want to confirm that the First Minister heard a sufficient amount of your question.

The First Minister: Unfortunately, Presiding Officer, I am not sure that I heard enough of the question even to make an educated guess about it. Is it possible to ask Stuart McMillan to repeat it?

The Presiding Officer: Please begin again, Mr McMillan.

Stuart McMillan: That is no problem. Thank you, Presiding Officer.

The presence of working, interlinked—[*Inaudible.*]—alarms—[*Inaudible.*] However, with increasing numbers of people having to self-isolate due to the highly transmissible omicron variant, what flexibility can the First Minister provide to households where installation of linked systems is delayed due to people being unable to enter another home at this time?

The First Minister: I think that I heard that that was about the installation of smoke and heat alarm systems. If I am wrong about that and am about to answer a question that was not asked, I apologise in advance.

There is a requirement for home owners to install alarms by 1 February, but there is also flexibility for home owners who are unable to do it by that date. Mains-wired alarms can be fitted by an electrician, or longer-life battery alarms can be fitted by residents themselves. The important thing is that nobody will be breaking the law or criminalised if they need more time; there are no penalties for non-compliance, so issues around

the impact of self-isolation are catered for in the broader arrangements that are in place.

I say again, Presiding Officer, that if I have answered a different question to the one that Stuart McMillan has asked me, I will be happy to provide an appropriate answer if he sends my office an email after this session.

Craig Hoy (South Scotland) (Con): Dr Gulhane called for publication of the data that underpins the Government's decisions—the very data that the First Minister has said she does not have. Rather than falling back on the weasel words that she said to my colleague Sue Webber, will she agree to look at the *Official Report* of what Dr Gulhane said and come back to apologise to Parliament next week?

The Presiding Officer: Thank you, Mr Hoy. I take this opportunity to remind all members to treat one another with courtesy and respect at all times.

The First Minister: I always seek to do so, Presiding Officer.

The data is published daily. Over the past week, there has been an 87 per cent increase in the number of recorded cases of omicron. Today, we see the fact, published by the Office for National Statistics, that 1 in 20 people in Scotland probably has Covid—the rate is probably a bit higher than that, now, because those statistics are from a few days ago. A rising number of people are in hospital because of or with Covid. That is the data that informs the decisions.

Data about the increased transmissibility of omicron is also developing, which does not need the Scottish Government to publish it because it is published by people globally. That data is there, and it is available not just to members of the Parliament but to anybody across the country.

We take that data and the evidence of the impact of omicron and apply our judgment to what measures will help us to stem transmission. As I have said, the increased transmissibility means that that involves, regrettably, restricting large, potentially superspreader events, and trying to contain transmission in settings that we know have a higher risk because of low ventilation or the kind of behaviours that happen in those settings.

I am therefore not sure what evidence and data are missing. We continue to publish evidence. The fact that many other countries are doing similar to, or the same as, us suggests that it is not just the Scottish Government that thinks that the evidence justifies those actions.

I take those important issues seriously. We agonise over decisions, and I spend most waking hours thinking about the right balance of judgments to apply, as is my job. I do not try to

misrepresent people. However, I, too, ask people to go back and listen to Dr Gulhane's question. My impression from the question was that he is not in support of the measures that are in place; that is legitimate, so I answered the question on that basis. If that was not the impression that he intended to give, I accept that and hope that he will, in turn, accept that I did not seek to misrepresent him. To be frank, I think that we all have more important things to deal with, right now, because of the really significant challenge that the country is facing.

Beatrice Wishart (Shetland Islands) (LD): Some people who are currently living with long Covid—including some who caught Covid nearly two years before widespread testing—have no proof of a past PCR test and, consequently, have had difficulty in accessing the treatment and support that they need. Given the change that was announced today regarding no requirement for a PCR test if a lateral flow test is positive for a case with no symptoms, will the First Minister provide an assurance that those who may go on to develop long Covid in the future and who have not had a confirmatory PCR test will not have experiences of delayed treatment that are similar to those of the first-wavers?

The First Minister: Yes, I can give that assurance in summary terms, and I am happy to ask the Cabinet Secretary for Health and Social Care to write to Beatrice Wishart to set out the assurance in more detail.

The question gives me the opportunity to reiterate an important point. When you do a lateral flow test, you should record the result, whether positive or negative, through the website that allows that to happen. Obviously, that is particularly important if the result is positive, not just because there will then be a record of it, but because it will mean that test and protect will kick in. We can do that in Scotland—we can trigger contact tracing on the strength of the results of lateral flow tests and not just PCR tests.

Those are important points, and I will make sure that the health secretary sets out the detail on them in more depth. It is about ensuring that we fully use our capacity across the different modes of testing and making sure that, when it is highly likely that somebody has Covid—even if they do not have symptoms—the advice and contact tracing kick in as quickly as possible.

The Presiding Officer: That concludes the statement by the First Minister on a Covid-19 update. I apologise to members who were unable to put a question.

Meeting closed at 15:36.

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